LLCHD HS000171

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

A

Permit Number HS000171

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 13909 SW 100 (no rural route) City Crete, NE Zip 68333

Legal Description 9 8 5 5+12

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: _____

B. Owner

Name Talley Herschel Signature _____

Address 13909 SW 100 City/State/Zip Crete Ne 68333

❑ Check if owner designed system Home Phone 797-3935 Work Phone 402-580-5803

C. Contractor

Name: Pribyl PLBG - Brian Pribyl Company Name Pribyl PLBG

Address 386 N Highway 103 City/State/Zip Crete, Ne, 68333

❑ Check if contractor designed system Work Phone 402-826-2818 C/T2

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

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 3 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 10/13/08
Date frwd 10/13/08
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 10/13/08

Business Office Use Only
Date Received 10-14-08 Amount Paid 365.00
Received By _____ Cash/Check No. 5403

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

Form A Updated: 5-07

10-15-2008 9:27:32

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. HS000171

System Type: STANDARD

Situs: 11900 W HOLDREGE ST RUR

Legal Description: T10N-R05E-S17-Lot 5&12

Owner:

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

Issued: 10/14/2008
Expires: 10/14/2009

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

PRIBYL PLUMBING
386 ST HWY 103
CRETE NE 68333

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

B

Permit Number: HS000171

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13909 SW 100 (no rural route) City Crete NE, Zip Ne 68333

Owner Hershel Talley Addresss 13909 SW 100

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

Date of Tests 9-20 to 9-21 Weather: Precipitation none Temperature 80°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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		9/20	12:30	9/21	10:00	9/21	10:10	13	9/21	10:40	30	2	15 mpI
2		9/20	12:30	9/21	10:00	9/21	10:15	12	9/20	10:45	30	1.5	20 mpI
3		9/20	12:30	9/21	10:00	9/21	10:20	15	9/21	10:50	30	3	10 mpI
4		9/20	12:30	9/21	10:00	9/21	10:25	13	9/21	10:55	30	2	15 mpI
5		9/20	12:30	9/21	10:00	9/21	10:30	11	9/21	11:00	30	1.5	20 mpI
6		9/20	12:30	9/21	10:00	9/21	10:35	12	9/21	11:05	30	2	15 mpI

Person Conducting Percolation Tests

Name: Brian Prybyl
Phone: 402-826-0192
Address 1884 Co Rd D
Crete Ne 68333

Sum of Percolation Rates: 12 inches
Average of Rates: 2 mpI
Rate Used for Calculation: 11-20 min. per inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

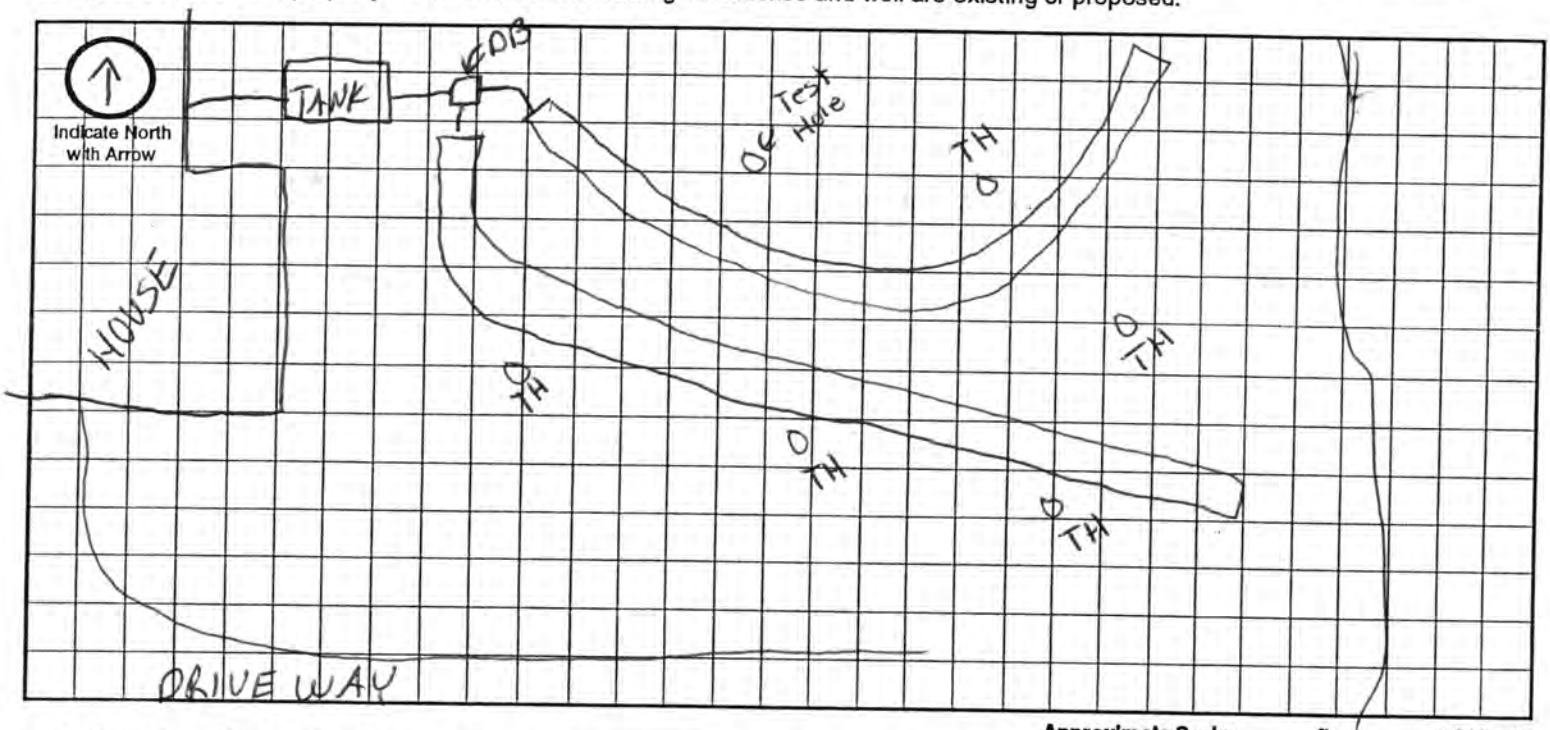
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 13909 SW 100 City Crete NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☑ Plastic ☑ Other F

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

Percolation Rate 11-20 (min. per inch) Soil Type: clay / chalky Land Slope: 5 %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: Infiltrator - graveless chamber

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 184 ft. Number of Trenches 2 Trench Width 3'

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 _____

Installer Brian Purdy Date 9-29-08

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OCT 01 2008

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 9-29-08 Legal Description 9 8 5 BLK 5 + LOT 12
(1/4 1/4 Section Township Range)

Onsite System Location

Address (no rural route) 13909 SW 100 City Crete NE, Zip Ne 68333

Owner Herschel Talley Address 13909 SW 100

A. Sewer Pipe

1. Material: plastic
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 24" in.
3. Distance between dwelling and septic tank: 20' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 250 ft.
   stream — ft.
   pressure line 100 ft.
   property line 300 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Plastic
   Number of compartments: ____
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 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: 20 in.
8. Distances to: Well or suction line 250 ft.
   Stream — ft.
   Pressure line 100 ft.
   Property line 300 ft.

C. ☑ Distribution Box ☐ Drop Boxes

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

1. Material: plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 5 ft.

D. Drainfield Absorption

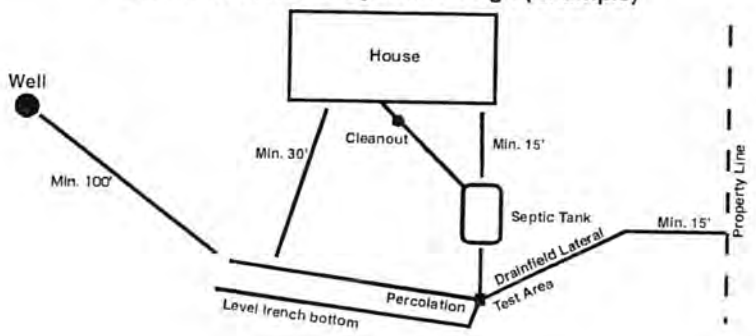
☐ Trench ☐ Bed ☐ Level Bottom

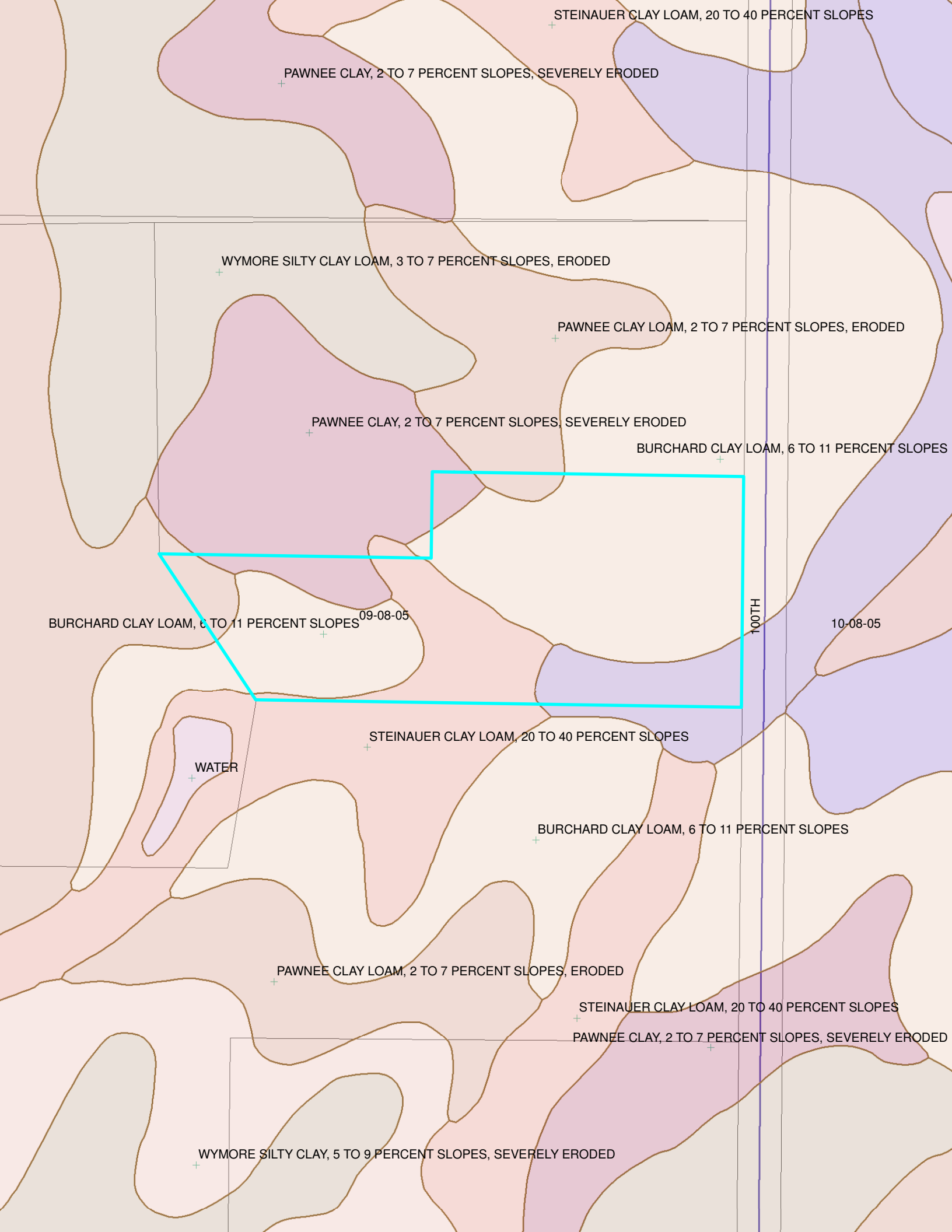
1. Type: ☐ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: 36"
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 2
   Length of each line: 92 ft. 92 ft.
   ____ ft. ____ ft., ____ ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope ____ in/100 ft.
   Average depth ____ in
4. Filter material: ____
   Depth of material ____ in.
5. Distances to: Well or suction line 250 ft.
   Pressure line 250 ft.
   Property line 300 ft.
   House or building 50 ft.
   Lake or Stream — ft.

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

Onsite Wastewater System Design (Example)

Indicate North with Arrow




STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
09-08-05
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
100TH
10-08-05
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
WATER
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED