LLCHD HS000346

A

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

Permit Number: HS000346

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 6348 W. OLIVE CREEK RD (no rural route) City HALLAM NE, Zip 68368

Legal Description X SE 1/4 (1/4) 12 (Section) 7 (Township) 5 (Range) Subdivision Addition Block Lot

Geographical Location (if known): Longitude W096° 48' 28.5" Latitude N40° 34' 54.8"

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name JACOB DERING Signature X Jacob Dering

Address 1410 DOANE DR City/State/Zip CRETE, NE. 68333

☐ Check if owner designed system Home Phone 402 826-2291 Work Phone

C. Contractor X

Name Francis M Siedhoff Company Name SIEDHOFF CONST

Address 1625 FIR AVE City/State/Zip Crete Ne 68333

☐ Check if contractor designed system Work Phone 402-641-7326

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING Work Phone 402-587-0120

E. This System Will Serve a

☒ OCCASIONAL Residential Dwelling Number of Bedrooms 1 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify WEEK END CABIN

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 4/29/10 Date frwd 4/29/10 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 04/27/2010 ACTION ☒ Approved ☐ Disapproved Signature _____ *

* Septic System Must Be Constructed Above The 100Yr Flood Plain

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

4-30-2010 9:14 Todd Stutzman doing approval.

LLCHD HS000346

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

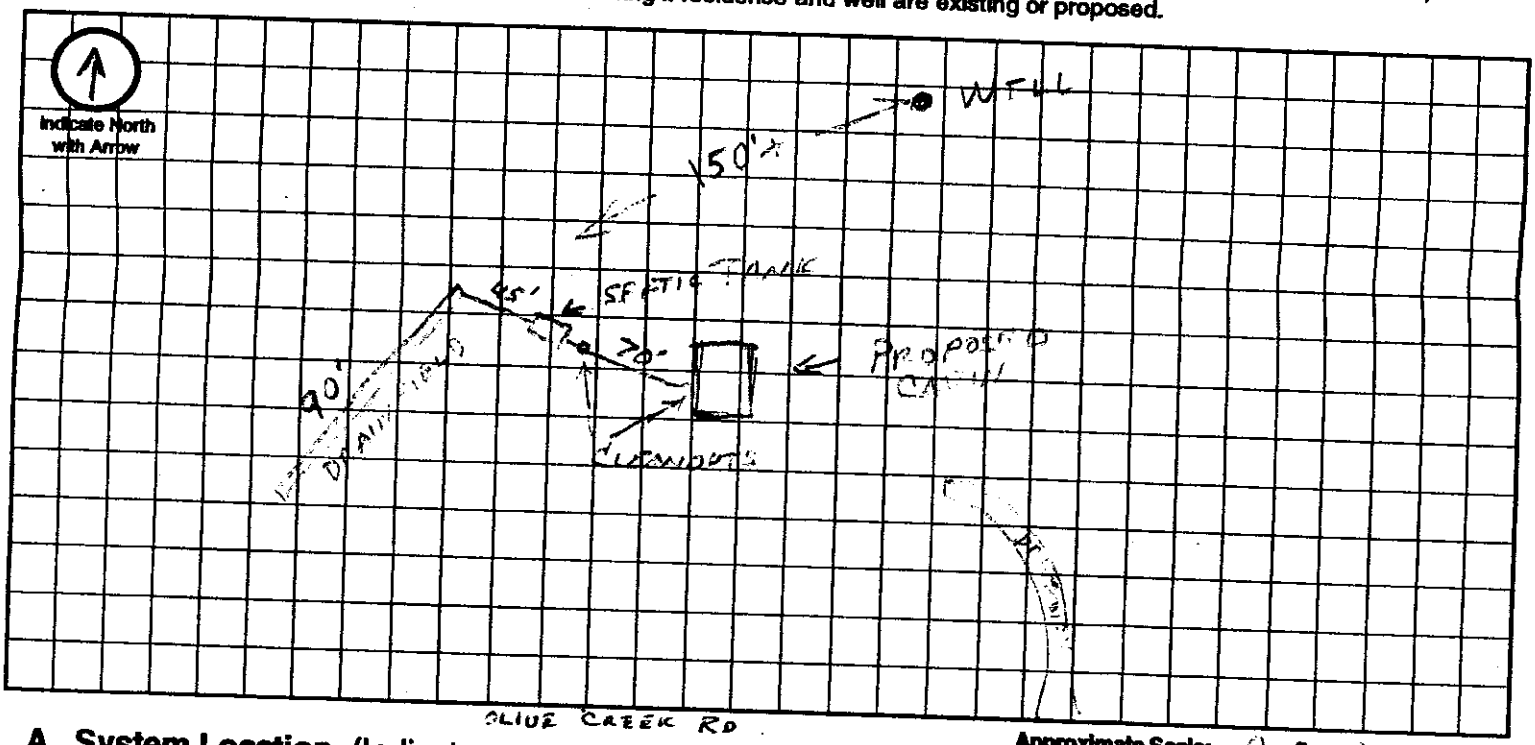
C

Permit Number: HS000346

JACOB DERING
1410 DOANE DRIVE
CRETE NE. 68333

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: 0 ft. = 0 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6348 W OLIVE CREEK RD City HALLAM NE, Zip 68368

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 50 (min. per inch) Soil Type: CLAY LOAM Land Slope: 6-11 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other GRAVELLESS CHAMBERS

Total Square Feet of Field Required: < 350 sq. ft.

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

Capacity of Septic Tank 1050 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 90 ft. Number of Trenches 1 Trench Width 36"

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 X Date X

Installer Gary L Holly, Holly Contracting Co. Date 04/2/10

FORM 23-102 10-96

4-30-2010 9:14:10

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

B

Permit Number: HS000346

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6348 wOLIVE CREEK RD (no rural route) City HALLAM NE, Zip 68368

Owner JACOB DERING Addresss 1410 DOANE DR, CRETE, NE. 68333

Soil Type (SCS): PAWNEE CLAY LOAM Percolation Rate: 50 min./inch

Date of Tests 040910 to 040910 Weather: Precipitation DRY, CLEAR 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		LAST		
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	24"	0409	0730	0409	1130	0409	1200	5"	0409	1600	30	.7	43
2	"	"	"	"	"	"	1201	"	"	1601	30	.7	43
3	"	"	"	"	"	"	1202	"	"	1602	30	.6	50
4	"	"	"	"	"	"	1203	"	"	1603	30	.8	38

Person Conducting Percolation Tests

Name: GARY L. HOLLY
Phone: 402-587-0120
Address 71860-567 AV
FAIRBURY, NE. 68352

Sum of Percolation Rates: 174
Average of Rates: 43.5
Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96
4-30-2010 9:14:11

APR 29 2010

B

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

Permit Number: HS000346

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

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Owner JACOB DERING Address 1410 DOANE DR., CRETE, NE. 68333

Soil Type (SCS): PAWNEE CLAY LOAM Percolation Rate: 50 min./inch

Date of Tests 25 APR 10 to 26 APR 10 Weather: Precipitation LT. RAIN 50° 042610 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	32"	0425	1100	0426	1530	0426	1530	6"	0426	1930	30	.6	50
2	32	↓	↓	↓	↓	↓	1532	↓	↓	1932	↓	.7	43
3	32	↓	↓	↓	↓	↓	1534	↓	↓	1934	↓	.7	43

Person Conducting Percolation Tests

Name: GARY L. HOLLY

Phone: 402-587-0120

Address 7186 O-567 AV. FAIRBURY, NE. 68352

Sum of Percolation Rates: 136

Average of Rates: 45

Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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. HS000346

System Type:	STANDARD
Situs:	6348 W OLIVE CREEK RD
Legal Description:	T07N-R05E-S12-SE1/4
Owner:	DERING, MARILYN F TRUSTEE 1410 DOANE DR CRETE NE 68333-0333

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	04/29/2010
Expires:	04/29/2011

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

JACOB DERING
PO BOX 333
CRETE NE 68333-0333

LLCHD HS000346

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

A

Permit Number: HS000346

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Address 1625 FIR AVE City/State/Zip Crete Ne 68333

☐ Check if contractor designed system Work Phone 402-641-7326

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

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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

4-27-2010 15:45:20 Todd Stutzman doing approval.