LLCHD HS000183

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

OCT 21 2008 SCANNED

A

Permit Number HS000183

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 5301 NW 112th St (no rural route) City Lincoln, NE Zip 68524

Legal Description NE 5 10 5 7

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 ~~same~~ Robert Stoldorf [redacted] signature on faxed copy (attached)

Address 1427 Bay Bean Dr City/State/Zip Corpus Christi, Tx 78418

☐ Check if owner designed system Home Phone 361-446-1099 Work Phone _____

C. Contractor

Name: existing home Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Inc Work Phone 402-890-6009

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 2 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 10/27/08
Date frwd 10/27/08
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 10/27/08

Business Office Use Only
Date Received 10-29-08 Amount Paid 315.00
Received By _____ Cash/Check No. 6552

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

Form A Updated: 5-07

10-30-2008 9: 1:50

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

Installation Final Written Approval
By _____
Date 10/27/08

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

10-29-2008 9:58:49

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

B

Permit Number: HS000183

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5301 NW 112th St (no rural route) City Lincoln NE, Zip 68524

Owner Bob Stahlderf Address 9427 Bay Beach Dr. Corpus Christi TX 78418

Soil Type (SCS): Malvern silt loam Percolation Rate: 60 min./inch

Date of Tests 9/30/08 to 10/1/08 Weather: Precipitation D Temperature 70°

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	25	9/30	2:30p	9/30	10:30p	10/1	4:30	6	10/1	5:10	30	1/2	60
2	23	"	"	"	"	"	"	"	"	"	"	1/2	60
3	38	"	"	"	"	"	"	"	"	"	"	1	30
4	26	"	"	"	"	"	"	"	"	"	"	5/8	48
5	24	"	"	"	"	"	"	"	"	"	"	7/8	34
6	26	"	"	"	"	"	"	"	"	"	"	3 1/16	9

Person Conducting Percolation Tests

Name: Terri Jokoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 #C1198

Sum of Percolation Rates: 241

Average of Rates: 40

Rate Used for Calculation: 60 (20 min Variance)

Perc Test 2nd day started at 1:00pm, ended @ 5:00pm

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

RM 23-101 10-96

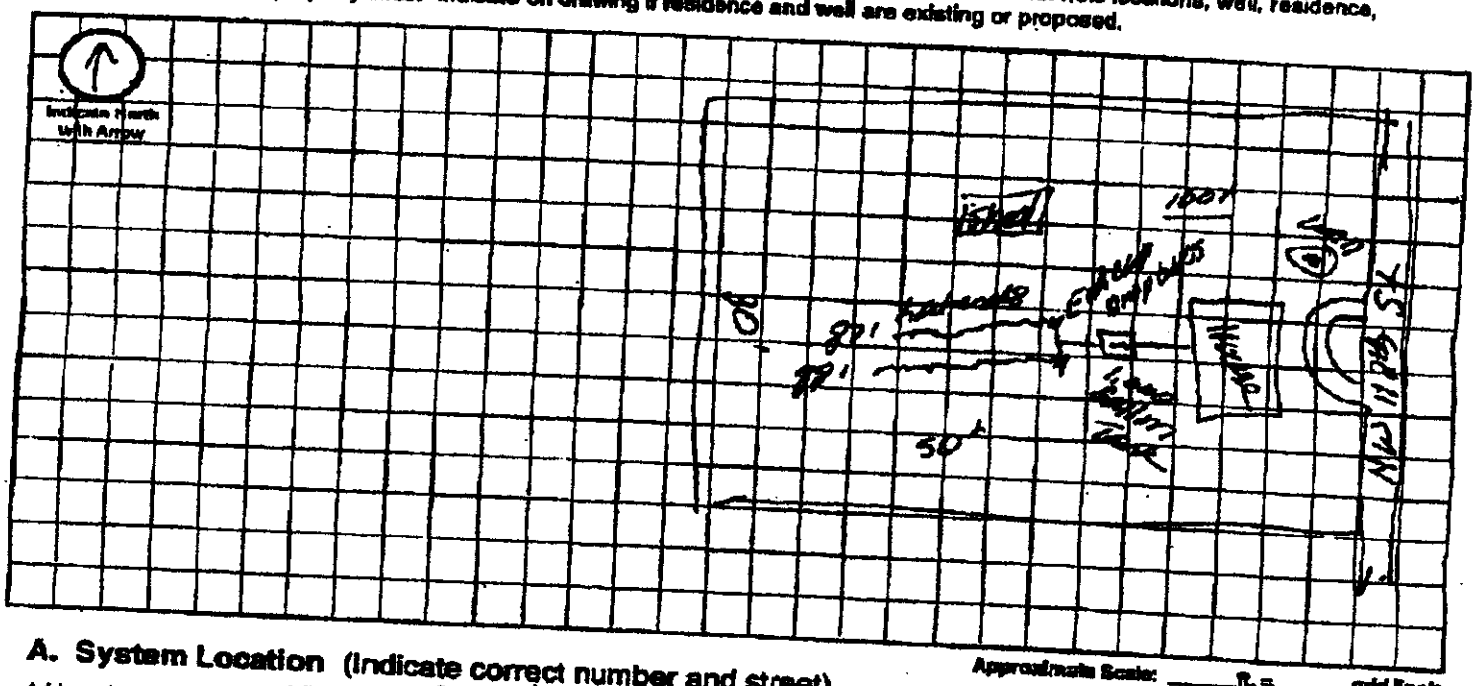
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C

Permit Number: HS000183

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) 5301 NW 112th St City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____ Land Slope: _____ %

Total Square Feet of Field Required: 760 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Braxbass Chambers

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 175 ft. Number of Trenches 2 Trench Width 4'

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 ☑	800 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☐
Field (ft)	100 ☑	600 ☑	50 ☑	4 ☑	50 ☑	20 ☑	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 10-17-08

Installer _____ Date 10-17-08

FORM 23-102 10-96

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. HS000183

System Type: STANDARD

Situs: 5301 NW 112 ST RUR

Legal Description: T10N-R05E-S05-Lot 7

Owner: STOLDORF, ROBERT C & PATTI JO
5301 NW 112 ST
LINCOLN NE
68524

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	10/29/2008
Expires:	10/29/2009

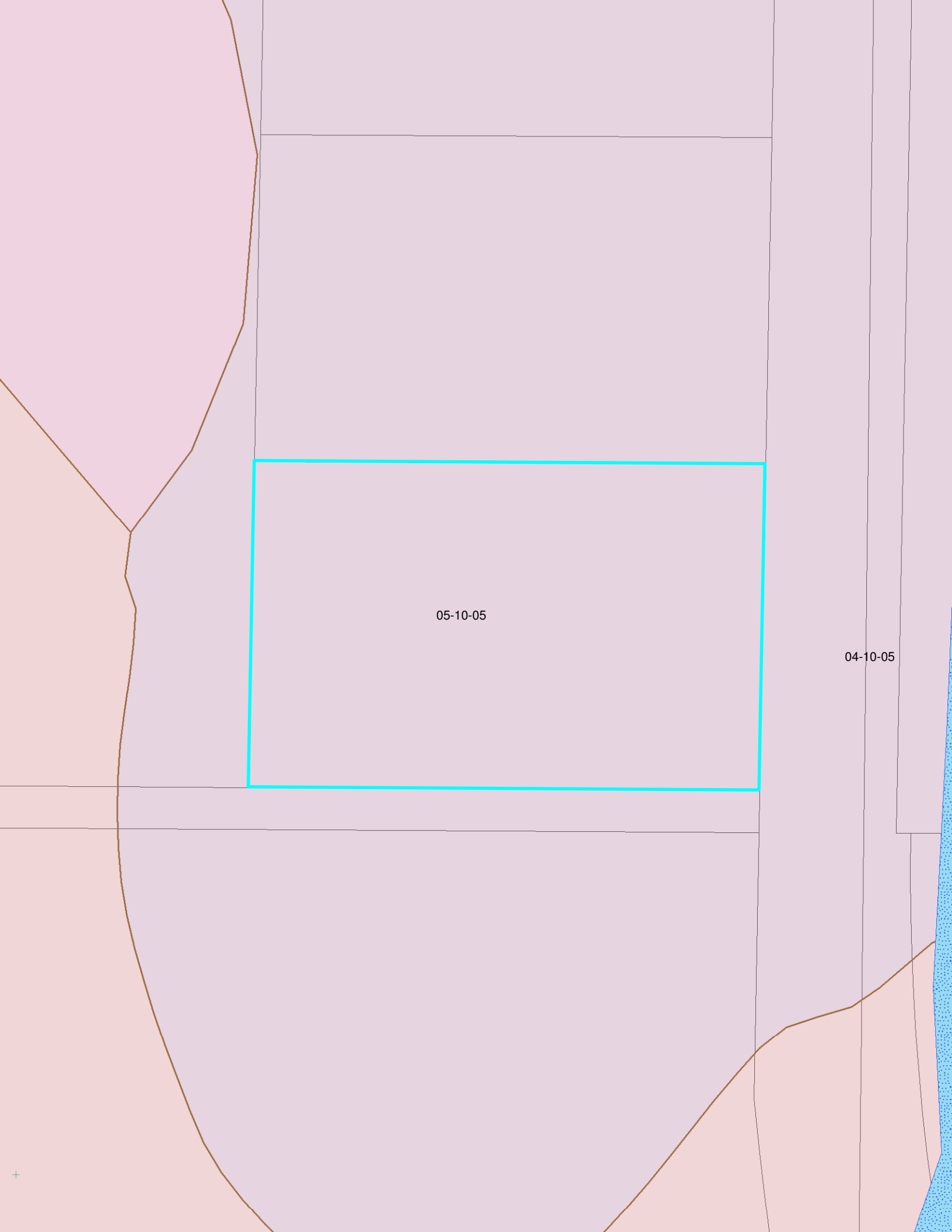
Bruce D. Dart, PhD, Health Director

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

RAYMOND CONTRACING
13800 NW 70TH
RAYMOND NE 68428


05-10-05
04-10-05