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. HS000402

System Type: LAGOON

Situs: 12100 W. Roca Rd.

Legal Description: T08N-R05E-S17-Lot 34

Owner:

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

Issued: 09/07/2010
Expires: 09/07/2011

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

PRIBYL PLUMBING
385 STATE HIGHWAY 103
CRETE NE 68333

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

A

Permit Number HS000402

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 12100 W Raa Road (no rural route) City Crete, NE Zip 68333

Legal Description SW 1/4 1/4 Section 7 Township 8 Range 5 6th principal Meridian Subdivision Lot 34 Addition SE 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 Corey and Julie Crist Signature

Address 12100 W Raa Rd City/State/Zip Crete Ne, 68333

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: ~~Corey and Julie Crist~~ Brian Probyl Company Name Probyl Plbg & Heating Inc

Address 386 N Highway 103 City/State/Zip Crete Ne 68333

☑ Check if contractor designed system Work Phone 402-826-0192

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No

☑ Commercial Establishment/Other Facility Specify chiropractic clinic Design flow in gallons per day 400

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. 06-30

1. Health Department Date rec'd Date fwd ACTION ☑ Approved ☐ Disapproved
Site visits Signature

2. Supt. Bldg. Insp. or Village Clerk Date rec'd Date fwd ACTION ☐ Approved ☐ Disapproved
Comments Signature

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

* Provisional approval for Lagoon pending testing with Buckland Soil

9-8-2010 8:45:48 CC# 1382 235.00 9-7-10 BM

9/7/10

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

A

Permit Number HS000402

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 12100 W Rock Road (no rural route) City Crete, NE Zip 68333

Legal Description SW 17 T8 R5 6th principal Meridian Lot 3 4 SE

1/4 | 1/4 | Section | Township | Range | Subdivision | 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 Carey and Julie Crist Signature [signature]

Address 12100 W Rock Rd City/State/Zip Crete NE, 68333

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

C. Contractor

Name: ~~Carey and Julie Crist~~ Brian Probyl Company Name Probyl Plbg & Heating Inc

Address 386 W Highway 103 City/State/Zip Crete NE 68333

☑ Check if contractor designed system Work Phone 402-826-0192

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

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

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☑ Commercial Establishment/Other Facility Specify chiropractic clinic Design flow in gallons per day 400

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. 08-30

1. Health Department Date rec'd _____ ACTION ☑ Approved ☐ Disapproved
Site visits _____ Date fwd _____ Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Comments _____ Date fwd _____ Signature _____

3. City or County Engineer Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Comments _____ Date fwd _____ 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

* Provisional approval for Lagoon - witnessing perc tests with Buckland Sr. 9/7/10

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

B

Permit Number: HS000402

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12100 W Roca Rd (no rural route) City Crete NE, Zip 68333

Owner Carry and Julie Crist Address 12100 W Roca Rd

Soil Type (SCS): Burchard Clay loam Percolation Rate: 31.40 min/inch

Date of Tests 8-11-10 to 8-12-10 Weather: Precipitation none Temperature 100°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L	M.	N.
		Pre-Saturation Period				Percolation Readings					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"	8-11	8:15	8-12	8:05	8-12	8:05	12"	8-12	60m	60	1.5	40
2	33	8-11	8:30	8-12	8:10	8-12	8:10	13"	8-12	60m	60	2.75	22
3	33	8-11	8:40	8-12	8:15	8-12	8:15	12½"	8-12	60m	60	2.5	24
4	34	8-11	8:45	8-12	8:20	8-12	8:20	13"	8-12	60m	60	1.5	40
5	36	8-11	8:50	8-12	8:25	8-12	8:25	12"	8-12	60m	60	2	30
6	36	8-11	8:55	8-12	8:30	8-12	8:30	12"	8-12	60m	60	2	30

Sum of Percolation Rates: 186
Average of Rates: 31
Rate Used for Calculation: 31.40 min/inch

Person Conducting Percolation Tests

Name: Brian Priby1
Phone: 826 0192
Address 135 East 23rd
Crete NE 68333

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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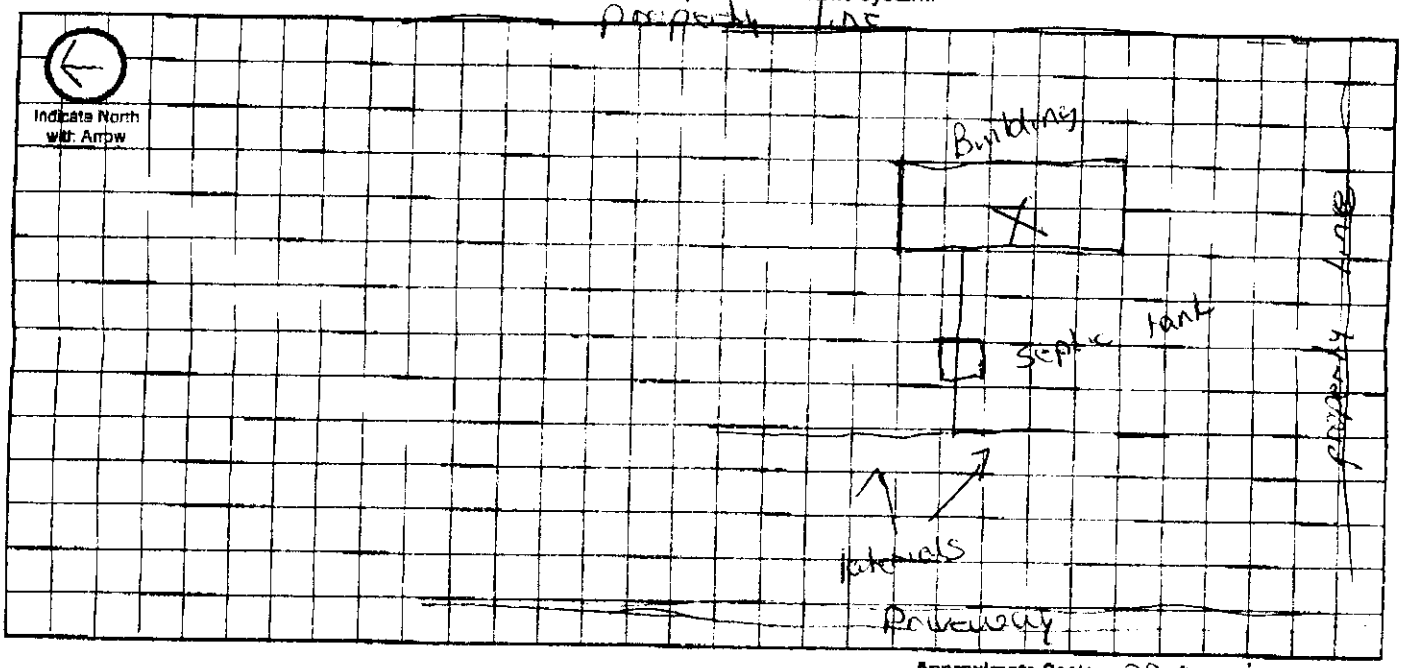
C

Permit Number: HS000402

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.



Approximate Scale: 20 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 12100 West Roca Rd City Crete NE, Zip 68333

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 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 40 (min/inch = mpi) No. of Bedrooms 0 Soil Type Burchard Clay loam Land Slope 15 %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 825 sq.ft

Total length of laterals 200' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 2 Width 3' No. of drop boxes 0 Distribution Box yes

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 ____

Installer Brian Rusch Date 8-15-10

Costa Form C 12-06