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. HS000378

System Type: LAGOON

Situs: 12811 SW GRAY FAWN CT

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

Owner: FULL HOUSE LLC

LINCOLN NE
68542

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	07/20/2010
Expires:	07/20/2011

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

Jul-06 10 11:32a Raymond Contracting Inc 402-783-2341 p.2

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000378

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 12801 SW Gray Fawn Ct (no rural route) City Roca, NE Zip 68430

Legal Description SW 3 8 6 Whitetail Run 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (If known): Lat/Long: PID 08-03-302-002-000

B. Owner

Name James & Melissa Glinsmann Signature Melissa L. Glinsmann

Address 8605 Delphinium Ln City/State/Zip Lincoln, NE 68505

Home Phone 450-8020 Work Phone 420-0004

C. Certified Installer

Name: Lloyd Jakoubek / Raymond Contracting Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-796-6009

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number

Designer Name Firm Work Phone

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

☐ 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 7/16/10
Date frwd 7/16/10
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 7/14/10
Date frwd 7/16/10
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 7-16-10
Date frwd 7-16-10
ACTION ☑ Approved ☐ Disapproved
Signature Jim Ploger

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 7-19-10 Amount Paid 325.-
Received By KK Cash/Check No. 7396

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

Form A Updated: 5/10

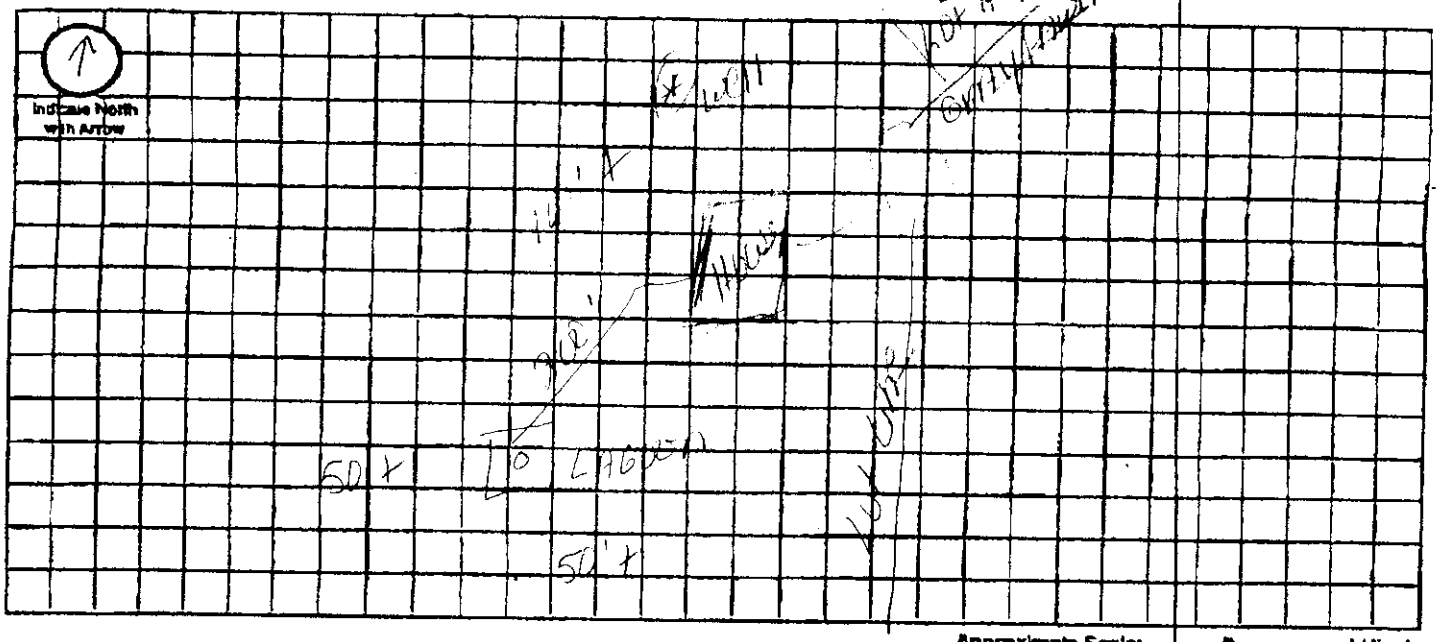
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000378

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: _____ ft. = _____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 12801 S 120 Braggs Town Ct City Bella 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

Type of Laterals: ☐ 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

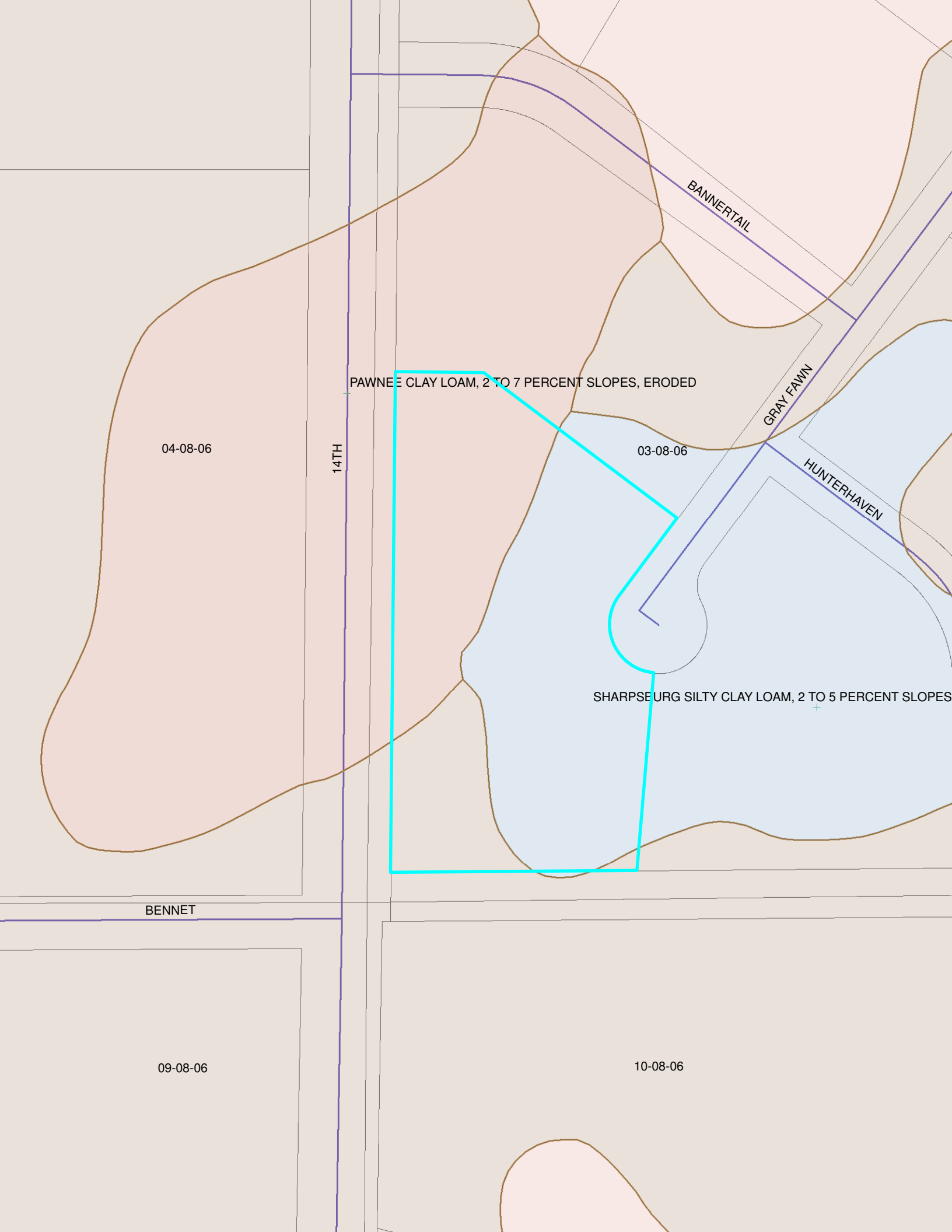
Distance From	Private Well	Public Well	Surface Water	Ground Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☐	N/A ☐	30 ☒	30 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor Gerlach Carpentry INC Date 7/6/10

Installer _____ Date _____

FORM 23-102 10-96


BANNERTAIL
GRAY FAWN
HUNTERHAVEN
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
04-08-06
03-08-06
09-08-06
10-08-06
14TH
BENNET

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number A5000378

Onsite Wastewater Treatment System
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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 12801 SW Gray Fallon Ct (no rural route) City ROCA NE Zip 68430

Legal Description SW 3 8 6e Whitetail Run 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 08-03-302-002-000

B. Owner

Name James & Melissa Glinsmann Signature Melissa L. Glinsmann

Address 8605 Delphinium Ln City/State/Zip Lincoln, NE 68505

Home Phone 450-8020 Work Phone 420-0004

C. Certified Installer

Name: Lloyd Jakoubek / Raymond Contracting Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-796-6009

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number

Designer Name Firm Work Phone

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Date rec'd 7/16/10
Date frwd 7/16/10
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 7/14/10
Date frwd 7/16/10
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 7-16-10
Date frwd 7-16-10
ACTION ☑ Approved ☐ Disapproved
Signature Jim Ploger

Installation Final Written Approval
By Doug Smith
Date 10/1/10

Business Office Use Only
Date Received 7-19-10 Amount Paid 325-
Received By BH Cash/Check No. 7300

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 5/10

Jul 09 2010 9:30AM GERLACH CARPENTRY INC 4864398 p.1

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

B

Permit Number: HS000378

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12801 SW Bray Hanson Ct (no rural route) City Rica NE, Zip 68430

Owner James & Melissa Glinsmann Addresss 8605 Delphinium Cir Lincoln, NE 68505

Soil Type (SCS): Wymore Percolation Rate: 54 min./inch

Date of Tests 8/4/10 to 8/5/10 Weather: Precipitation 0 Temperature 89°

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	44	8/5	10:00a	8/5	2:00p	8/6	2:30p	6	8/6	3:00p	20	17/16	21
2	39	"	"	"	"	"	"	"	"	"	"	5	6
3	42	"	"	"	"	"	"	"	"	"	"	13/16	25
4	42	"	"	"	"	"	"	"	"	"	"	3 3/8	9
5	44	"	"	"	"	"	"	"	"	"	"	9/16	54
6	42	"	"	"	"	"	"	"	"	"	"	3 1/2	9

Person Conducting Percolation Tests

Name: Terri L. Jahnkebek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 124

Average of Rates: 21

Rate Used for Calculation: 54 (20mpi variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

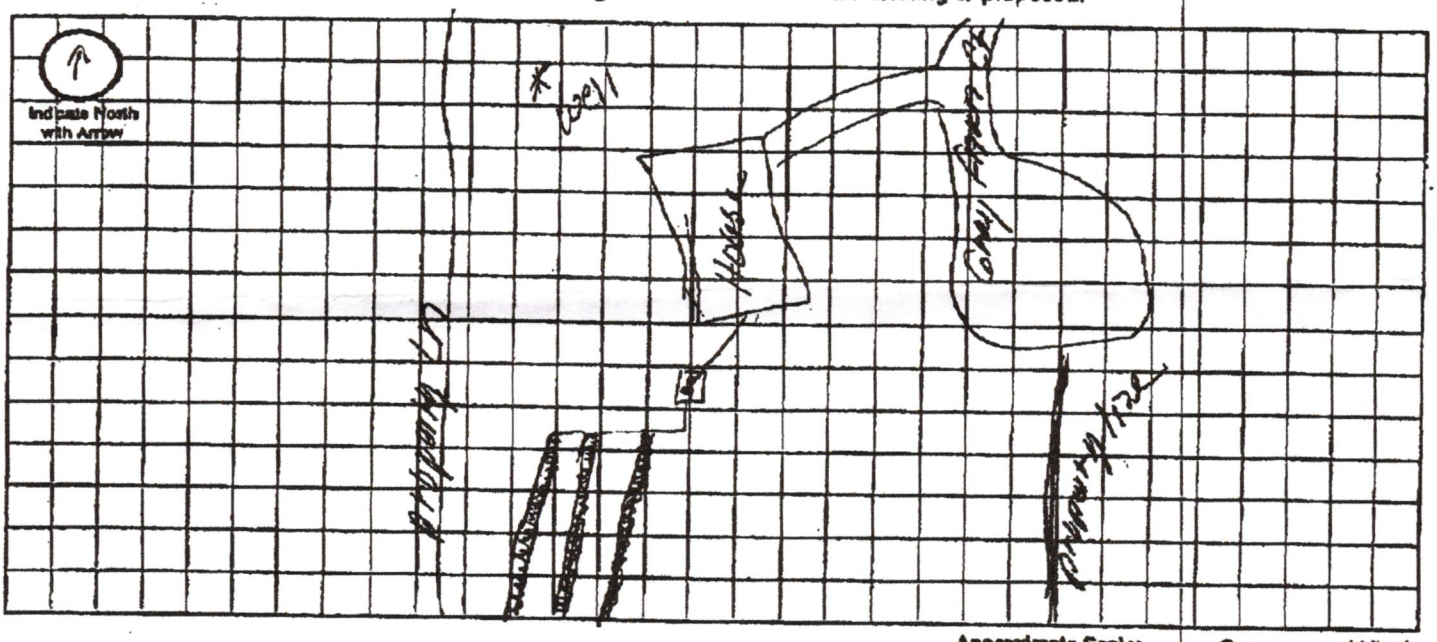
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000378

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: ____ ft. = ____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 12801 Sky Army Down Ct 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 54 (min. per inch) Soil Type: Wymore Land Slope: ____ %

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

Total Square Feet of Field Required: 1,750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Graveless chambers

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: ____ Number of Distribution Laterals per Bed ____

Total Length of Laterals 440 ft. Number of Trenches 3 Trench Width 4'

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 ☐	NA ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor ____ Date 8-18-10

Installer Kevin D. Gerlach Date 8/17/10

FORM 23-102 10-96