

CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

Lincoln-Lancaster County
Health Department
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS

047J8200512

$00.39
09/04/2008
Mailed From 685
US POSTAG

SEP 08 2008

681 NFE 1 708I 00 09/06/0
RETURN TO SENDER
:IRONWOOD BUILDERS
6201 S 53RD ST APT 7
LINCOLN NE 68516-3279

RETURN TO SENDER

GACEST1 68516@1514

LLCHD HS000158

9-8-2008 14:8:48

LLCHD HS000158

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

A

Permit Number
HS900158

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 9001 S. 56th St. (no rural route) City Lincoln, NE Zip 68516

Legal Description Kensington Addition 2, 3

1/4 | 1/4 | Section | Township | Range | Subdivison | 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: 3

B. Owner

Name Jerry + Susan Reim Signature [signature]

Address 2160 Spur 65a City/State/Zip Edgar, NE 68935

☐ Check if owner designed system Home Phone 4027469116 9 Work Phone _____

C. Contractor

Name: ~~Hap~~ Ironwood Builders Company Name "

Address ~~593~~ ~~6200~~ S. 53 #7 City/State/Zip Lincoln NE 68516
6201

☐ Check if contractor designed system Work Phone 580-7955

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

Designer Name Dave Vogt Firm Vogt T&T Excavating Work Phone 402-560-4267

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify _____ 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 9/2/08
Date frwd 9/2/08
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 9/2/08
Date frwd 9/2/08
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments _____
Date rec'd 9-2-08
Date frwd _____
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

Installation Final Written Approval
By _____
Date _____

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

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

9-3-2008 14:20:48

B

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

Permit Number: HS000158

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9001 South 55th Street (no rural route) City Lincoln NE, Zip

Owner Jerry Klein Address 2160 Spur G 5A Edgar NE 68935

Soil Type (SCS): Clay Percolation Rate: min./inch

Date of Tests 7-5-08 to 7-6-08 Weather: Precipitation Sunny Temperature 85°

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/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30	7/5/8	3:30 PM	7-6-08	11:00 AM	7-6-08	11:00 AM	6	7-6-08	11:30 AM	30	1.000	30.00
2	30	7-5-08	3:30 pm	7-6-08	11:00 am	7-6-08	11:00 AM	6	7-6-08	11:30 AM	30	0.675	44.44
3	30	7-5-08	3:30 pm	7-6-08	11:00 AM	7-6-08	11:00 AM	6	7-6-08	11:30 AM	30	1.000	30.00
4	30	7-5-08	3:30 pm	7-6-08	11:00 AM	7-6-08	11:00 AM	6	7-6-08	11:30 AM	30	0.75	40.00
5	30	7-5-08	3:30 pm	7-6-08	11:00 AM	7-6-08	11:00 AM	6	7-6-08	11:30 AM	30	1.125	26.67
6	30	7-5-08	3:30 pm	7-6-08	11:00 AM	7-6-08	11:00 AM	6	7-6-08	11:30 AM	30	0.76	40.00

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 402-560-4267
Address P.O. Box 22753
Lincoln NE 68542

Sum of Percolation Rates: 211.11
Average of Rates: 35.185
Rate Used for Calculation: 35

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

LLCHD HS000158

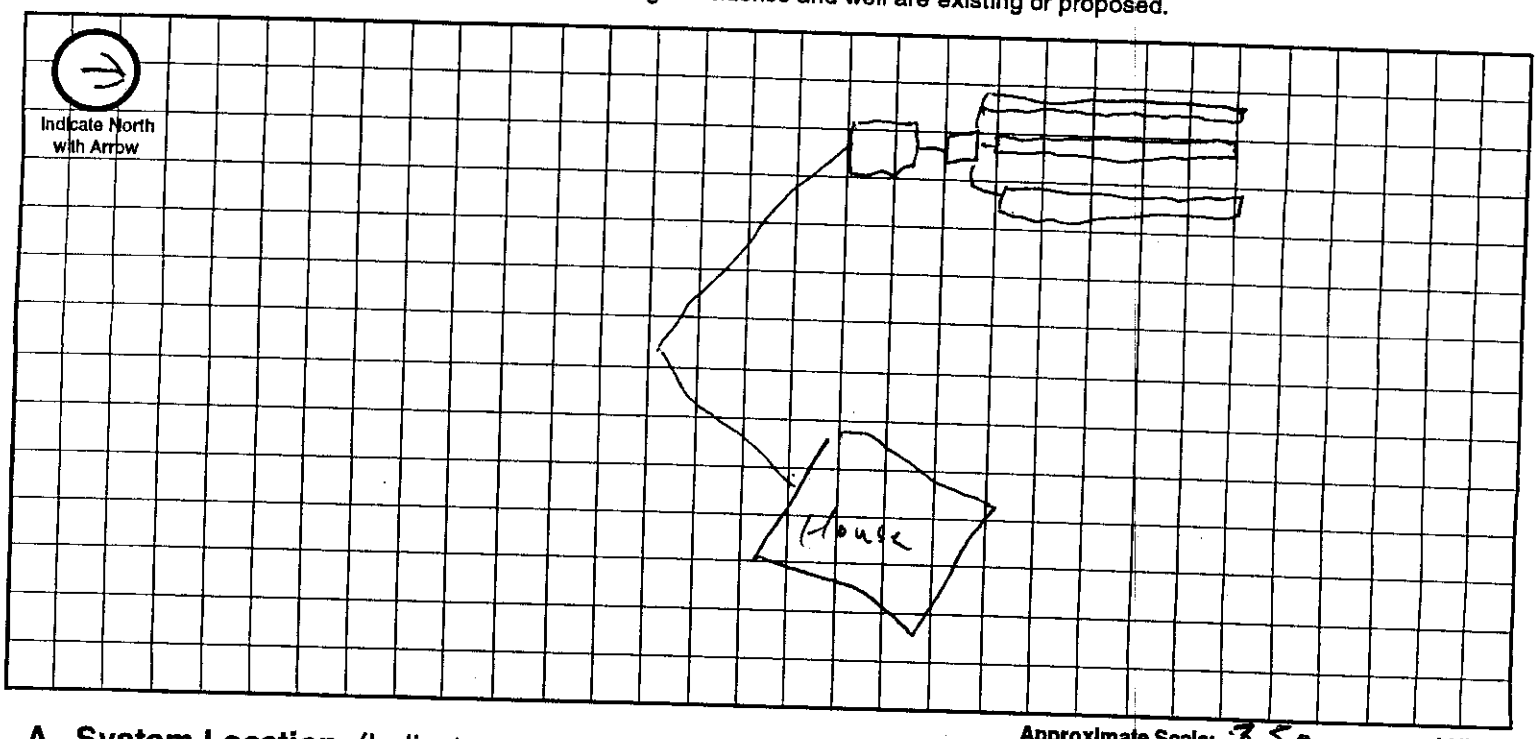
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000158

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 35 ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 9001 S 55 City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Infiltrator

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 35 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Infiltrator

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☑	500 ☑	50 ☑	N/A ☑	30 ☑	50 ☑	100 ☑	200 ☑	☑

E. Required Signatures

Home Building Contractor _____ Date 8-27-08

Installer _____ Date 8-27-08

FORM 23-102 10-96

9-3-2008 14:20:55

LLCHD HS000158

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

D

Permit Number: H5000158

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 8-26-03 Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 9001 S. 55 City Lincoln NE, Zip 68514

Owner Jerry + Susan Kein Address 2160 Spur 65A Edgar NE 68935

A. Sewer Pipe

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

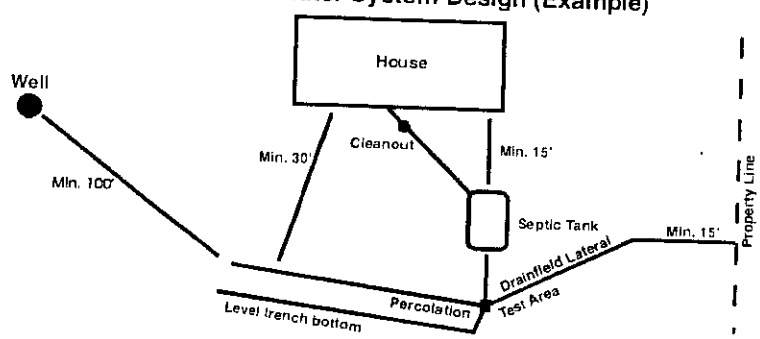
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)



Onsite Form D 12_06

9-3-2008 14:20:59

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. HS000158

System Type: STANDARD

Situs: 9001 S 55 ST RUR

Legal Description: T-R-2-Lot 3

Owner:

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

Issued:	09/02/2008
Expires:	09/02/2009

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

IRONWOOD BUILDERS
5447 S 82ND ST
LINCOLN NE 68516

LLCHD HS000158

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

SCANNED

A

Permit Number
HS000158

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

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 9001 S. 55th St. (no rural route) City Lincoln, NE Zip 68516

Legal Description ____ ____ ____ Kensington Addition 2 3
1/4 1/4 Section Township Range Subdivison 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: 3

B. Owner

Name Jerry + Susan Reim Signature [signature]

Address 2160 Spur 65a City/State/Zip Edgar, NE 68935

☐ Check if owner designed system Home Phone 4027469116? Work Phone ____

C. Contractor

Name: ~~Ike~~ Ironwood Builders Company Name ll

Address ~~593~~ ~~6201~~ S. 53 #7 City/State/Zip Lincoln NE 68516

☐ Check if contractor designed system Work Phone 580-7955

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

Designer Name Dave Vogt Firm Vogt T&T Excavating Work Phone 402-560-4267

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ ~~No~~

☐ Commercial Establishment/Other Facility Specify ____ 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 ____ Date frwd ____ **ACTION** ☐ Approved ☐ Disapproved Signature ____

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

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

Installation Final Written Approval
By ____
Date ____

Business Office Use Only
Date Received 8/29/08 Amount Paid 305 cc
Received By [signature] Cash/Check No. 1189
Ck # 1189
Dec 8/29/08

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

9-2-2008 11: 5:58

LLCHD HS000158

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

A

Permit Number
HS000158

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1/4 | 1/4 | Section | Township | Range | Subdivison | 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: 3

B. Owner

Name Jerry + Susan Reim Signature Jerry Reim

Address 2160 Spur 65a City/State/Zip Edgar, NE 68935

☐ Check if owner designed system Home Phone 4024669116 Work Phone _____

C. Contractor

Name: ~~Tre~~ Ironwood Builders Company Name 11

Address ~~593~~ ~~6~~ S. 53 #7 City/State/Zip Lincoln NE 68516
6201

☐ Check if contractor designed system Work Phone 5807955

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

Designer Name Dave Vogt Firm Vogt T&T Excavating Work Phone 402-560-4267

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1. **Health Department** Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

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

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

8-29-2008 13:59:33