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

A

Permit Number
H5000339

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 18980 NW. 40th (no rural route) City Raymond, NE Zip 68428

Legal Description _____

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 Bob Cockle Signature_____

Address Same City/State/Zip Same

☐ Check if owner designed system Home Phone_____ Work Phone_____

C. Contractor

Name: Don Andersen Company Name Aus Well Co

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

☐ Check if contractor designed system Work Phone 402-624-7895

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 2 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. ~~82-30~~

1. Health Department Date rec'd_____ **ACTION** ☒ Approved ☐ Disapproved
Site visits_____ 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 4/19/10

Business Office Use Only
Date Received 4-19-10 Amount Paid 180.00
Received By B. Hall Cash/Check No. 7818

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

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

B

Permit Number: HS000339

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street) 18980 NW. 40th

Address 1540 ~~W. 1st Str.~~ (no rural route) City Raymond NE, Zip 68428

Owner Bob Cockle Addresss ~~1540 W. 1st Str.~~ Same as above Raymond

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

Date of Tests 8/8/10 to 8/9/10 Weather: Precipitation 0 Temperature 65°

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"	8/8	10 Am	8/9	2 PM	8/9	2 PM	6	3 PM	3 PM	60	3½	17.14
2	"	"	"	"	"	"	"	"	"	"	"	3½	17.14
3	"	"	"	"	"	"	"	"	"	"	"	2½	24
4	"	"	"	"	"	"	"	"	"	"	"	2½	24
5	"	"	"	"	"	"	"	"	"	"	"	3	20
6	"	"	"	"	"	"	"	"	"	"	"	3½	17.14

Person Conducting Percolation Tests

Name: Don Anderson Aces Well

Phone: 443-7161

Address 1597 Co Rd 10

Mead, Ne. 68041

Sum of Percolation Rates: 119.42

Average of Rates: 19.9

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official

Date

LLCHD HS000339

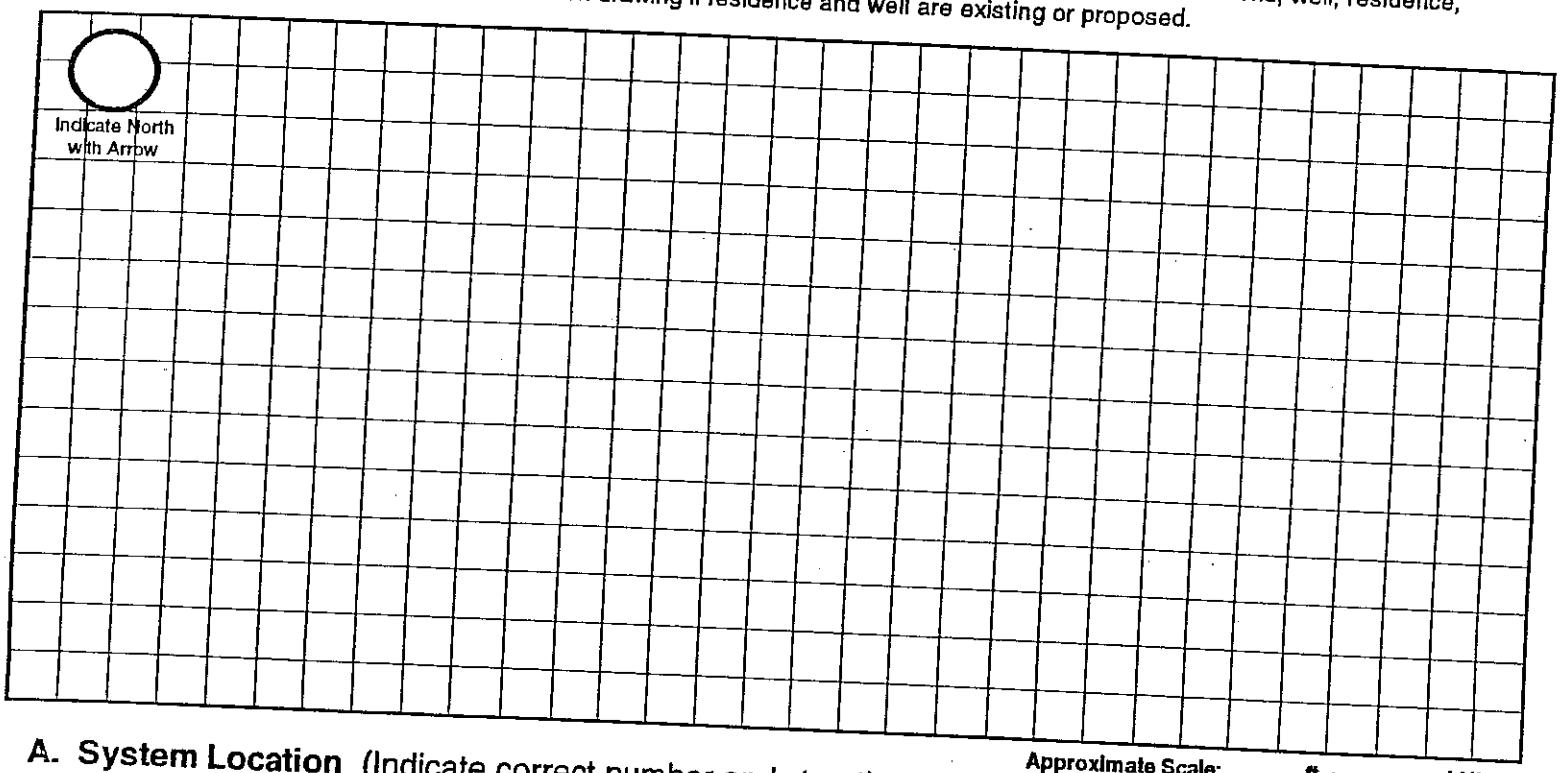
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000339

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) Same City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Adding 25ft. of lateral to existing lateral

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 25 ft. Number of Trenches _____ Trench Width 30 in

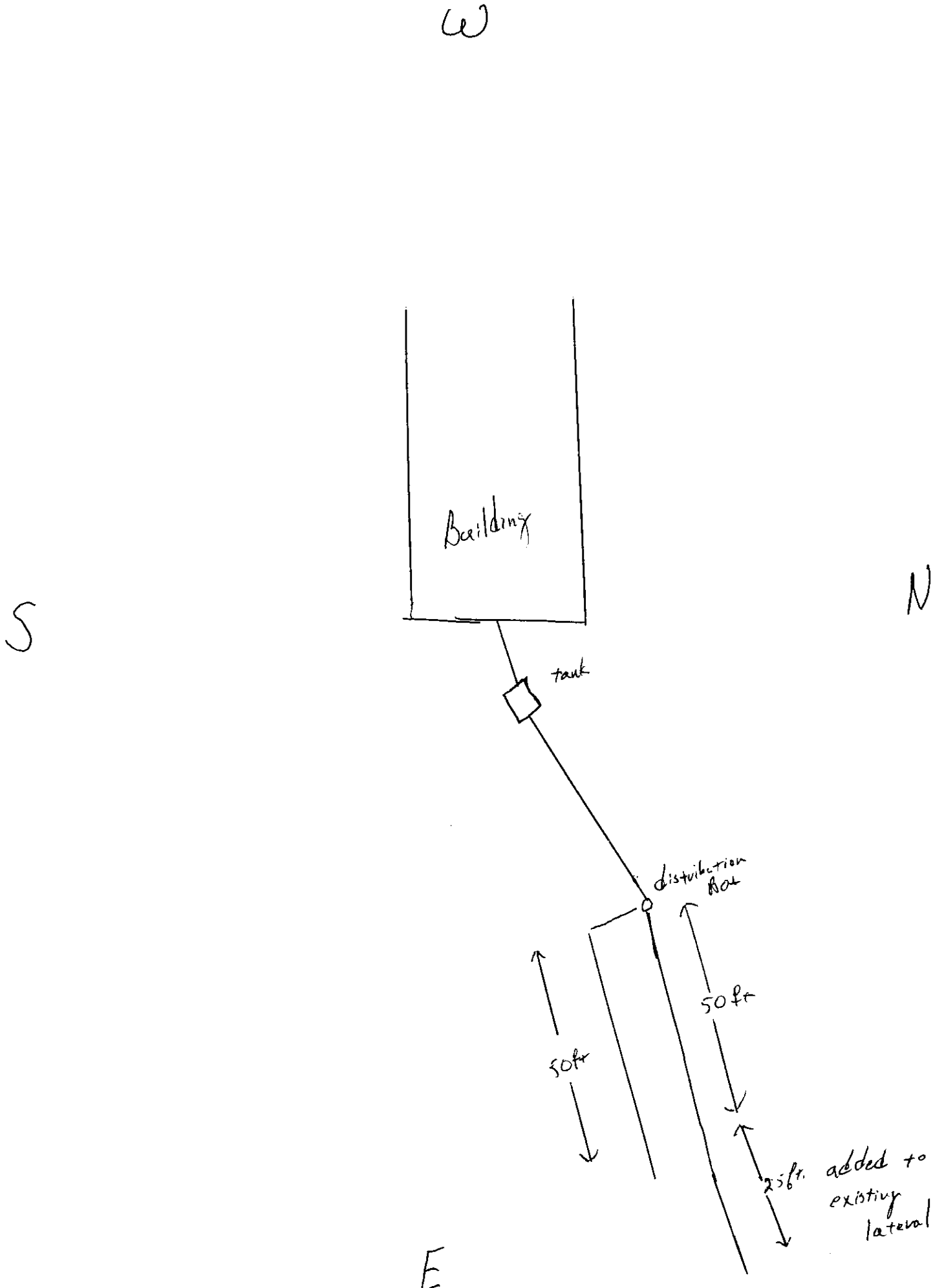
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 4/16/10


W
Building
S
N
tank
distribution Box
50 ft
50ft
25ft. added to existing lateral
E

LLCHD HS000339

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

D

Permit Number: HS000339

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4/16/10 Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 18980 NW. 40th City Raymond NE, Zip 68428

Owner Bob Cockle Address Same

A. Sewer Pipe

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
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: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ 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: _____ 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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

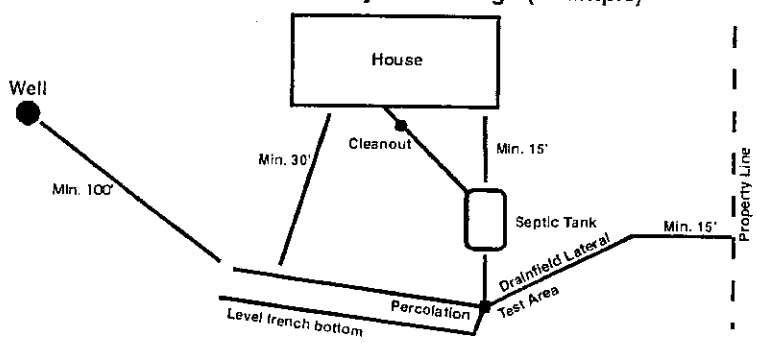
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☒ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 30"
   Number of distribution lines in bed 1
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Drainfield Laterals: Number 2
   Length of each line: 95 ft. 50 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 _____ 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

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: STANDARD

No. HS000339

Situs: 18980 NW 40 ST

Permit Fee: $180.00

Legal Description: T12N-R06E-S20-Lot 19

Owner:

Total Fees: $180.00

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

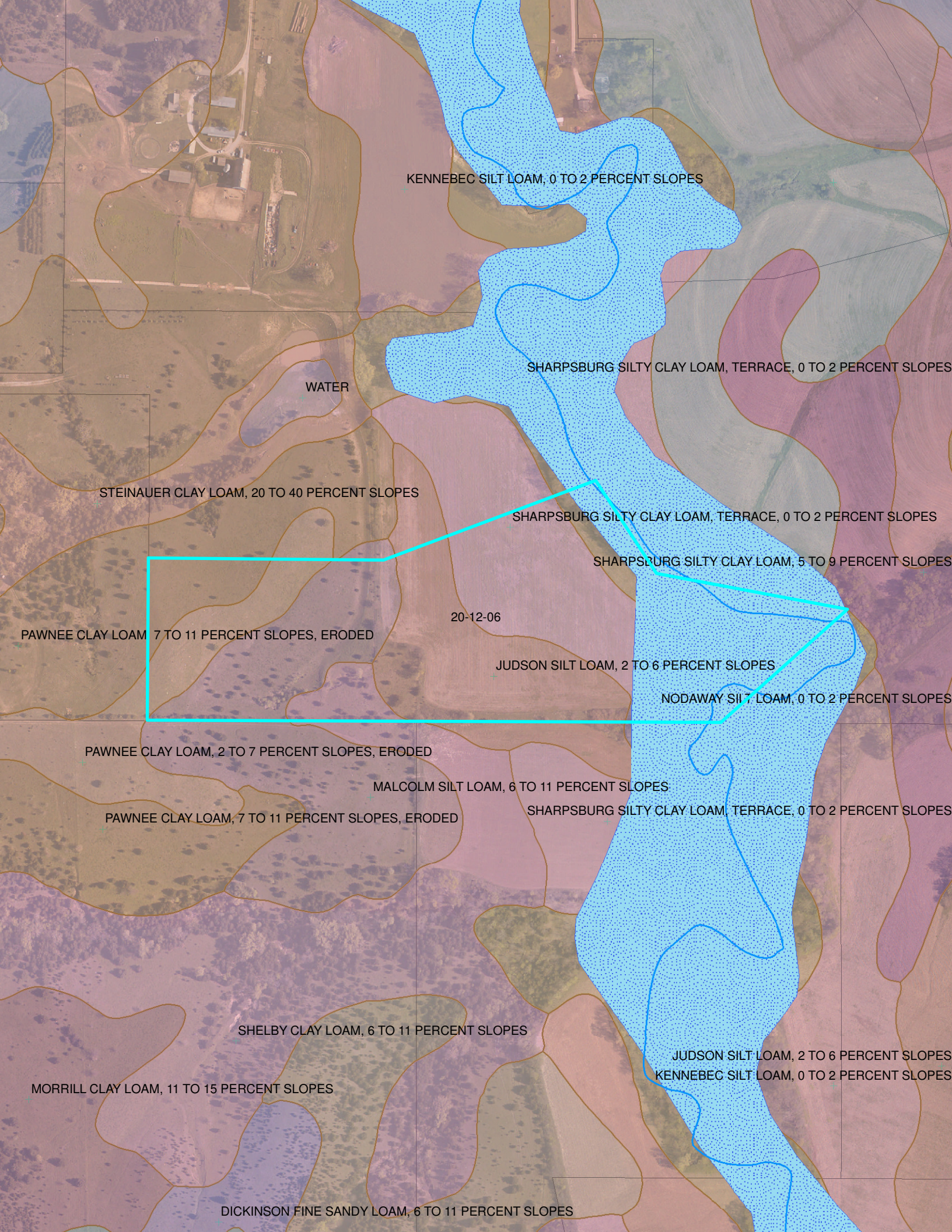
Bruce D. Dart, PhD, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

AWS WELL
PO BOX 246
MEAD NE 68041


KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, TERRACE, 0 TO 2 PERCENT SLOPES
WATER
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, TERRACE, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
20-12-06
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, TERRACE, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES

LLCHD HS000339

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

A

Permit Number H5000339

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 18980 NW. 40th (no rural route) City Raymond, NE Zip 68428

Legal Description _____

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 Bob Cockle Signature_____

Address Same City/State/Zip Same

☐ Check if owner designed system Home Phone_____ Work Phone_____

C. Contractor

Name: Don Anderson Company Name Aqua 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_____

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms 2 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_____ 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 4/19/10

Business Office Use Only
Date Received_____ Amount Paid_____
Received By_____ Cash/Check No._____

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

4-19-2010 11: 5:58

Form A Updated: 5-07

LLCHD-HS000339

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

D

Permit Number: HS000339

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4/16/10 Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 18980 NW. 40th City Raymond NE, Zip 68428

Owner Bob Cockle Address Same

A. Sewer Pipe

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
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: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ 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: _____ 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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Drainfield Absorption

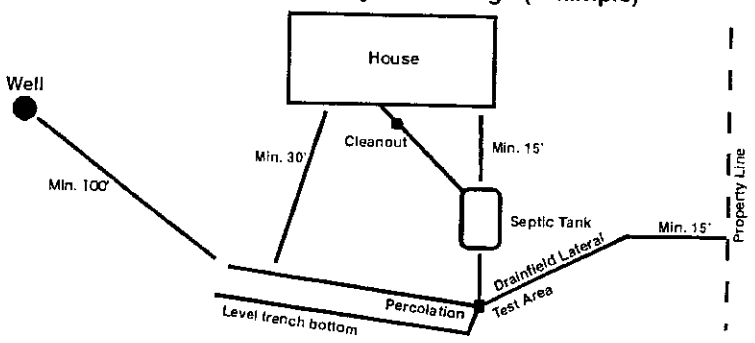
☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☒ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 30"
   Number of distribution lines in bed 1
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infi/Trator
2. Drainfield Laterals: Number 2
   Length of each line: 95 ft. 50 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 _____ 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



LLCHD HS000339

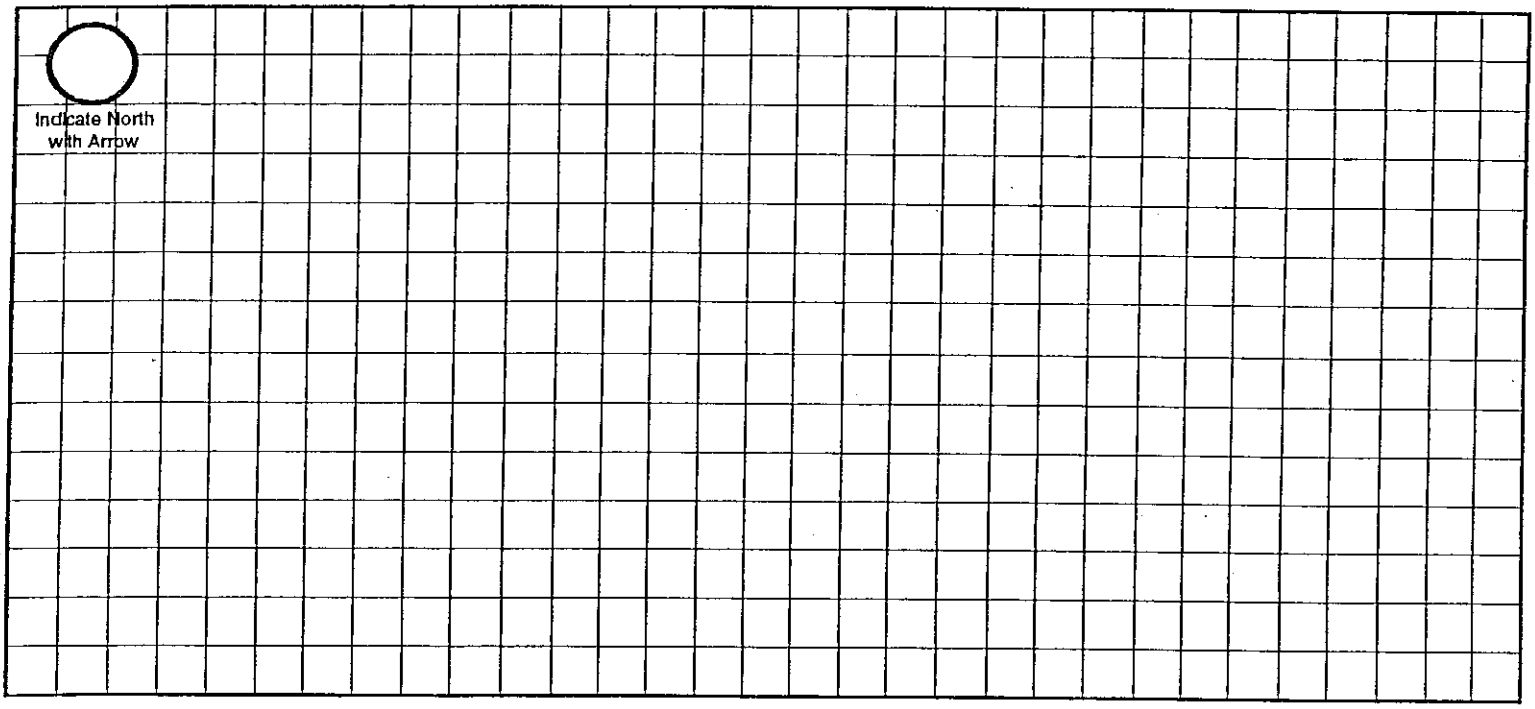
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000339

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) Same City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Adding 25ft. of lateral to existing lateral

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 25 ft. Number of Trenches _____ Trench Width 30 in

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 4/16/10

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

B

Permit Number: HS000339

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street) 18980 NW 40th

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Owner Bob Cockle Address ~~15401 W 1st Str.~~ Same as above ~~Raymond~~

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Date of Tests 8/8/10 to 8/9/10 Weather: Precipitation 0 Temperature 65°

Percolation Test Data Table

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		Start		End		Start			End				
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1	30"	8/8	10 AM	8/9	2 PM	8/9	2 PM	6	3 PM	3 PM	60	3½	17.14
2	"	"	"	"	"	"	"	"	"	"	"	3½	17.14
3	"	"	"	"	"	"	"	"	"	"	"	2½	24
4	"	"	"	"	"	"	"	"	"	"	"	2½	24
5	"	"	"	"	"	"	"	"	"	"	"	3	20
6	"	"	"	"	"	"	"	"	"	"	"	3½	17.14

Person Conducting Percolation Tests

Name: Don Anderson Aces Well

Phone: 443-7161

Address 1599 Co Rd 10

Mead, Ne. 68041

Sum of Percolation Rates: 119.42

Average of Rates: 19.9

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official

Date

4-19-2010 11: 6: 3