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. HS000189

System Type: STANDARD

Situs: 10500 N 84 ST RUR

Legal Description: T11N-R07E-S14-Lot 3

Owner: BRAY, ROCHELLE J
10500 N 84 ST
LINCOLN NE
68517

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	11/21/2008
Expires:	11/21/2009

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

DIRT WORKS PLUS
6667 NW 48TH
LINCOLN NE 68524

LLCHD HS000189

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

A

Permit Number
HS000189

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.

NOV 20 2008

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 10500 N. 84th St (no rural route) City Lincoln NE, NE Zip 68517

Legal Description S14, T11, R7, 6th P.M. Lincoln Meridian, Lot 3 E 165.5' S150.2' Outlot A

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 Rochelle Bray Signature Pat Steohmyer for Owner

Address 10500 N. 84th St. City/State/Zip Lincoln NE/68517

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

C. Contractor

Name: Pat Steohmyer Company Name Diet Walls Plus, Inc.

Address 6667 W. 48th St., Suite 1 City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 402-325-0529

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 1 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 Date rec'd _____ **ACTION** ☑ Approved ☐ Disapproved
Site visits # Existing Home 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 11/20/08

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

System Replacement

11-21-2008 9:26:55

B

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

Permit Number: H5000189

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

NOV 20 2008

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10500 N 84 (no rural route) City Lincoln NE, Zip 68517.

Owner Rochelle Bass Addresss 10500 N. 84th St.

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

Date of Tests 10/8/08 to 10/9/08 Weather: Precipitation ø - sunny 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	27	10/8	8A	10/9	8A	10/9	1130A	6	10/9	12P	30	3/4	40
2	28							6			30	3/4	40
3	29							6			30	5/8	48
4	27							6			30	1"	30
5	30							6			30	3/4	40
6	29							6			30	5/8	48

Sum of Percolation Rates: 246
Average of Rates: 41
Rate Used for Calculation: 41

Person Conducting Percolation Tests

Name: Scott Nelson ~ Dirt Works Plus Inc
Phone: 402-325 0529
Address 6667 NW 48th St.
Lincoln NE 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of

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

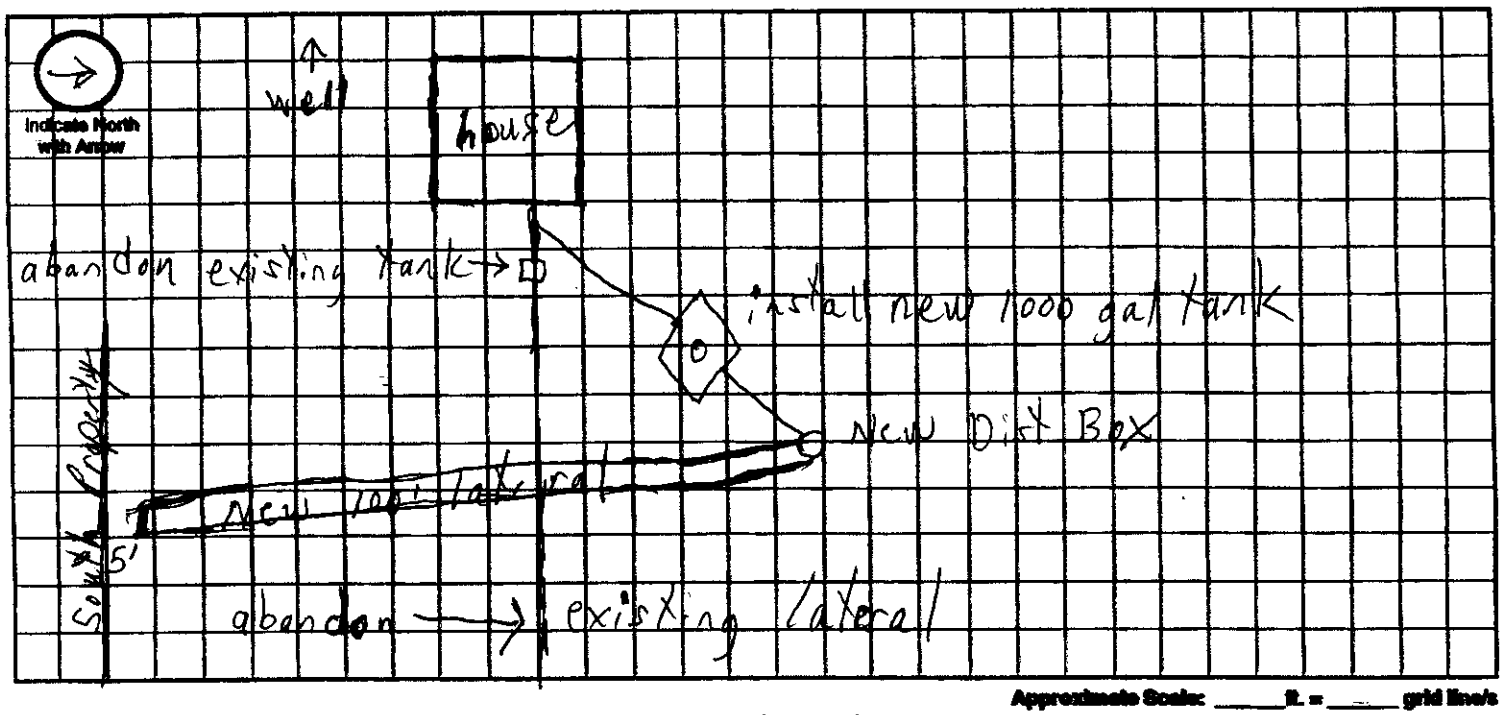
C

Permit Number: HS000189

NOV 20 2008

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 41 (min. per inch) Soil Type: Loamy Land Slope: _____ %

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

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: ENTI Header Hi-Cap

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 100 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	Ground 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 Pat Strohman Date 10/9/08

LLCHD HS000189

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

A

Permit Number
HS000189

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NOV 20 2008

PLEASE PRINT OR TYPE

A. Onsite System Location

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Legal Description S½ 14, T11, R7, 6th P.M. Principal Meridian, Lot 3 & W 65.5' S150.2' Old Lot A

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

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

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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 Doug Rauch
Date 11/20/08

Business Office Use Only
Date Received 11/21/08 Amount Paid 315.00
Received By _____ Cash/Check No. 10582

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

Form A Updated: 5-07

System Replacement

11-21-2008 13:51:20

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

SCANNED

B

Permit Number: 4 5000189

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

NOV 20 2008

PLEASE PRINT OR TYPE

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Lincoln NE 68524

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Average of Rates: 41

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Reviewing Action

Remarks _____

Signature of

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

RECEIVED

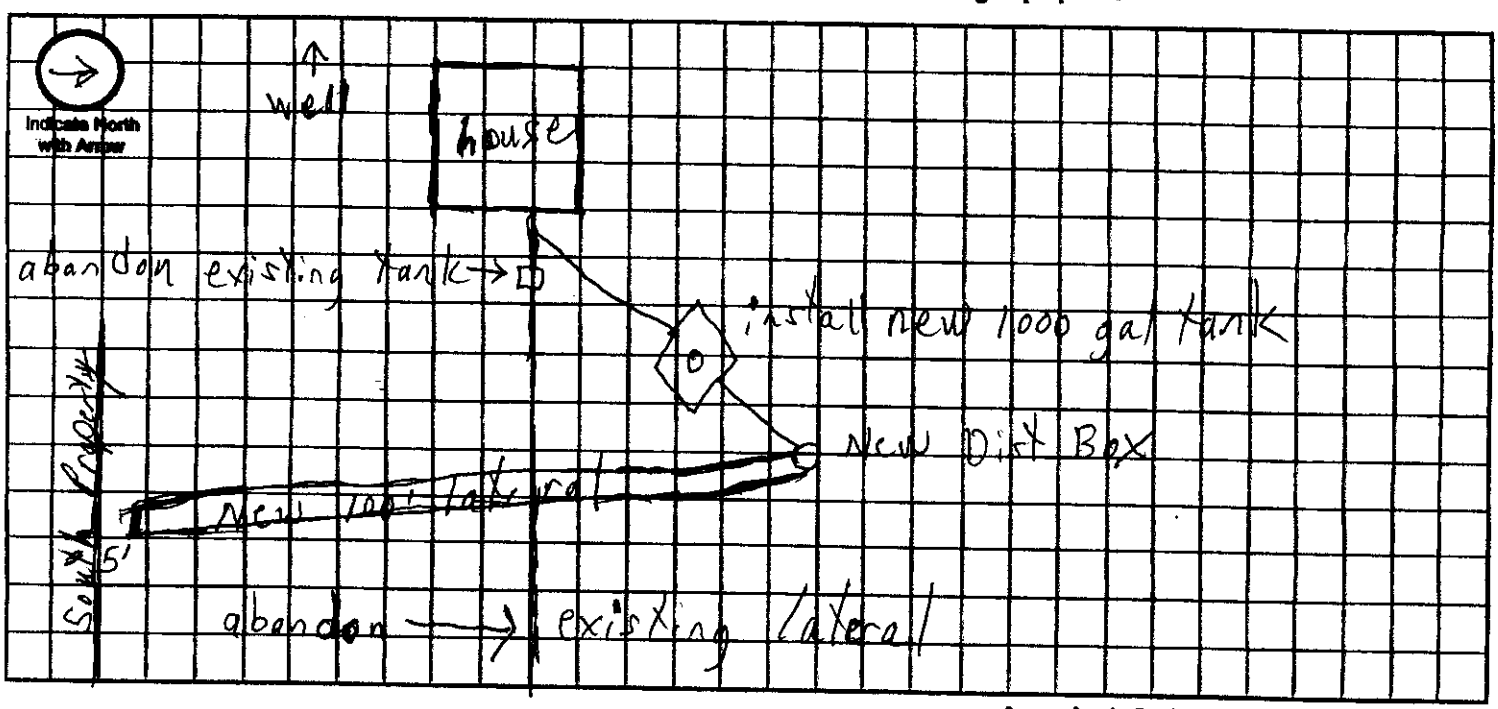
C

Permit Number: 1 S000189

NOV 20 2008

Sewage Disposal System
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Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: INFI Header HJ-COP

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

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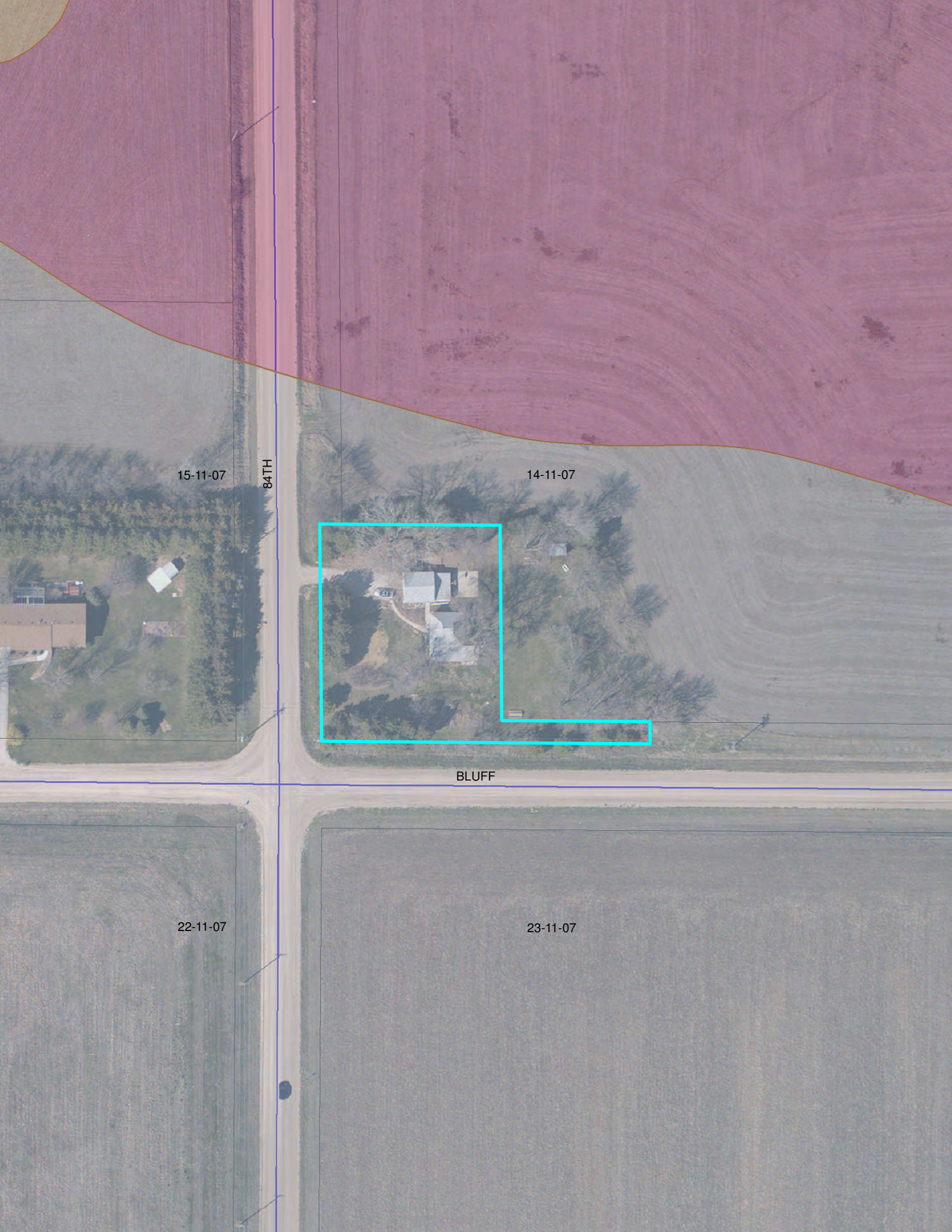
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E. Required Signatures

Home Building Contractor _____ Date _____

Installer Pat Strohman Date 11/9/08


15-11-07
84TH
14-11-07
BLUFF
22-11-07
23-11-07