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. HS000406

System Type:	STANDARD
Situs:	5602 GRACE LN
Legal Description:	T10N-R08E-S02-1-Lot 1
Owner:	FRANZEN, ROBERT W & KIMBERLY K 5621 GRACE LN LINCOLN NE 68527

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	09/20/2010
Expires:	09/20/2011

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

FRANZEN PLUMBING
5621 GRACE LN
LINCOLN NE 68527

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

Permit No. 1/30/08 406

Sewage Disposal System

Request for Site Clearance and Permit

Submit Form C and Applicable Form with Site Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

SCANNED

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (indicate correct number and street)

Address 5602 Grace LN (no rural route) City Lincoln NE Zip 68527

Legal Description 1/4 2 1/4 Section 10N Township 8E Range Prairie Vista Subdivision Addition 1 Block 1 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Rob Franzen Signature _____

Address 5600 Grace City/State/Zip Lincoln 68527

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

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 105 Locust P.O. Box 191 City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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

Designer Name Daryl Franzen Firm Franzen Plmg Work Phone 308-530-9675

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES 0 NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. Health Department — Date rec'd 1/30/08 Date fwd 1/30/08 — ACTION ☐ Approved ☐ Disapproved — Signature _____
2. Supt. Bldg. Insp. or Village Clerk — Date rec'd _____ Date fwd _____ — ACTION ☐ Approved ☐ Disapproved — Signature _____
3. City or County Engineer — Date rec'd _____ Date fwd _____ — ACTION ☐ Approved ☐ Disapproved — Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3001

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

LLCHD HS000406

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

B

Permit Number: HS 000406

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address _____ City _____ NE, Zip _____
(no rural route)

Owner Kol Address _____

Date of Tests 9/8 to 9/9/10 Weather: Precipitation T Temperature 80

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L.	M. Results	N.	
		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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)	
	24	9/8		9/9		9/9	10:00	6	9/9	11:00	60	1⅞	~~54~~	X
							AM	6		AM		3	20	
								6				3⅜	18	
								6				1½	40	
								6				1½	40	
								6				2	30	
7								6				1¼	48	
8								6				1⅞	~~54~~	X

Person Conducting Percolation Test

Name: Jay Southwick #148 NDEQ #1178
Phone: 430-7606
Address 105 Locust P.O. Box 191
Hickman, Ne 68372
Soil type (NRCS Maps/Other) Shi ; A
Groundwater Depth _____

Sum of Percolation Rates: 196
Average of Rates: 33
Rate Used for Calculation (>20 min) 50

X not included in rate - They are at the Septic area

DO NOT WRITE BELOW THIS LINE

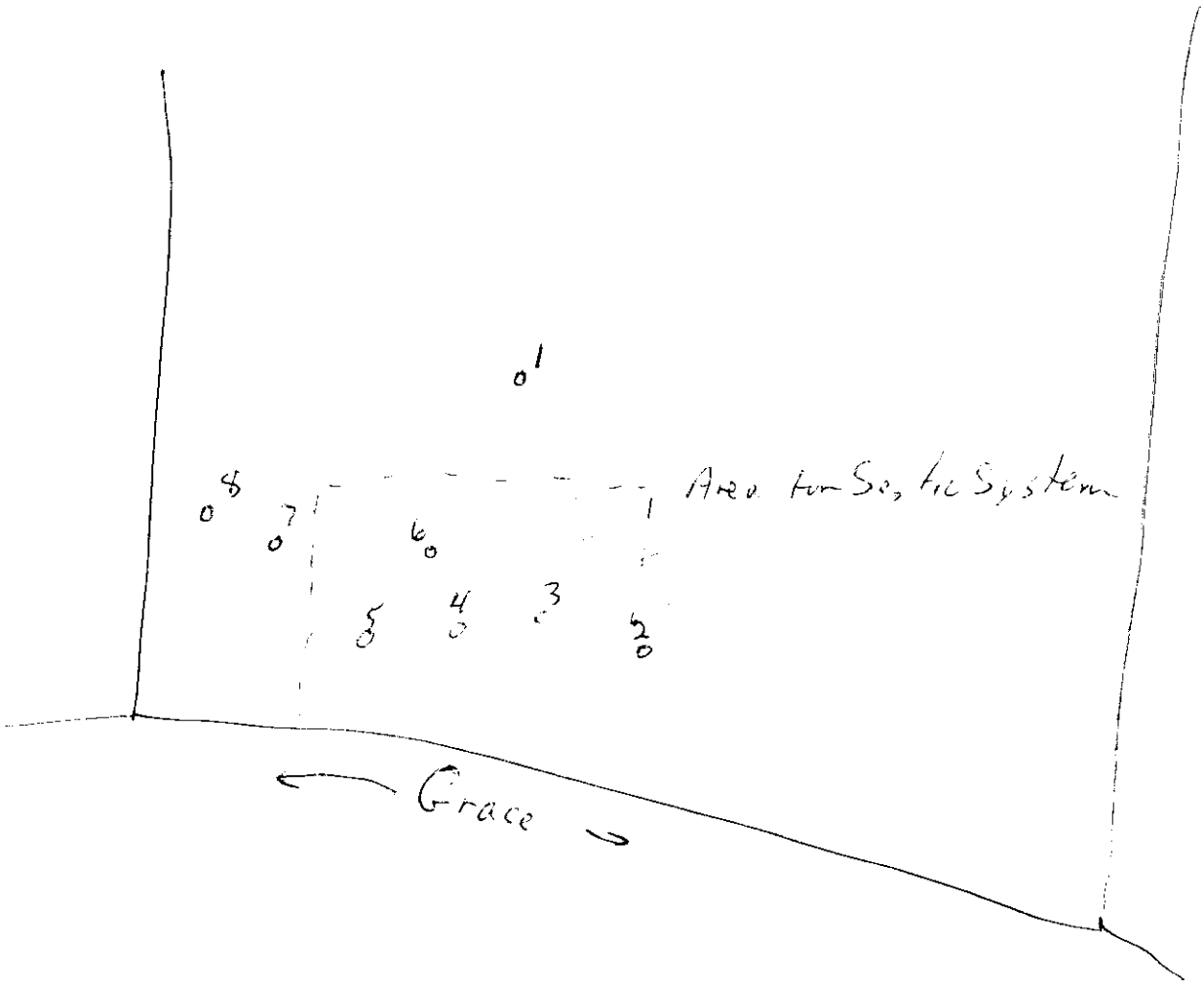
Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

Onsite Form B 12_06

9-21-2010 9: 9:11


1
2
3
4
5
6
7
8
Area for Septic System
Grace


02-10-08
01-10-08
176TH
GRACE

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

Permit No. 430 98 406

Sewage Disposal System

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

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

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Business Office Use Only 3001

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____