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. HS000348

System Type:	STANDARD
Situs:	375 W AGNEW RD
Legal Description:	T12N-R06E-S15-Lot 26
Owner:	LUBISCHER, SCOTT T & BRENDA K 1841 ARTIC DR LINCOLN NE 68521

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	05/03/2010
Expires:	05/03/2011

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

VIRGIL EXCAVATING
4620 W MARY LOUISE LN
LINCOLN NE 68528

LLCHD HS000348

APR 27 2010

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

A

Permit Number
H5000348

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 375 Agnew Rd (no rural route) City Davey / Raymond ?, NE Zip

Legal Description 15 12 6 26 NE
(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: 20

B. Owner

Name Scott Lubischer Signature

Address 1841 Arctic Dr. City/State/Zip Lincoln / Ne / 68521

☐ Check if owner designed system Home Phone 477-5186 Work Phone 304-0757

C. Contractor

Name: Kurt Virgil Company Name Kurt T. Virgil Excavating

Address 4420 W. Mary Louise Ln City/State/Zip Lincoln / Ne / 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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 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
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

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

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

4-28-2010 13:24: 2

Form A Updated: 5-07

APR 27 2010

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

A

Permit Number H5000348

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 375 Agnew Rd (no rural route) City DAVEY / RAYMOND ? , NE Zip

Legal Description 15 12 6 26 NE

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: 20

B. Owner

Name Scott Lubischer Signature

Address 1841 Arctic Dr. City/State/Zip Lincoln / Ne / 68521

☐ Check if owner designed system Home Phone 477-5186 Work Phone 304-0757

C. Contractor

Name: KURT VIRGIL Company Name KURT T. VIRGIL EXCAVATING

Address 4620 W. MARY LOUISE LN City/State/Zip Lincoln / Ne / 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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 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
Date rec'd 4/27/10
Date frwd 4/27/10
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 4-30-10
Date frwd 4-30-10
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 4-30-2010
Date frwd 4-30-2010
ACTION ☐ Approved ☐ Disapproved
Signature Ronald D. Schroeder

Installation Final Written Approval
By
Date 12/7/10

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

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

Form A Updated: 5-07

APR 27 2010

SCANNED

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

A

Permit Number H5000348

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 375 Agnew Rd (no rural route) City DAVEY / RAYMOND ? , NE Zip

Legal Description 15 12 6 26 NE
(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: 20

B. Owner

Name Scott Lubischer Signature

Address 1841 Arctic Dr. City/State/Zip Lincoln / Ne / 68521

☐ Check if owner designed system Home Phone 477-5186 Work Phone 304-0757

C. Contractor

Name: Kurt Virgil Company Name Kurt T. Virgil Excavating

Address 4620 W. Mary Louise Ln City/State/Zip Lincoln / Ne / 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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 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
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

Business Office Use Only
Date Received 4-29-10 Amount Paid 325.00
Received By BA Cash/Check No. 2325

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

Form A Updated: 5-07

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 375 Agnew Rd (no rural route) City _____ NE, Zip _____

Owner Scott Lubischer Addresss 1841 Arctic Dr Lincoln, Ne 68521

Soil Type (SCS): SHARPSBURG Percolation Rate: used 60 mpi min./inch

Date of Tests 4-20-10 to 4-21-10 Weather: Precipitation Trace Temperature 60°

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	33	4-20	230	4-20	630	4-21	800	6	4-21	1200	30	1	30
2	34	"	"	"	"	"	"	"	"	"	"	1 5/8	18.5
3	32	"	"	"	"	"	"	"	"	"	"	> 1/2	60
4	34	"	"	"	"	"	"	"	"	"	"	1/2	60
5	33	"	"	"	"	"	"	"	"	"	"	3/4	40
6	32	"	"	"	"	"	"	"	"	"	"	> 1/2	60

Person Conducting Percolation Tests

Name: Kurt T Virgil

Phone: 402-525-6681

Address 4620 W. Mary Louise Ln Lincoln, Ne 68528

Sum of Percolation Rates: NA

Average of Rates: NA

Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

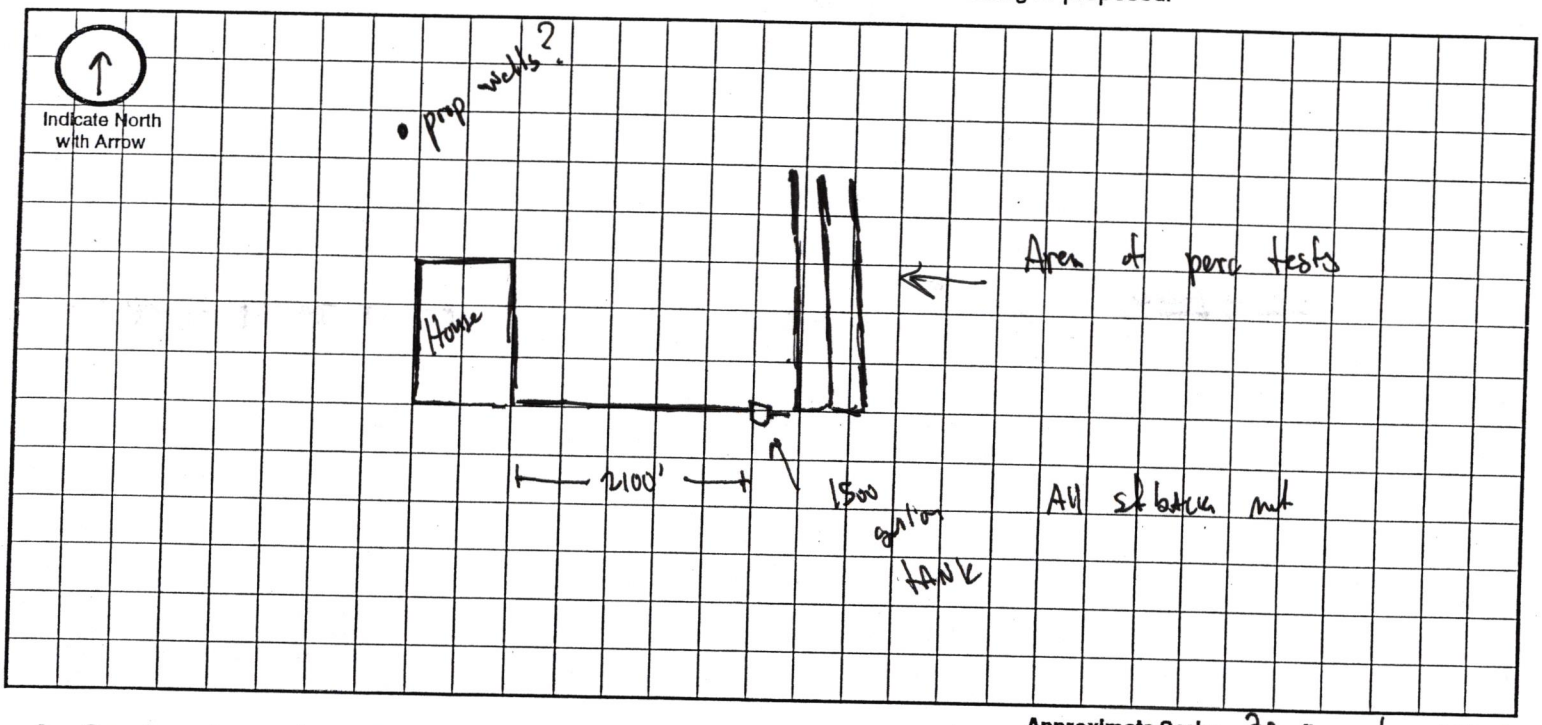
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 375 Agnew Rd 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 60 (min. per inch) Soil Type: Sharps Bneg Land Slope: 4 %

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

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: X Number of Distribution Laterals per Bed 8

Total Length of Laterals 350 ft. Number of Trenches 3 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 _____ Date _____

Installer [signature] Date 4-23-10

FORM 23-102 10-96

DEC 08 2010

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-6-10

S15, T12, R6 Lot 26NE

System Location (Indicate correct number and street)

Address 375 W Agnew Rd (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 98 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 7 100 ft.
   stream 7 50 ft.
   pressure line > 25 ft.
   property line 7 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
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 2 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: ~18 in.
8. Distances to: Well or suction line 7 100 ft.
   Stream 7 50 ft.
   Pressure line 7 25 ft.
   Property line 7 20 ft.

C. Distribution Box

1. Material: NA
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

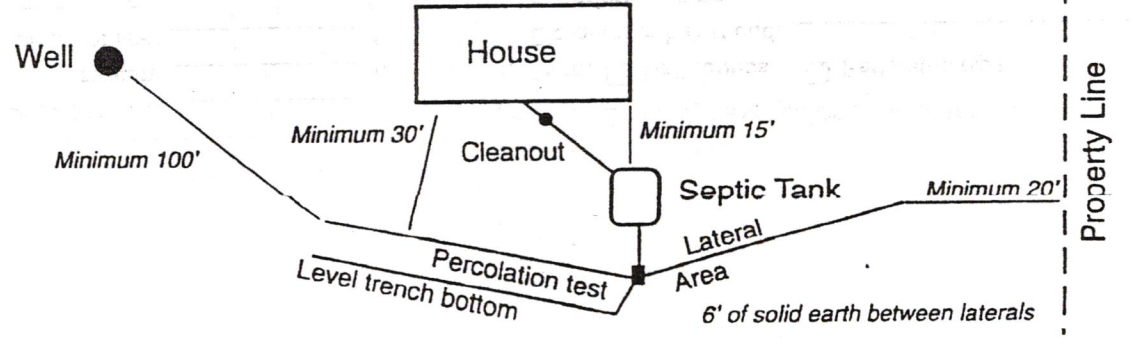
(Provide as-built drawings on back of this form)

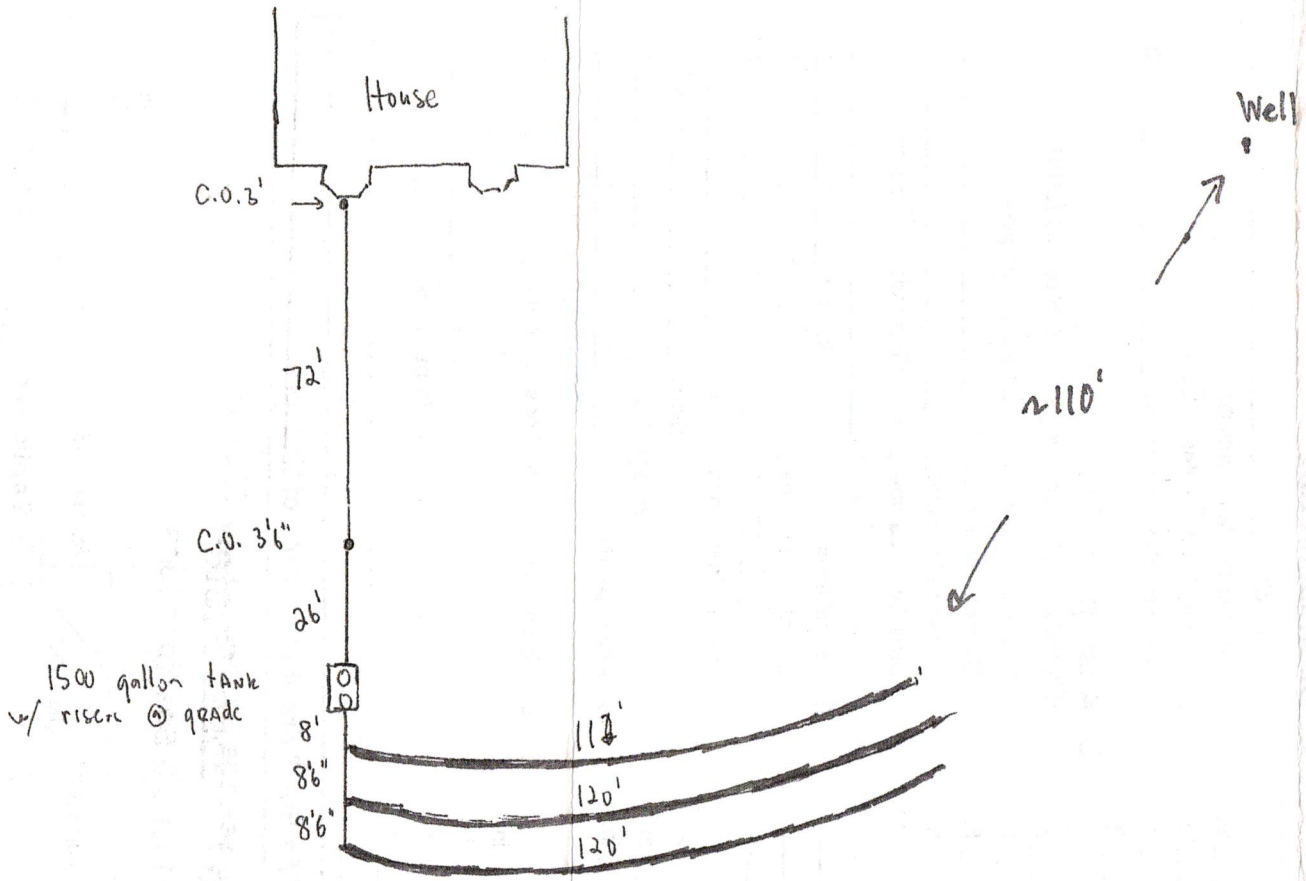
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 112 ft. 120 ft.
   120 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 38 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 25 ft.
   Property line > 20 ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)





total 252' lateral
~ 32" 40" deep
~ 20-28" soil cover

All setbacks met

I = 10'

N

Scott Lubsicher
375 W Agnew Rd
Raymond, Ne 68428

Septic Map
Completed 8-6-10