LLCHD HS000424

4335

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

OCT 25 2010

A

Permit Number HS000424

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 5355 SW 126th (no rural route) City Denton, NE Zip 68339

Legal Description S1/2 SE 7 9N R5
(1/4 | 1/4 | Section | Township | Range | Subdivison | 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: 80

B. Owner

Name Mike Rapp Signature _____

Address 5355 SW 126th City/State/Zip Denton NE 68339

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

C. Contractor

Name: Bob Baas Company Name Aspen Builders

Address 1633 Normandy Ct. City/State/Zip Lincoln NE 68512

☐ Check if contractor designed system Work Phone 423-6811

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 4 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 10/27/10 Date frwd 10/27/10
ACTION ☒ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 10-27-10 Date frwd 10-27-10
ACTION ☐ Approved ☐ Disapproved Signature _____

3. City or County Engineer
Comments _____
Date rec'd 10-27-10 Date frwd 10-27-10
ACTION ☒ Approved ☐ Disapproved Signature Jim Plouzek

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

11-1-2010 15:13:43

Soil on property

OCT 25 2010

B

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

Permit Number: HS 000424

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5355 SW 126 (no rural route) City ~~Lincoln~~ Denton NE, Zip 68339

Owner Mike Rapp Address

Soil Type (SCS): Pawnee Percolation Rate: 40 min/inch

Date of Tests 10-1 to 10-2 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	10-1	5 pm	10-2	3 pm	10-2	3 pm	18	10-2	:30	30	1 1/4	24
2							:02	21		32		1"	30
3							:04	16		:34		3/4	40
4							:06	17		:36		7/8	38
5							:08	15		:38		1"	30
6	↓	↓	↓	↓		↓	:10	21 1/2		:40		1 1/4"	24

Sum of Percolation Rates: 186
Average of Rates: 31
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Bob Beaver
Phone: 416-9660
Address: 339 Maureen Lincoln NE

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-95

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

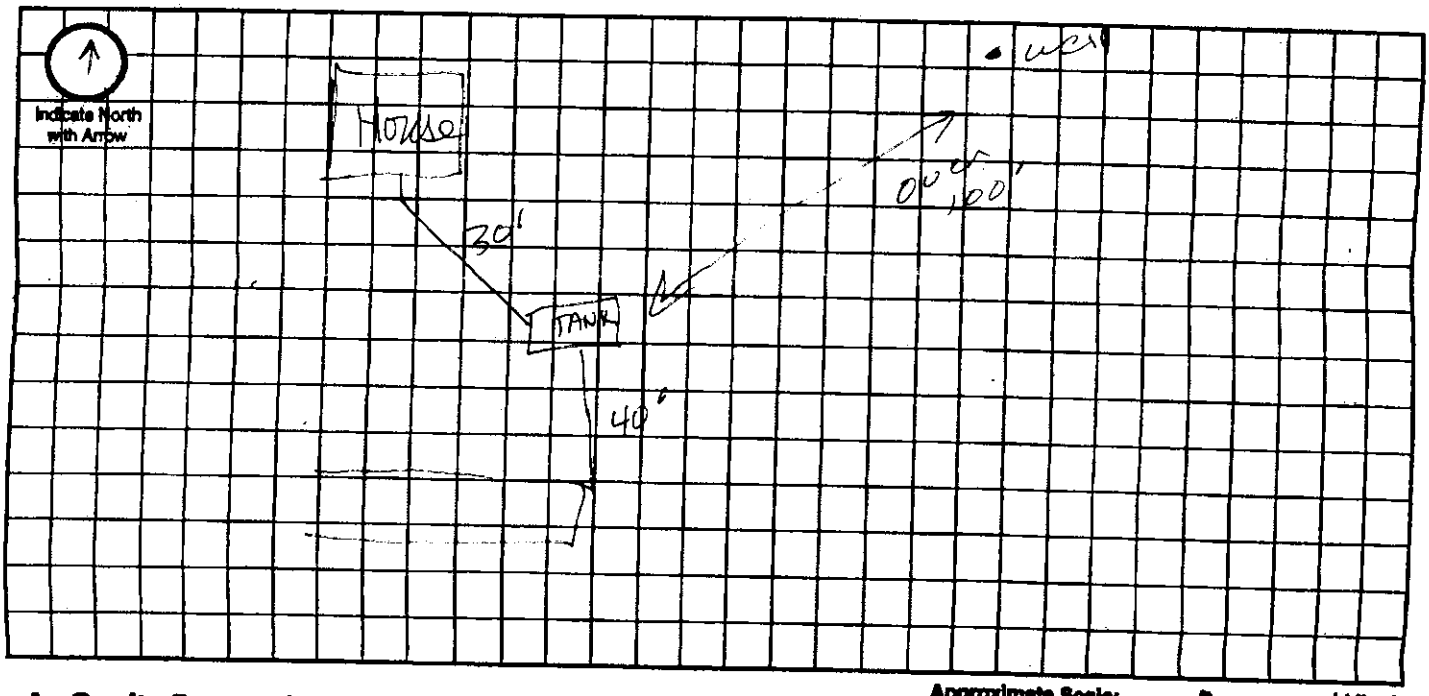
C OCT 25 2010

Permit Number: HS000424

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: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 5355 Sun 26 City Denton NE, Zip 68339

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 1 Soil Type Pawnee Land Slope 1 %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 275 sq.ft.

Total length of laterals 70' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

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

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 10-20-10

Installer_____ Date_____

Onsite Form C 12_06

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. HS000424

System Type: STANDARD

Situs: 5355 SW 126 ST

Legal Description: T09N-R05E-S07-S1/2 of SE1/4

Owner: RAPP, MICHAEL F & JODY K
7510 LINCOLNSHIRE RD
LINCOLN NE
68506

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	10/29/2010
Expires:	10/29/2011

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

ASPEN BUILDERS
1933 NORMANDY CT
LINCOLN NE 68512

$335

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

OCT 25 2010

A

Permit Number
H50000424

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)

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Legal Description S1/2 SE 7 9N R5
1/4 1/4 Section Township Range Subdivison 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: 80

B. Owner

Name Mike Rapp Signature _____

Address 5355 SW 126th City/State/Zip Denton NE 68339

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

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Name: Bob Braes Company Name Aspen Builders

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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 1 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

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Date rec'd 10/27/10
Date frwd 10/27/10
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 10-27-10
Date frwd 10-27-10
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 10-27-10
Date frwd 10-27-10
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

SCANNED

Installation Final Written Approval
By _____
Date 11/19/10
+ Vaulted soil on property

Business Office Use Only
Date Received 10-29-10 Amount Paid 335.00
Received By bbt Cash/Check No. 6643

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

Form A Updated: 5-07

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

D

Permit Number: 010298

Sewage Disposal System

As Built Plans & Specifications

Date 12-4-10

S7,T9,R5 6th Principal Meridian

System Location (Indicate correct number and street)

Address 5355 SW 126 (no rural route) City Denton NE, Zip 68339

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 8" in.
3. Distance between dwelling and septic tank: 32 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line — ft.
   stream — ft.
   pressure line — ft.
   property line — ft.

B. Septic Tank

1. Material: Fiberglas
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☒ above ☐ below grade 8 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line — ft.
   Stream — ft.
   Pressure line — ft.
   Property line 150 ft.

C. Distribution Box

1. Material: —
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

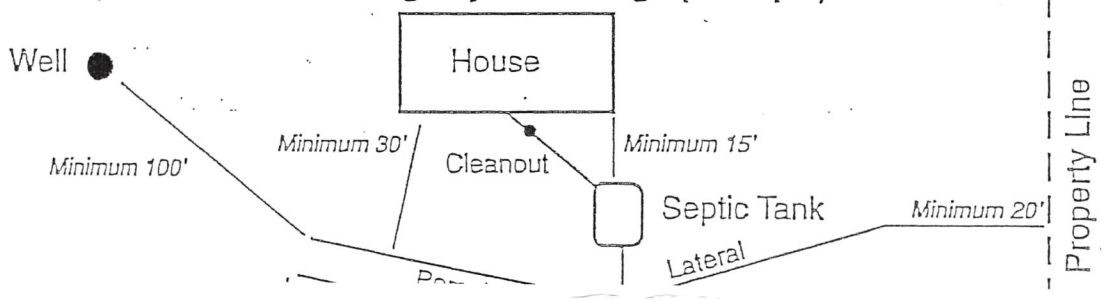
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" Chambers
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other Chambers
2. Lateral lines: Number 2
   Length of each line: 45 ft. 45 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3' ft.
   Slope 0 in/100 ft.
   Average depth 5/2 in
4. Filter material: —
   Depth of material _____ in.
5. Distances to: Well or suction line over 100 ft.
   Stream over 100 ft.
   Pressure line 100 ft.
   Property line 35 ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



well
250'
N
House
Clean out
30'
TANK
40'
45'
45'
12'
8'
25'
SW 126 th