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. HS000390

System Type:	LAGOON
Situs:	9001 Lightner Cir
Legal Description:	T07N-R07E-S02-2-Lot 4
Owner:	

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

Issued:	08/13/2010
Expires:	08/13/2011

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

WILDERNESS CONSTRUCTION
PO BOX 22912
LINCOLN NE 68542

LLCHD HS000390

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

SCANNED

A

Permit Number
HS000390

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 9001 Lightner Circle (no rural route) City _____, NE Zip _____

Legal Description _____ Holland Acres 2 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Parcel 20 14-02-302-004-000

Geographical Location (if known): Longitude: _____ Latitude: _____

❑ Check if system mail address is not the same as the owner's address Total Acres: 4

B. Owner

Name Colby & Sunny Harpen Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name: Wilderness Construction Company Name _____

Address P.O. Box 22912 City/State/Zip Lincoln Ne

❑ Check if contractor designed system Work Phone 402-875-1164

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

☒ 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 8/9/10
Date frwd 8/9/10
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 8-11-10 Amount Paid 165 cc
Received By _____ Cash/Check No. 2542

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

Form A Updated: 5-07

8-11-2010 10:55:31


LIGHTNER
02-07-07
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
PANAMA
11-07-07
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED

LLCHD HS000390

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

A

Permit Number
HS000390

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

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Address 9001 Lightner Circle (no rural route) City _____, NE Zip _____

Legal Description _____ Holland Acres 2 4

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

Parcel I.D. 14-02-302-004-000

Geographical Location (if known): Longitude: _____ Latitude: _____

❑ Check if system mail address is not the same as the owner's address Total Acres: 4

B. Owner

Name Colby & Sunny Harper Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name: Wilderness Construction Company Name _____

Address P.O. Box 22912 City/State/Zip Lincoln Ne.

❑ Check if contractor designed system Work Phone 402-875-1164

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

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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

Form A Updated: 5-07

8-9-2010 14:57:13

B

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

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 4210 ~~Main St~~ 9001 Lightner (no rural route) City Raca NE, Zip NE 68430

Owner Colby Harper Address 4210 Main St

Soil Type (SCS): _____ Percolation Rate: 16.9 min./inch

Date of Tests 10/7/10 to 10/8/10 Weather: Precipitation Dry Temperature 80°

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	10/7	7:00	10/7	2 00	10/8	11 30	14.5	10/8	12 00	30	2	15
2	36	10/7	7:00	10/7	2:00	10/8	11:30	18.5	10/8	12:00	30	1.5	20
3	36	10/7	8:00	10/7	2:00	10/8	11:30	18.5	10/8	12:00	30	2	15
4	36	10/7	8:00	10/7	2:00	10/8	11:30	20	10/8	12:00	30	1.7	17.65
5	36	10/7	8:00	10/7	2:00	10/8	11:30	19.3	10/8	12:00	30	1.75	17.142
6	36	10/7	8:00	10/7	2:00	10/8	11:30	21	10/8	12:00	30	1.8	16.66

Sum of Percolation Rates: 101.452
Average of Rates: 16.9
Rate Used for Calculation: 16.9

Person Conducting Percolation Tests

Name: Randall Jones
Phone: 402-217-9293
Address: 4908 NW Fairway Dr Lincoln NE 68521

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

NOV-02-2010 15:06 LLCHD

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1614
Phone: 402-441-8022

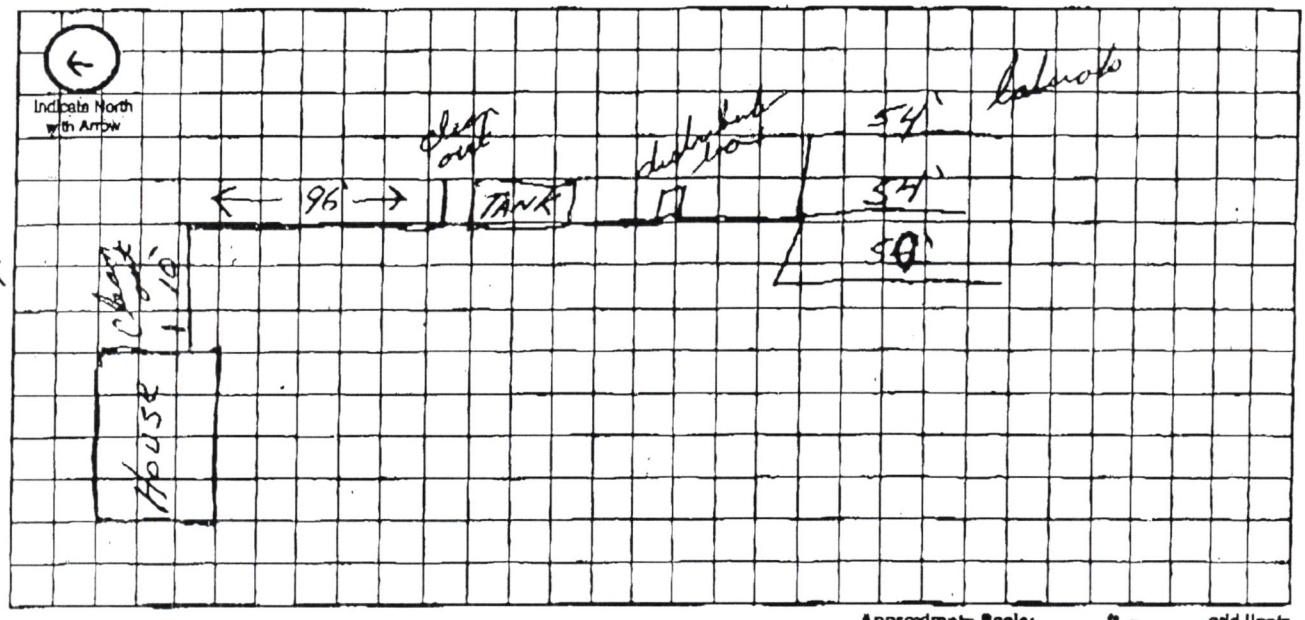
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



A. Onsite System Location

Address (no rural route) ~~4210 Main ST~~ 9001 Lightner Circle City Bennet NE, Zip NE 68430

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other ____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 16.9 (min/inch = mpi) No. of Bedrooms 3 Soil Type ____ Land Slope ____ %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield ~~1008~~ 632 sq.ft.

Total length of laterals 158 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 36" No. of drop boxes 0 Distrubtion Box 1

No. of absorption beds ____ Width ____ No of Distribution lines per bed ____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor ____ Date 11/3/10

Installer Randall J Gruber 11/3/10 Date

TOTAL P.03

Inspection Notes - Clancy Lempesis - Inspection conducted on Nov 2, 2010

1500 gal plastic tank

158 feet of lateral

System on public water supply

- Setbacks from water line to tank & laterals are adequate

Risers were not installed at the time of inspection. Contractor thought they would be delivered that day.

