

CITY OF LINCOLN
NEBRASKA

H 50000 425

681 NFE 1 5101 00 11/04/10-T
RETURN TO SENDER
TRU-BUILT CONSTRUCTION LLC
2540 W M CT
LINCOLN NE 68522-1006

RETURN TO SENDER

IBBHS11

LLCHD HS000425

11-8-2010 8:22:16

LLCHD HS000425

Boo Jones - Builder
610-0523

A

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

Permit Number HS000425

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 W. Burr Oaks Rd. City Lincoln, NE Zip 68522
(no rural route)

Legal Description 21 9N 6E Burr Oaks
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Doug & Lisa Long Signature

Address City/State/Zip

Home Phone Work Phone 432-9765

C. Certified Installer

Name: Brad Southwick Signature

Address 105 Locust PO 191 City/State/Zip Hickman, Ne 68372

Work Phone 430-7606

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

☐ 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 Clough

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 10-27-10 Amount Paid 350.00
Received By BH Cash/Check No 4475

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

Form A Updated: 5/10

11-1-2010 15:10: 6

LLCHD HS000425

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1600 W Burr Oaks Rd (no rural route) City Lincoln NE, Zip 68522

Owner _____ Address _____

Date of Tests 9/22 to 10/23 Weather: Precipitation _____ Temperature _____

For Bo Jones w/ Tru-Built Const.

C

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	10/22	5:00	10/23	1:30	10/23	4:45	6	10/23	5:15	30	3/4	40
2			"		7:11		"	6		"		7/8	34
3								6				3/4	40
4								6				5/8	48
5								6				7/8	34
6								6				3/4	34
								6					
								6					

Person Conducting Percolation Test

Name: Brad Southwick #145 #1178

Phone: 430-7606

Address 105 Locust P.O. Box 191

Hickman, Ne. 68372

Soil type (NRCS Maps/Other) 5 LC (10% both sides)

Groundwater Depth > 10'

Sum of Percolation Rates: 230

Average of Rates: 39

Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

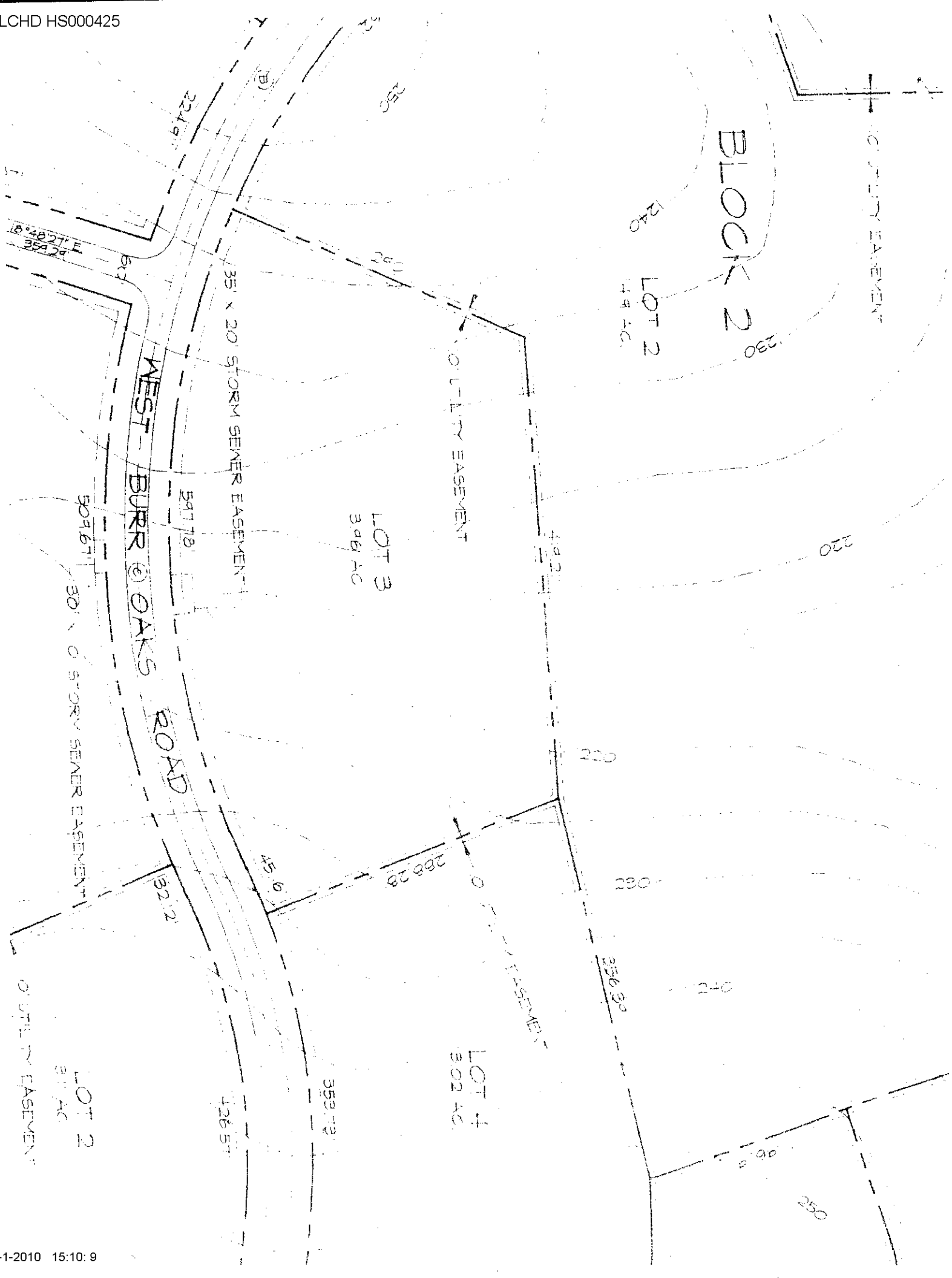
Reviewing Action

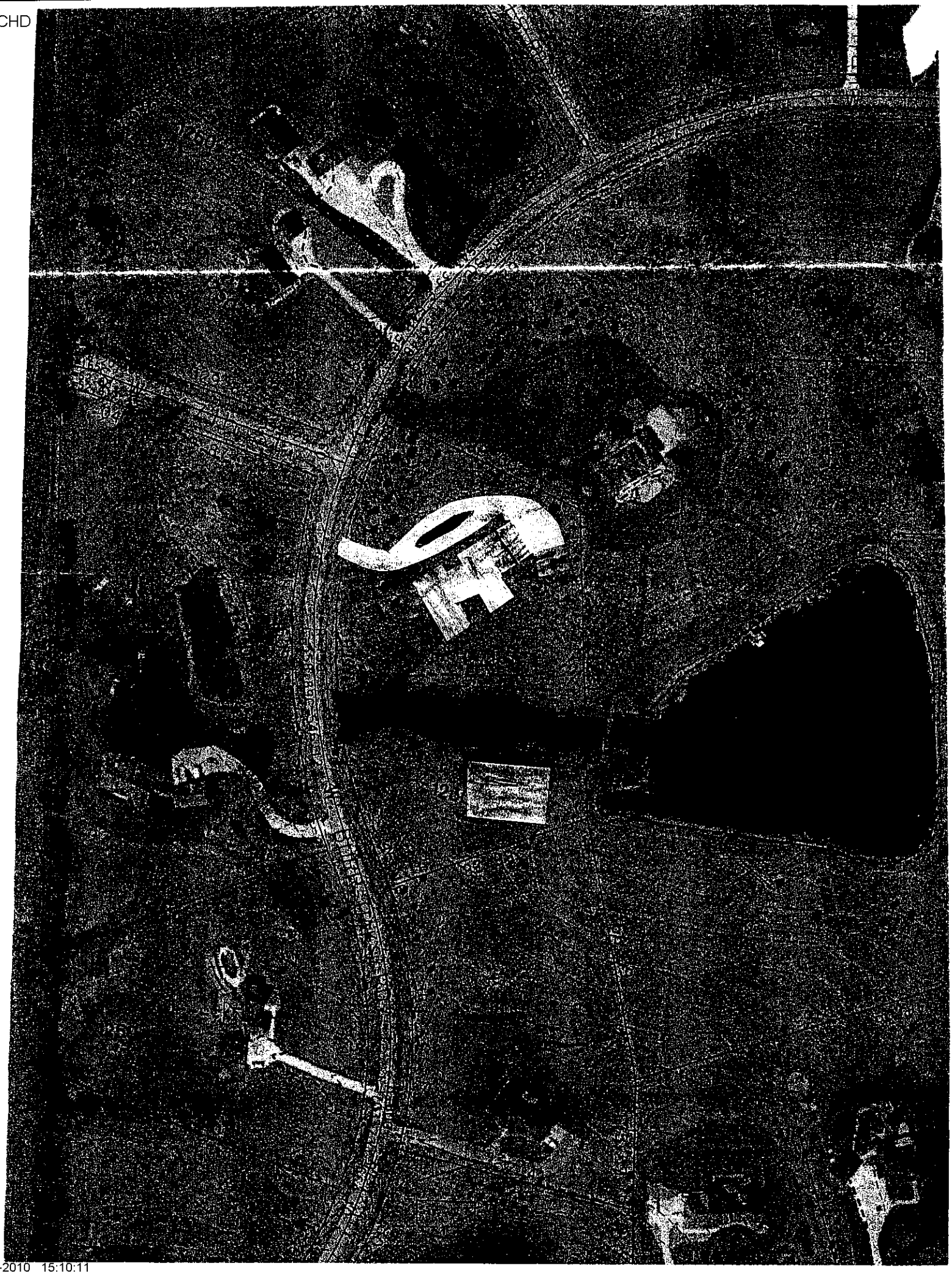
Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

Onsite Form B 12_06

11-1-2010 15:10: 8


BLOCK 2
LOT 2
4.44 AC
LOT 3
3.96 AC
LOT 1
3.02 AC
LOT 2
3.11 AC
WEST BURR OAKS ROAD
35' X 20' STORM SEWER EASEMENT
30' X 0' STORM SEWER EASEMENT
UTILITY EASEMENT
597.78'
509.67'
265.28'
356.39'
352.42'
126.57'
45.6'
32.2'
S 48°27' E
354.28'
220
230
240



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. HS000425

System Type: STANDARD

Situs: 1700 W BURR OAKS RD

Legal Description: T09N-R06E-S21-2-Lot 3

Owner:

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

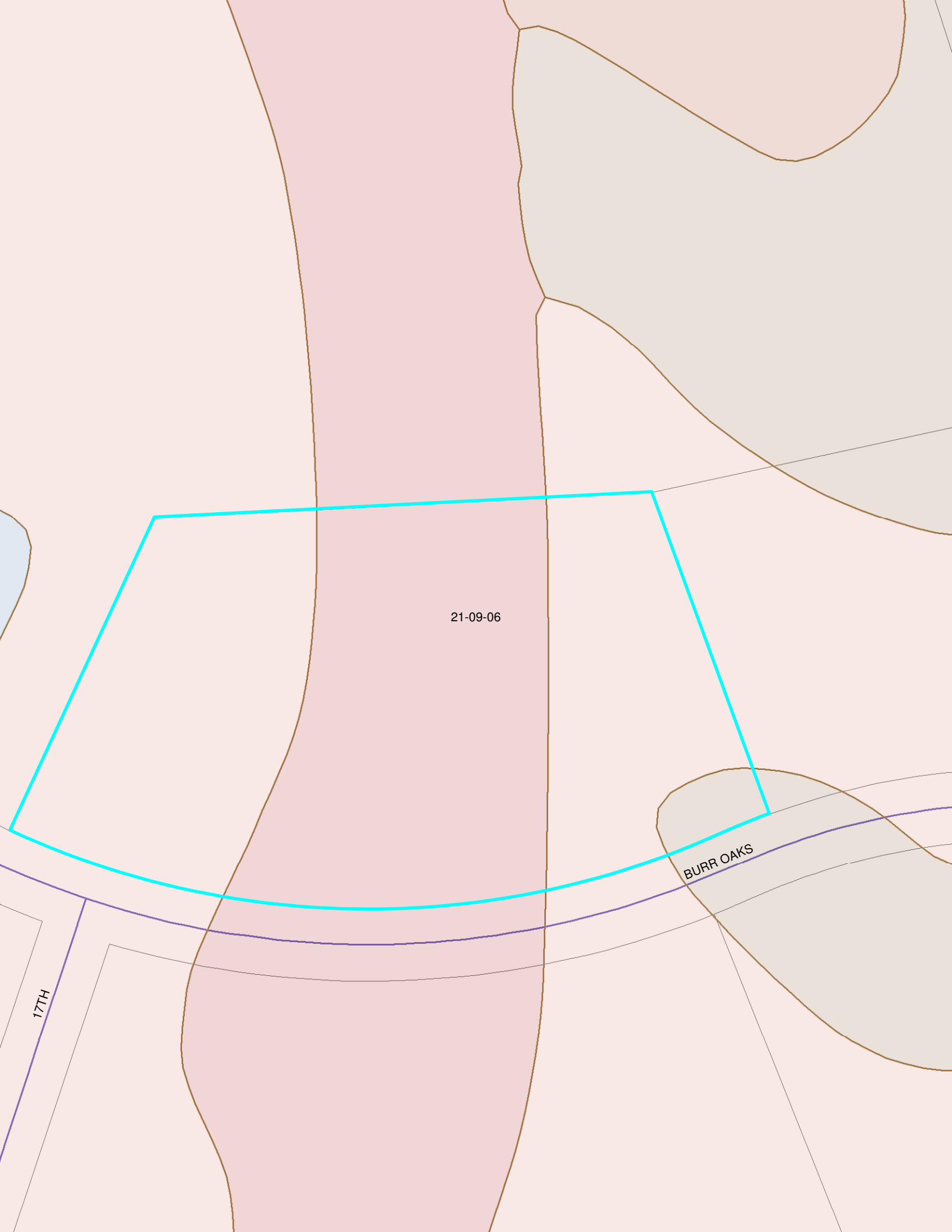
On-site Waste System Permit Holder:

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

TRU-BUILT CONST
1901 W O ST
LINCOLN NE 68528


21-09-06
BURR OAKS
17TH

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

Boo Jones - Builder
610-0523

A SCANNED

Permit Number HS000425

Onsite Wastewater Treatment System
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Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Doug & Lisa Long Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone 432-9765

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

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

Work Phone 430-7606

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~~ 4 bedroom Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres _____

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Date rec'd 10/27/10
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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 Blaugh

Installation Final Written Approval
By _____
Date 7/1/11

SCANNED

Business Office Use Only
Date Received 10-29-10 Amount Paid 335.00
Received By BH Cash/Check No. 4978

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

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

B

Permit Number:

SCANNED

Onsite Wastewater Treatment System
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JUC

For Bo Jones w/ Tru-Bilt Const.

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		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)
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2			P		PM		P	6		P		7/8	34
3								6				3/4	40
4								6				5/8	48
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Hickman, Ne 68372

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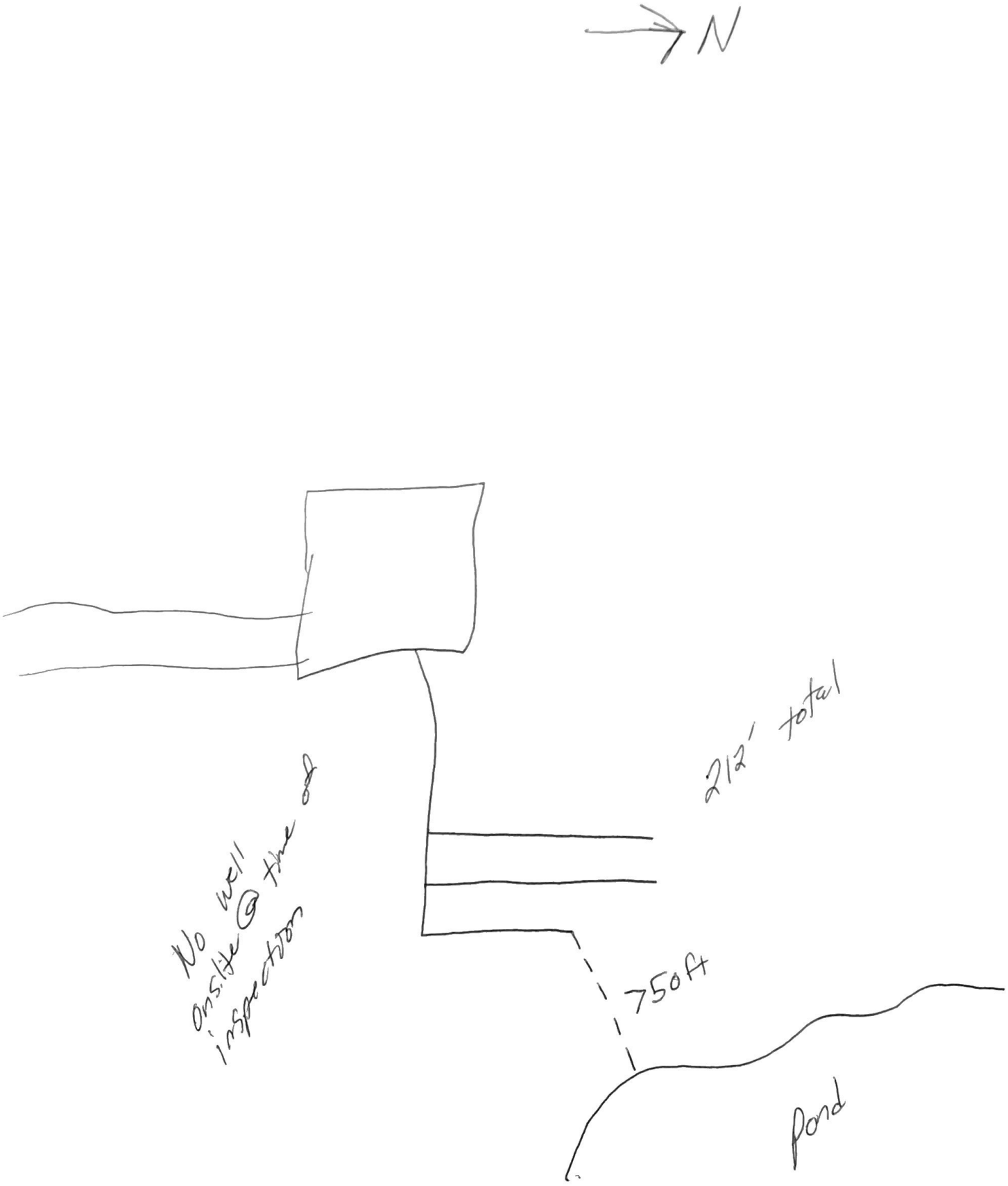
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____


N
No well onsite @ time of inspection
212' total
750ft
pond