LLCHD HS000334 325.00

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

SCANNED

A

Permit Number
HS000334

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 8350 Haley Lynn LN (no rural route) City Denton, NE Zip _____

Legal Description _____ High Meadow Estates 1 2

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: _____

B. Owner

Name [redacted] 402-960-0347 Signature [redacted]

Address [redacted] City/State/Zip Lincoln NE [redacted]

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

C. Contractor

Name: Bigham Homes Company Name Bigham Homes

Address 5401 N 87th City/State/Zip Lincoln, NE 68521

☐ Check if contractor designed system Work Phone 580-7339

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

Designer Name Signature Dave Vogt Firm Vogt TJT Inc. Work Phone 402-477-2229

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 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 Date rec'd _____ **ACTION** ☑ Approved ☐ Disapproved
Site visits Called about to extend or lateral Date frwd _____ Signature _____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

3. City or County Engineer Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date 4/14/10

Business Office Use Only
Date Received 4-14-10 Amount Paid 325—
Received By B Hall Cash/Check No. 11579

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

4-16-2010 16:21:26 Form A Updated 6-07

I was informed by certified contractor that the lot line was in the ditch and that they would [illegible]

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. HS000334

System Type: STANDARD

Situs: 8350 Haley Lynn Ln.

Legal Description: T09N-R05E-S21-1-Lot 2

Owner:

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

Issued: 04/14/2010
Expires: 04/14/2011

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

BUGBEE HOMES
5901 N 27TH
LINCOLN NE 68521

LLCHD HS000334

325.60

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

A

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Onsite Wastewater Treatment System
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A. Onsite System Location

Address 8350 Haley Lynn LN (no rural route) City Denton, NE Zip

Legal Description ____ ____ ____ ____ ____ High Meadow Estates ____ 1 2

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:

B. Owner

Name [redacted] 402-960-0347 Signature [redacted]

Address [redacted] City/State/Zip Lincoln NE [redacted]

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Bigham Homes Company Name Bigham Homes

Address 5901 N 81st City/State/Zip Lincoln, NE 68521

☐ Check if contractor designed system Work Phone 580-7339

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

Designer Name Signature Dave Vogt Firm Vogt TJT Inc. Work Phone 402-477-2277

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 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 Date rec'd ACTION ☑ Approved ☐ Disapproved
Site visits failed about Date frwd Signature
to extent of referral

2. Supt. Bldg. Insp. or Village Clerk Date rec'd ACTION ☐ Approved ☐ Disapproved
Comments Date frwd Signature

3. City or County Engineer Date rec'd ACTION ☐ Approved ☐ Disapproved
Comments Date frwd Signature

Installation Final Written Approval
By
Date 4/14/10

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

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

4-14-2010, 14:18:16 Form A Updated 9-07

I was informed by contractor that the lot fire was in the ditch and that they were inspecting

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

A

Permit Number
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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)

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 8350 Haley Lynn LN (no rural route) City Denton NE Zip

Legal Description ____ Hogh Meadow Estates 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 Total Acres:

B. Owner Justin & Stephanie Everett

Name [redacted] 402-960-0307 Signature [redacted]

Address [redacted] City/State/Zip Lincoln NE [redacted]

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Buchanan Homes Company Name Buchanan Homes

Address 5401 N 81 A City/State/Zip Lincoln, NE 68521

☐ Check if contractor designed system Work Phone 580-7339

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

Designer Name Dave Vogt Firm Vogt TJT Enc. Work Phone 402-477-22[redacted]

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 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** Date rec'd Date frwd ACTION ☑ Approved ☐ Disapproved
Site visits Signature
Called about [illegible]

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd ACTION ☐ Approved ☐ Disapproved
Comments Date frwd Signature

3. **City or County Engineer** Date rec'd 4-13-10 ACTION ☑ Approved ☐ Disapproved
Comments Date frwd 4-14-10 Signature

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 Form A Updated 1-07

W.L. Lot [illegible] by contractor that the lot

LLCHD HS000334

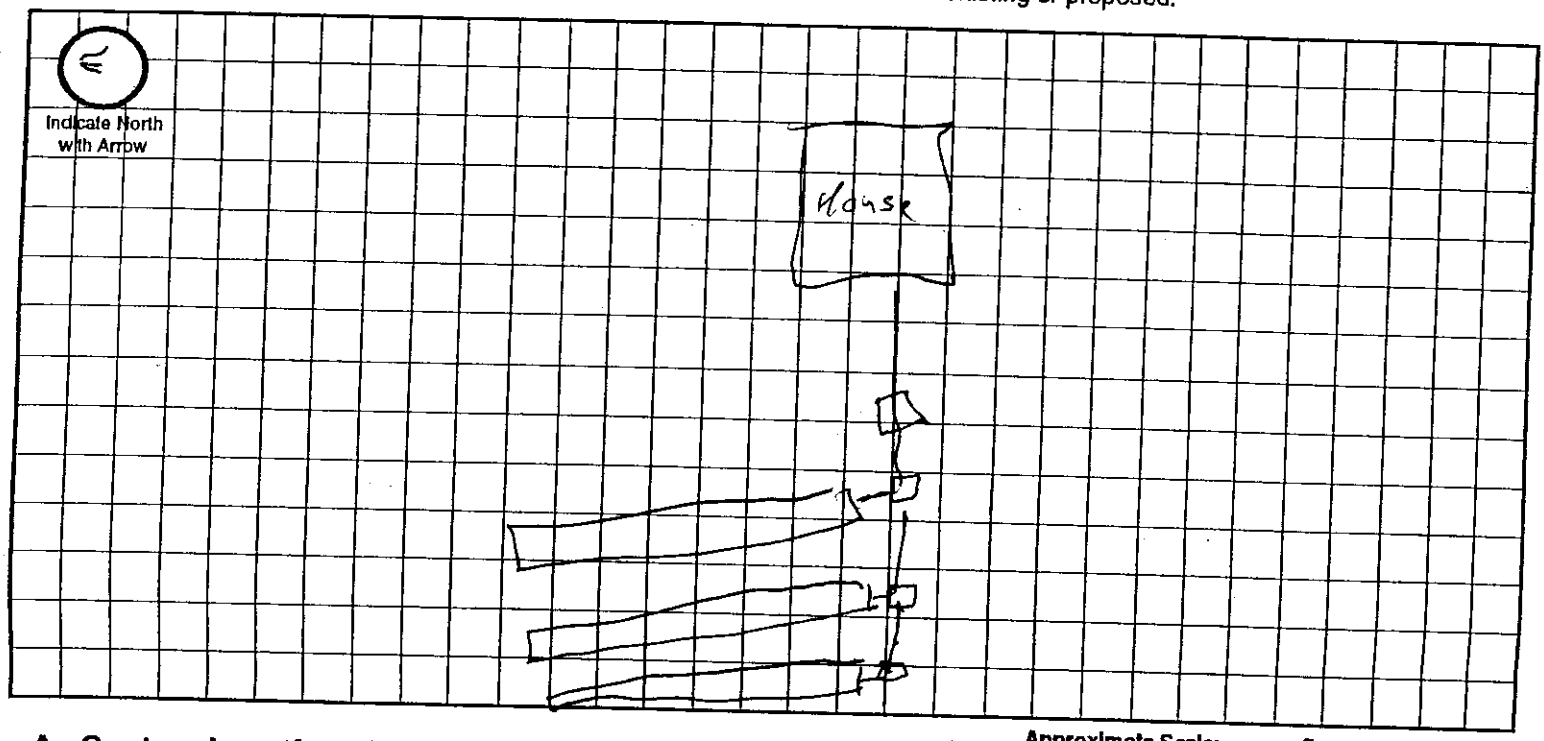
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000334

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) 8350 Haley Lynn City Denton NE, Zip _____

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: 1120 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 276 ft. Number of Trenches 3 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 Troy Byler Date _____

Installer _____ Date 4-12-2010

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

B

Permit Number: H5000334

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8350 Hanley Lynn Court (no rural route) City Denton NE, Zip _____

Owner Bughee Homes Address _____

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

Date of Tests 4-4-2010 to 4-5-2010 Weather: Precipitation Sunny Temperature 50°

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	4/4	3:30p.m	4-5	11:00 a.m	4-5	11:00 a.m	6	4-5	11:30 a.m	30	.750	40
2	30	4/4	3:30p.m	4-5	11:00 a.m	4-5	11:00	6	4-5	11:30	30	1.250	24
3	30	4/4	3:30pm	4-5	11:00 a.m	4-5	11:00	6	4-5	11:30	30	1.000	30
4	30	4/4	3:30pm	4-5	11:00	4-5	11:00	6	4-5	11:30	30	1.000	30
5	30	4/4	3:30pm	4-5	11:00	4-5	11:00	6	4-5	11:30	30	.750	40
6	30	4/4	3:30pm	4-5	11:00	4-5	11:00	6	4-5	11:30	30	1.000	30

Sum of Percolation Rates: 194.00
Average of Rates: 32.333
Rate Used for Calculation: 32

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 402-560-4267
Address P.O Box 22753
Lincoln Ne 68542

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks + Recommend max lateral

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

4-14-2010 14:18: 5