LLCHD HS000370

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

SCANNED

A

Permit Number
HS000370

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 1320 W. Bannertail Ln City Roca, NE Zip 68430
(no rural route)

Legal Description _____ _____ Whitetail Run 1st Add. 2 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: 3.6

B. Owner

Name Jeremy Bichoff Signature _____

Address 2223 Brennenview Ct. City/State/Zip Lincoln / Ne / 68512

☐ Check if owner designed system Home Phone 525-5419 Work Phone _____

C. Contractor

Name: Kurt T 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 3 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 6-9-10 Amount Paid 325.00
Received By B.H. Cash/Check No. 2101

6-10-2010 15:11:20 White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

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. HS000370

System Type: STANDARD

Situs: 12733 SW GRAY FAWN DR

Legal Description: T08N-R06E-S03-2-Lot 1

Owner: FULL HOUSE LLC

LINCOLN NE
68542

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	06/10/2010
Expires:	06/10/2011

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

KURT VIRGIL
4620 W MARY LOUISE LN
LINCOLN NE 68528

LLCHD HS000370

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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Legal Description Whitetail Run 1st Add. 2 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: 3.6

B. Owner

Name Jeremy Bichoff Signature

Address 2223 Brennenview Ct. City/State/Zip Lincoln / Ne / 68512

☐ Check if owner designed system Home Phone 525-5419 Work Phone

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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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

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

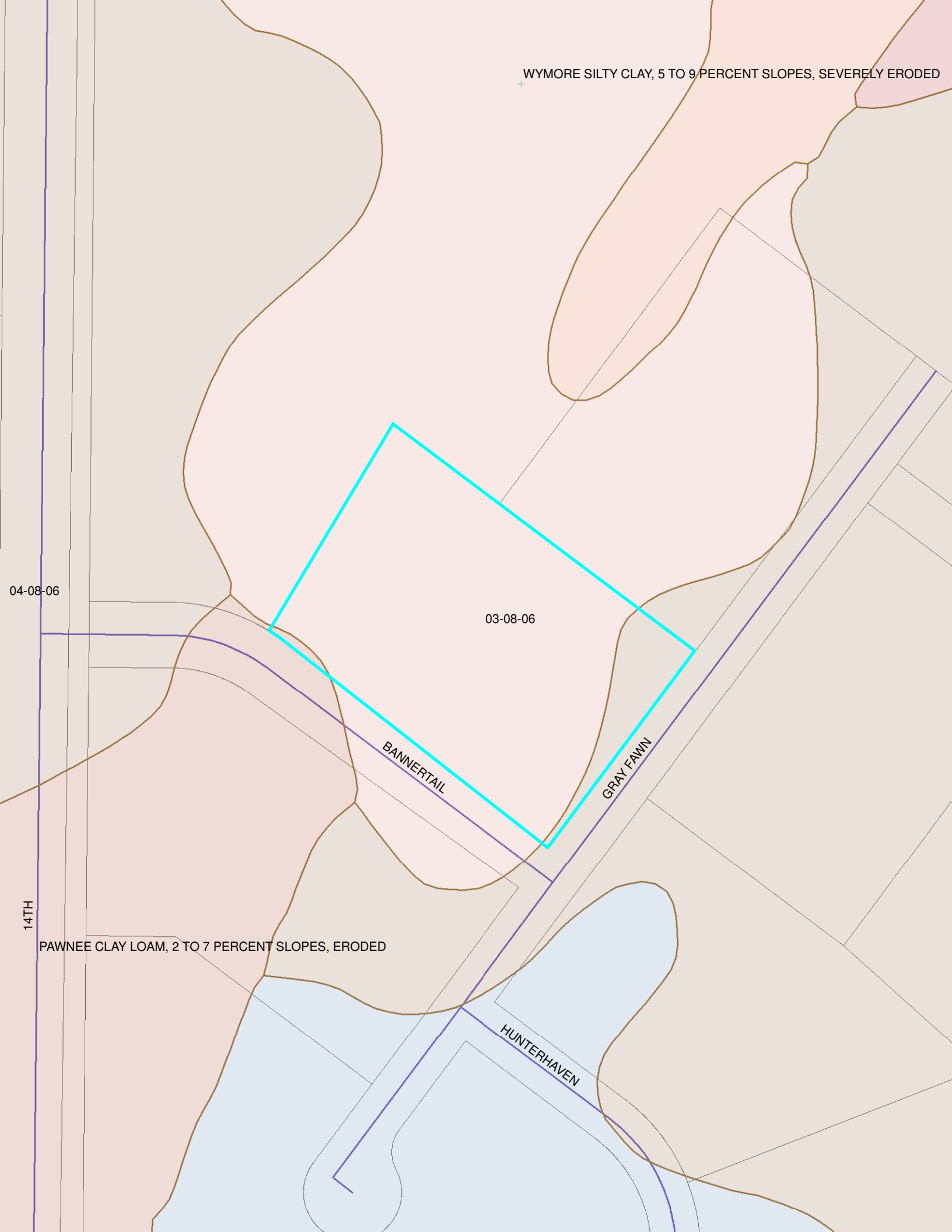
Installation Final Written Approval
By
Date

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

6-9-2010 10: 4:39

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

Form A Updated: 5-07


WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
04-08-06
03-08-06
BANNERTAIL
GRAY FAWN
14TH
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
HUNTERHAVEN

Lincoln-Lancaster County Health Department
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3140 N Street • Lincoln NE 68510-1514
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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 1320 W. Bannertail Ln (no rural route) City Roca, NE Zip 68430

Legal Description 3 8 6 Whitetail Run 1st Add. 2 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: 3.6

B. Owner

Name Jeremy Bichoff Signature

Address 2223 Brennenview Ct. City/State/Zip Lincoln / Ne / 68512

☐ Check if owner designed system Home Phone 525-5419 Work Phone

C. Contractor

Name: Kurt T Virgil Company Name Kurt T Virgil Excavating

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

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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 6/8/10 Date frwd 6/8/10
ACTION ☒ Approved ☐ Disapproved Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 6-10-10 Date frwd 6-10-10
ACTION ☒ Approved ☐ Disapproved Signature

3. City or County Engineer
Comments
Date rec'd 6-10-10 Date frwd 6-10-10
ACTION ☒ Approved ☐ Disapproved Signature Jim Blaugh

Installation Final Written Approval
By
Date 12/15/10

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

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 1320 W. Bannertail Ln (no rural route) City Roca NE, Zip 68430

Owner Jeremy Bishoff Addresss 2223 Brennenview Ct Lincoln, Ne 68512

Soil Type (SCS): Wymore Silty Clay Percolation Rate: 31-40 min./inch

Date of Tests 5-31-10 to 6-1-10 Weather: Precipitation ~~55~~ No Temperature 85°

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	48	5-31	900	5-31	100	6-1	310	6	6-1	710	30	2¼	13
2	48	"	"	"	"	"	"	"	"	"	"	2⅛	14
3	48	"	"	"	"	"	"	"	"	"	"	5½	6
4	48	"	"	"	"	"	"	"	"	"	"	3¾	8
5	48	"	"	"	"	"	"	"	"	"	"	3¼	9
6	48	"	"	"	"	"	"	"	"	"	"	¾	40

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: Used 31-40 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

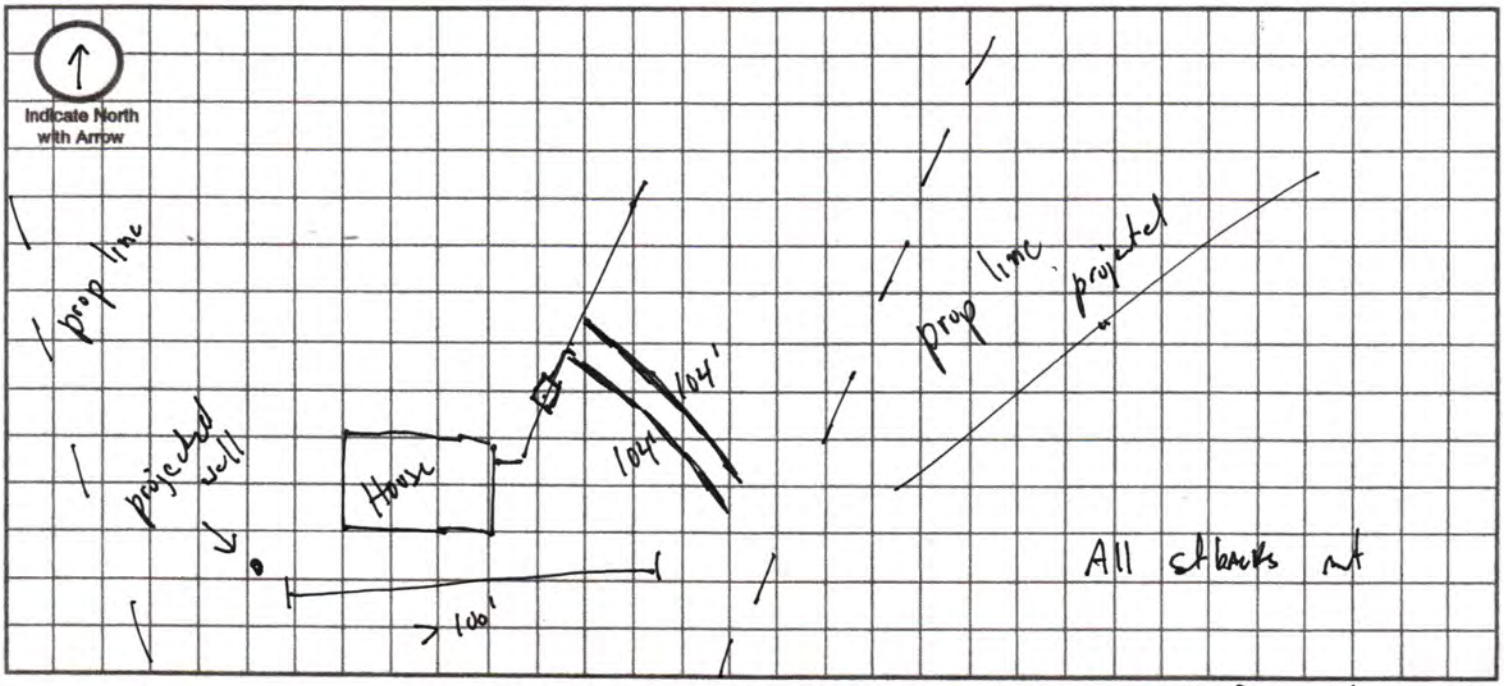
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 1320 W. Bannebtail Ln City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 31-40 (min. per inch) Soil Type: Wymore Silty Clay Land Slope: 5 %

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

Total Square Feet of Field Required: 825 sq. ft.

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

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

Total Length of Laterals 208 ft. Number of Trenches 2 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 KT + MJ Date 8-2-2010