LLCHD HS000337

SCANNED

A

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

Permit Number: HS000337

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 _____ (no rural route) City _____ NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 12 Section 9 Township 8 Range 6th Principal Meridian Subdivision _____ Addition _____ Block 15NE Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address 59.71 acres

B. Owner

Name Donna G. McClure Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Kelly Wolinski Company Name Wellmann Plumbing Inc.

Address 3130 S 16th. #100 City/State/Zip Lincoln, Ne - 68502

☒ Check if contractor designed system Work Phone 402 434-2400 610-0561

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 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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 4/16/10 Date frwd 4/16/10 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 4-19-10
Amt Paid 325.00
Rec'd By B.H Cash/Check No. 47207

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

4-26-2010 16: 2:42

LLCHD HS000337

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

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(no rural route)

Legal Description _____ 12 9 8 6th Principal Meridian 15NE
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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   Date frwd 4-16-10 Signature _____
3. **City or County Engineer** Date rec'd 4-19-2010 ACTION ☒ Approved ☐ Disapproved
   Date frwd 4-19-2010 Signature _____

make sure systems not constructed in floodplain

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

4-26-2010 16: 2:43

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

B

Permit Number: HS000337

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19000 Pioneers (no rural route) City _____ NE, Zip _____

Owner McClure, Donna Addresss _____

Soil Type (SCS): MeC2 WtC2 Percolation Rate: 51-60 min./inch

Date of Tests 4-6-10 to 4-7-10 Weather: Precipitation Light Rain 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	36"	4-5	9.00 AM	4-6	9:00 AM	4-6	9:00 AM		4-6	1:00 PM	30	.75	40
2												.625	48
3												.5	60
4												.625	48
5												.5	60
6												.625	48

Person Conducting Percolation Tests

Name: Kelly Welinski

Phone: 474-2400 C. 610-0561

Address 4211 Cherry Ln - 3130 S 6th St. 68502

Sum of Percolation Rates: 304

Average of Rates: 50.6

Rate Used for Calculation: 51-60 min/in.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks # Numbers are indicative of soil type. NH

Signature of Reviewing Official _____ Date 4/16/10

FORM 23-101 10-96

4-26-2010 16: 2:45

LLCHD HS000337

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

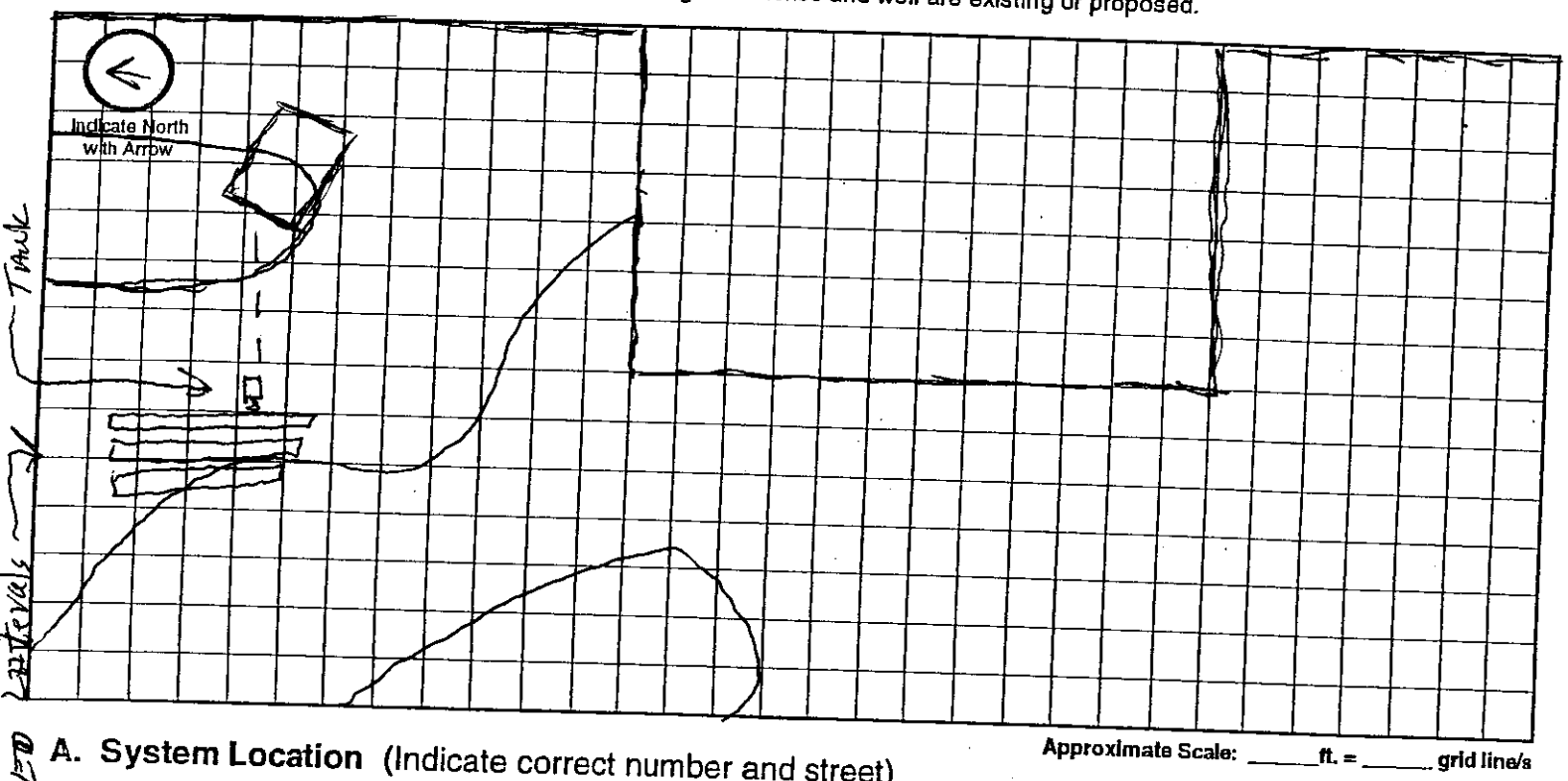
C

Permit Number: HS000337

Red

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) Corner 190th & Pioneers SW Corner City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 51-60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 3 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 3 Trench Width 3-4'

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 _____ Date _____

Installer _____ Date 4-16-10

RM 23-102 10-96

4-26-2010 16: 2:46

LANCASTER COUNTY ASSESSOR

County Assessor/Register of Deeds

Home
General Information
News
FAQ
Searches
- PID
- Owner
- Address
- Advanced Search

Property Data
- Detail Sheet
- Datasheet

Other
- Deed Search

Property Detail Sheet (R313066)

Treasurer Info | GIS Map | Datasheet | Comp Sales
View Images

Owner Information

Owner Name:	MCCLURE, DONNA G
Owner Address:	4650 CASCADE DR POWELL,OH 43065
Property Address:	

Parcel Information

Legal Description:	S12, T9, R8, 6th Principal Meridian, LOT 15 NE
Property ID:	22-12-200-012-000
Exemption Codes:	
Map Page:	
Primary Class:	A2(Ag Unimproved)
Primary Use:	13(Agricultural)
Zoning:	AG(AG-Agriculture District)
Neighborhood:	3300(RURAL MARKET AREA THREE - ACREAGE)
Year Built:	N/A
Imp Type:	N/A
No of Buildings:	N/A
Total Living Area:	N/A

Sales History

Instrument #	Sale Date	Sale Price
20[illegible]13	01/20/2010	298,500
2006[illegible]	05/17/2006	0

Values Breakdown	2010 Proposed Value
Total Non-Ag Assessed:	
Total Ag Sp Assessed:	$68,900

Get Adobe Reader * Adobe Acrobat Reader 5.0 (minimum) is required to view pdf documents. Acrobat Reader is a free program available [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. HS000337

System Type: STANDARD

Situs: T9N, R8E, SEC 12, Lot 15

Legal Description: T09N-R08E-S12-Lot 15

Owner:

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

Issued:	04/19/2010
Expires:	04/19/2011

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

WELLMAN PLUMBING
3130 S. 6TH #100
LINCOLN NE 68502

LLCHD HS000337

Lincoln-Lancaster County Health Department
Environmental Health Division
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FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

4-16-2010 16: 4:10