1#402#624#6425 p.2

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8022
Fax: 441-3890

CK# 7762
DGL 8/29/08

A

Permit Number
H5000157

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 18980 N.W. 40th (no number/route) City Raymond NE Zip 68428

Legal Description 1/2 of 20 12 North East of 6th PM 12, 6, 20 (1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot)

Geographical Location (if known): Longitude: Latitude:

☐ Check if system mail address is not the same as the owner's address Total Acres 21

B. Owner

Name Bob Cockle Signature Bob Cockle

Address 15701 N. 1st City/State/Zip Raymond, NE 68428

☐ Check if owner designed system Home Phone Work Phone (402) 783-2100

C. Contractor

Name: AWS Well Co / Don Anderson Company Name AWS Well Co

Address PO Box 246 City/State/Zip Mead NE 68041

☐ Check if contractor designed system Work Phone

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Don Anderson Firm AWS Well Co Work Phone (402) 624-3925

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms Is there a Whirlpool Bathtub? ☐ Yes ☐ No

☒ Commercial Establishment (Other Facility) Specify storage shed / Ag Building Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☒ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Date rec'd 8/27/08
Date final 8/28/08
ACTION ☒ Approved ☐ Disapproved
Signature
soil looks good

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date final
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date final
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 8/28/08

Business Office Use Only
Date Received 8/27/08 Amount Paid 305
Received By Cash/Check No. 7762

White - Health Department Yellow - Engineer

8-29-08

Saw soil - says Pasture but looks good

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1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot

Geographical Location (if known): Longitude: Latitude:

☐ Check if system mail address is not the same as the owner's address Total Acres 21

B. Owner

Name Bob Cockle

Address 15701 N. 1st *Signature Bob Cockle

☐ Check if owner designed system City/State/Zip Raymond, NE 68428

Home Phone Work Phone (402) 783-2100

C. Contractor

Name: AWS Well Co. / Don Anderson

Address PO Box 246 Company Name AWS Well Co

☐ Check if contractor designed system City/State/Zip Medd NE 68041

Work Phone

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Don Anderson Firm AWS Well Co

Work Phone (402) 634-3975

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms Is there a Whirlpool Bathtub? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify storage shed/Ag Building Design flow in gallons per day

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1. Health Department
Site visits # Soil looks good
Date rec'd 8/27/08
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ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date fwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 8/28/08

White - Health Department Yellow - Engineer

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

Saw soil - says Pelwea but looks good.

Nebraska State Health Department
Division of Housing & Environmental Health

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED:
Location: Township 12 North Coast of 6th pm Owner: Bob Cockle
Section & ¼ Sect. N½ of Sec 20 Address: 15701 N. 1st Str. Raymond
Property Dimensions: ____ ft. x ____ ft.
Area: 21 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐
Silty Loam ☐ ; Clay Loam ☐ ; Sandy Clay ☐

Dates of Tests: 8/10/08 to 8/11/08. Weather: Precip. 0 Temp. 85 F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch
1	24"	8/10	10:30Am	8/11	11:Am	8/11	11Am	6"	11:30	3½	30	1.5	20
2										4¼		.75	40
3										4		1	30
4										4		1	30
5										4		1	30

Signature of Person Conducting Test

Address ____
Phone ____

Sum of Percolation Rates 150
Average of Rates: 30
Inches per minute: ____

(Do not write below this line)

REVIEWING ACTION

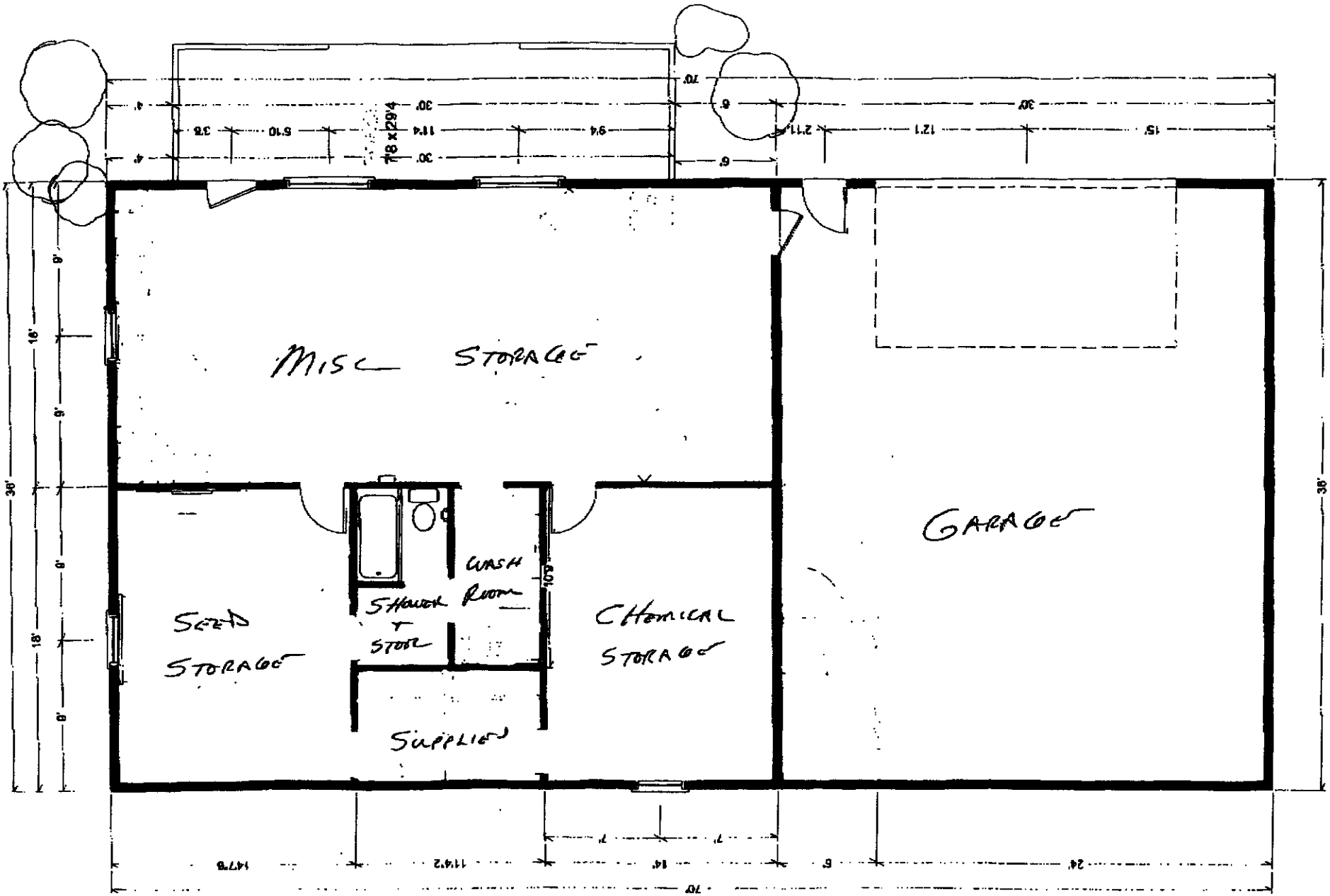
REMARKS: ____

Approved Percolation Rate(s)
A. ____ min./inch
B. ____ min./inch
C. ____ min./inch

DATE: ____

Signature of Reviewing Official

24809 - 24857 - 8/27/08 - 46 miles - Non Autosan Disp - Agnew Rd.
24857 - 24892 - 8/28/-8 .

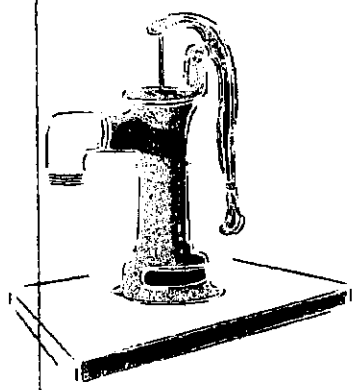


LLCHD HS000157

8-29-2008 13:55:47

P.O. BOX 246
MEAD NE 68041
PHONE: **402-624-3895**
FAX: **402-624-6425**

AWS WELL CO.



Fax

To: Nate **From:** AWS Well Co - Erica

Fax: 441-3890 **Date:** 8/29/08

Phone: 441-8022 **Pages:** 2 Including Cover

Re: Bob Cockle

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000157

System Type:	STANDARD
Situs:	**NO SITUS** ST RUR
Legal Description:	T12N-R06E-S20-Lot 11
Owner:	

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00

Issued:	08/29/2008
Expires:	08/29/2009

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

DON ANDERSON
PO BOX 246
MEAD NE 68401