DHHS
NEBRASKA

OCT 06 2009

Nebraska Public Health Environmental Laboratory
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (*fax*)

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Report Printed on:OCT-05-09

Laboratory Analysis for: PRIVATE NITRATE

Sample Comments:

Laboratory Number: **P36887-216**
Sampled By: **JIM NEWMAN**
Location: **1829 MCKELVIE**
Well ID:

Date Collected: **29-Sep-2009 04:30 PM**
Date Received: **30-Sep-2009**

Parameters	Test Results	Qual	Report Level	Units	Method	Prep Date	Analysis Date	Analyst
Nitrate+Nitrite (As N)	<RL		.05	mg/l	353.2		10/01/09	klm

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-6435

www.dhhs.ne.gov/lab

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JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Report Printed on: October 01, 2009

Laboratory Analysis For: PRIVATE QUANITRAY
Sample Comments:

Laboratory Number: **P36562-69**
Sampled By: **JIM NEWMAN**
Location: **1829 MCKELVIE**
Sample Point:

Date Collected: **29-Sep-2009 04:31 PM**
Date Received: **30-Sep-2009**

Parameter	Results	Qualifier	Report Level	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	2		0	cfu/100ml	9223B-QT	10/01/09	TW/KM
E. COLI	0		0	cfu/100ml	9223B-QT	10/01/09	TW/KM

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-6435.

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LLCHD HS000284

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

A

Permit Number
HS000284

Pending Perc Tests

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 1829 W McKelvie Rd (no rural route) City Lincoln, NE Zip 68531

Legal Description 28 11 6 5

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: 12.5

B. Owner

Name Terry Strode Signature [signature]

Address 1829 W McKelvie City/State/Zip Lincoln NE 68531

☐ Check if owner designed system Home Phone 402 470-3112 Work Phone 402-499 1569 cell

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 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 9-23-09
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 9/28/09
Date frwd 9/28/09
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd 09/28/09
ACTION ☒ Approved ☐ Disapproved
Signature [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

9-30-2009 9:32:27

Form A Updated: 5-07

LLCHD HS000284

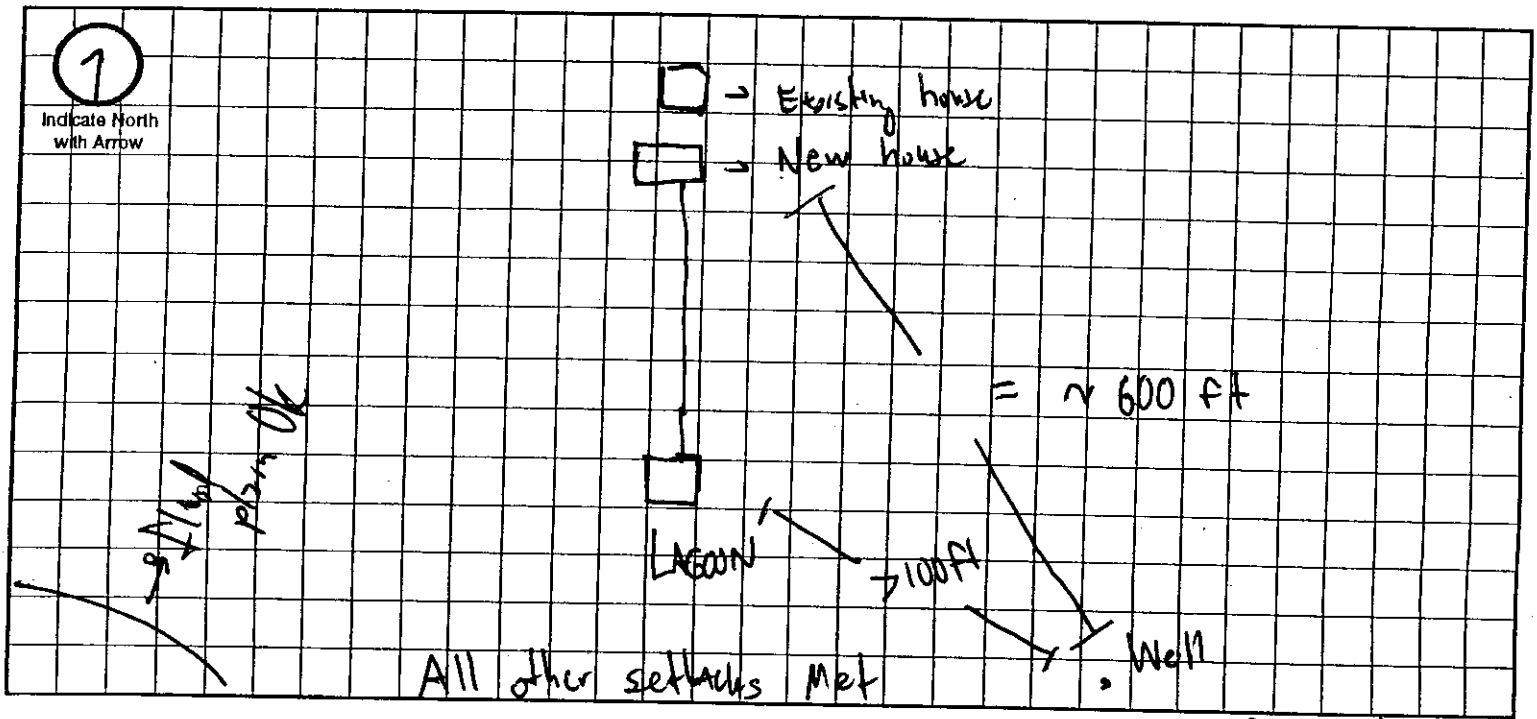
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000284

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) 1829 W McKelvie Rd City Lincoln NE, Zip 68531

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 9-22-09

Installer _____ Date 9-22-09

FORM 23-102 10-96
9-30-2009 9:32:29

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. HS000284

System Type:	LAGOON
Situs:	No Situs
Legal Description:	T11N-R06E-S28-5
Owner:	STRODE, TERRY D & JULIE M 1829 W MCKELVIE RD LINCOLN NE 68531-8922

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	09/28/2009
Expires:	09/28/2010

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

STRODE, TERRY D & JULIE M
1829 W MCKELVIE RD
LINCOLN NE 68531-8922

1829 W McKelvie Rd



N
W E
S

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

Legend

- Parcels
- Lincoln3mileLimit
- Sec T R
- Floodprone031507

flood polygon

POLY-CODE

- 100 year
- Flood Plain
- 500 year
- Water Well
- Proposed House Location
- Proposed Lagoon Location

0 135 270 540 Feet

September 23, 2009

LLCHD HS000284

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

A

Permit Number
HS000284

Pending Perc Tests

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 1824 W McKelvie Rd (no rural route) City Lincoln, NE Zip 68532

Legal Description ____ ____ 28 11 6 ____ 5

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: 12.5

B. Owner

Name Terry Strode Signature _____

Address 1824 W McKelvie City/State/Zip Lincoln NE 68531

☐ Check if owner designed system Home Phone 402 476 3112 Work Phone 402-499 1569 cell

C. Contractor

Name: Kurt T Virgil Company Name Kurt T Virgil Excavating Inc

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1. Health Department Date rec'd 9-23-09 **ACTION** ☐ Approved ☐ Disapproved
Site visits _____ 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 _____

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

9-23-2009 16:10:20

LLCHD HS000284

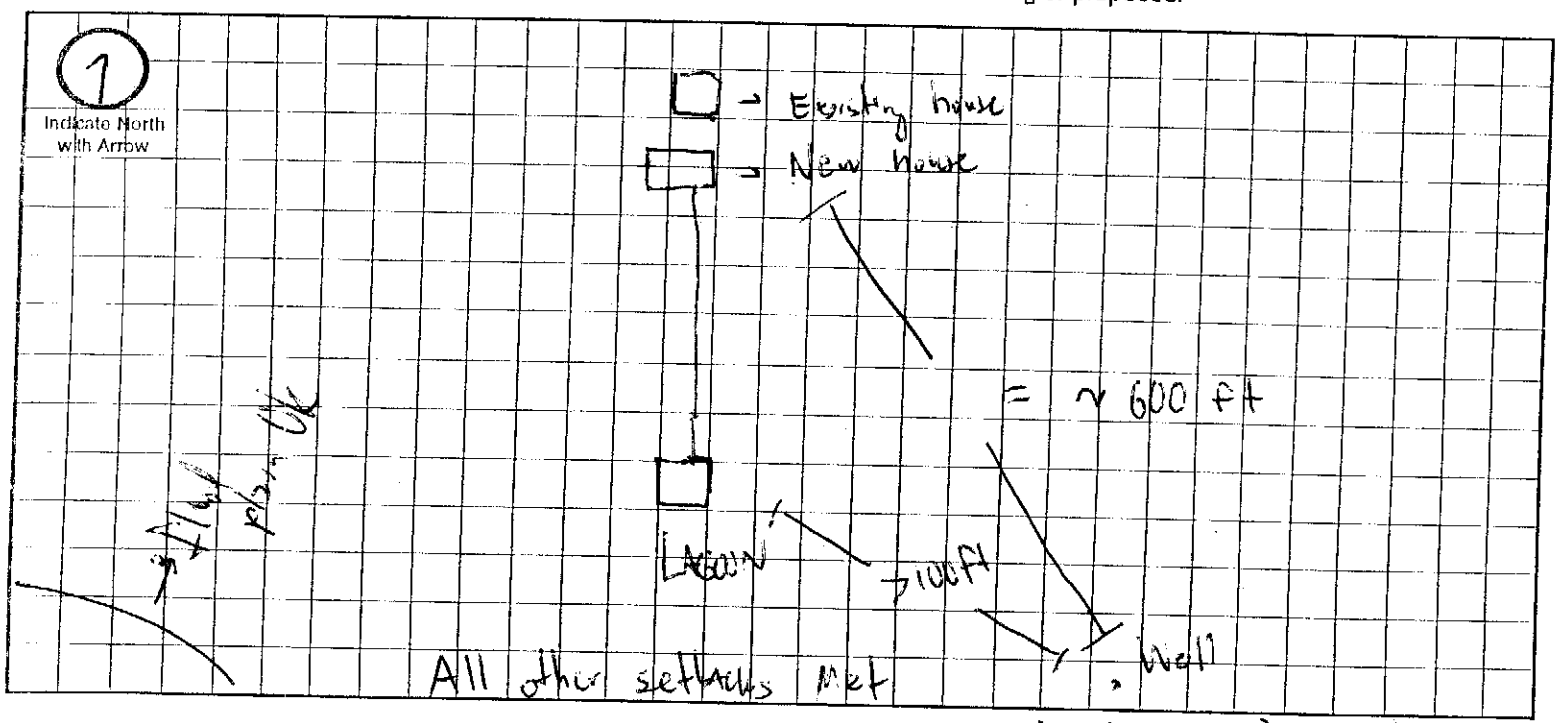
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000284

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Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date 9-22-09

Installer WHT VIJ Date 9-22-09

FORM 23-102 10-96

9-23-2009 16:11:21