LLCHD HS000247

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

SCANNED

A

Permit Number
HS000247

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 _____ (no rural route) City Bennet, NE Zip 68317

Legal Description Lot 7 Pheasant Ridge Bennet, NE. [redacted]
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 Randall S., Kimberly A. Markus Signature Randall S Markus Kimberly A Markus

Address 3459 Cedarwood Parkway Lincoln NE 68516 City/State/Zip _____

☐ Check if owner designed system Home Phone (c) 560-2355 Work Phone same

C. Contractor

Name: BNL Plumbing Company Name Mike Krause

Address 2521 Kinco CRT City/State/Zip Lincoln 68521

☐ Check if contractor designed system Work Phone 402 610-0895

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 4 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 6/7/09
Date frwd 6/8/09
ACTION ☑ Approved ☐ Disapproved
Signature [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 7/9/09 Amount Paid 315.00
Received By AKV Cash/Check No. 3350

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

7-10-2009 15:31:53

Form A Updated: 5-07

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. HS000247

System Type:	LAGOON
Situs:	99999 **NO SITUS** ST L
Legal Description:	T08N-R08E-S10-Lot 7
Owner:	

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

Issued:	07/09/2009
Expires:	07/09/2010

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

MARKUS
3459 GRAINGER PKWY
LINCOLN NE 68516

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

SCANNED

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Permit Number H5000247

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Legal Description Lot 7 Pheasant Ridge Bennet, NE [redacted]
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 Randall S., Kimberly A. Markus Signature Randall S. Markus Kimberly A. Markus

Address 3459 Cranmoor Parkway Lincoln NE 68514 City/State/Zip _____

☐ Check if owner designed system Home Phone (C) 560-2355 Work Phone Same

C. Contractor

Name: BNL Plumbing Company Name Mike Krose

Address 2521 Kimco CRT City/State/Zip Lincoln 68521

☐ Check if contractor designed system Work Phone 402 610-0895

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 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No

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Date frwd 6/8/09
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
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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 7/9/09 Amount Paid 315.00
Received By AKV Cash/Check No. 3350

SCANNED

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

Form A Updated: 5-07

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

SCANNED

A

Permit Number H5000247

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

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Name Randall S, Kimberly A. Marks Signature Randall S Marks Kimberly A Marks

Address 3459 Calmoor Parkway Lincoln NE 68516 City/State/Zip _____

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C. Contractor

Name: BNL Plumbing Company Name Mike Krouse

Address 2521 Kimco CT City/State/Zip Lincoln 68521

☐ Check if contractor designed system Work Phone 402 610-0895

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

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1. Health Department
Site visits _____
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Date frwd 6/8/09
ACTION ☒ Approved ☐ Disapproved
Signature _____

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Comments _____
Date rec'd 07-08-09
Date frwd 07-08-09
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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13680 So 150th CT (no rural route) City BENNETT NE, Zip 68317

Owner RANDY MARKUS Addresss 13680 So 150th CT

Soil Type (SCS): _____ Percolation Rate: 40 min./inch

Date of Tests OCT 10 2009 to OCT 10 2009 Weather: Precipitation DRY Temperature _____

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	3'	OCT 9	11:00	OCT 9	3:00	OCT 10	10:00	6	OCT 10	2:00	30 MIN	1	30
2	3'	OCT 9	11:00	OCT 9	3:00	OCT 10	10:00	6	OCT 10	2:00	30 MIN	1 1/4	24
3	3'	OCT 9	11:00	OCT 9	3:00	OCT 10	10:00	6	OCT 10	2:00	30 MIN	1 1/2	20
4	3'	OCT 9	11:15	OCT 9	3:15	OCT 10	10:00	6	OCT 10	2:00	30 MIN	1	30
5	3'	OCT 9	11:15	OCT 9	3:15	OCT 10	10:00	6	OCT 10	2:00	30 MIN	3/4	40
6	3'	OCT 9	11:15	OCT 9	3:15	OCT 10	10:00	6	OCT 10	2:00	30 MIN	1	30

Person Conducting Percolation Tests

Name: MIKE KROESE

Phone: 610 0895

Address 2521 LINCOLN CT #1

Sum of Percolation Rates: 174

Average of Rates: 29

Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

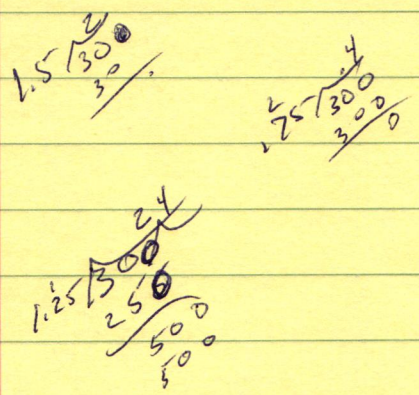
Reviewing Action

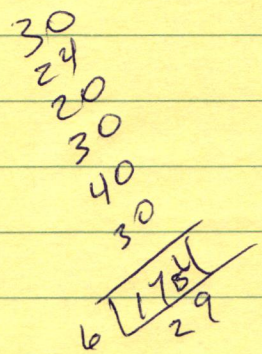
Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

	30	1	130	2	230	3	330	~~4~~	
#1	5	4 3/4	5	5	4 3/4	4 3/4	5	5	30/6 = 30
2	4 3/4	4 3/4	5	4 3/4	4 1/2	4 3/4	5	4 3/4	30/1.25 = 24
3	4 1/2	4 1/2	4 3/4	4 3/4	4 3/4	4 1/2	4 1/2	4 1/2	30/1.5 20
4	4 3/4	5	5	4 3/4	5	4 3/4	5	5	30/6 = 30
5	5	5	5 1/4	4 3/4	5	5	5	5 1/4	30/1.25 40
6	5	5	5	5	4 3/4	5	5	~~4 5~~	= 30





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

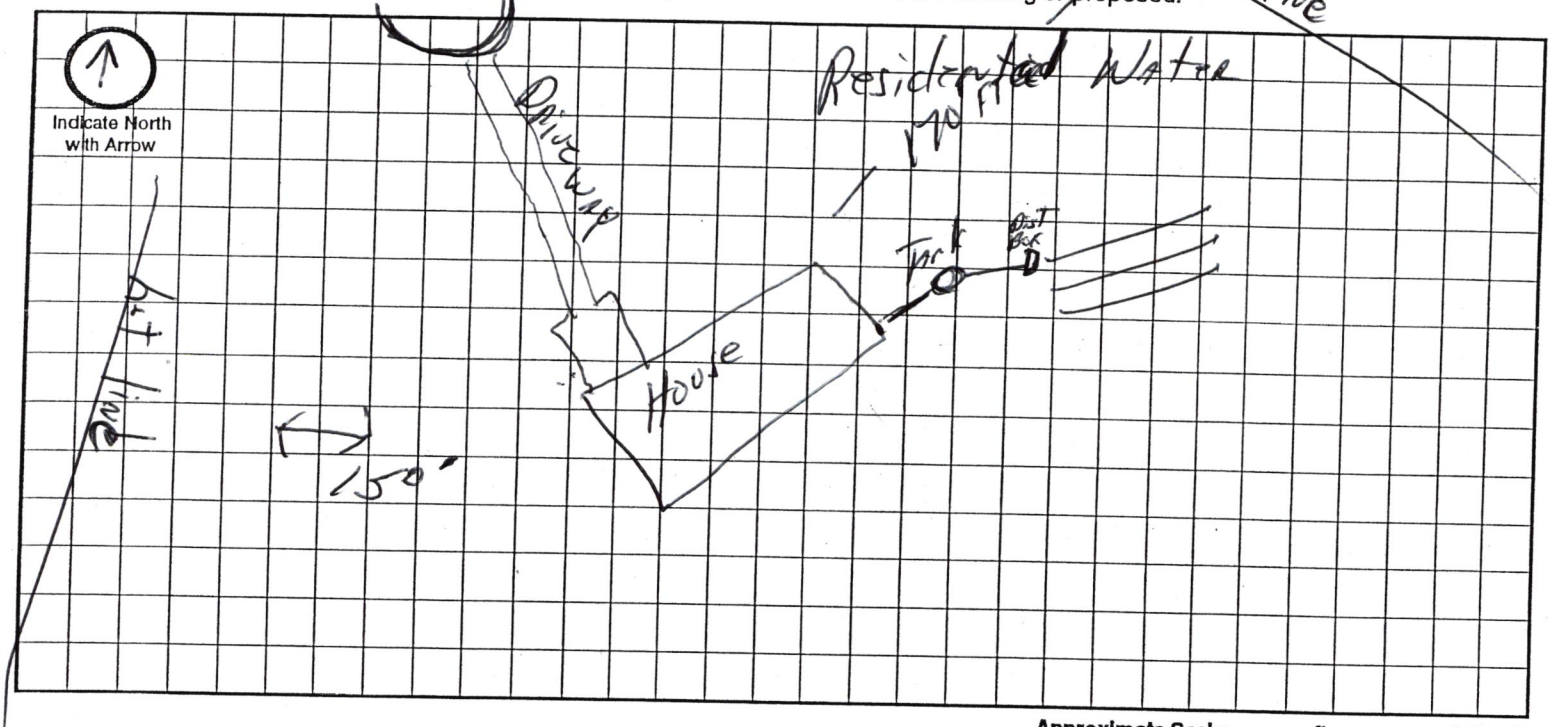
SCANNED

C

Permit Number: H5000247

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 Bennet NE, Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

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

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

Total Length of Laterals _____ 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	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 7/6/09

Installer _____ Date 7/6/09

FORM 23-102 10-96

610-085

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

SCANNED

D

Permit Number: HS000247

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) _____ City Bennet NE, Zip 68317

Owner Randy & Kim Markus Address 3459 Corning Pkwy Lincoln 68516

A. Sewer Pipe

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

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Plastic
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☐ Distribution Box ☐ Drop Boxes

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

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

D. Drainfield Absorption

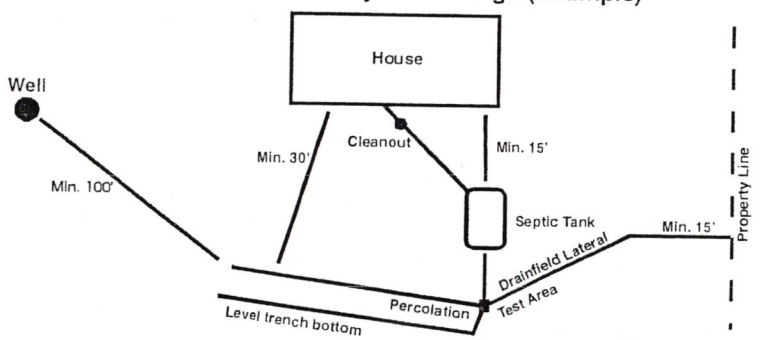
☐ Trench ☐ Bed ☐ Level Bottom

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

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

Indicate North with Arrow

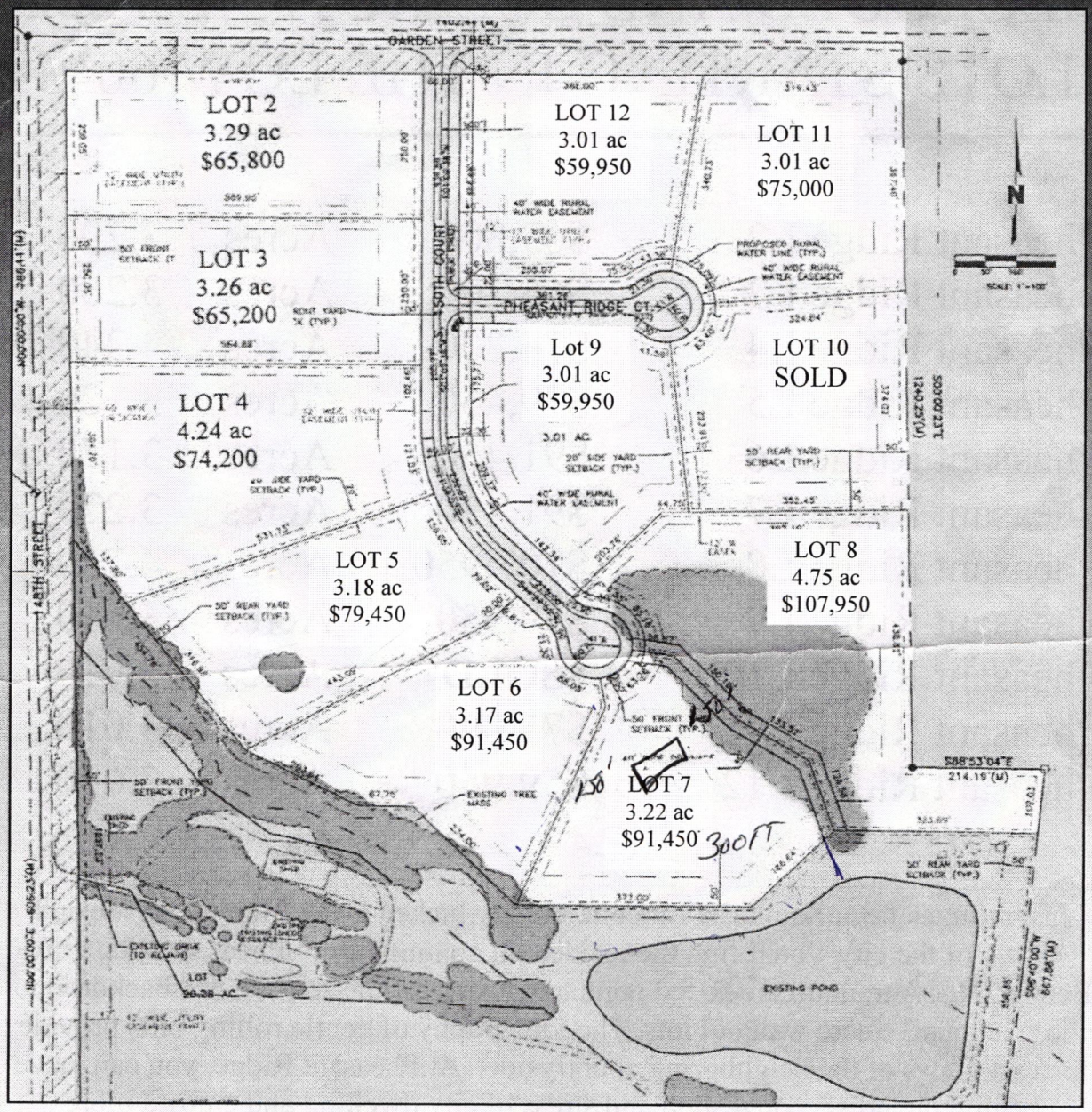
Onsite Wastewater System Design (Example)



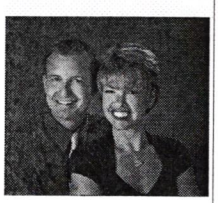
Secluded and Scenic Acreage

SCANNED

Pheasant Ridge
Bennet, NE



Financing by West Gate Bank



Polly & Mike Figueroa
402-314-5609 Mike's Cellular
402-314-5615 Polly's Cellular
402-434-3600 Office

E-Mail:Mike.Figueroa@woodsbros.com
Website:MikeFigueroa.woodsbros.com



Sandra Harder
Associate Broker
402-430-7080
402-434-3600 Office

E-Mail:Sandra.Harder@woodsbros.com
Website:SandraHarder.com

Information is deemed reliable, but not guaranteed.

LLCHD HS000247

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

A

Permit Number
HS000247

Onsite Wastewater Treatment System
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Legal Description Lot 7 Pheasant Ridge Bennet, NE [redacted]
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Geographical Location (if known): Longitude: _____ Latitude: _____

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By _____
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Business Office Use Only
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Received By _____ Cash/Check No. _____

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

7-8-2009 14:43:39

Form A Updated: 5-07

Lincoln-Lancaster County Health Department
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3140 N Street • Lincoln NE 68510-1514
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Date rec'd 07-08-09
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ACTION ☒ Approved ☐ Disapproved
Signature _____

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Comments _____
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Installation Final Written Approval
By _____
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White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

LLCHD HS000247

610-0485

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

D

Permit Number: HS000247

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____
1/4 1/4 Section Township Range

Onsite System Location

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3. Distance between dwelling and septic tank: _____ ft.
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5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Plastic
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
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(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
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D. Drainfield Absorption

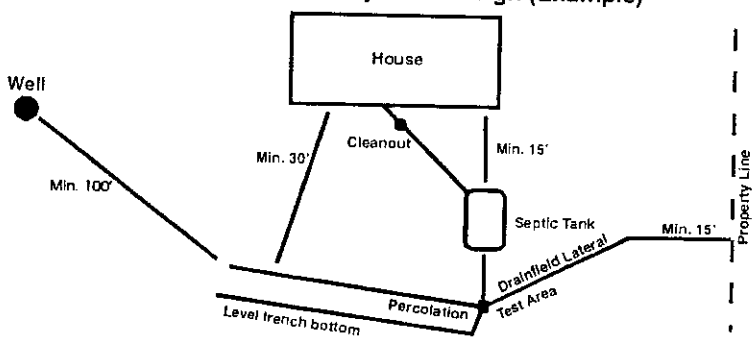
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ 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)



LLCHD HS000247

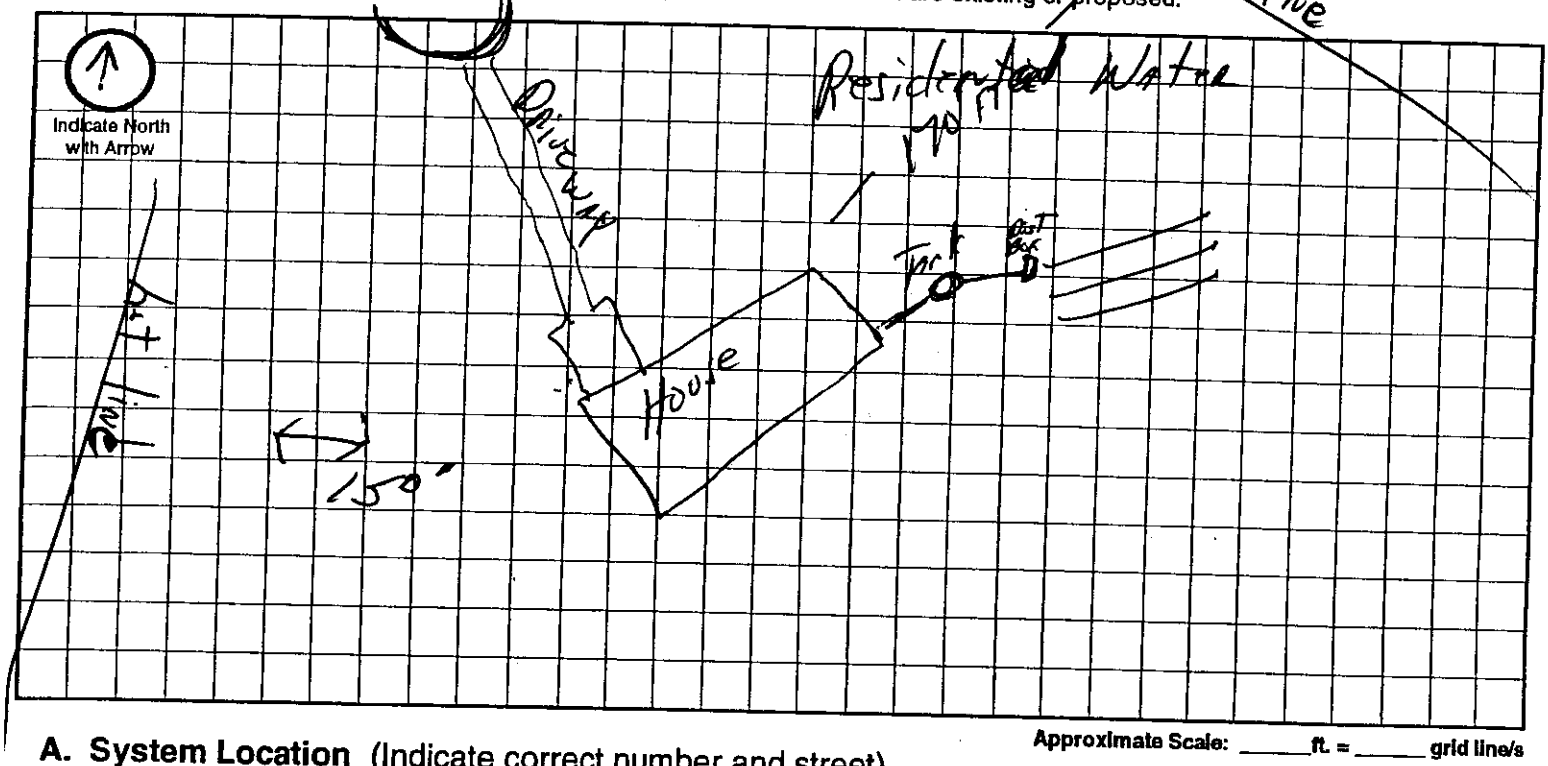
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000247

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 Bennet NE, Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

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

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

Total Length of Laterals _____ 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	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 7/6/09

Installer _____ Date 7/6/09

FORM 23-102 10-96
7-8-2009 14:43:43

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

B

Permit Number: HS000247

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City Bennet NE, Zip 68317
(no rural route)

Owner Randy & Kim Markus Addresss 3459 Grainger Parkway 68516

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Person Conducting Percolation Tests

Name: Mike Kruse
Phone: 610-0895
Address 2521 Kimco cot 68521

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

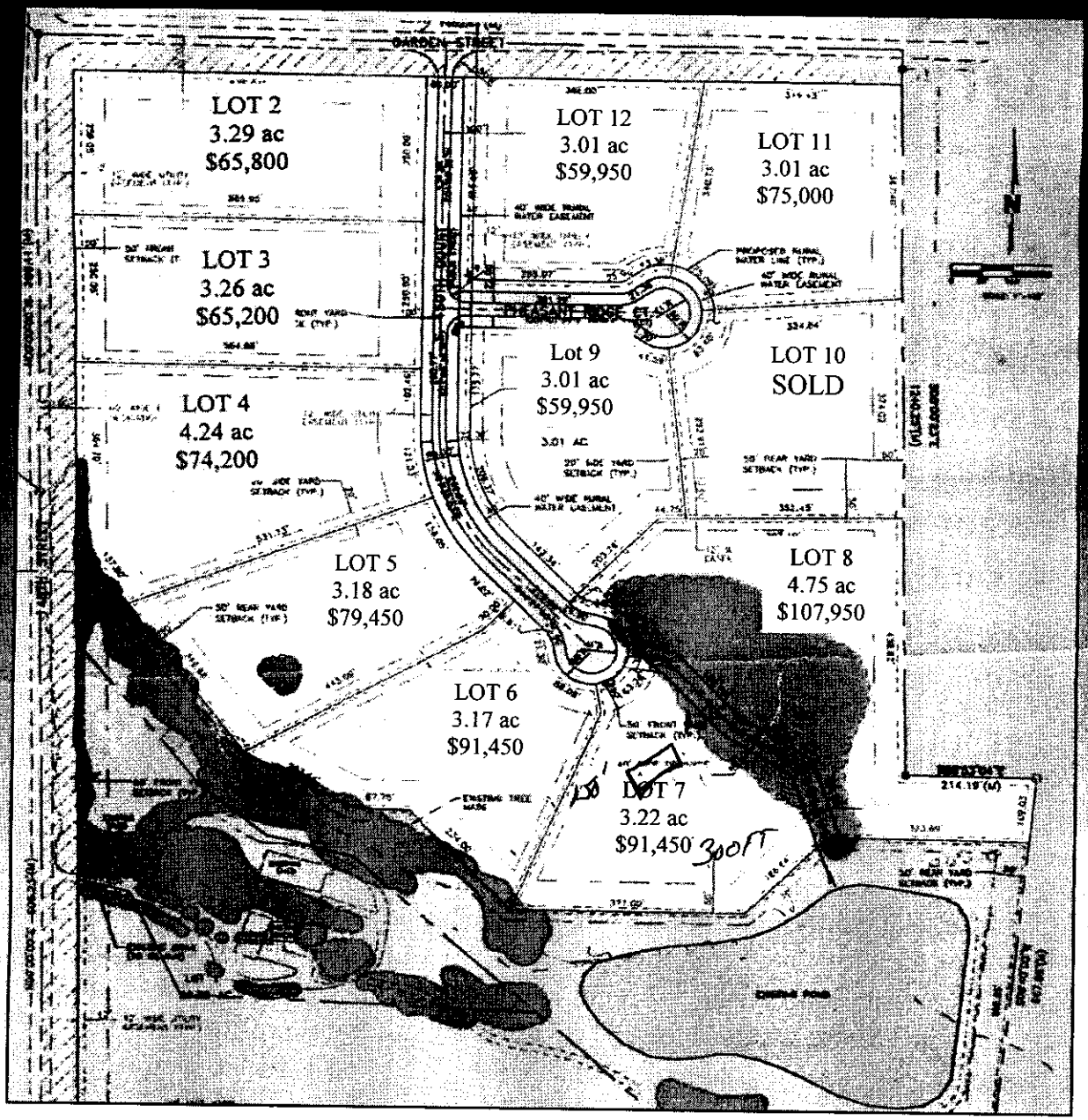
Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

Secluded and Scenic Acreage

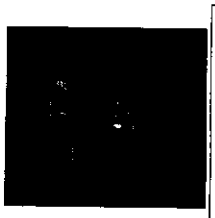
Pheasant Ridge
Bennet, NE



Financing by West Gate Bank

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Information is deemed reliable, but not guaranteed.