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. HS000332

System Type: STANDARD

Situs: 18701 ASHLAND RD

Legal Description: T12N-R08E-S01-Lot 4 @ 5

Owner: BEER, RUTH ANN
18701 ASHLAND RD
ASHLAND NE
68003

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	04/12/2010
Expires:	04/12/2011

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

SUBBERT WELL
1012 CO RD M
MEAD NE 68041

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

APR 07 2010

A

Permit Number
HS000332

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 18701 Ashland Road (no rural route) City Ashland, NE Zip 68003

Legal Description NE NE 1 12 8E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: 41-02-40.58 Latitude: 96-28-03.96

☐ Check if system mail address is not the same as the owner's address Total Acres: 5

B. Owner

Name Ruth Beer Signature

Address 18701 Ashland Road City/State/Zip Ashland, NE 68003

☐ Check if owner designed system Home Phone 402-944-2435 Work Phone 402-499-8737

C. Contractor

Name: Scott Subbert Company Name Subbert Well & Septic

Address 1012 County Road M City/State/Zip MEAD, NE 68041

☐ Check if contractor designed system Work Phone 402-624-2011

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 4/9/10
Date frwd 4/9/10
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 4/13/10

Business Office Use Only
Date Received 4-12-10 Amount Paid 325.00
Received By BHall Cash/Check No. 1486

- old well being abandoned & new septic further away than the old one. + System Replacement

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

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: HS000332

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18701 Ashland Road (no rural route) City Ashland NE, Zip 68003

Owner Ruth Beer Addresss 18701 Ashland Road

Soil Type (SCS): silty clay Percolation Rate: _____ min./inch

Date of Tests 3-30-2010 to 3-31-2010 Weather: Precipitation None Temperature 50's

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	32	3-30	11:00	3-31	2:00	3-31	2:30	19 1/4	3-31	3:00	30	2	15
2	34	"	"	"	"	"	"	17	"	"	30	2	15
3	34	"	"	"	"	"	"	20	"	"	30	2	15
4	36	"	"	"	"	"	"	12 1/2	"	"	30	1 1/2	20
5	32	"	"	"	"	"	"	15	"	"	30	1 1/2	20
6	32	"	"	"	"	"	"	20	"	"	30	1 1/4	25

Person Conducting Percolation Tests

Name: Scott Subbert

Phone: 402-443-6549

Address 1012 Cabin

Mead Ne 68041

Sum of Percolation Rates: 110

Average of Rates: 18.33

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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

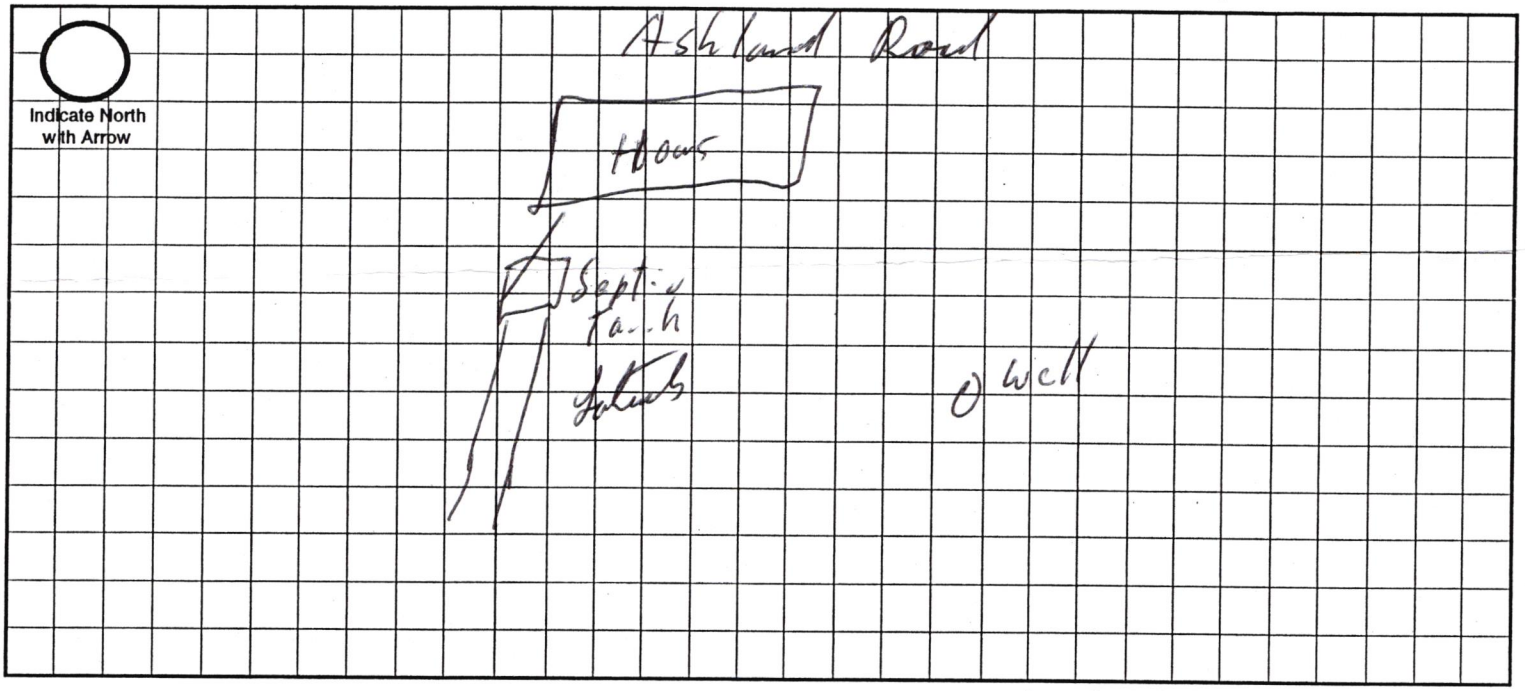
C

Permit Number: H5000332

Sewage Disposal System
Preliminary Plan Specifications

Ruth Beer

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) 18701 Ashland Rd City Ashland NE, Zip 68003

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 18.33 (min. per inch) Soil Type: Silty Clay Land Slope: 0 %

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

Total Square Feet of Field Required: 840 sq. ft.

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

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

Total Length of Laterals 200 ft. Number of Trenches 2 Trench Width 4.25'

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 Scott Sullivan Date 4-5-00

FORM 23-102 10-96

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

D

Permit Number: H5000332

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____
1/4 1/4 SectionTownship Range

Onsite System Location

Address (no rural route) 18701 Ashland Rd City Ashland NE, Zip 68003

Owner _____ Address _____

A. Sewer Pipe

1. Material: Plastic
   Diameter: 4 in.
2. Distance above basement floor: 78 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. ☑ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: _____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Drainfield Absorption

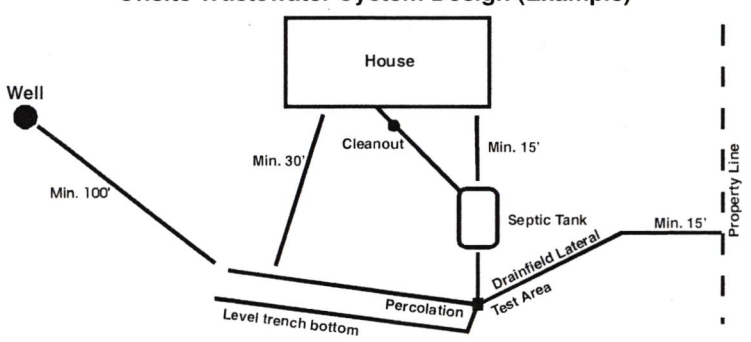
☑ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 3'
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 120' ft. 120 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow




ASHLAND
01-12-08
190TH