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. HS000426

System Type: STANDARD

Situs: 15051 Seneca Ridge Ct.

Legal Description: T08N-R08E-S10-Lot 9

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372

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

A

Permit Number HS000426

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 15251 Seneca Ridge CT (no rural route) City Bennet NE Zip 68317

Legal Description 10 8N 8E Chestnut Ridge 9

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

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

B. Owner

Name Dax Boyte Signature _____

Address 15251 Seneca Ridge CT City/State/Zip _____

Home Phone 610-3206 Work Phone _____

C. Certified Installer

Name Brad Southwick Signature Brad Southwick

Address 125 Locust PO Box 191 City/State/Zip Hickman, NE 68372

Work Phone 430-2686

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 _____ 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 Oct 28, 2010

Business Office Use Only
Date Received 10-27-10 Amount Paid 335.00
Received By BH Cash/Check No 360

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

Form A Updated 5/10

SOIL ABSORPTION DATA REPORT

Project
Location
Job No.
Date

SOIL TEST PROPERTY

LOCATION:
Township:
Range:
Section & 1/4 Section: 10

OWNER: Dax Boyte

Bill to:

Property Dimensions: _____ feet x _____ feet

Property Area: _____ acres

Property ID:

DATES OF TESTS: 10/12 to 10/13/10

SOIL TYPE:

Silty Clay		Sandy Loam	
Silty Loam		Sandy Clay	
Clay Loam		Clayey Sand	
Silty Clay Loam	X	Silty sand	
		Sand	

WEATHER:
Precipitation:
Temperature: 70s

PERCOLATION TEST DATA

		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min)	Date (Mo. Day)	Time (Hr. Min)	Date (Mo. Day)	Time (Hr. Min)	Water Level (in.)	Time (Hr. Min)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min. / in.)
1	34	10/12	6:30	10/13	7:00	10/13	11:15	26	11:45	26 7/8	30	7/8	34
2			PM		PM		AM	20 1/8	AM	21		7/8	34
3								24 3/4		22 1/2		3/4	40
4								29 1/2		30 5/8		7/8	34
5								29		30		1	30
6								21/2		22 1/8		5/8	48
7								22		22 3/4		3/4	40
8													

Test Conducted By: Brad Scott

Sum of Percolation Rates: 260
Average of Rates (Min/Inch): 37
Inches Per Minute: 4.3

[Field Sketch with Approximate Boring Locations Attached]

SOIL ABSORPTION DATA REPORT

Project
Location
Job No.
Date

SOIL TEST PROPERTY

LOCATION:
Township: 5N
Range: 3E
Section & 1/4 Section: 18

OWNER: Dax Boyles
Bill to:

Property Dimensions: _____ feet x _____ feet

Property Area: _____ acres

Property ID:

DATES OF TESTS: 10/12 to 10/13/10

SOIL TYPE

Silty Clay		Sandy Loam	
Silty Loam		Sandy Clay	
Clay Loam		Clayey Sand	
Silty Clay Loam	X	Silty sand	
		Sand	

WEATHER:
Precipitation:
Temperature 20s

PERCOLATION TEST DATA

Pre-Saturation Period	Percolation Readings				Results	
End	Start	End		Elapsed	Water Level Drop	Percolation Rates
	Time	Time	Water			

SOUTHWICK SEWER & DRAIN
Brad Southwick
105 Locust Street
P.O. Box 191
Hickman, NE 68372

Fax Document

- To: Nicke Hartman
- Company: LLCHD
- Fax: 441 3870
- Pages: 3 w/cover
- Re: 15051 Seneca Ridge CT Bennet A sheet + B sheet
- Comments:

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

A

Permit Number

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 15051 Seneca Ridge Ct (no rural route) City Bennet NE Zip 68317

Legal Description ____ ____ 10 8N 8E Pheasant Ridge ____ ____

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

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

B. Owner

Name Dax Boyte Signature ____

Address 15051 Seneca Ridge Ct City/State/Zip ____

Home Phone 610-3206 Work Phone ____

C. Certified Installer

Name Brad Southwick Signature Brad Southwick

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

Work Phone 430-2606

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 ____

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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 fwd ____
ACTION ☐ Approved ☐ Disapproved
Signature ____

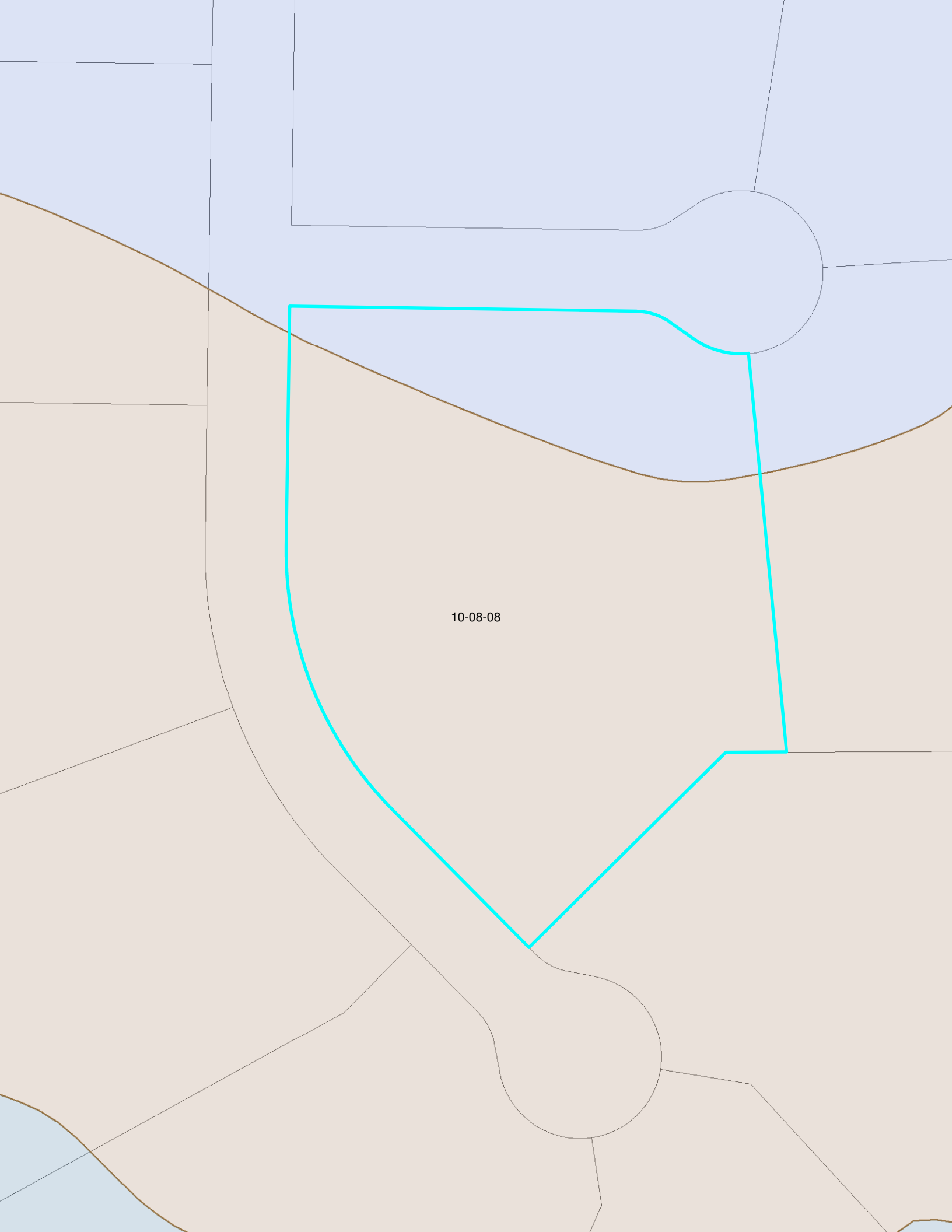
2. Supt. Bldg. Insp. or Village Clerk
Comments BV
Date rec'd 10-23-2010
Date fwd 10-25-2010
ACTION ☒ Approved ☐ Disapproved
Signature Patricia M. Rule

3. City or County Engineer
Comments ____
Date rec'd ____
Date fwd ____
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 7-10


10-08-08

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11/10 Legal Description 1/4 1/4 10 8 8 Lot 9 Section Township Range

Onsite System Location

Address (no rural route) 15051 Seneca Ridge CT City Bennet NE, Zip 68317

Owner Dax Boyke Address

A. Sewer Pipe

1. Material: PVC Scl 40
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 88 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line >35 ft.
   property line >20 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Plastic Snyder Ind Dominator
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below at grade ____ in.
5. Inlet: ☐ baffle ☒ tee ☒ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☒ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line >25 ft.
   Property line >20 ft.

C. ☐ Distribution Box ☒ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

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

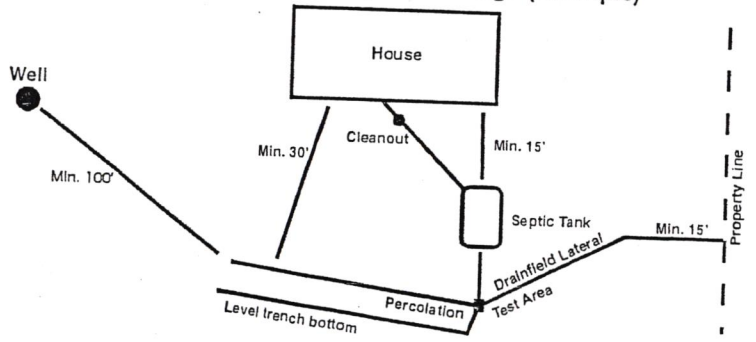
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

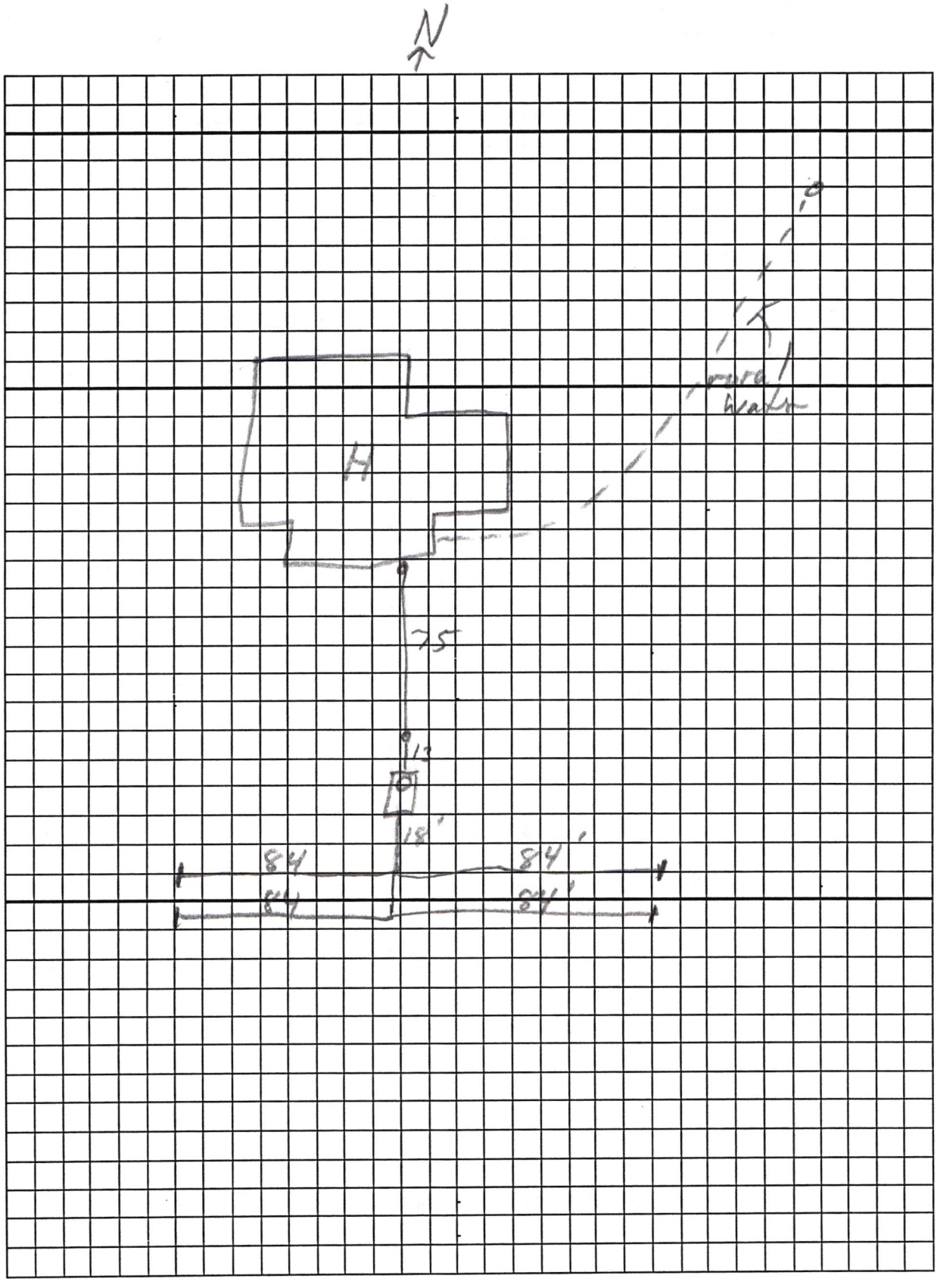
1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 36
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 4
   Length of each line: 80 ft. 80 ft.
   80 ft. 80 ft., ____ ft.
3. Drainfield dimensions: Width 4 ft.
   Distribution Pipe Slope 4 in/100 ft.
   Average depth 36 in
4. Filter material: Gravelless
   Depth of material ____ in.
5. Distances to: Well or suction line NA ft.
   Pressure line >25 ft.
   Property line >20 ft.
   House or building >35 ft.
   Lake or Stream NA ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



icate North
ith Arrow


N
curb
walk
H
75'
13'
18'
84'
84'
84'
84'