A

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

Permit Number: HS000328

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 18033 Wyndam Pr (no rural route) City Lincoln NE, Zip 68527

Legal Description NW 24 10 8 Wyndam Place 3rd Add 1 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Jeff Bassford Signature Jeffrey T. Bassford

Address 7224 Twin Oaks Rd City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 402-499-6819 Work Phone _____

C. Contractor

Name Jerry Wright Company Name Wright Construction

Address 4747 S 84th St City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone 402-560-2682

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Inc Work Phone 402-890-6009

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.

DO NOT WRITE BELOW THIS LINE

Approval Process

☑ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 4/2/10 Date fwd 4/2/10 ACTION ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-6-10 Date fwd 4-6-10 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-6-10 Date fwd 4-6-10 ACTION ☑ Approved ☐ Disapproved Signature Kenneth D. Schroeder

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

LLCHD-HS000328

SCANNED

Lincoln-Lancaster County Health Department
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Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 4-6-10
Amt Paid 325
Rec'd By B.H. Cash/Check No. 7304

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

4-7-2010 11:18:17

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

B

Permit Number: HS000328

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18033 Wyndam Dr. (no rural route) City Lincoln NE, Zip 68527

Owner Jeff & Michelle Bassford Address 7224 Twin Oaks Rd. Lincoln, NE 68516

Soil Type (SCS): Wymore/Mayberry Percolation Rate: 35 min./inch

Date of Tests 5/11/06 to 5/12/06 Weather: Precipitation 0 Temperature 57°

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	30	5/11	10:30a	5/11	2:30p	5/12	8:30a	6	5/12	12:30p	30	1	30/1.00 = 30
2	29	"	"	"	"	"	"	"	"	"	"	3/4	30/0.75 = 40
3	31	"	"	"	"	"	"	"	"	"	"	13/16	30/0.81 = 37
4	31	"	"	"	"	"	"	"	"	"	"	1	30/1.00 = 30
5	29	"	"	"	"	"	"	"	"	"	"	15/16	30/0.94 = 32
6	32	"	"	"	"	"	"	"	"	"	"	3/4	30/0.75 = 40

Person Conducting Percolation Tests

Name: Terri Jakubek, Raymond Construction, Inc

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428

Sum of Percolation Rates: 209

Average of Rates: 35

Rate Used for Calculation: 35

#C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96
4-7-2010 11:18:18

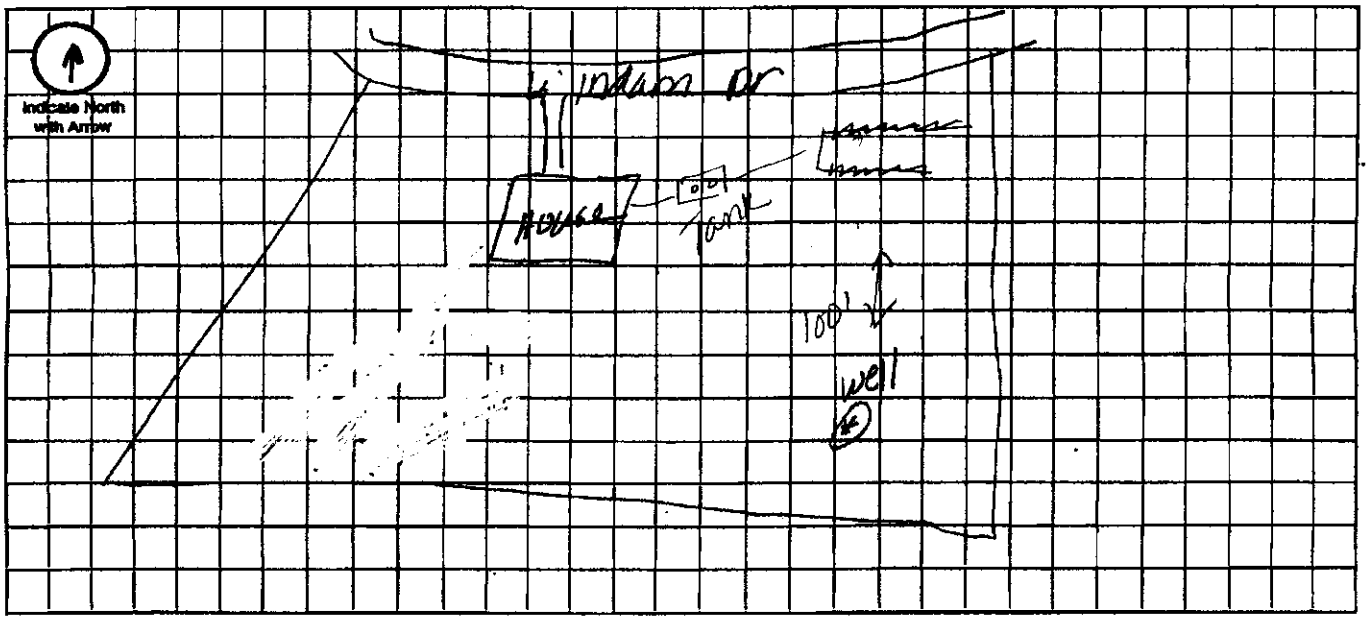
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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C

Permit Number: HS000328

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) 18033 Wyndam Dr City Union NE, Zip 68527

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 35 (min. per inch) Soil Type: Shrewsbury Land Slope: _____ %

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: ADS Driveless Chambers

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

Total Length of Laterals 207 ft. Number of Trenches 2 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 Jeri Wright Date 4/1/10

Installer Kevin L. Gabelman Date 3/30/10

FORM 23-102 10-96

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. HS000328

System Type: STANDARD

Situs: 18033 WYNDAM PL

Legal Description: T10N-R08E-S24-1-Lot 2

Owner:

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

Issued:	04/06/2010
Expires:	04/06/2011

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

TERRI JAKOUBEK
13800 NW 70TH
RAYMOND NE 68428



SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED

Lincoln-Lancaster County Health Department
Environmental Health Division
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Amt Paid _____

Rec'd By _____ Cash/Check No. _____

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector