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. HS000299

System Type: LAGOON

Situs: 13277 W Holdrege St

Legal Description: T10N-R05E-S19-Lot 27

Owner:

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

Issued:	10/20/2009
Expires:	10/20/2010

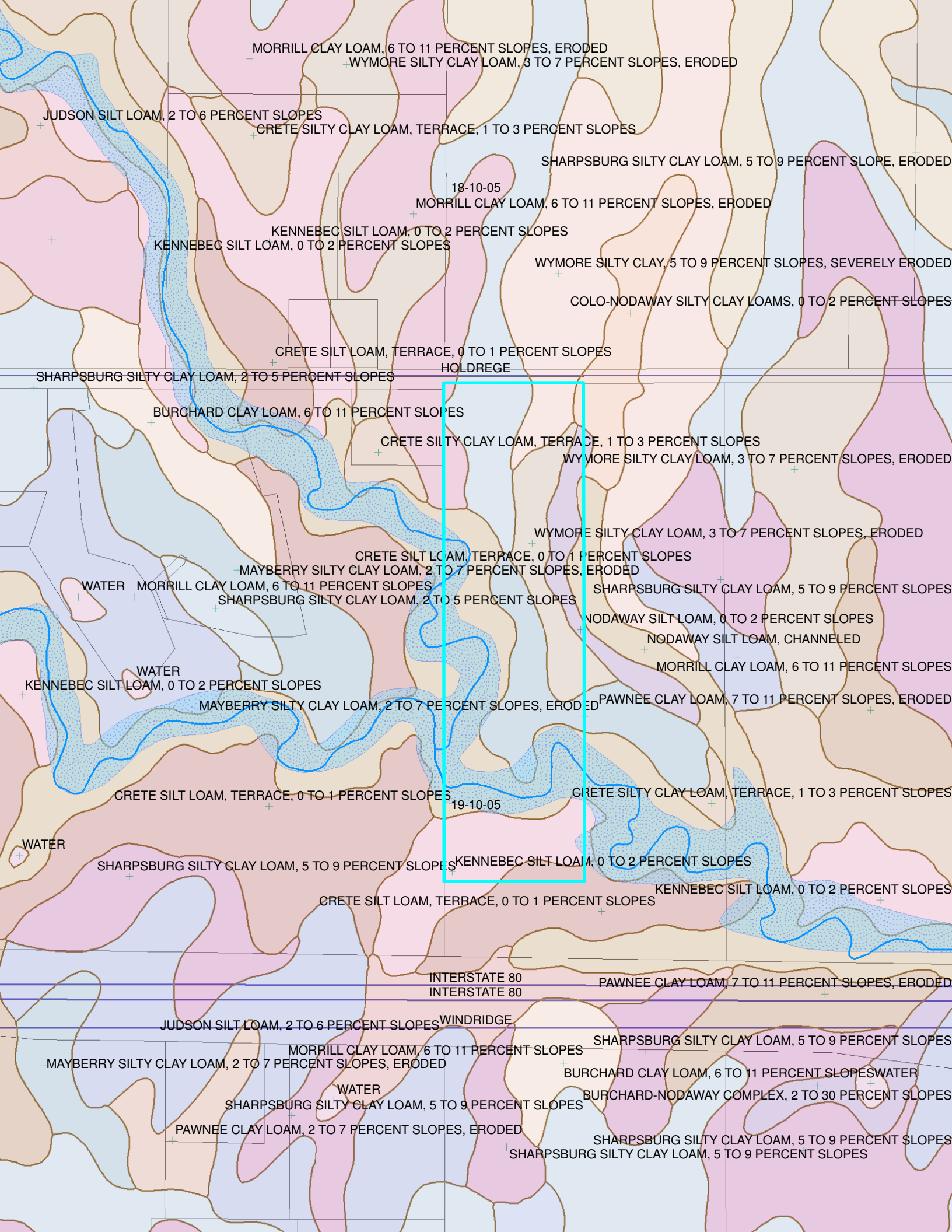
Bruce D. Dart, PhD, Health Director

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

MITCHELL HAPP
5521 SHADY CREEK CT STE 4
LINCOLN NE 68516-1888


MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
18-10-05
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
CRETE SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
HOLDREGE
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
CRETE SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
WATER
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
CRETE SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
19-10-05
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES
WATER
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
CRETE SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
INTERSTATE 80
INTERSTATE 80
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WINDRIDGE
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPESWATER
WATER
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES

LLCHD HS000299

Lagoon

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

A

Permit Number 450000299

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 13277 W Holdrege St (no rural route) City Lincoln, NE Zip 68525

Legal Description 19 10 5 27

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: 36.11

B. Owner

Name Mitchell Happ Signature _____

Address 5521 Shady Creek Cir #4 City/State/Zip Lincoln NE 68514

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

C. Contractor

Name: Ben Earnest Company Name Earnest Well Drilling

Address P.O. Box H City/State/Zip Milford, NE. 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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 _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
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 10-16-09 Amount Paid $325.00
Received By BHall Cash/Check No. 1005

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

Lagoon

A

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

Permit Number H5000299

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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: 36.11

B. Owner

Name Mitchell Happ Signature

Address 5521 Shady Creek Cf #4 City/State/Zip Lincoln NE 68514

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: BEN EARNEST Company Name EARNEST WELL DRILLING

Address P.O. Box H City/State/Zip MILFORD, NE. 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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

Designer Name Firm Work Phone

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1. Health Department
Site visits
Date rec'd 10/20/09
Date frwd 10/20/09
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 10-19-09
Date frwd 10-19-09
ACTION ☑ Approved ☐ Disapproved
Signature Todd Stetson

3. City or County Engineer
Comments
Date rec'd 10-19-09
Date frwd 10-19-09
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blaugh

Installation Final Written Approval
By
Date 10/21/10

11/2/09, 5/3/10

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Lagoon

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

A

Permit Number 450000299

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Site visits _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
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 _____

SCANNED

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 10-16-09 Amount Paid $325.00
Received By BHall Cash/Check No. 1005

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

Form A Updated: 5-07

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Mitch Happ
Address: 1st drive east of Diamond Head Ranch Southside on Holdrege Rd.

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 10-10-09 to 10-11-09. **Weather:** Precip. Ø Temp. 30's

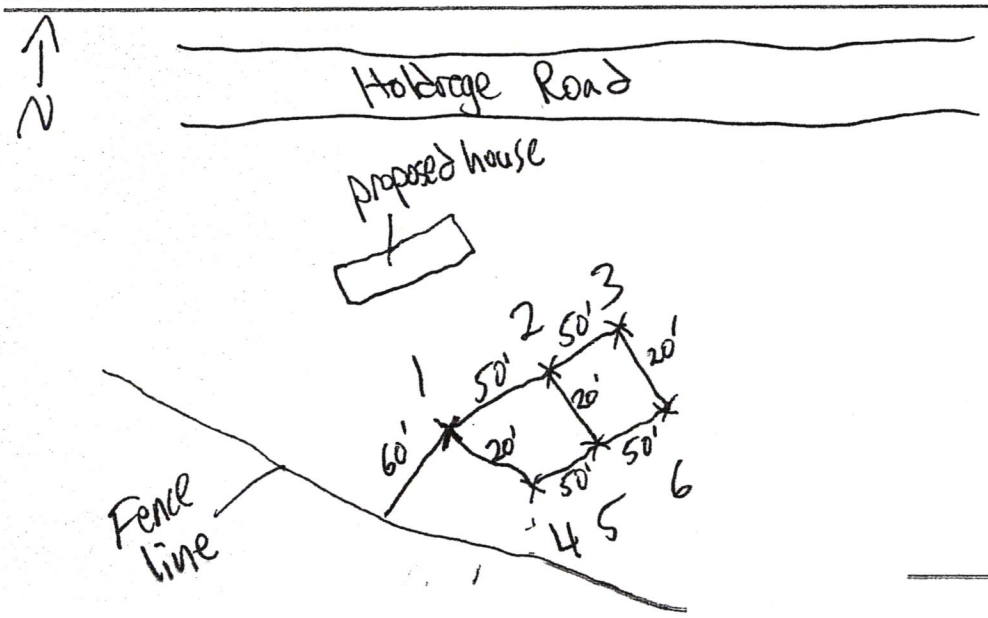
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	32	10-10	2:30pm	10-10	6:30pm	10-11	9:10am	6	9:40am	5½	30	½
2	32	10-10	2:30pm	10-10	6:30pm	10-11	9:10am	6	9:40am	5¾	30	¼
3	32	10-10	2:30pm	10-10	6:30pm	10-11	9:10am	6	9:40am	5¼	30	¾
4	32	10-10	2:30pm	10-10	6:30pm	10-11	9:15am	6	9:45am	5¾	30	¼
5	32	10-10	2:30pm	10-10	6:30pm	10-11	9:15am	6	9:45am	5¾	30	¼
6	32	10-10	2:30pm	10-10	6:30pm	10-11	9:15am	6	9:45am	5¾	30	¼

Sum of Water Level Drops (in.) [Column m]: 2.25
Average of Water Level Drops (in.) [Column m]: .375
Inches per Minute: _____
80 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: 402-761-4414
Signature: Justyn Peterson

FAILED
Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



Official's Signature

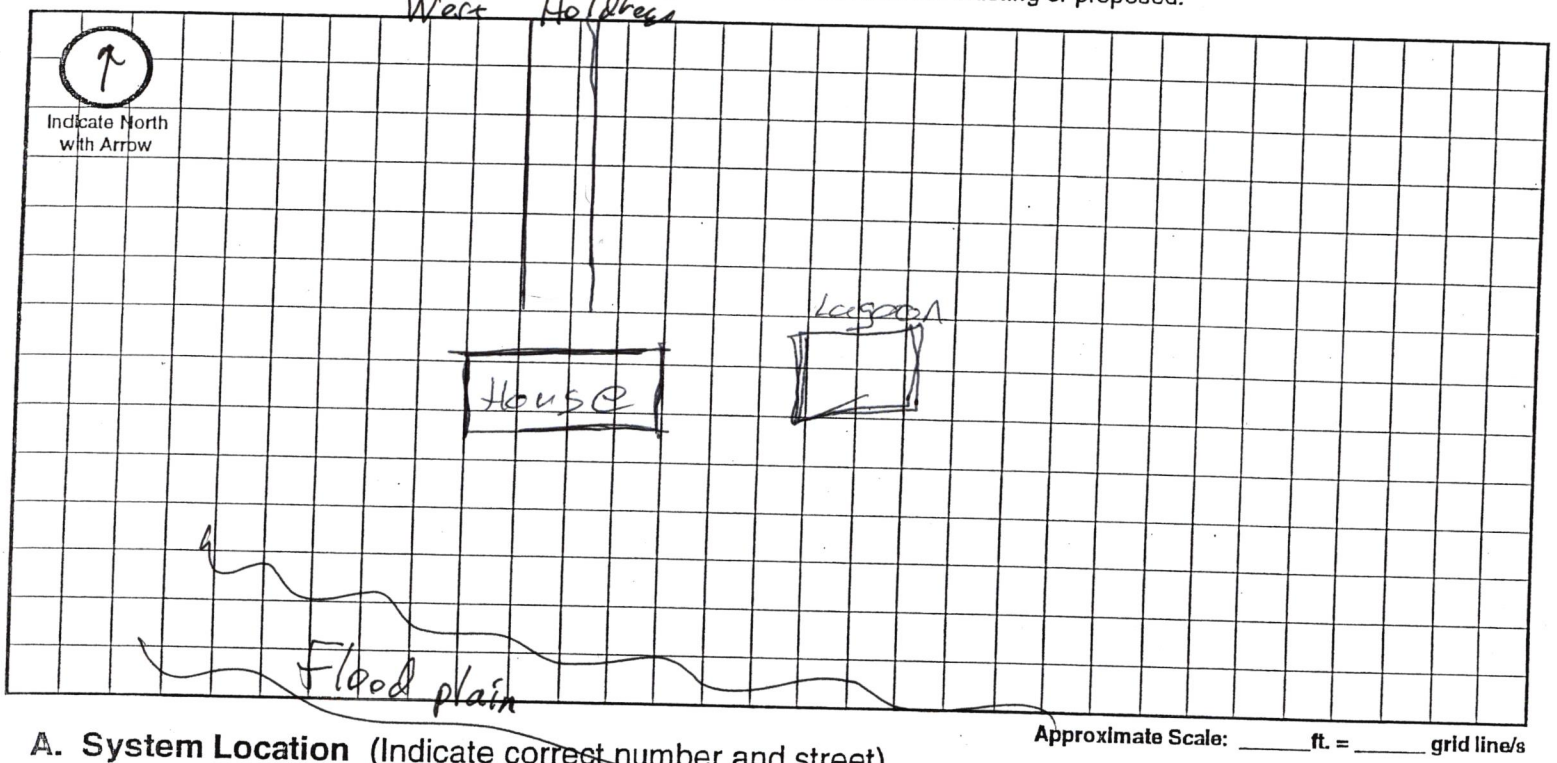
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1327 W Holdrege St City Lincoln NE, Zip 68528

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagoon

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

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 10/16/09

Installer _____ Date 10/16/09

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 10/26/09

System Location (Indicate correct number and street)

Address 13277 W. Holdrege Road (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: NA Slab in.
   or distance below basement floor: NA Slab 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

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

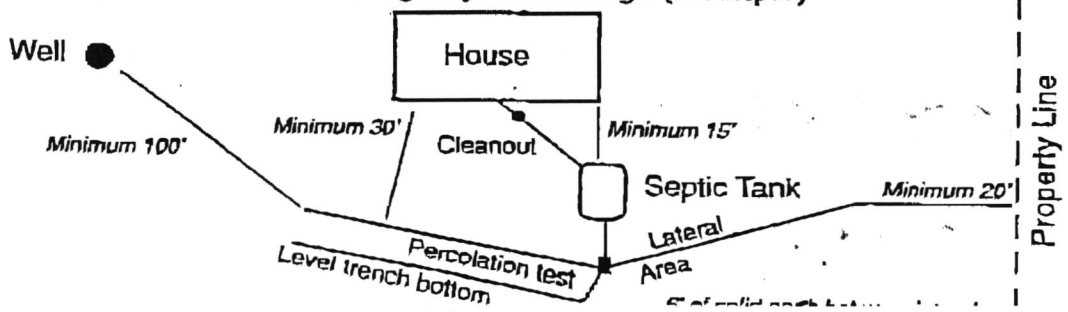
(Provide as-built drawings on back of this form)

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.

Scale North with Arrow

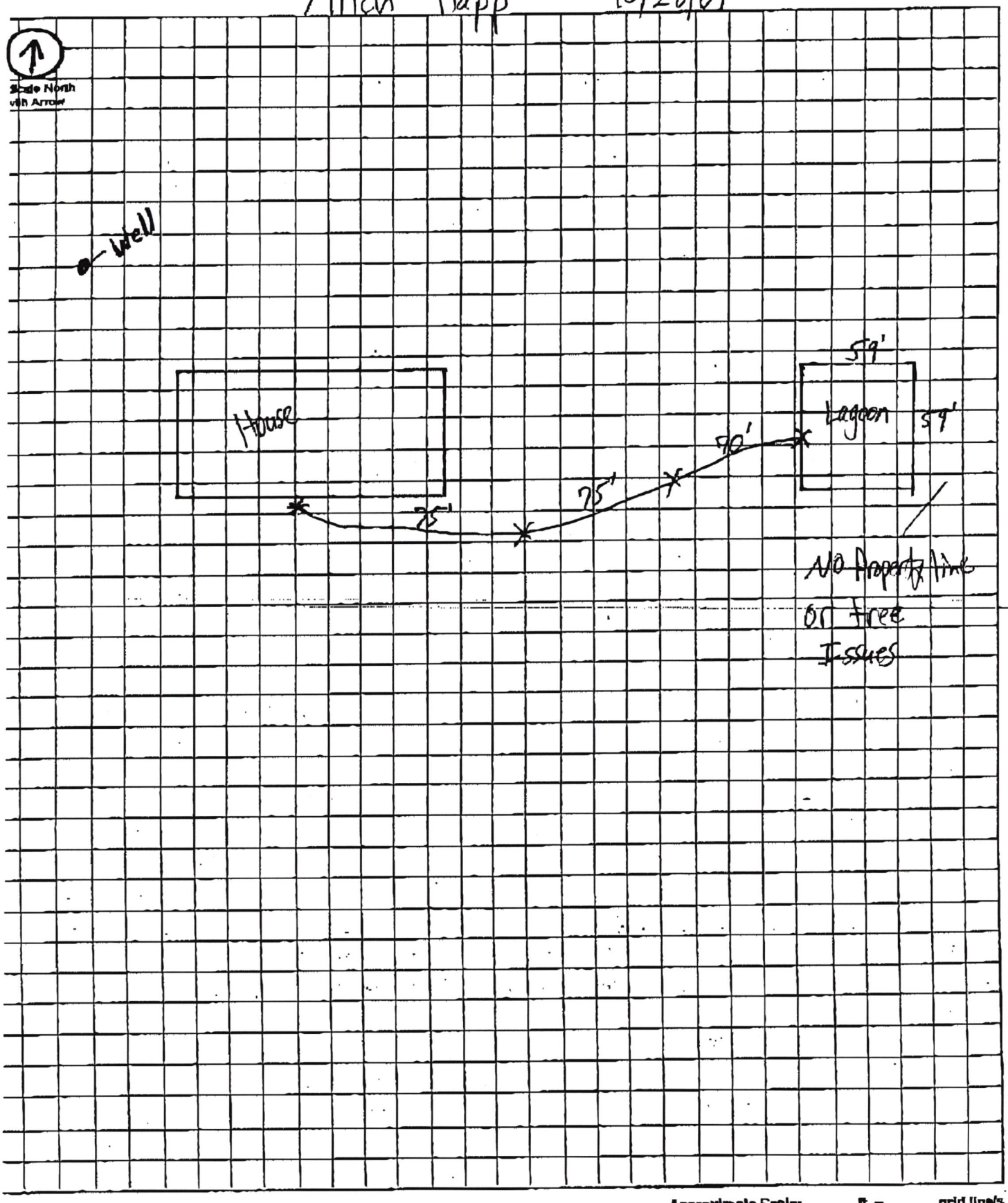
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

Mitch Happ 10/28/09



NOT TO SCALE