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

A

Permit Number
HS000275

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 15477 SW 114 St. (no rural route) City Rural , NE Zip —

Legal Description 17 8 5 46 SE
(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: 20

B. Owner

Name Scott Burcham Signature

Address 8802 KATRINA LN City/State/Zip LINCOLN / NE / 68516

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: KURT T VIRGIL Company Name KURT T VIRGIL EXCAVATING

Address 4620 W. MARY LOUISE LN City/State/Zip LINCOLN / NE / 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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 5 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 9-3-09
Date frwd 9-3-09
ACTION ☒ Approved ☐ Disapproved
Signature James Merron

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 9-3-09
Date frwd 9-3-09
ACTION ☒ Approved ☐ Disapproved
Signature Todd Stetz

3. City or County Engineer
Comments
Date rec'd 9-3-09
Date frwd 9-3-09
ACTION ☒ Approved ☐ Disapproved
Signature Jon Plough

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

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. HS000275

System Type:	LAGOON
Situs:	15477 SW 114 ST
Legal Description:	T08N-R05E-S17-Lot 46 SE
Owner:	BURCHAM, SCOTT A & ANN H 8202 KATRINA LN LINCOLN NE 68512

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	09/04/2009
Expires:	09/04/2010

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 VIRGIL
KURT VIRGIL EXCAVATION
4620 W MARY LOUISE LN
LINCOLN NE 68528

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

A

Permit Number
HS000275

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 15477 SW 114 St. (no rural route) City Rural, NE Zip —

Legal Description 17 8 5 46 SE
(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: 20

B. Owner

Name Scott Burcham Signature

Address 8202 KATRINA LN City/State/Zip LINCOLN / NE / 68516

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: KURT T VIRGIL Company Name KURT T VIRGIL EXCAVATING

Address 4620 W. MARY LOUISE LN City/State/Zip LINCOLN / NE / 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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 5 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 9-3-09
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature Jenne Merrow

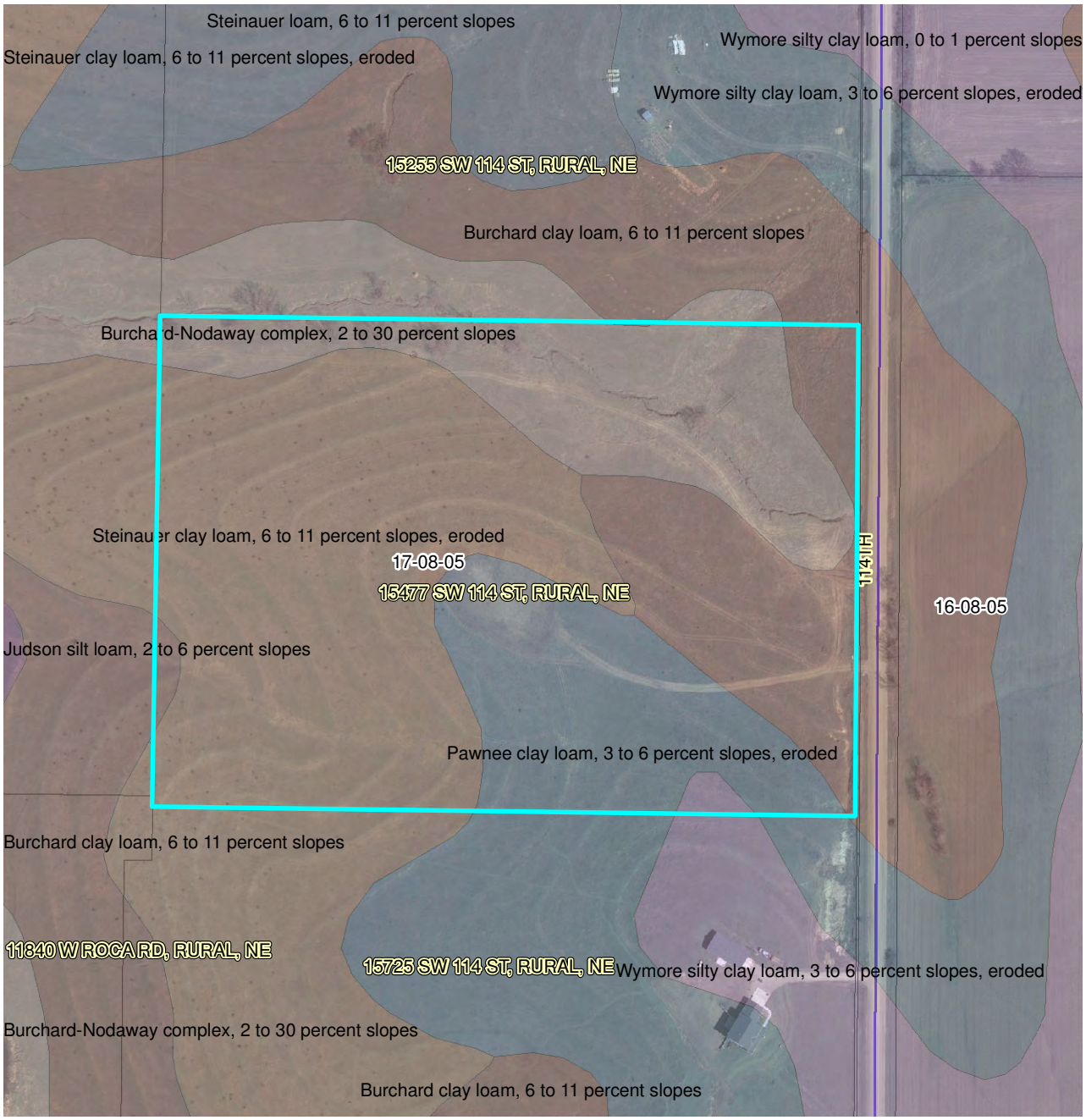
2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

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 9-3-09 Amount Paid $315.00
Received By BHall Cash/Check No 2172

Soil Type Map 15477 SW 114th Street



0 150 300 600 Feet

September 3, 2009

Source M:\records

Legend

ARCIMS.PARCELS

Floodprone031507

flood polygon

POLY-CODE

- 100 year
- Flood Plain
- 500 year
- Sec T R

N W E S

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

LLCHD HS000275

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

A

Permit Number
HS000275

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 15477 (no ru) SW 114 St. (route) City Rural, NE Zip —

Legal Description ____ ____ 17 (Section) 8 (Township) 5 (Range) ____ (Subdivison) ____ (Addition) 46 (Block) SE (Lot)

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

☐ Check if system mail address is not the same as the owner's address Total Acres: 20

B. Owner

Name Scott Burcham Signature ____

Address 8202 Katrina Ln City/State/Zip Lincoln / Ne / 68516

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

C. Contractor

Name: Kurt T Virgil Company Name Kurt T Virgil Excavating

Address 4620 W. Mary Louise Ln City/State/Zip Lincoln / Ne / 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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 5 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 9-3-09
Date frwd 9-3-09
ACTION ☒ Approved ☐ Disapproved
Signature Jennifer Nelson

2. Supt. Bldg. Insp. or Village Clerk
Comments ____
Date rec'd 9-3-09
Date frwd 9-3-09
ACTION ☒ Approved ☐ Disapproved
Signature Todd Slate

3. City or County Engineer
Comments ____
Date rec'd 9-3-09
Date frwd 9-3-09
ACTION ☒ Approved ☐ Disapproved
Signature Jon Ploughe

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

9-3-2009 14: 1:57

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

SCANNED

A

Permit Number
HS000275

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 15477 SW 114 St. (no rural route) City Rural, NE Zip —

Legal Description 17 8 5 46 SE
(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: 20

B. Owner

Name Scott Burcham Signature _____

Address 8202 KATRINA LN City/State/Zip LINCOLN / NE / 68516

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

C. Contractor

Name: KURT T VIRGIL Company Name KURT T VIRGIL EXCAVATING

Address 4620 W. MARY LOUISE LN City/State/Zip LINCOLN / NE / 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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 5 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 9-3-09
Date frwd 9-3-09
ACTION ☒ Approved ☐ Disapproved
Signature James Merson

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 9-3-09
Date frwd 9-3-09
ACTION ☒ Approved ☐ Disapproved
Signature Todd Slater

3. City or County Engineer
Comments _____
Date rec'd 9-3-09
Date frwd 9-3-09
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploger

11 lp line e lagoon DS, needs fan

Installation Final Written Approval
By Deany Arnold
Date 3/1/2010

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

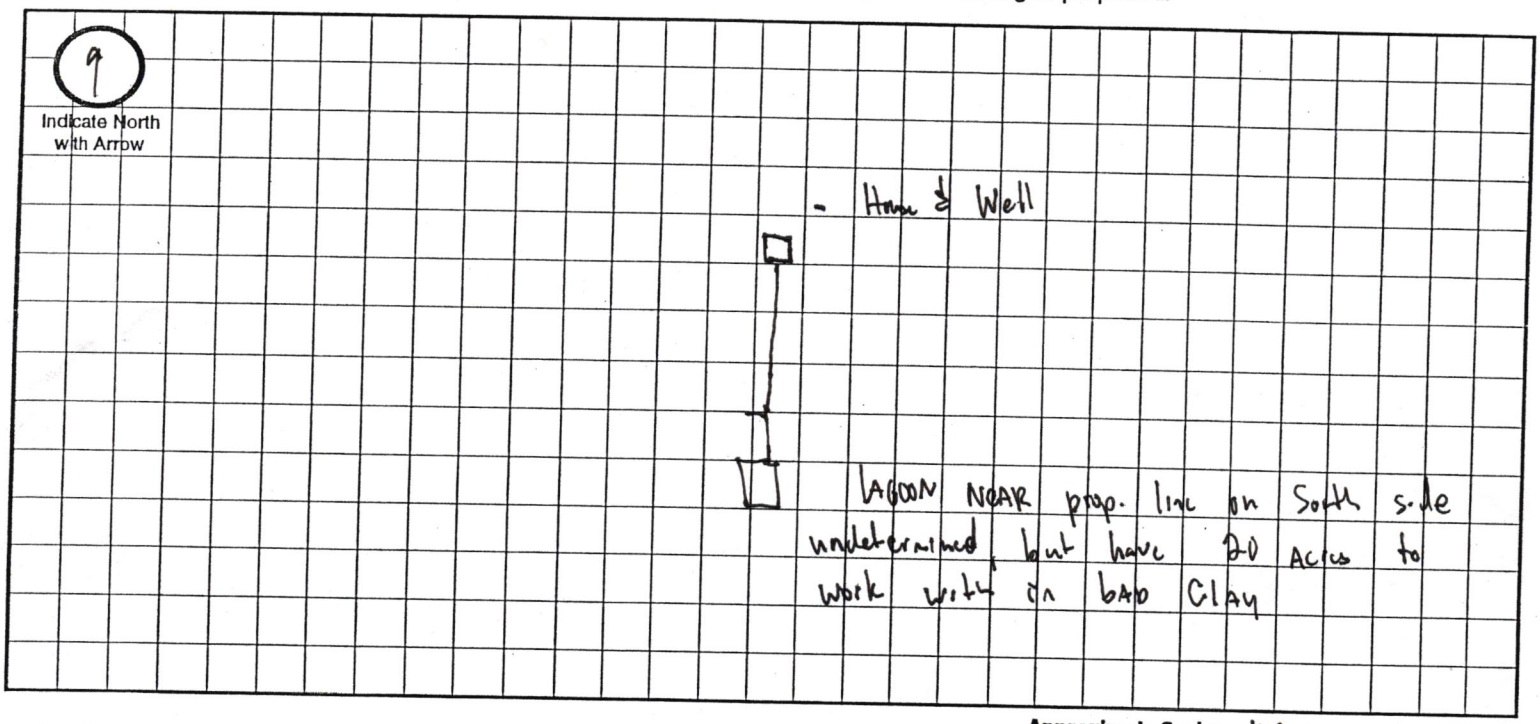
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 100 ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 15497 SW 114 St City Rural NE, Zip —

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 _____

Installer KH & YL Date 9-2-09

FORM 23-102 10-96

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

NOV 17 2009

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-15-09

System Location (Indicate correct number and street)

Address 15477 SW 114th (no rural route) City ~~Sprague~~ Denton NE, Zip 68339

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ~~48~~ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: – ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 7100 ft.
   stream 750 ft.
   pressure line 725 ft.
   property line 750 ft.

B. Septic Tank

1. Material: –
   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. Outlet: ☐ baffle ☐ tee
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

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

D. Absorption Field

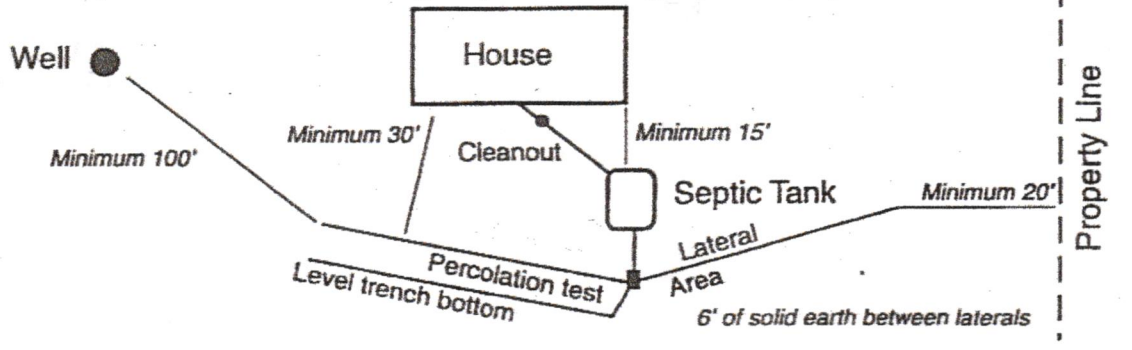
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

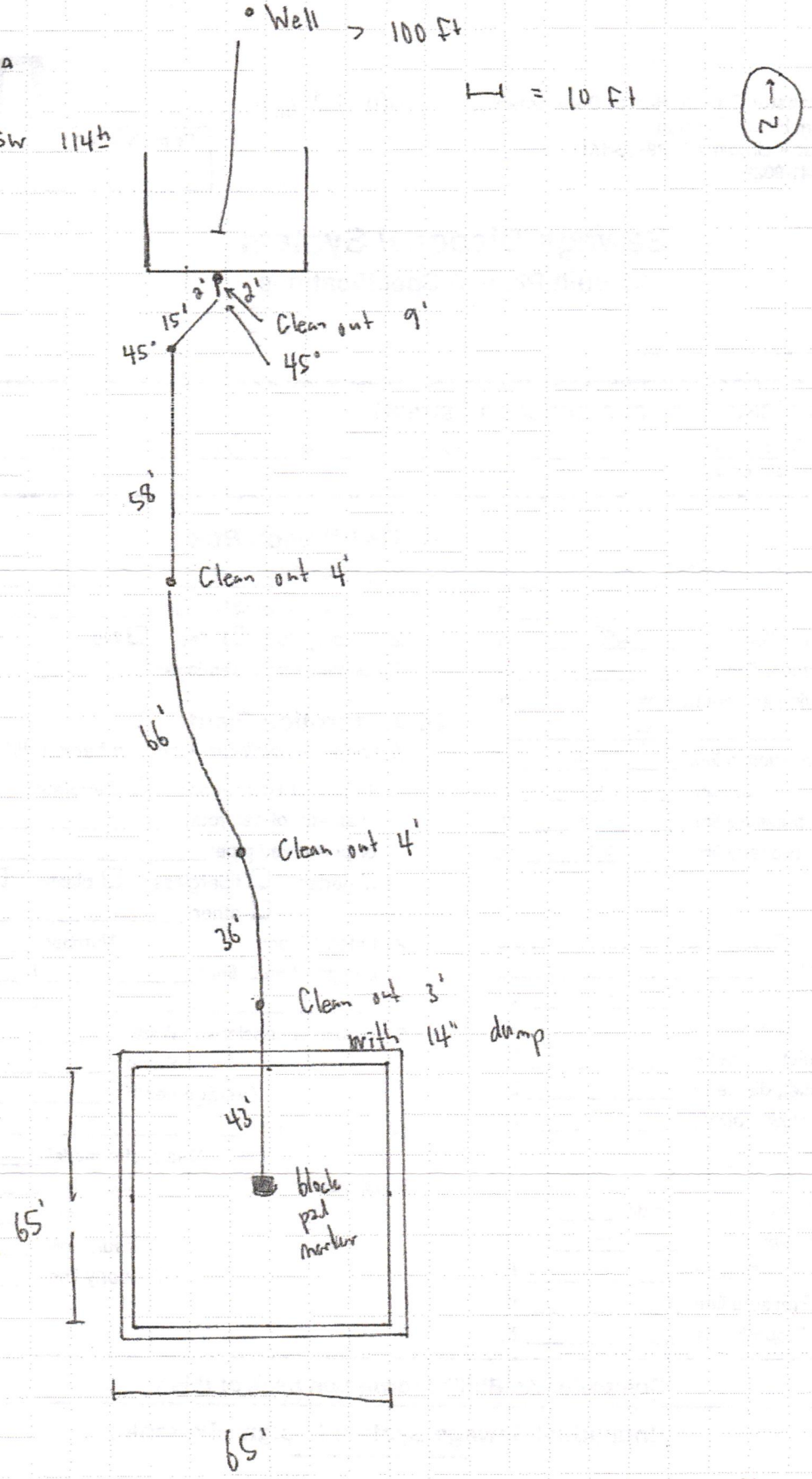
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



Lagoon Data
11-10-09
15477 SW 114th



All stacks met