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. HS000333

System Type:	STANDARD
Situs:	1200 BRANCHED OAK RD
Legal Description:	T12N-R06E-S26
Owner:	GRANT, DAVID B & NANCY J 1200 BRANCHED OAK RD DAVEY NE 68336

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

AWS WELL
PO BOX 246
MEAD NE 68041

LLCHD HS000333

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

A

Permit Number
HS000333

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 12200 Branched Oak Rd (no rural route) City Davey, NE Zip 68336

Legal Description 26, 12, 6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: N40°58' 27.1" Latitude: W96° 42' 14.3"

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

B. Owner

Name Dave Grant Signature

Address 12200 Branched Oak Rd City/State/Zip Davey, Ne. 68336

❑ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Don Anderson Company Name AWS Well Co

Address 1597 Co. Rd. 10 City/State/Zip Mead, Ne. 68041

☑ Check if contractor designed system Work Phone 402-624-3895

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

Designer Name Firm Work Phone

Mi. to the Water from the Well

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? (NA) 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 * Pawnee on soil map but soil appears to be suitable while onsite
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 4/12/10
* witnessed 150' of Installation * Everything appeared good *

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

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

4-12-2010 12:44:48

Form A Updated: 5-07

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Phone: 402-441-8022

B

Permit Number: HS000333

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13100 Branched Oak Rd (no rural route) City Dewey NE, Zip 68336

Owner Dave Grant Addresss 13100 Branched Oak Rd

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

Date of Tests 4/8/10 to 4/9/10 Weather: Precipitation 0 Temperature 70

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	4/8	8 Am	4/9	9 Am	4/9	9 Am	6	4/9	10 Am	60	1 1/2	40
2	"	"	"	"	"	"	"	"	"	"	"	1 1/2	40
3	"	"	"	"	"	"	"	"	"	"	"	1 3/4	34.2
4	"	"	"	"	"	"	"	"	"	"	"	1 3/4	34.2
5	"	"	"	"	"	"	"	"	"	"	"	1 3/4	34.2
6	"	"	"	"	"	"	"	"	"	"	"	1 1/2	40

Person Conducting Percolation Tests

Name: Don Anderson
Phone: 402-624-3895
Address 1597 Co Rd 10
Mead Ne. 68041

Sum of Percolation Rates: 222.6
Average of Rates: 37.1
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000333

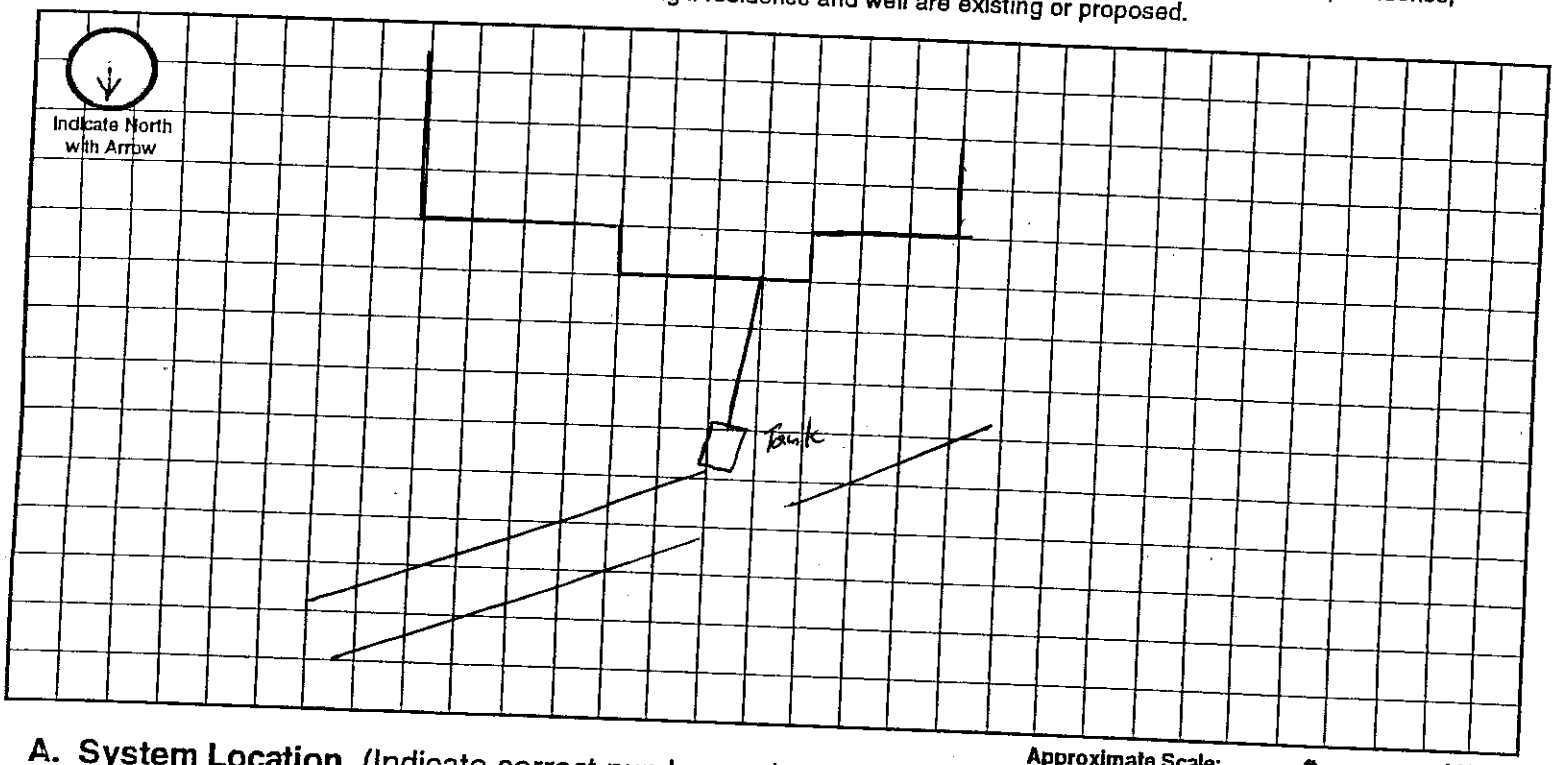
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C

Permit Number: H5000333

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) 1200 Branched Oak Rd City Davey NE, Zip 68336

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

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: Infiltrator

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 _____

Installer Don Anderson Date 4/20/10

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Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____ 1/4 1/4 Section Township Range 26, 12, 6

Onsite System Location

Address (no rural route) 1200 Branched Oak Rd City Ashland NE, Zip 68336

Owner Dave Grant Address 1200 Branched Oak Rd.

A. Sewer Pipe

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 30 in.
3. Distance between dwelling and septic tank: _____ 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: _____
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 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: 18 in.
8. Distances to: Well or suction line 175 ft.
   Stream NA ft.
   Pressure line 50+ ft.
   Property line 100+ ft.

C. ☐ Distribution Box ☐ Drop Boxes

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

1. Material: PVC
   Number available outlets: 16
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8' ft.

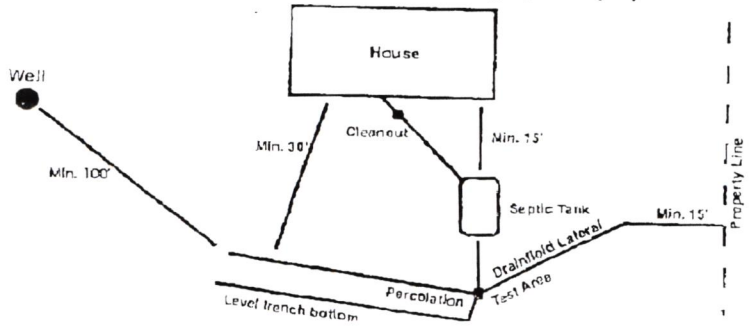
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☒ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 30"
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 150 ft. 150 ft.
   50 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth 30 in
4. Filter material: _____
   Depth of material 24 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   House or building 75 ft.
   Lake or Stream 100+ ft

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

Onsite Wastewater System Design (Example)



Indicate North with Arrow

Apr 22 10 09:35a AWS 1#402#624#6425 p.3

