LLCHD HS000414

SEP 29 2010

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

SCANNED

A

Permit Number HS000414

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 1600 SW 44th St (no rural route) City Lincoln, NE Zip 68522

Legal Description NE 31 10 4 Highlands Acres 1 5
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Lat/Long: _____ PID 10-31-202-005-000

B. Owner

Name Brian Hultine Signature Brian Hultine

Address 1600 SW 44th St City/State/Zip Lincoln, NE 68522

Home Phone 402-261-4423 Work Phone _____

C. Certified Installer

Name: Lloyd Jirkovsky, Raymond Conservancy Inc Signature Nan T. Jahnecke for Lloyd

Address 13700 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 3 Is there a Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.73

☐ 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 10/4/10
Date frwd 10/4/10
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 10-4-10 Amount Paid 350.00
Received By _____ Cash/Check No. 1455

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

Form A Updated: 5/10

10-5-2010 14:28: 7

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. HS000414

System Type: LAGOON

Situs: 1600 SW 44 ST

Legal Description: T-R-1-Lot 5

Owner: HULTINE, MARIE
1600 SW 44 ST
LINCOLN NE
68522

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	10/04/2010
Expires:	10/04/2011

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

LLCHD HS000414

SEP 29 2010

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Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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Name Brian Hultine Signature Brian Hultine

Address 1600 SW 44th St City/State/Zip Lincoln, NE 68522

Home Phone 402-261-4423 Work Phone _____

C. Certified Installer

Name: Lloyd Jirkovsky, Raymond Contracting Inc Signature Norm F. Jirkovsky for Lloyd

Address 13760 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-6009

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☐ **Check and complete if engineer designed system** P.E. License Number: _____

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1. Health Department Site visits _____
Date rec'd 10/4/10 Date frwd 10/4/10 **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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5/10

10-4-2010 14:51:19

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 11600 SW 44th St (no rural route) City Lincoln NE, Zip 68522

Owner Brian Hultine Addresss Same

Soil Type (SCS): Sharpsburg Percolation Rate: Failed min./inch

Date of Tests 9/8/10 to 9/9/10 Weather: Precipitation D Temperature 70°

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	40	9/8	9:00a	9/8	1:00p	9/9	8:30a	6	9/9	9:00a	30	1/16	500
2	18	"	"	"	"	"	"	"	"	"	"	0	—
3	15	"	"	"	"	"	"	"	"	"	"	3/16	158
4	24	"	"	"	"	"	"	"	"	"	"	3/16	158
5	30	"	"	"	"	"	"	"	"	"	"	1/8	231
6	24	"	"	"	"	"	"	"	"	"	"	1/16	500

Sum of Percolation Rates:

Average of Rates: Failed

Rate Used for Calculation:

Person Conducting Percolation Tests

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

Phone: 402-783-2603 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

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

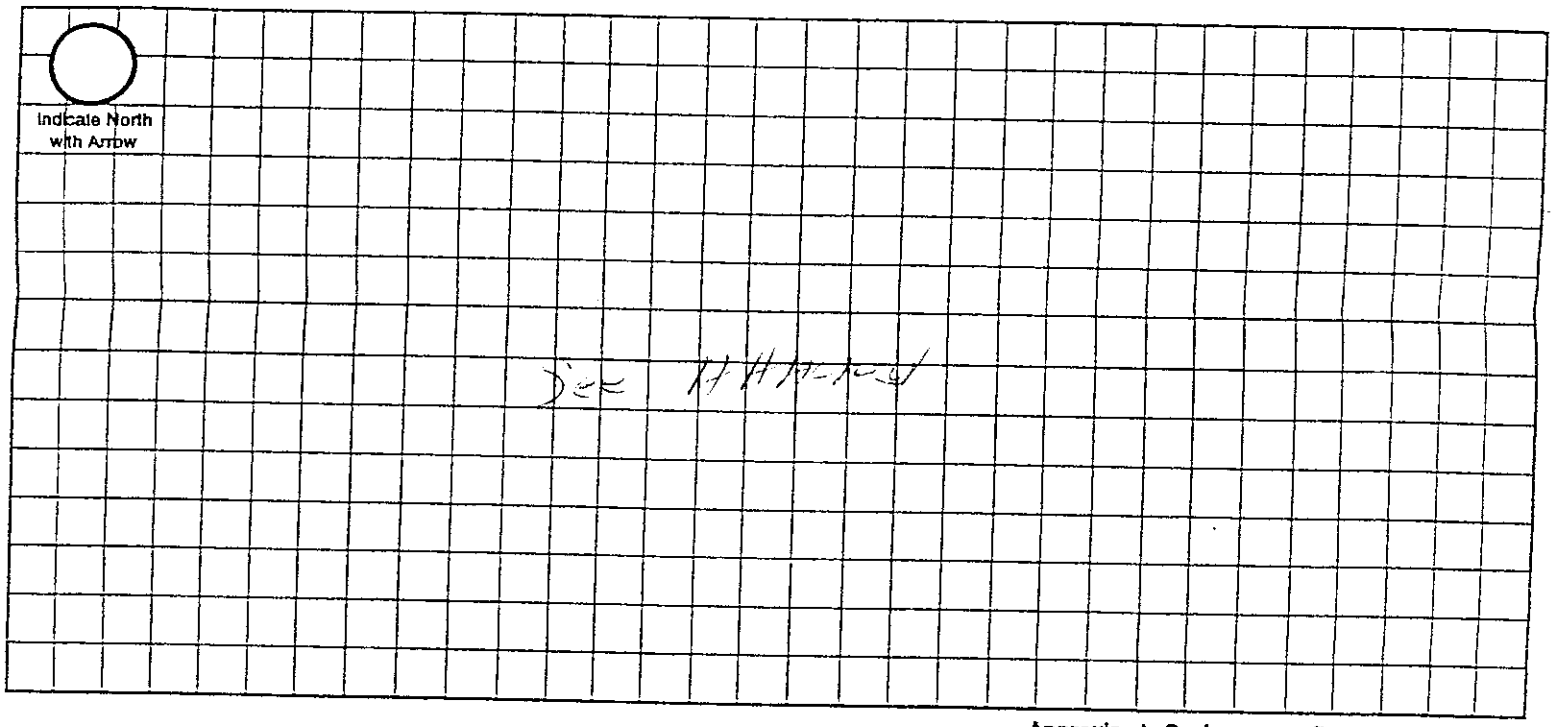
C

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1644 SW 44th St City Lincoln NE, Zip 68522

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 Lateral: ☐ 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	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

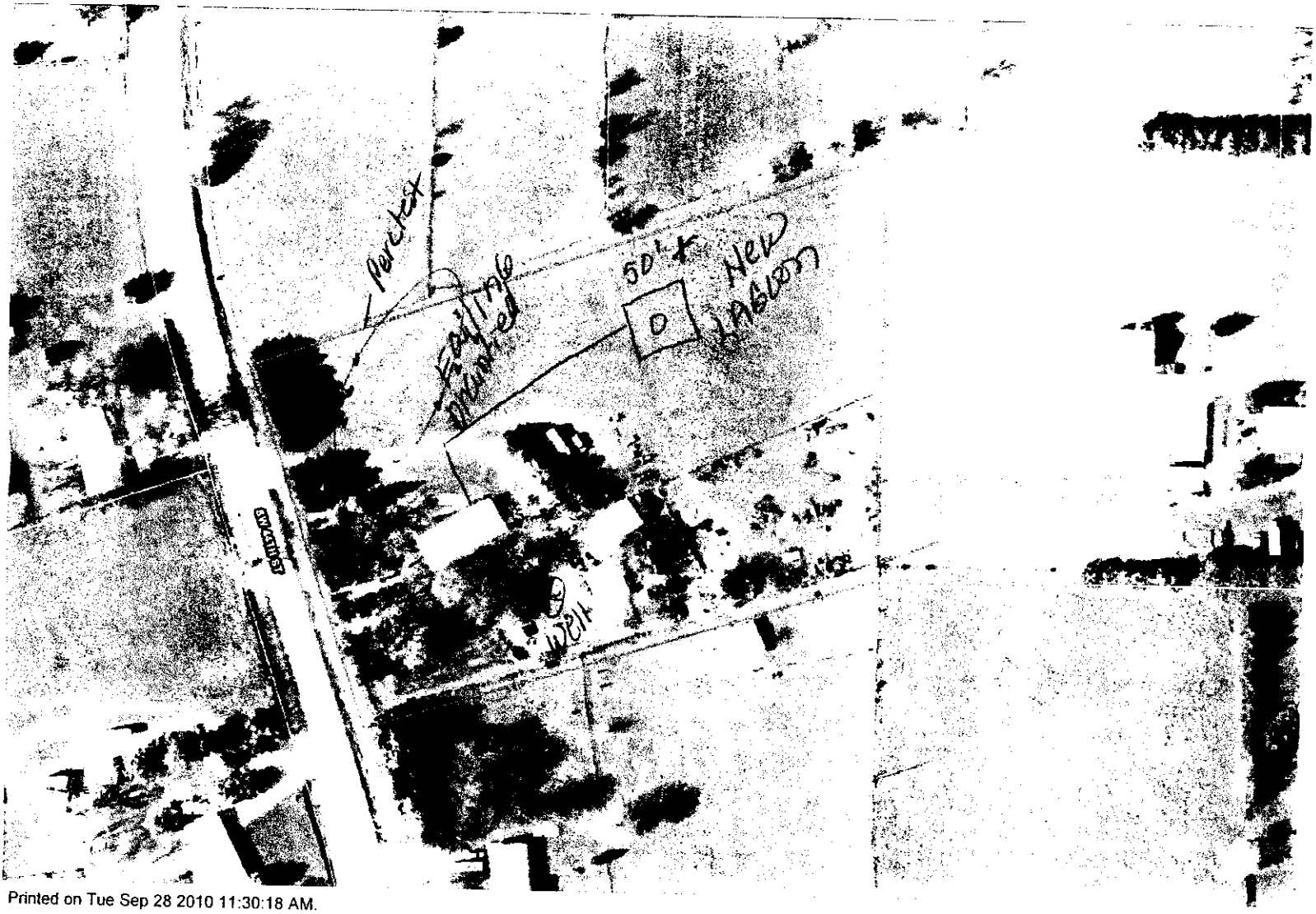
Home Building Contractor Existing Home Date _____

Installer _____ Date 4-22-22

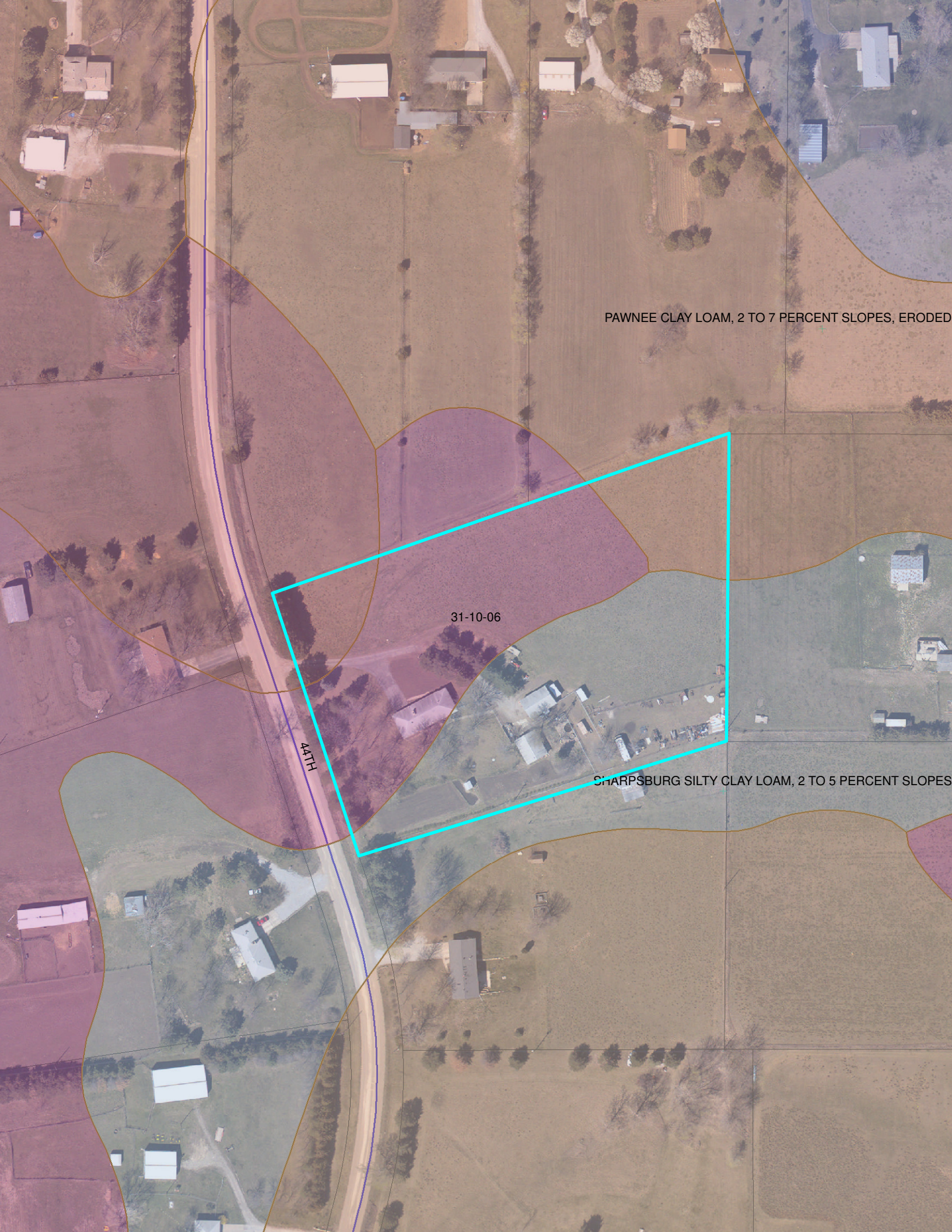
LLCHLWS0014

City of Lincoln/Lancaster County GIS Map

Brian Hultine 402-261-4423



Printed on Tue Sep 28 2010 11:30:18 AM.


PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
31-10-06
44TH
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES