LLCHD HS000358

3.01

SCANNED A

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

Permit Number
HS000358

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 17321 S 35th Pl. (no rural route) City Roca, NE Zip 68430

Legal Description 19 8 7 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: 3.01

B. Owner

Name Jess Baker Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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

Designer Name Michael Casement Firm Casement Trenching Work Phone 432-7880

E. This system will serve a

1750 Tank

☑ Residential Dwelling Number of Bedrooms 5 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 See attached

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

Installation ~~Final~~ Written Approval
By
Date 5/26/10

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

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

[illegible]
[illegible]
3140 'N' Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

CITY OF LINCOLN
NEBRASKA
[illegible]

JUN 07 2010

NIXIE 681 DE 1 00 06/05/10
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 68510151499 *1095-02171-05-31

DEHS11 68510151499 14

LLCHD HS000358

6-7-2010 13:55:22

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. HS000358

System Type: STANDARD

Situs: 17321 S. 35th Place

Legal Description: T08N-R07E-S19-1-Lot 2

Owner:

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

Issued:	06/02/2010
Expires:	06/02/2011

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

CASEMENT TRENCHING
106 CONCORD AVE
HICKMAN NE 68372

LLCHD HS000358

3.01

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

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1/4 1/4 Section Township Range Subdivison Addition Block Lot

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Name Jess Baker Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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Designer Name Michael Casement Firm Casement Trenching Work Phone 432-7880

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Date frwd
ACTION ☑ Approved ☐ Disapproved
Signature

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

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

5-18-2010 10:40:17

Form A Updated: 5-07

3,01

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

A

Permit Number HS000358

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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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 5-17-10
Date frwd 5-17-10
ACTION ☑ Approved ☐ Disapproved
Signature Kristi Janda

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

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 17321 So. 35 st. Place (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): Silty Clay Percolation Rate: 30 min./inch

Date of Tests 5/13 to 5/14 Weather: Precipitation ½ inch Holes Covered 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	36	5/13	5:30	5/13	4:00	5/14	7:30	31½	5/14	8:00	30	⅞	34
2	39	5/13	5:30	5/13	4:00	5/14	7:30	34¼	5/14	8:00	30	1	30
3	37	5/13	5:30	5/13	4:00	5/14	7:30	33	5/14	8:00	30	1⅛	27
4	39	5/13	5:35	5/13	4:05	5/14	7:35	32⅛	5/14	8:05	30	1¼	24
5	36	5/13	5:35	5/13	4:05	5/14	7:35	30¾	5/14	8:05	30	1¼	24
6	36	5/13	5:35	5/13	4:05	5/14	7:35	31⅛	5/14	8:05	30	1	30

Sum of Percolation Rates: 169
Average of Rates: 28.2
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Claude Oie RE 3939
Phone: 402-486-4444
Address 6645 S. 66th St. Lincoln Ne. 68516

400 Feet LAT For 6 Bedroom House

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

5-18-2010 10:40:24

LLCHD HS000358

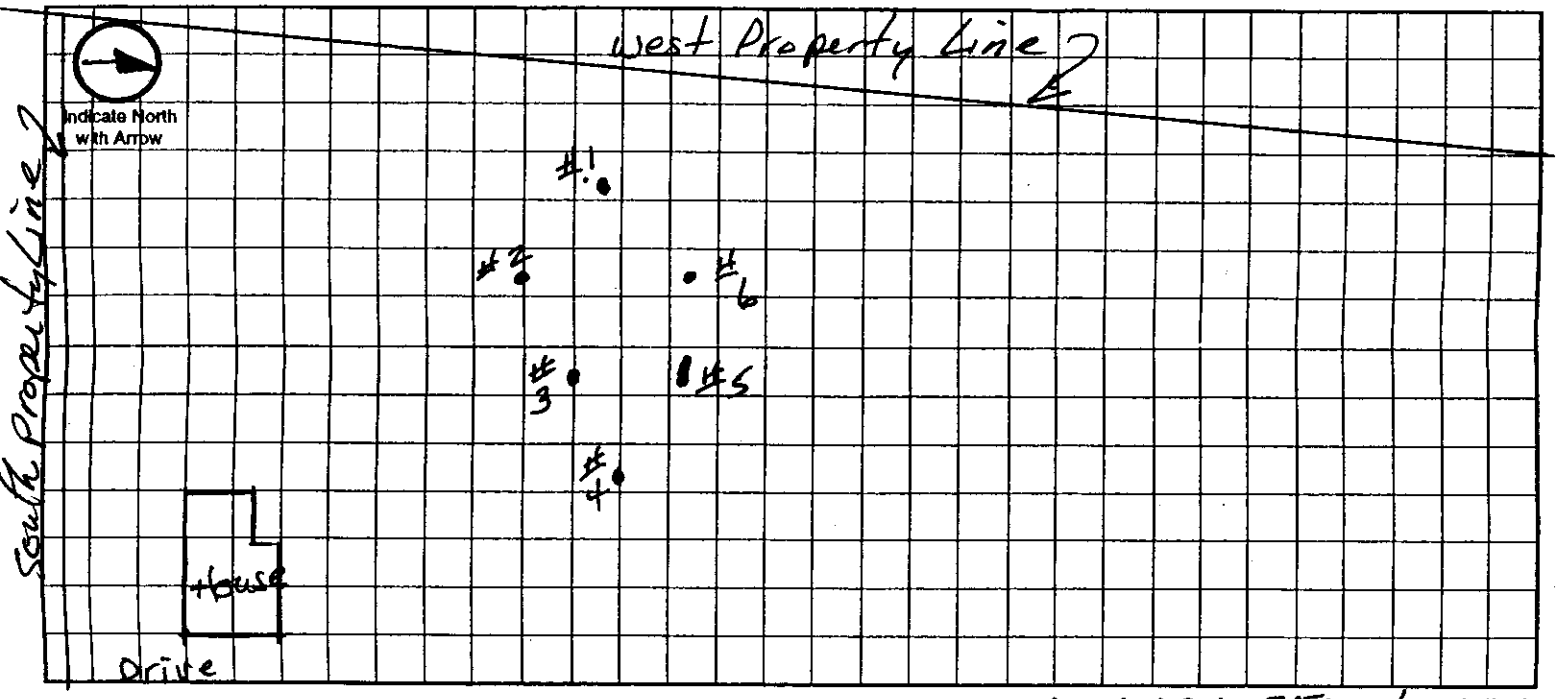
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 17321 So. 25th St. Place 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 _____ (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: _____

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 _____

FORM 23-102 10-96

5-18-2010 10:40:26



5-18-2010 10:40:28

3.01

SCANNED

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

A

Permit Number HS000358

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

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☐ Check if system mail address is not the same as the owner's address Total Acres: 3.01

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Name Jess Baker Signature _____

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

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Name: _____ Company Name _____

Address _____ City/State/Zip _____

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Designer Name Michael Casement Firm Casement Trenching Work Phone 432-7880

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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 5-17-10 Date frwd 5-17-10
ACTION ☑ Approved ☐ Disapproved Signature Kristi Janda

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 5-18-10 Amount Paid 325-
Received By B. Hall Cash/Check No. 1872

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

Form A Updated: 5-07

LLCHD HS000358

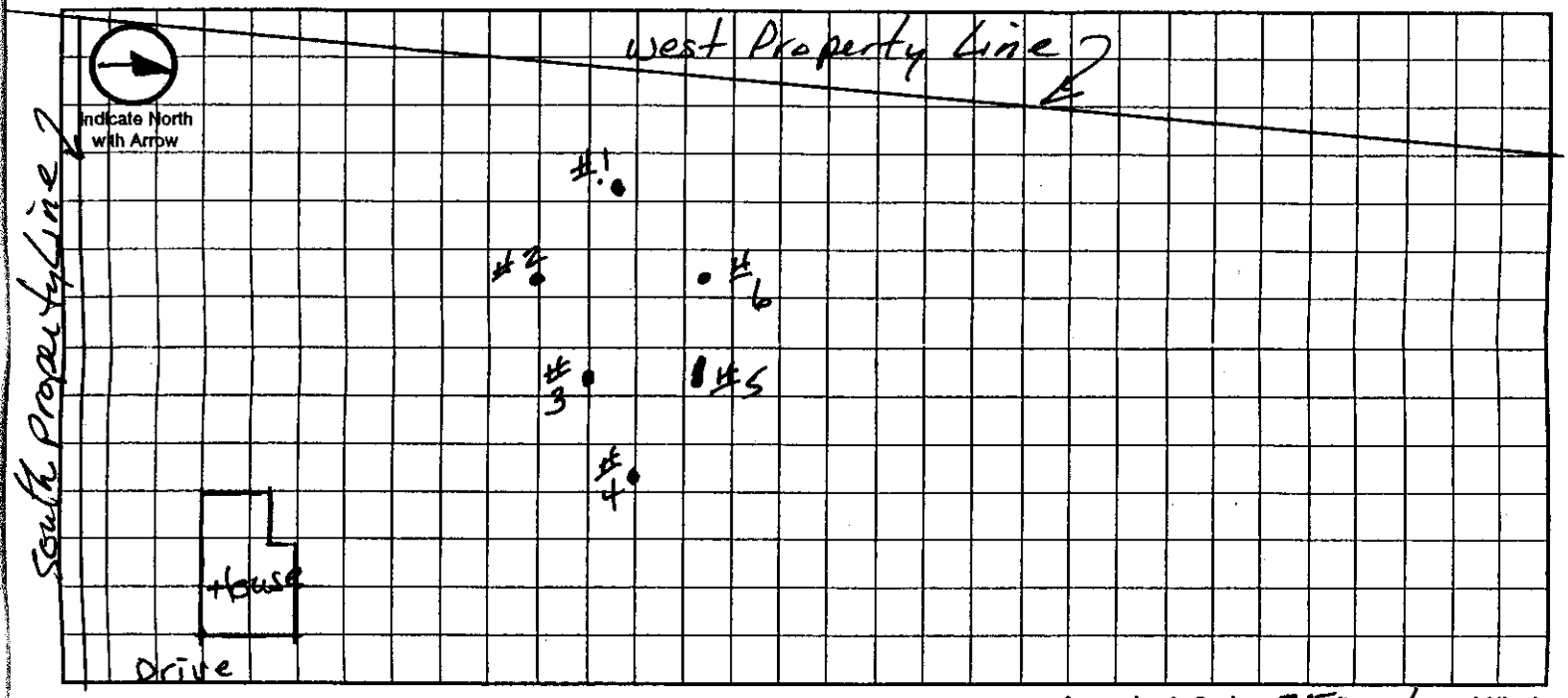
C

Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
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Permit Number:

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E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

FORM 23-102 10-96

5-17-2010 16:21:16



LLCHD HS000358

3,01

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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A

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Onsite Wastewater Treatment System
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Name: Company Name

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5-17-2010 16:20:30

Form A Updated: 5-07