LLCHD HS000327

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

SCANNED

A

Permit Number AS000327 [redacted]

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 15301 Martell Rd (no rural route) City Bennet, NE Zip 68317

Legal Description N ½ NW 27 8 8 — — — —
(¼) 1/4 Section Township Range Subdivison Addition Block Lot

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

❑ Check if system mail address is not the same as the owner's address Total Acres: 80

B. Owner

Name Arthur & Pamela Hutt Signature NA

Address 2537 Beverly Ct City/State/Zip Topeka, KS, 66611

❑ Check if owner designed system Home Phone 785-234-3165 Work Phone

C. Contractor

Name: Kurt T Virgil Company Name Kurt T Virgil Excavating

Address 4620 W. Mary Lovin 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 3/25/10
Date frwd 3/25/10
ACTION ☑ Approved ❑ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3-24-10
Date frwd 3-24-10
ACTION ☒ Approved ❑ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 3-24-10
Date frwd 3-24-10
ACTION ☑ Approved ❑ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 3-26-10 Amount Paid 325-
Received By B. Hall Cash/Check No. 2641

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

3-30-2010 11: 9:57

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. HS000327

System Type: STANDARD

Situs: 15301 Martell Rd.

Legal Description: T08N-R08E-S27

Owner:

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

Issued:	03/26/2010
Expires:	03/26/2011

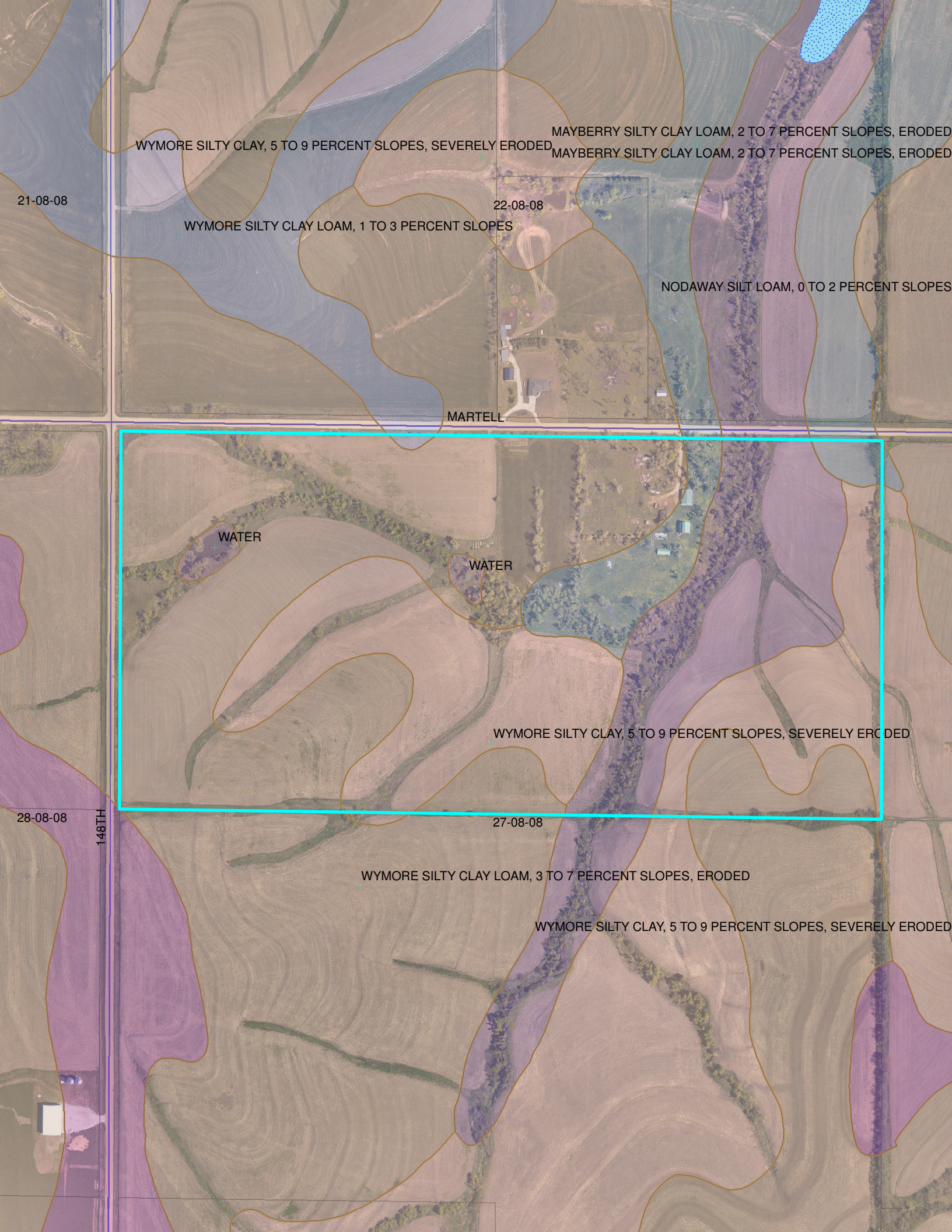
Bruce D. Dart, PhD, Health Director

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

INFINITY EXCAVATNG
7701 CORNHUSKER HWY STE 5
LINCOLN NE 68507


WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
21-08-08
22-08-08
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
MARTELL
WATER
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
28-08-08
148TH
27-08-08
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED

LLCHD HS000327

NATE or Doug

Proposed map haven't seen Job yet, & if I cannot find perc test holes I will do them aggin..... Worst case senerio can just pull a lagoon permit on 80 acreas..... right Please CALL w/ questions or concerns. THANK You Kurt + Vizel 402-525-6681

LLCHD HS000327

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

A

Permit Number HS000327 [redacted]

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Designer Name Firm Work Phone

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Date rec'd 3-24-10
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Signature

3. City or County Engineer
Comments
Date rec'd 3-24-10
Date frwd 3-24-10
ACTION ☑ Approved ❑ Disapproved
Signature Jim Rounek

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

3-25-2010 14:11:14

Form A Updated: 5-07

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

D

Permit Number: AS000327

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 15301 Martell Rd. (no rural route) City Bennet NE, Zip 68317

Owner Art Hutt Address Same

Date of Tests 11-19-2009 to 11-21-2009 Weather: Precipitation none Temperature 45

Percolation Test Data Table

A.	B.	C. D. Saturation/Swelling Time		E. F.		Water Level Drop G. H. Last 30 mins of 4 hr or last 10 mins of 1 hr		I.	J. K.		L. M. Results		N.
		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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36"	11-19	7 AM	11-20	7 AM	11-21	8:30 AM	6	11-21	12:30 PM	30 min	1"	31-40
2	36"	11-19	7 AM	11-20	7 AM	11-21	8:30 AM	6	11-21	12:30 PM	30 min	1"	31-40
3	36"	11-19	7 AM	11-20	7 AM	11-21	8:30 AM	6	11-21	12:30 PM	30 min	1"	31-40
4	36"	11-19	7 AM	11-20	7 AM	11-21	8:30 AM	6	11-21	12:30 PM	30 min	1"	31-40
5	36"	11-19	7 AM	11-20	7 AM	11-21	8:30 AM	6	11-21	12:30 PM	30 min	1"	31-40
6	36"	11-19	7 AM	11-20	7 AM	11-21	8:30 AM	6	11-21	12:30 PM	30 min	1"	31-40
								6					
								6					

Person Conducting Percolation Test

Name: Loren Bowmans
Phone: 402-645-4370
Address 1245 Nebraska 33 68503

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation: 31-40

Soil type (NRCS Maps/Other)
Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

Onsite Form B 12_06

Mar. 02 2010 08:57PM P1 PHONE NO. : FROM :

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

B

Permit Number: AS000327

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15301 Markell Rd (no rural route) City Bennett NE, Zip 68317

Owner Arthur Hutt Address 2537 Beverly Ct Topeka, KS, 66611

Soil Type (SCS): Wymore Percolation Rate: 31-40 min./inch

Date of Tests 11-19-2009 to 11-21-2009 Weather: Precipitation None Temperature 45

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	36	11-19	7	11-20	7	11-21	830	6	11-21	1230	30	1	31-40
2	"	"	"	"	"	"	"	6	"	"	"	1	31-40
3	"	"	"	"	"	"	"	6	"	"	"	1	31-40
4	"	"	"	"	"	"	"	6	"	"	"	1	31-40
5	"	"	"	"	"	"	"	6	"	"	"	1	31-40
6	"	"	"	"	"	"	"	6	"	"	"	1	31-40

See Attached

Person Conducting Percolation Tests

Name:

Phone:

Address

See Attached

Sum of Percolation Rates: 180

Average of Rates: 30 mpi

Rate Used for Calculation: Used 31-40

Used 31-40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

LLCHD HS000327

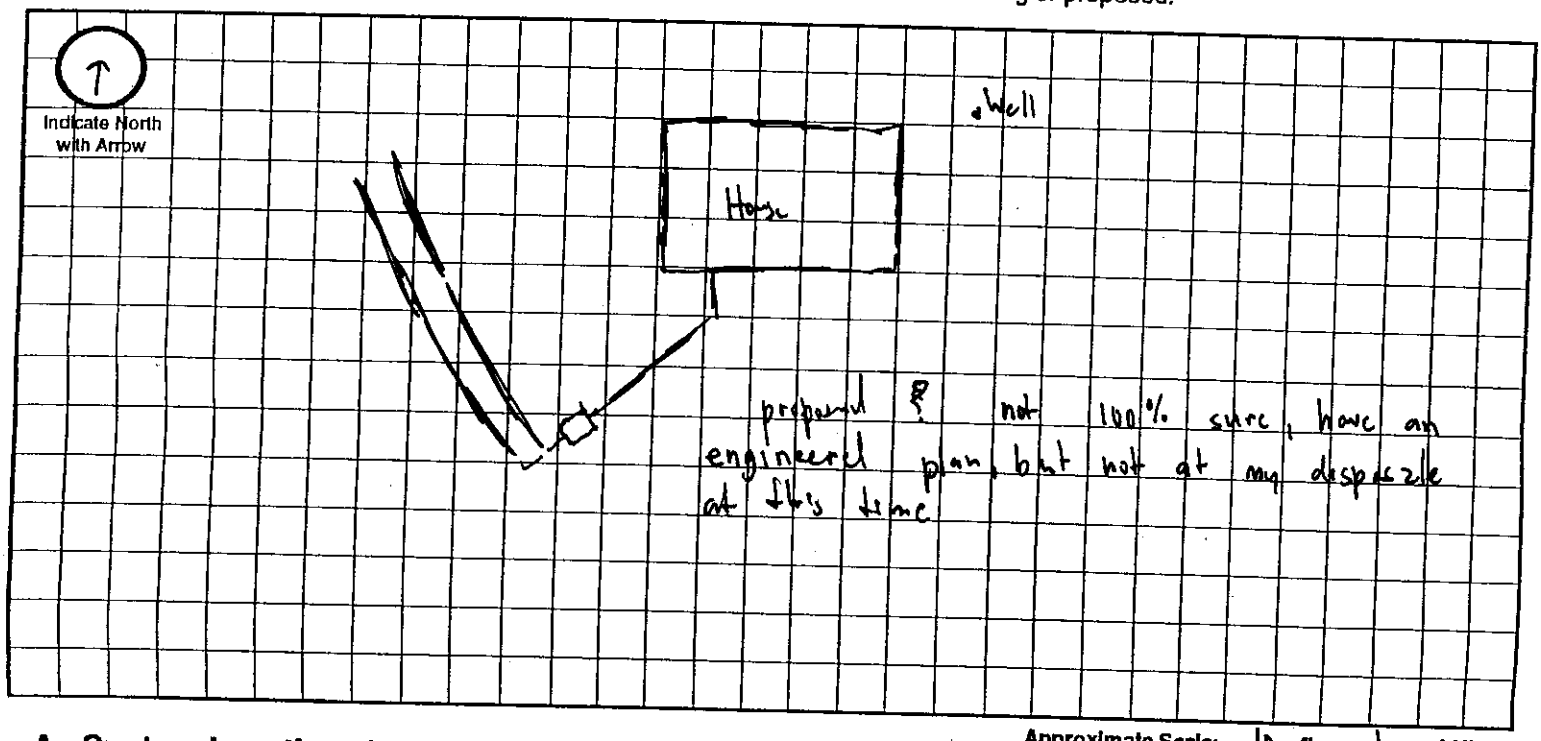
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: AS000327

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 15301 Marten Rd 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 31 (min. per inch) Soil Type: Wymore Land Slope: 3 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 825 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: — Number of Distribution Laterals per Bed —

Total Length of Laterals 208 ft. Number of Trenches 2 Trench Width 36"

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 Date 3-23-10

FORM 23-102 10-96
3-25-2010 14:11:18

Lincoln-Lancaster County Health Department
Environmental Public Health Division
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Phone: 402-441-8022

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Legal Description N ½ NW ¼ 27 Section 8 Township 8 Range — Subdivison — Addition — Block — Lot

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

❑ Check if system mail address is not the same as the owner's address Total Acres: 80

B. Owner

Name Arther & Pamela Hutt Signature NA

Address 2537 Beverly Ct City/State/Zip Topeka, KS, 66611

❑ Check if owner designed system Home Phone 785-234-3165 Work Phone

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Signature

3. City or County Engineer
Comments
Date rec'd 3-24-10
Date frwd 3-24-10
ACTION ☑ Approved ❑ Disapproved
Signature Jim Blazek

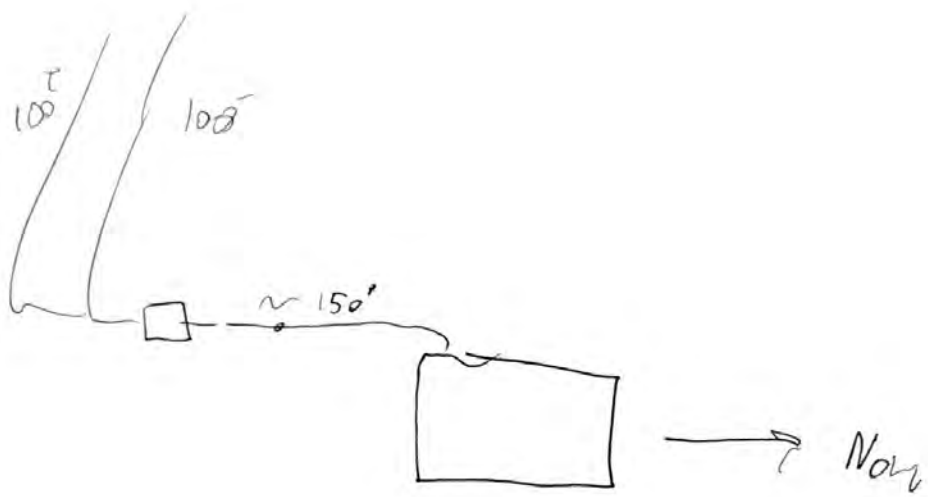
SCANNED

Installation Final Written Approval
By Doug Mrkle
Date 10/20/10

Business Office Use Only
Date Received 3-26-10 Amount Paid 325-
Received By B. Hale Cash/Check No. 2641

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

Form A Updated: 5-07


100'
100'
~ 150'
N_{OX}