10-13-2009 13:51:58

LLCHD HS000289

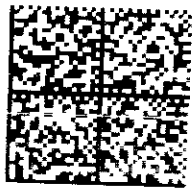


CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

Lincoln-Lancaster County
Health Department
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS



047J82005126

$00.41⁴
10/09/2009
Mailed From 68510
US POSTAGE

OCT 13 2009

681 NFE 1 8091 00 10/10/09
RETURN TO SENDER
KARL
3945 S 47TH ST
LINCOLN NE 68506-4307
RETURN TO SENDER

HEBHE11 [illegible]1514

LLCHD HS000289

$325.00

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

SCANNED

A

Permit Number
H 5000289

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

Legal Description 16 8 7 Preserve at CrossCreek 5 3
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: 3.01

B. Owner

Name Matthew L. Karl - septic Signature Matthew L. Karl

Address 3945 S. 47 St. City/State/Zip LINCOLN, NE 68506

☐ Check if owner designed system Home Phone 402-560-7555 Work Phone _____

C. Contractor

Name: Paul Weber Company Name Weber Well

Address 10133 Willow Cove Lane City/State/Zip Firth 68358

☒ Check if contractor designed system Work Phone (402) 580-8311

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

Designer Name _____ Firm Weber Well Work Phone (402) 580-8311

E. This system will serve a as per phone conversation w/Paul Weber

☒ Residential Dwelling Number of Bedrooms 4 ~~5~~ Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

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. 02-20

1. Health Department
Site visits _____
Date rec'd 10/7/09 Date frwd 10/7/09
ACTION ☒ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 10/7/09 Date frwd 10/7/09
ACTION ☒ Approved ☐ Disapproved Signature _____

3. City or County Engineer
Comments _____
Date rec'd 10-7-09 Date frwd 10-7-09
ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 10-06-09 Amount Paid $325.00
Received By BH Cash/Check No. 10661

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

10-9-2009 9: 9:15

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. HS000289

System Type:	STANDARD
Situs:	Preserve @ Cross Creek, Block 5, Lot 3
Legal Description:	T08N-R07E-S16-5-Lot 3
Owner:	

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00

Issued:	10/07/2009
Expires:	10/07/2010

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

MATT KARL
1135 BUCK ROAD
CORTLAND, NE 68331

LLCHD HS000289

$325.00

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

A

Permit Number
H 5000289

Onsite Wastewater Treatment System
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3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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(no rural route)

Legal Description 10 8 7 Preserve at CrossCreek 5 3
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: 3.01

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Name Matthew L. Karl - see check Signature Matthew L. Karl

Address 3945 S. 47 St. City/State/Zip LINCOLN, NE 68506

☐ Check if owner designed system Home Phone 402-560-7555 Work Phone _____

C. Contractor

Name: Paul Weber Company Name Weber Well

Address 10133 Willow Cove Lane City/State/Zip Firth 68358

☒ Check if contractor designed system Work Phone (402) 580-8311

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

Designer Name _____ Firm Weber Well Work Phone (402) 580-8311

E. This system will serve a as per phone conversation w/Paul Weber

☒ Residential Dwelling Number of Bedrooms 4 ~~5~~ Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

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

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Site visits _____
Date rec'd 10/7/09
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Signature _____

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Signature _____

3. City or County Engineer
Comments _____
Date rec'd 10-7-09
Date frwd 10-7-09
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

10-8-2009 8:43:51

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: HS000289

Attention John

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Preserve Development Block 5 Lot 3 City Hickman NE, Zip 68372
2½ N of Hickman (no rural route)

Owner Matt Karl Address Lincoln Nebr 68506

Soil Type (SCS): Black to Clay Percolation Rate: 31.67 min./inch

Date of Tests 9-29 to 9-30 Weather: Precipitation Damp Temperature 60°

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	24"	9-29	9:00	9-30	9:00	9-30	9:00	6"	9:30	9:30	30	½"	60
2	24"	9-29	9:00	9-30	9:00	9-30	9:00	6"	9:30	9:30	30	¾"	40
3	24"	9-29	9:00	9-30	9:00	9-30	9:00	6"	9:30	9:30	30	1"	30
4	24"	9-29	9:00	9-30	9:00	9-30	9:00	6"	9-30	9:30	30	1½	20
5	24"	9:29	9:00	9-30	9:00	9-30	9:00	6"	9-30	9:30	30	1½	20
6	24"	9:29	9:00	9-30	9:00	9-30	9:00	6"	9-30	9:30	30	1½	20

Person Conducting Percolation Tests

Name: Paul Weber Weber Well
Phone: (402) 580-8311
Address: 10133 Willow Cove Lane
Firth NE 68358

Sum of Percolation Rates: 190 — greater than 20 variation size of 60.00
Average of Rates: 31.67
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

TOTAL P.02

LLCHD HS000289

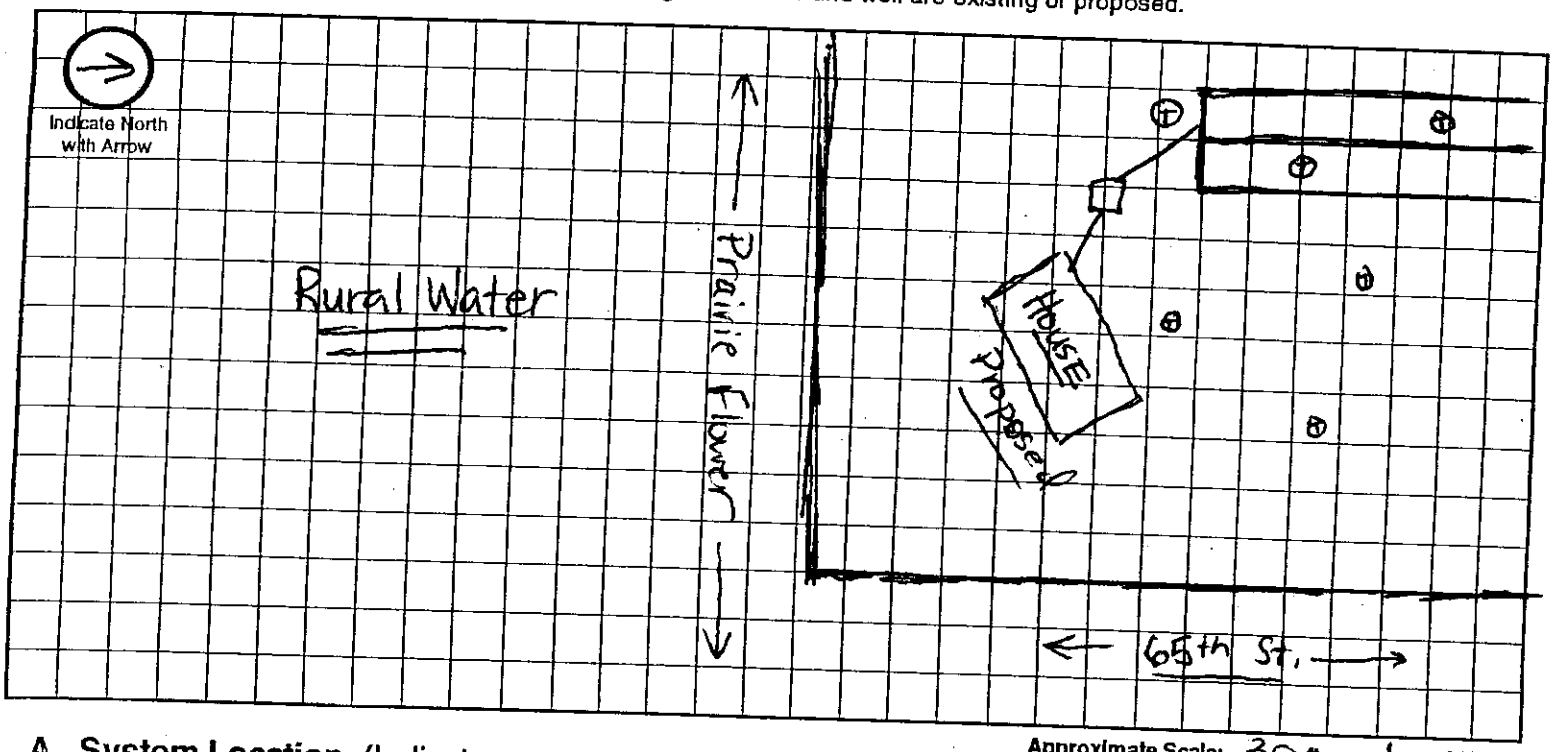
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000289

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 31.66 <60? (min. per inch) Soil Type: Clay Land Slope: <10 %

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

Total Square Feet of Field Required: ~~1375~~ sq. ft. 4 bds = 1400

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 4 trenches Number of Distribution Laterals per Bed 1 per trench

Total Length of Laterals ~~[illegible]~~ 344 ft. Number of Trenches 4 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 ☐	☐

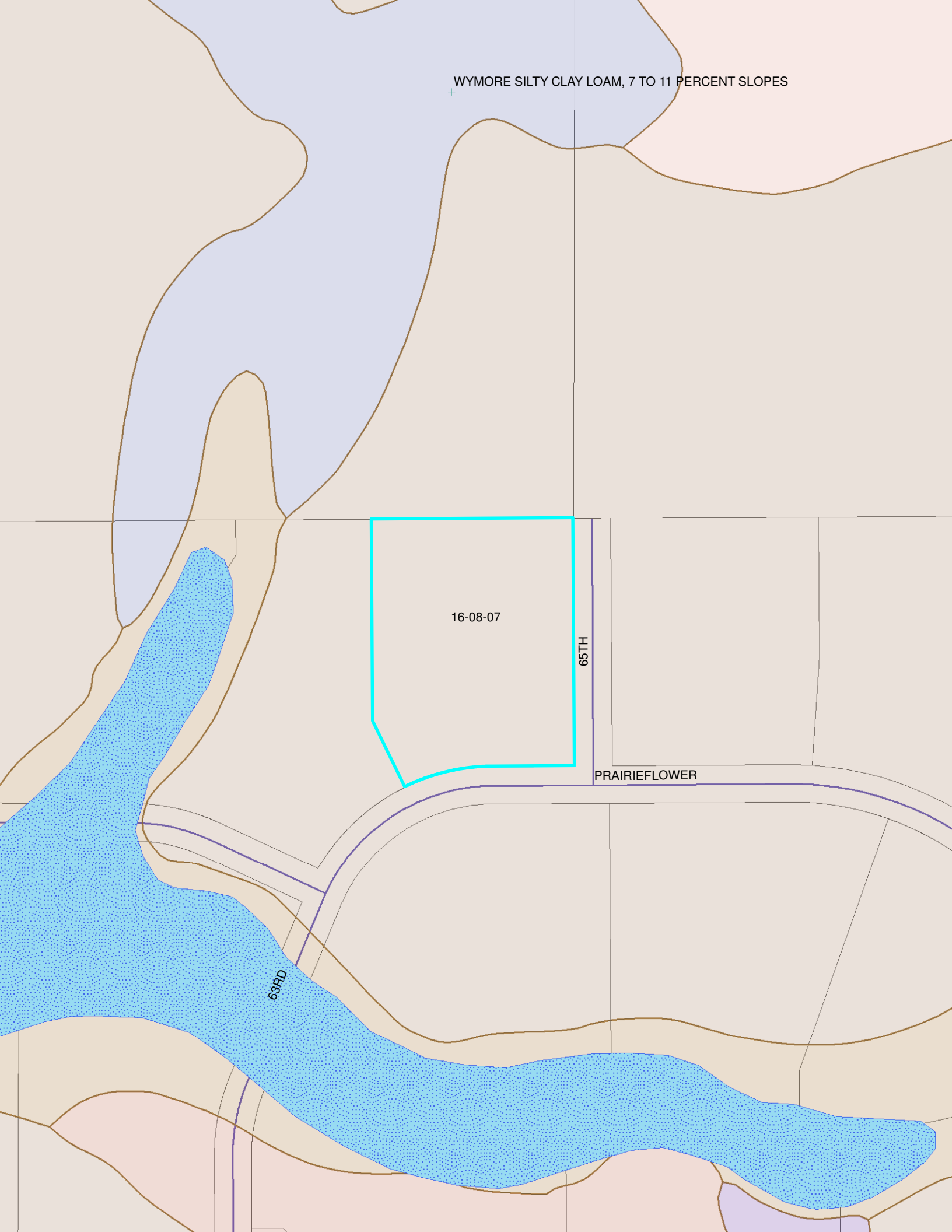
E. Required Signatures

Home Building Contractor _____ Date 10-1-09

Installer Paul Weber - Weber Well Date 10-1-09

FORM 23-102 10-96

10-8-2009 8:43:54


WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
16-08-07
65TH
PRAIRIEFLOWER
63RD

LLCHD HS000289

$325.00

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

A

Permit Number
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☒ Check if contractor designed system Work Phone (402) 580-8311

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

Designer Name _____ Firm Weber Well Work Phone (402) 580-8311

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 600

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By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
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White - Health Department Yellow - Engineer Pink - Building & Safety