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. HS000415

System Type:	STANDARD
Situs:	29201 GOLDEN POND RD
Legal Description:	T07N-R07E-S36-Lot 4
Owner:	EDWARDS, GREGORY K & CAROL A 28101 POST ROCK CIR FIRTH NE 68358-6250

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	10/14/2010
Expires:	10/14/2011

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

GREG EDWARDS
PO BOX 323
FIRTH NE 68358

LLCHD HS000415

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

A

Permit Number HS000415

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 24201 Golden Pond (no rural route) City Firth Ne, NE Zip 68355

Legal Description Firth Golden Pond Estates 4

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Greg Edwards Signature Greg Edwards

Address P.O. Box 323 City/State/Zip Firth Ne 68355

Home Phone 791-2526 Work Phone 430-5529

C. Certified Installer

Name: Muller trenching Signature Scott Mueller

Address 1345 W. 26th Rd City/State/Zip Syracuse Neb. 68446

Work Phone 430-2946

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 4

☐ 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 Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 10-14-10 Amount Paid 335.00
Received By BK Cash/Check No. 1025

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

10-14-2010 12:17:13

Form A Updated: 5/10

Approved per rules and regs on site wi Paul Weber & Scott Mueller

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

A

Permit Number HS000415

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 29201 Golden Pond (no rural route) City Firth Ne, NE Zip 68358

Legal Description ____ Firth ____ Golden Pond Estates ____ 4

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

Geographical Location (if known): Lat/Long: ____ PID ____

B. Owner

Name Greg Edwards Signature Greg Edwards

Address PO Box 323 City/State/Zip Firth Ne 68358

Home Phone 791-2526 Work Phone 430-5829

C. Certified Installer

Name: Muller trenching Signature [signature]

Address 1345 W. 26th Rd City/State/Zip [redacted] Syracuse Neb. 68446

Work Phone 430-2946

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 4

☐ 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 ____ Date frwd ____
ACTION ☐ Approved ☐ Disapproved Signature ____

2. Supt. Bldg. Insp. or Village Clerk
Comments ____
Date rec'd 10/13/2010 Date frwd ____
ACTION ☒ Approved ☐ Disapproved Signature [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 10-14-10 Amount Paid 335.00
Received By BH Cash/Check No 1025

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

B

Permit Number: HS000415

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Lot 4 Golden Road Estates (no rural route) City Firth NE, Zip 68358

Owner: Greg Edwards Addresss 2910 Post Rock Court

Soil Type (SCS): Black dirt with gravel mix Percolation Rate: 46.3 min./inch

Date of Tests 4-19-10 to 4-20-10 Weather: Precipitation wet Temperature 55

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 Am		End AM		Start Am			End Am				
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	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	1/2	60
2	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	3/4	40
3	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	3/4	40
4	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	3/4	40
5	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	3/4	40
6	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	1/2	60
											30	3/4	40

Person Conducting Percolation Tests

Name: Paul Weber Weber Well

Phone: (402) 791-3008 (402) 530-8511

Address 10133 Willow Cove Lane Firth

Sum of Percolation Rates: 370

Average of Rates: 46.7

Rate Used for Calculation:

Weber Well Service
10133 Willow Cove Lane
Firth, NE 68358
(402) 791 3008

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature

10-14-2010 12:17:16

Engineering Surveying
6004 Cornhusker Plaza, Omaha, NE 68137 891-0654

SOIL ABSORPTION TEST DATA REPORT

Property Where Soil Tested:
Owner: Greg Edwards Address: Golden Rod Rd
Location: Lot 16 Property Dimensions: X Lot Size:
(attach sketch of property showing hole location)

Soil Type: Silty Clay ☐ Silty Clay Loam ☐ Sandy Loam ☐
Silty Loam ☐ Clay Loam ☒ Sandy Clay ☐

Dates of Test: 10-9-10 Weather: Precipitation N/A Temperature 70°

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 #	Hole Depth (ins.)	Date	Time	Date	Time	Date	Time	Water Level	Time	Water Level	Elapsed Time (min.)	Water Level Drop (in.)	Perc. Rate
1	36	10-8	11AM	10-9	11AM	10-9	11AM	14	3pm	11	30	2	30
2	36	10-8	11AM	10-9	11AM	10-9	11AM	14	3pm	17	30	3	15
3	36	10-8	11AM	10-9	11AM	10-9	11AM	12	3pm	13½	30	2½	22

Sum of Percolation Rates 67
Average of Rates 22⅓
Inches Per Minute 23

Signature of Person Conducting Test
PE/LS, Inc. 6037 Oakcrest Plaza, Omaha, Ne. 68137
(402) 891-0654

DO NOT WRITE BELOW THIS LINE

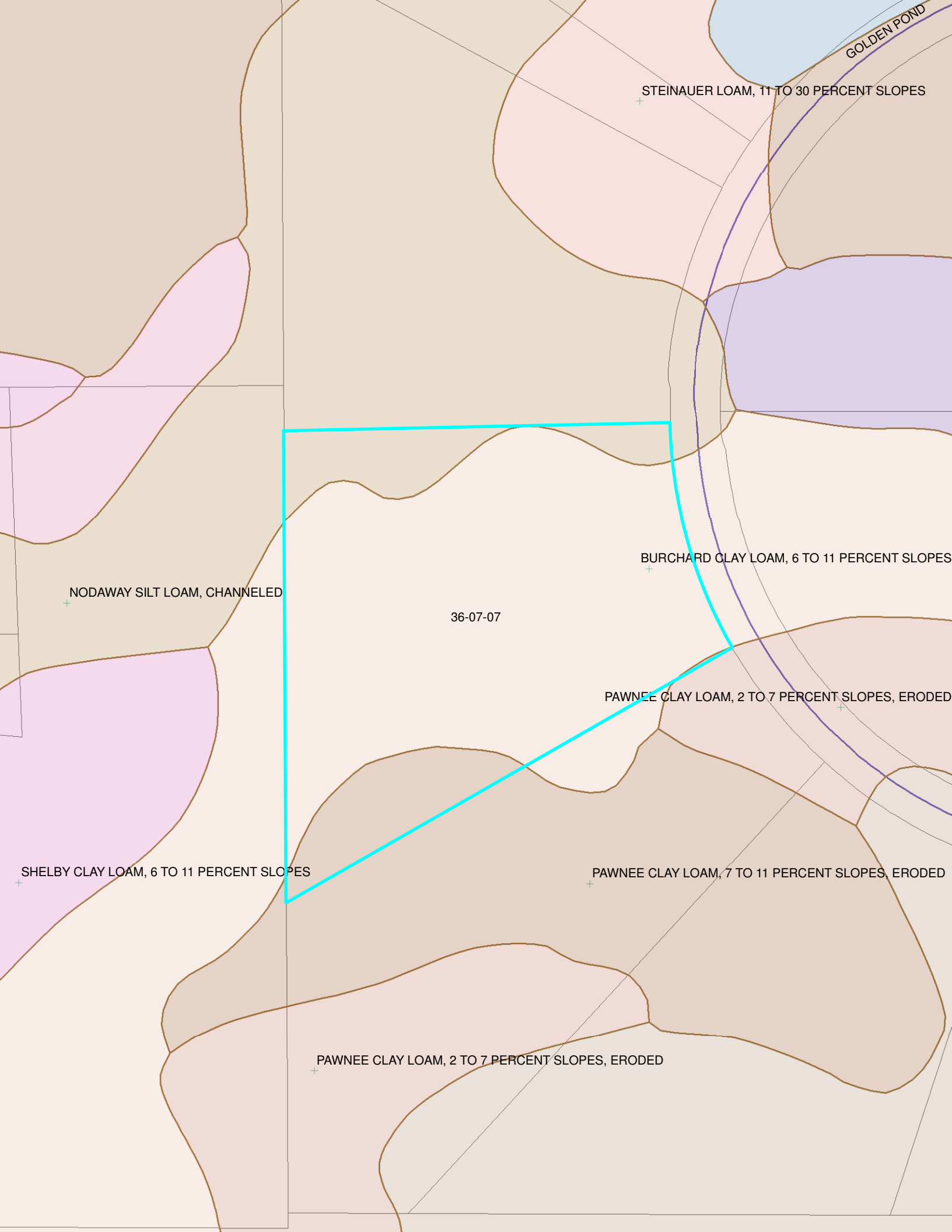
Remarks:

Reviewing Action

Approved Perc. Rate:

Signature of Reviewing Official Date

Cell # 430-2946
1500 gal tank
1000 sq ft beds
÷ 4
250' laterals


GOLDEN POND
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
36-07-07
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED

LLCHD HS000415

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

A

Permit Number HS000415

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 42201 Golden Road (no rural route) City Firth NE, NE Zip 68358

Legal Description Firth Golden Road Estates 4

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Greg Edwards Signature Greg Edwards

Address P. Box 323 City/State/Zip Firth NE 68358

Home Phone 791-2526 Work Phone 430-5829

C. Certified Installer

Name: Mueller trenching Signature Scott Mueller

Address 1345 N. 26th Rd City/State/Zip Sycamore NEB. 68864

Work Phone 430-2946

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 4

☐ 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 Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Site visits _____ Date frwd _____ Signature _____

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

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

10-13-2010 11:27:37

Form A Updated: 5/10

+ Witnessed part when HS05 outside WI part when Scott Mueller

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

A

Permit Number HS000415

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 29201 Golden Pond (no rural route) City Firth Ne NE Zip 68358

Legal Description _____ Firth Golden Pond Estates 4

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Greg Edwards Signature Greg Edwards

Address Po Box 323 City/State/Zip Firth Ne 68358

Home Phone 791-2526 Work Phone 430-5829

C. Certified Installer

Name: Muller trenching Signature _____

Address 1345 W. 26th Rd City/State/Zip [redacted] Syracuse Neb. 68446

Work Phone 430-2946

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 4

☐ 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 _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 10/12/2010 Date frwd _____
ACTION ☒ Approved ☐ Disapproved
Signature [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

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

B

Permit Number: HS000415

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Lot 4 Golden Road Estates (no rural route) City Firth NE, Zip 68358

Owner: Greg Edwards Addresss 2910 Post Oak Court

Soil Type (SCS): Black dirt with gravel mix Percolation Rate: 46.3 min./inch

Date of Tests 4-19-10 to 4-20-10 Weather: Precipitation wet Temperature 55

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 Am		End AM		Start Am			End Am				
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	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	1/2	60
2	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	3/4	40
3	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	3/4	40
4	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	3/4	40
5	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	3/4	40
6	24"	4-19	8:00	4-19	8:00	4-20	8:00	6	4-20	8:30	30	1/2	60
											30	3/4	40

Person Conducting Percolation Tests

Name: Paul Weber - Weber Well

Phone: (402) 791-3008 (402) 580-4511

Address 10133 Willow Cove Lane Firth

Sum of Percolation Rates: 280

Average of Rates: 46.7

Rate Used for Calculation:

Weber Well Service
10133 Willow Cove Lane
Firth, NE 68358
(402) 791 3008

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of

10-13-2010 11: 2:40

LLCHD HS000415

[redacted]

LC7-003

P.E./L.S., INC. Surveying

Engineering

6037 O'MAHONEY PLAZA, OMAHA, NEB. 68137 691-0854

SOIL ABSORPTION TEST DATA REPORT

Property Where Soil Tested:

Owner: Craig Edwards Address: Carlson Bend Rd

Location: Farm A/C Property Dimensions: ____ X ____ Lot Size: ____
(attach sketch of property showing hole location)

Soil Type: Silty Clay ☐ Silty Clay Loam ☐ Sandy Loam ☐
Silty Loam ☐ Clay Loam ☒ Sandy Clay ☐

Dates of Test: 10-9-10 Weather: Precipitation NA Temperature 70's

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 #	Hole Depth (ins.)	Date	Time	Date	Time	Date	Time	Water Level	Time	Water Level	Elapsed Time (min.)	Water Level Drop (in.)	Perc. Rate
1	36	10-8	11Am	10-9	11am	10-9	11am	14	3pm	11½	30	2	30
2	36	10-8	11 Am	10-9	11am	10-9	11am	14	3pm	17	30	3	15
3	36	10-8	11Am	10-9	11am	10-9	11am	12	3pm	14½	30	2½	22

Sum of Percolation Rates 67

Average of Rates 22⅓

Inches Per Minute .23

Signature of Person Conducting Test

PE/LS, Inc. 6037 Odcarden Omaha, Ne. 68137

(402) 691-0854

DO NOT WRITE BELOW THIS LINE

Remarks:

Reviewing Action

Approved Perc. Rate:

Signature of Reviewing Offial Date

Cell # 430-2946

1500 gal tank

1000 sq ft beds

÷ 4

250' laterals

10-13-2010 11:2:42