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. HS000368

System Type:	STANDARD
Situs:	9341 AVON LN
Legal Description:	T10N-R07E-S23-5-Lot 1
Owner:	PAXTON, MICHELLE A 9341 AVON LN LINCOLN NE 68505

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	06/18/2010
Expires:	06/18/2011

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
26001 IRONHORSE CT
FIRTH NE 68358

LLCHD HS000368

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

A

Permit Number
HS000368

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 9341 E Avon Ln (no rural route) City Lincoln NE Zip 68505

Legal Description Sunrise Estates Lot 5 1

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 Michelle Paxton Signature Michelle Paxton

Address 9341 E Avon Ln City/State/Zip Lincoln, NE 68505

☐ Check if owner designed system Home Phone 488-0220 Work Phone _____

C. Contractor

Name: Michael Casement Casement Trenching Company Name Casement Trenching

Address 26001 Iron Hawk Ct. City/State/Zip Firth NE 68358

☐ Check if contractor designed system Work Phone 402-432-7950

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

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a One bathroom in outbuilding to serve swimming pool

☐ Residential Dwelling Number of Bedrooms _____ 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 6/8/10 **ACTION** ☑ Approved ☐ Disapproved
Site visits _____ Date frwd 6/8/10 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 _____

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

6-9-2010 10:8:48 White - Health Department Yellow - Applicant Pink - Building & Safety

Existing house - pool house septic

Form A Updated: 5-07

LLCHD HS000368

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

B

Permit Number: HS000368

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9341 Avon Cir. (no rural route) City Lincoln NE, Zip 68505

Owner Michelle Paxton Addresss Same

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

Date of Tests 5/15 to 5/16 Weather: Precipitation Drizzle Temperature 55

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	39	5/15	9:00	5/16	12:00	5/16	3:30	35 1/2	5/16	4:00	30	5/8	48
2	36	5/15	9:00	5/16	12:00	5/16	3:30	30 1/4	5/16	4:00	30	1/2	60
3	37	5/15	9:00	5/16	12:00	5/16	3:30	32 1/8	5/16	4:00	30	1/2	60

Sum of Percolation Rates: 168

Average of Rates: 56

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Claude Oie

Phone: ~~479-453~~ 486-4444

Address 6645 So. 66th St. #2
Lincoln, Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

6-9-2010 10: 8:50

LLCHD HS000368

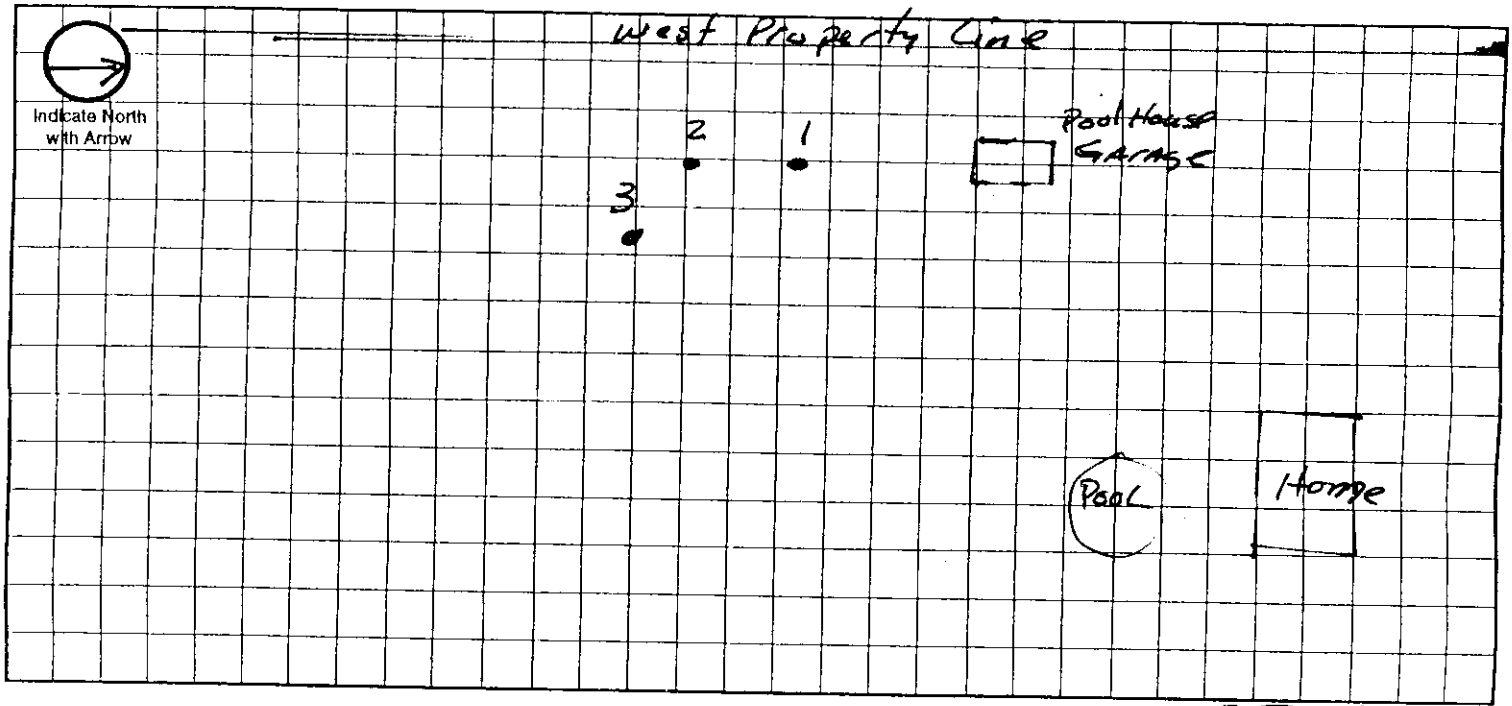
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000368

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) 9341 Avon Ln City Lincoln NE, Zip 68505

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

6-9-2010 10: 8:52

LLCHD HS000368

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Environmental Public Health Division
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Phone: 402-441-8022

D

Permit Number: HS000368

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7-7-10 Legal Description ____ 1/4 ____ 1/4 ____ Section Township Range

Onsite System Location

Address (no rural route) 9341 Avon LN City Lincoln NE, Zip 68505

Owner Michelle Paxton Address 9341 Avon LN

A. Sewer Pipe

1. Material: PVC
   Diameter: 4" 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: Concrete
   Number of compartments: ____
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade 6 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

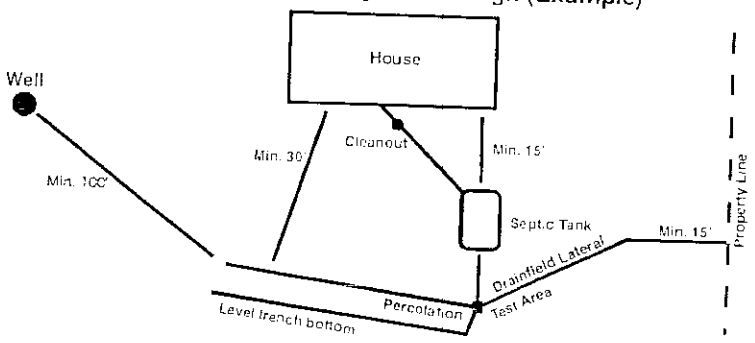
☑ Trench ☐ Bed ☐ Level Bottom

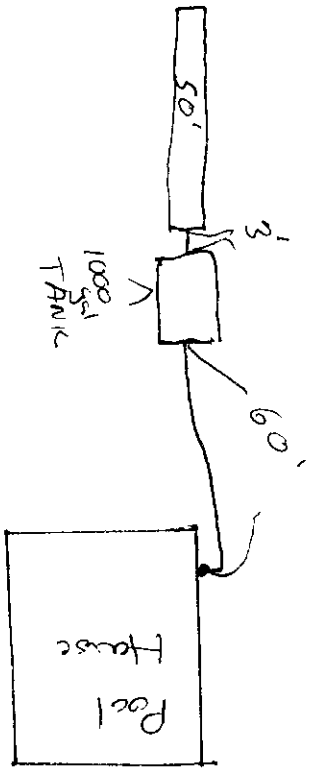
1. Type: ☐ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: ____
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number ____
   Length of each line: 50' ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Drainfield 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.

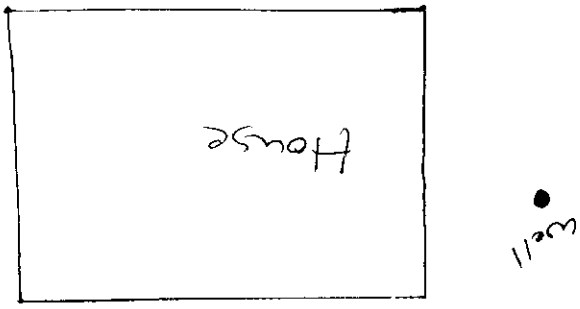
Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)




50'
3'
1000 gal TANK
60'
Pool House


House
well