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. HS000221

System Type: STANDARD

Situs: 17464 HAVELOCK AVE L

Legal Description: T10N-R08E-S02-Lot 8

Owner: GARDNER, ROBERT R & JANET S
4621 N 176 ST
LINCOLN NE
68527

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	05/11/2009
Expires:	05/11/2010

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

KURT T VIRGIL
4620 W MARY LOUISE LN
LINCOLN NE 68528

LLCHD HS000221

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

MAY 08 2009

A

Permit Number
HS000221

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 17400 Havelock Ave (no rural route) City Lincoln, NE Zip 68527

Legal Description — — 2 10 8 — — 8SE —

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 Bob & Janet Gardener Signature

Address 4601 N 176th St City/State/Zip Lincoln / Ne / 68527

☐ Check if owner designed system Home Phone 786-0446 Work Phone

C. Contractor

Name: Kurt Virgil Company Name Kurt T Virgil Excavating

Address 4600 W. Mary Louise Ln City/State/Zip Lincoln / Ne / 68528

☑ Check if contractor designed system Work Phone 525-6681

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 5/11/09
Date frwd 5/11/09
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 5-11-9 Amount Paid 315.-
Received By DL Cash/Check No. 1091

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

5-11-2009 15:16:10 # System Replacement

Form A Updated: 5-07

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

B

Permit Number: HS000221

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17400 Havelock Ave (no rural route) City Lincoln NE, Zip 68527

Owner Bob & Janet Gardner Addresss 4621 N 176th St Lincoln, Ne 68527

Soil Type (SCS): Shabbona Percolation Rate: 8.6 min./inch

Date of Tests 5-2-09 to 5-3-09 Weather: Precipitation No Temperature 75°

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	35	5-2	12-	5-2	4-	5-3	240	6	5-3	640	30	2 7/8	10.4
2	46	"	"	"	"	"	"	"	"	"	"	3	10
3	35	"	"	"	"	"	"	"	"	"	"	3 1/2	8.6
4	34	"	"	"	"	"	"	"	"	"	"	5 1/4	5.7
5	48	"	"	"	"	"	"	"	"	"	"	3	10
6	34	"	"	"	"	"	"	"	"	"	"	4 3/8	6.9

Person Conducting Percolation Tests

Name: Kurt Virgil

Phone: 402-525-6661

Address 4620 W. Money Lane Lincoln Ne 68528

Sum of Percolation Rates: 51.6

Average of Rates: 8.6

Rate Used for Calculation: 21-30 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Used higher perc rate usually indicative of sandy type.

Signature of Reviewing Official [signature] Date 5/11/09

FORM 23-101 10-96
5-11-2009 15:16:11

LLCHD HS000221

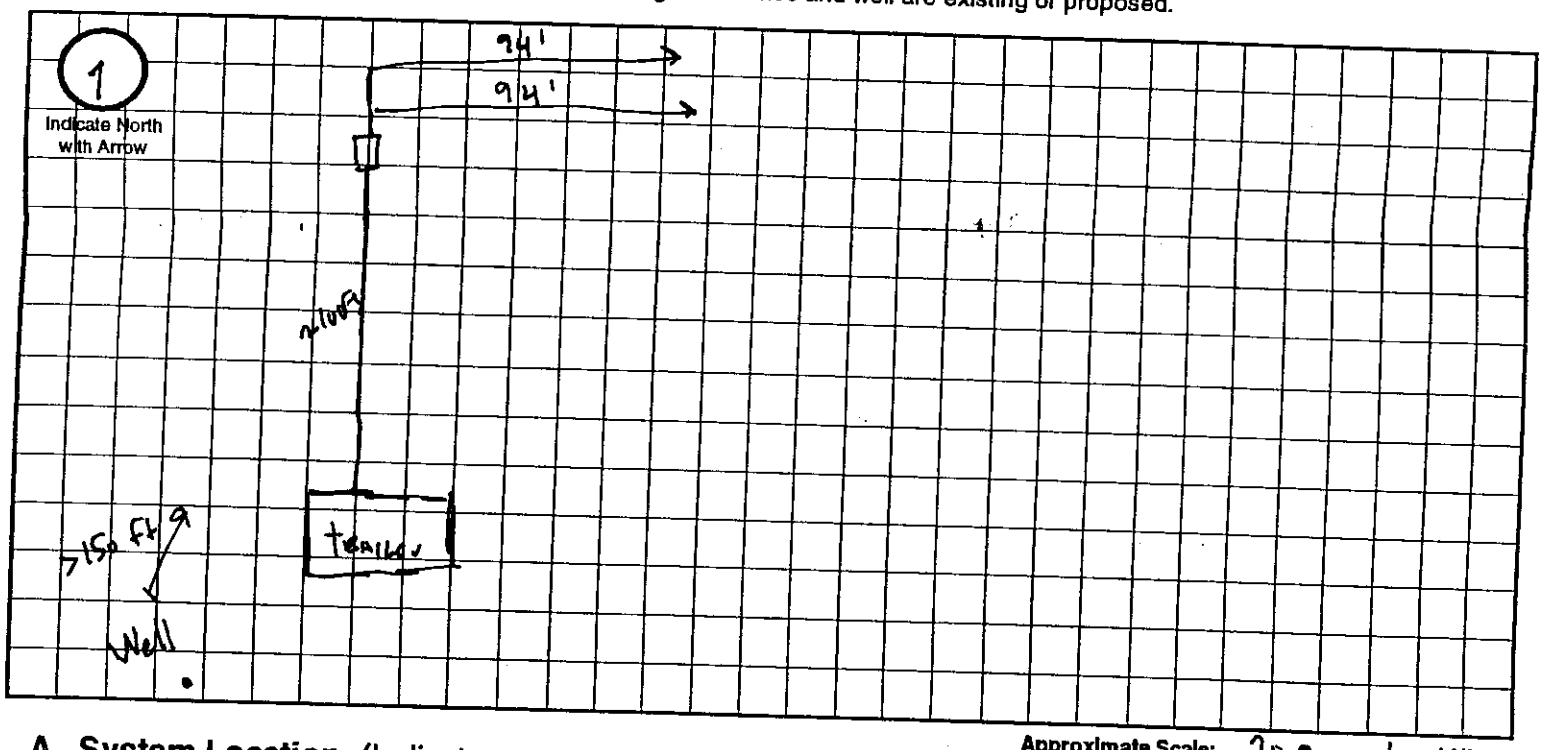
Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

C

Permit Number: HS000221

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 17400 Havelock Ave City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 8.6 (min. per inch) Soil Type: Sharpsburg Land Slope: 4 %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: Using 187.5 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: — Number of Distribution Laterals per Bed —

Total Length of Laterals 188 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 _____ Date 5-6-09

FORM 23-102 10-96

5-11-2009 15:16:13

LLCHD HS000221

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3140 N Street • Lincoln NE 68510-1514
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MAY 08 2009

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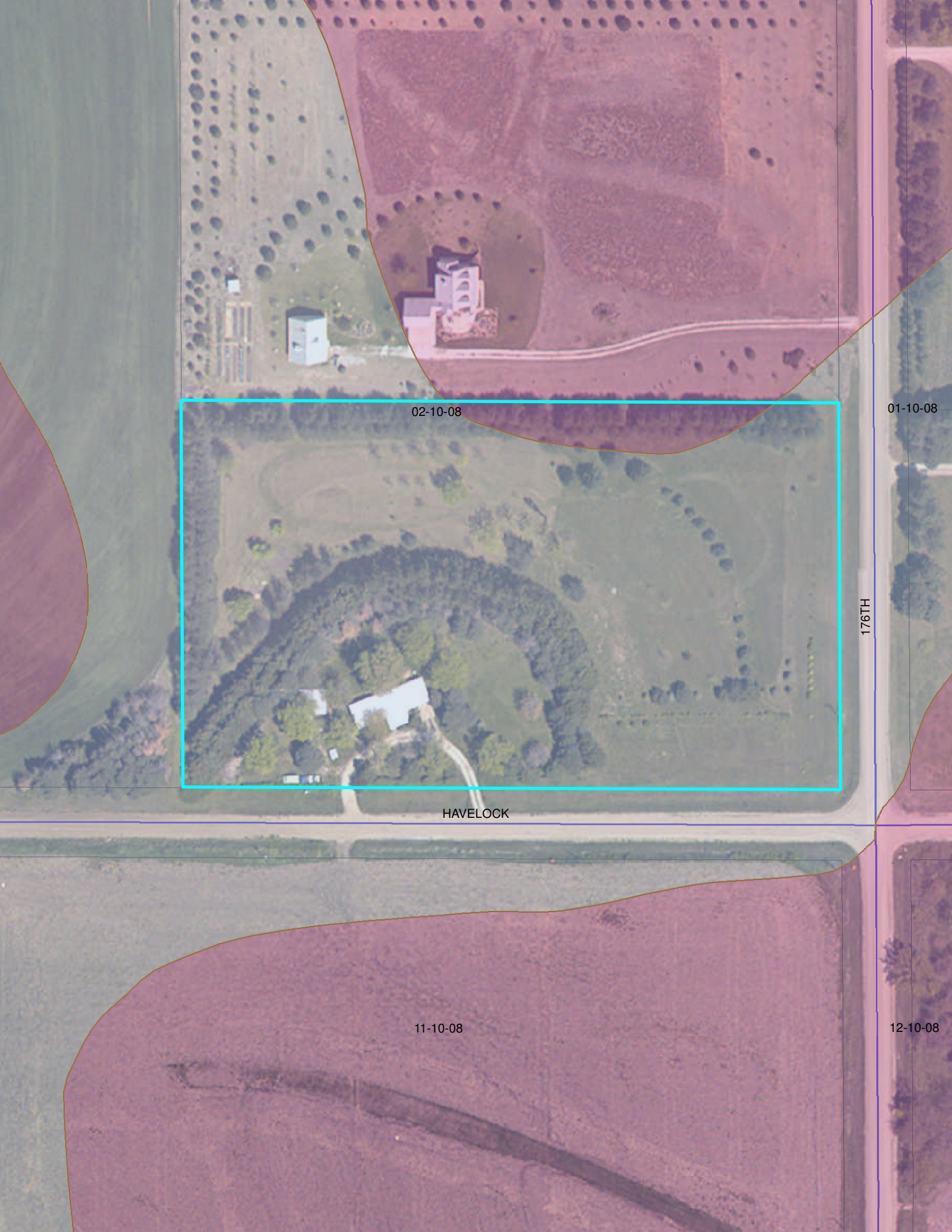
Installation Final Written Approval
By
Date

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

5-11-2009 14:8:15 System Replacement

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

Form A Updated: 5-07


02-10-08
01-10-08
176TH
HAVELOCK
11-10-08
12-10-08