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

SCANNED

A

Permit Number
HS000233

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 15075 Seneca Ridge Rd City Bennett, NE Zip
(no rural route)

Legal Description NW 10 8 8 Pheasant Ridge Lot 10
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 David & Sarah Poole Signature

Address 3909 Pace Blvd City/State/Zip Lincoln NE 68502

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Dave Vogt Company Name Vogt T & T Excavating

Address P.O. Box 22753 City/State/Zip Lincoln NE 68542

☐ Check if contractor designed system Work Phone 402 560-4267

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

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

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 6/3/09
Date fwd 6/3/09
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 6-3-2009
Date fwd 6-3-2009
ACTION ☒ Approved ☐ Disapproved
Signature

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-3-9 Amount Paid 315.00
Received By Cash/Check No. 5394

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 5.07

TOTAL P.01

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. HS000233

System Type:	STANDARD
Situs:	99999 **NO SITUS** ST L
Legal Description:	T08N-R08E-S10-Lot 10
Owner:	

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00

Issued:	06/03/2009
Expires:	06/03/2010

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

VOGT EXCAVATING
PO BOX 22753
LINCOLN NE 68542

LLCHD HS000233

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

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Name David & Sarah Poole Signature

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☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Dave Vogt Company Name Vogt T & T Excavating

Address P. O. Box 22153 City/State/Zip Lincoln NE 68542

☐ Check if contractor designed system Work Phone 402 560-4267

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

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

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Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
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

6-3-2009 15:41:13

Form A Updated: 5-07

B

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

Permit Number: 4S000233

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 15075 Seneca Ridge Rd (no rural route) City Bennett NE, Zip _____

Owner David & Sarah Poole Address Bennett

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

Date of Tests 4-15-09 to 4-16-09 Weather: Precipitation Cloudy Temperature 550

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	30	4-15-09	10:33 AM	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	5/8	48
2	30	4-15-09	10:33 AM	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	3/4	40
3	30	4-15-09	10:33 AM	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	3/4	40
4	30	4-15-09	10:33 AM	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	5/8	
5	30	4-15-09	10:33 AM	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	5/8	
6	30	4-15-09	10:33 AM	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	3/4	

Sum of Percolation Rates: 264
Average of Rates: 44
Rate Used for Calculation: 44

Person Conducting Percolation Tests

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

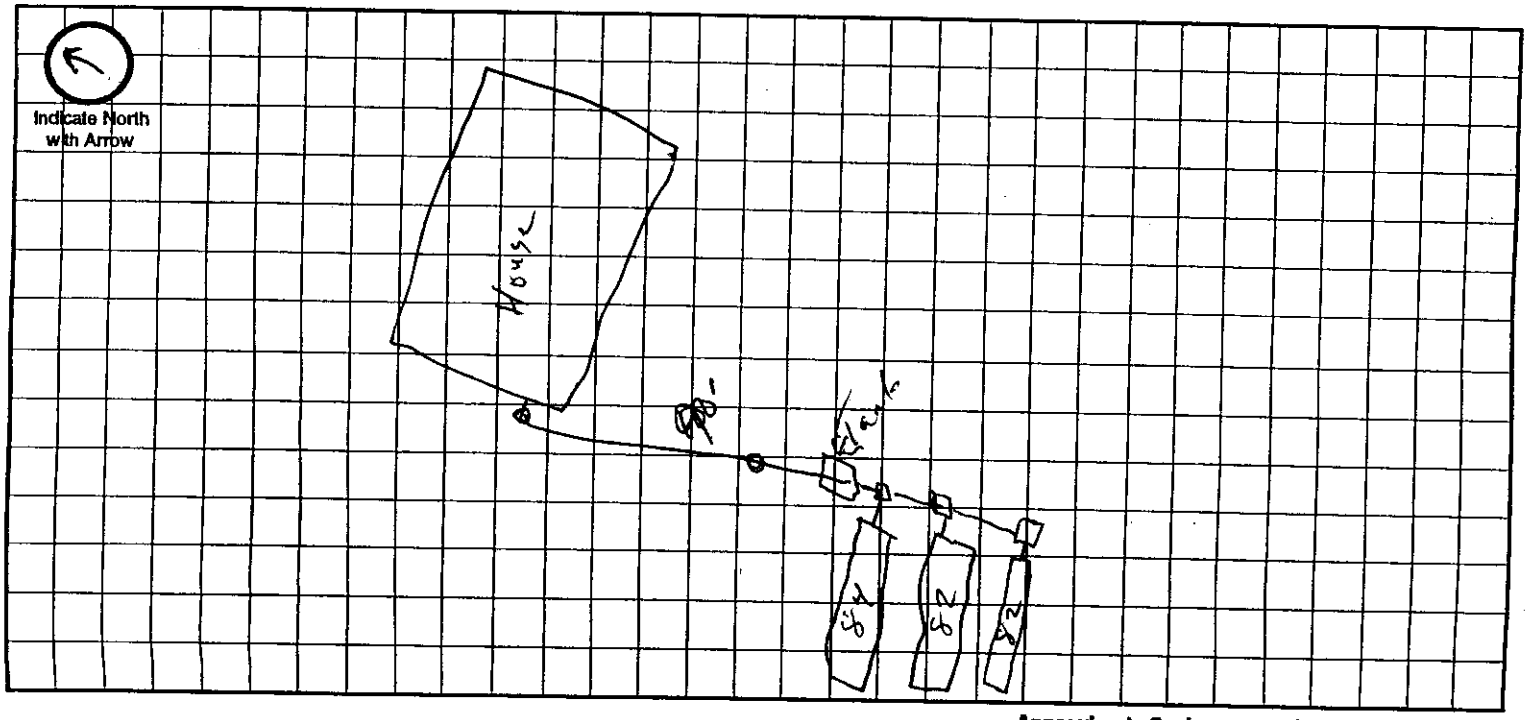
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000233

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) 15075 Seneca Ridge Rd City Bennett NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 44 (min. per inch) Soil Type: Clay Land Slope: 2 %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1900 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 248 ft. Number of Trenches 3 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 ☑	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 Troy Byler Date 6-1-09

Installer _____ Date 6-1-09

FORM 23-102 10-96
6-3-2009 15:41:15

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

A

Permit Number
HS000233

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 15075 Seneca Ridge Rd (no rural route) City Bennett NE Zip

Legal Description NW 10 8 8 Pheasant Ridge Lot 10
(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 David & Sarah Poole Signature

Address 3909 Pace Blvd City/State/Zip Lincoln NE 68502

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Dave Vogt Company Name Vogt T & T Excavating

Address P.O. Box 22753 City/State/Zip Lincoln NE 68542

☐ Check if contractor designed system Work Phone 402 560-4267

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

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

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 6/3/09
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Comments
Date rec'd 6-3-2009
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Signature

3. City or County Engineer
Comments
Date rec'd
Date fwd
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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

TOTAL P.01

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7-6-09 Legal Description NW (1/4) 1/4 10 (Section) 8 (Township) (Range)

Onsite System Location

Address (no rural route) 15075 Seneca Ridge Rd City Bennett NE, Zip

Owner David & Sharah Root Address

A. Sewer Pipe

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: in.
   or distance below basement floor: 8 in.
3. Distance between dwelling and septic tank: ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 + ft.
   stream N/A ft.
   pressure line 100 + ft.
   property line 20 + ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2" 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: 24 in.
8. Distances to: Well or suction line 100 + ft.
   Stream N/A ft.
   Pressure line 100 + ft.
   Property line 20 + ft.

C. ☐ Distribution Box ☒ Drop Boxes

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

1. Material: Plastic
   Number available outlets:
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Drainfield Absorption

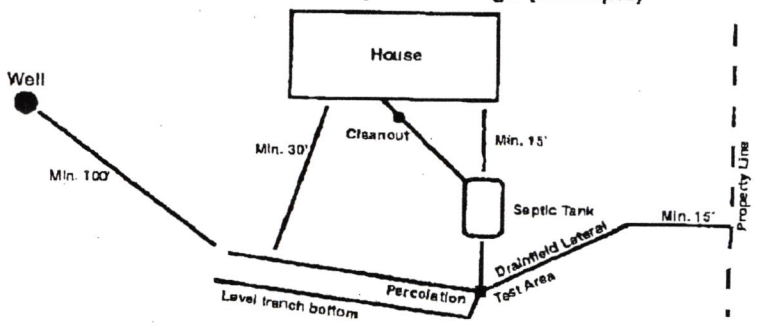
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☒ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: Plastic Infiltrator
   Number of distribution lines in bed
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 3
   Length of each line: 90 ft. 90 ft.
   70 ft. ft., ft.
3. Drainfield dimensions: Width 4 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth dirt in
4. Filter material:
   Depth of material in.
5. Distances to: Well or suction line 100 + ft.
   Pressure line 100 + ft.
   Property line 20 + ft.
   House or building ft.
   Lake or Stream ft.

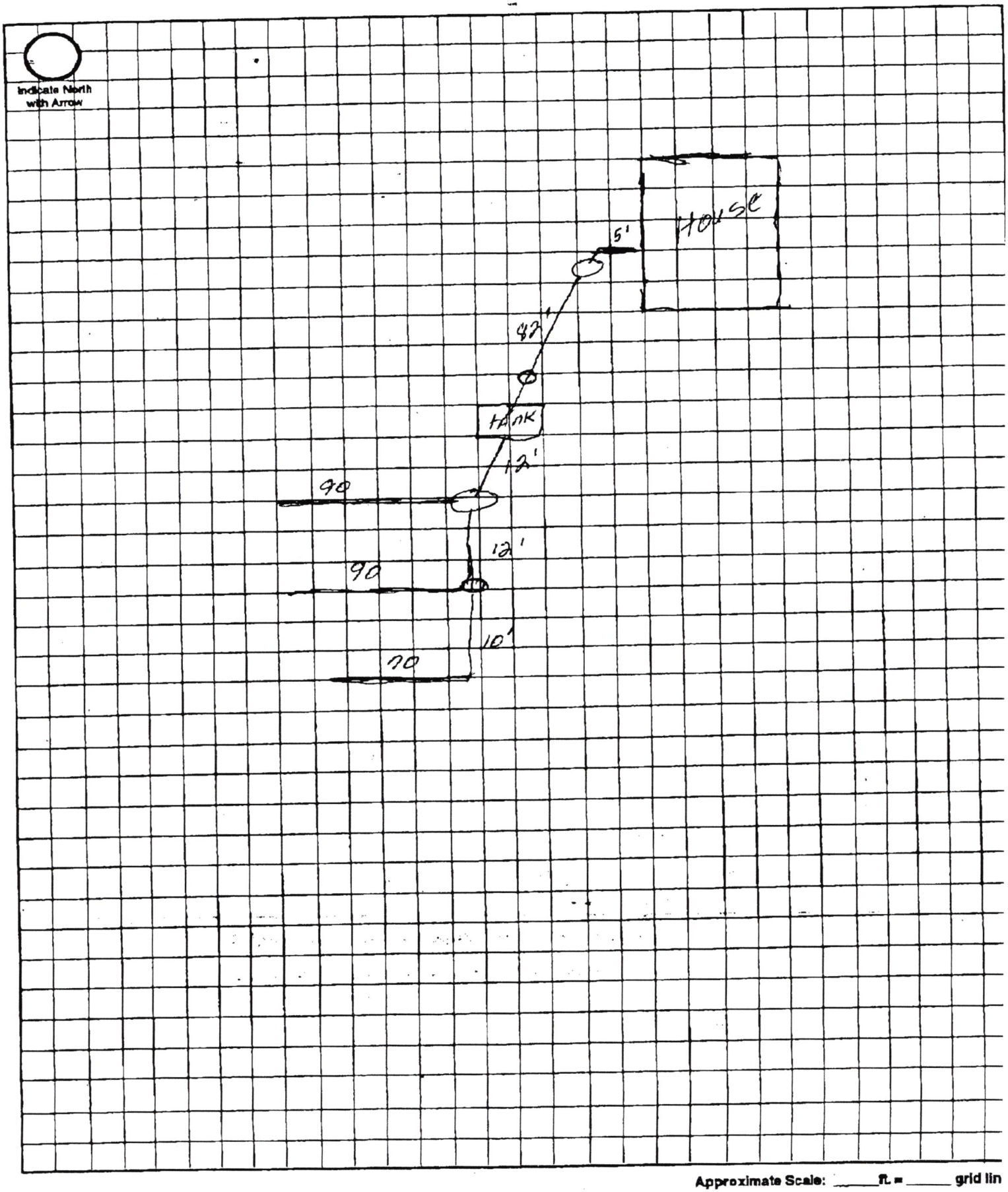
Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)



As Built Drawing



Approximate Scale: _____ ft. = _____ grid lin

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

SCANNED

A

Permit Number H5000733

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department — Date rec'd 6/3/09 — Date fwd 6/3/09 — ACTION ☒ Approved ☐ Disapproved — Signature
Site visits

2. Supt. Bldg. Insp. or Village Clerk — Date rec'd 6·3·2009 — Date fwd 6·3·2009 — ACTION ☒ Approved ☐ Disapproved — Signature
Comments

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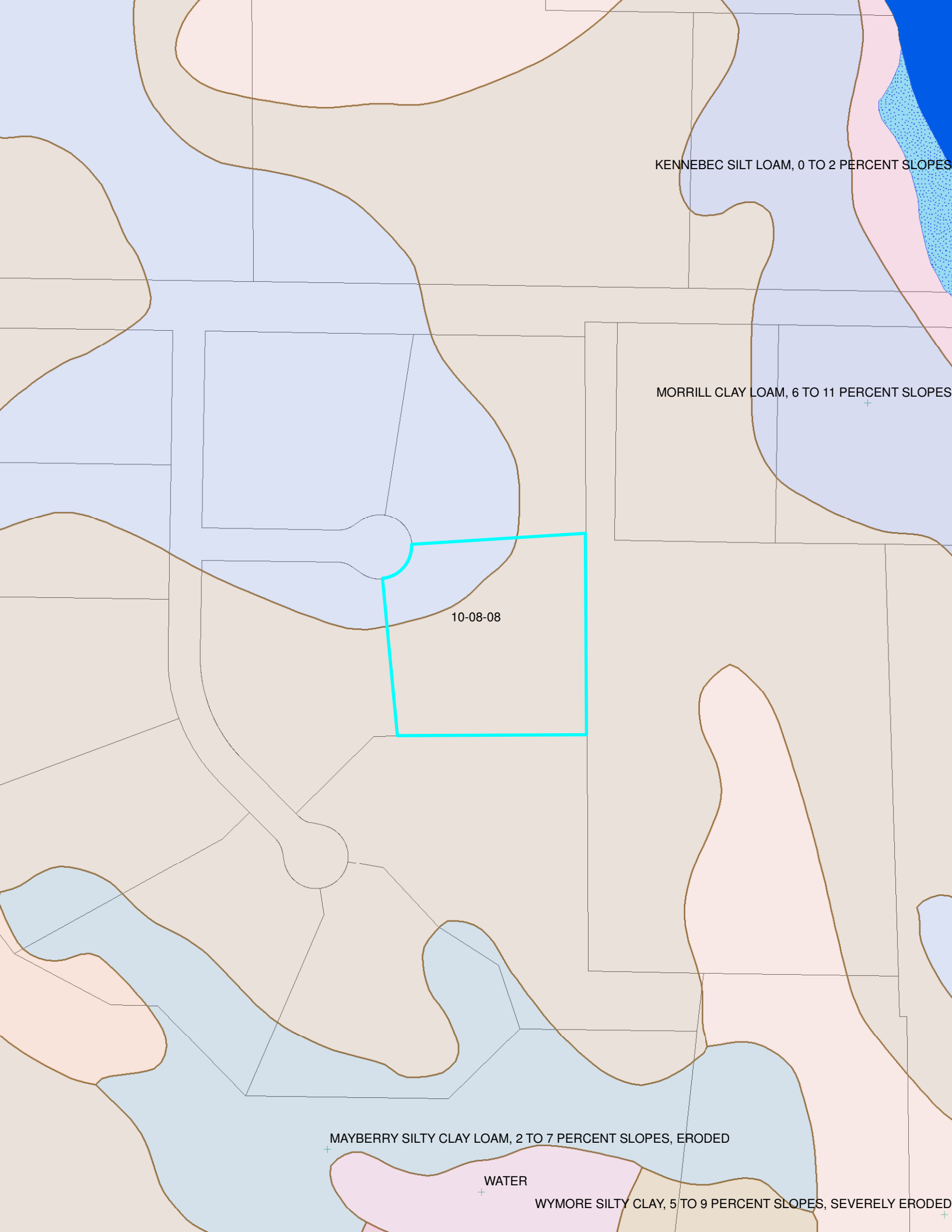
Installation Final Written Approval
By
Date 7/2/09

Business Office Use Only
Date Received 6-3-9 Amount Paid 315.00
Received By AL Cash/Check No. 5391

SCANNED

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

Form A Updated: 5.07


KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
10-08-08
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED