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

Revised NOV 15 2010

A SCANNED

Permit Number H5000440

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 6201 Saddle Creek Trl (no rural route) City Lincoln NE Zip 68523

Legal Description NE 17 9 E Hitching Post Hills 1st 3 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Lat/Long: PID 09-17-202-007-000

B. Owner

Name Lance + Diane Egger Signature Diane M. Egger

Address 6201 Saddle Creek Trl City/State/Zip Lincoln NE 68523

Home Phone 402-730-5882 Work Phone

C. Certified Installer

Name: Lloyd Jakowlek, Raymond Contracting Signature Kim L. Jakowlek for Lloyd

Address 13700 NW 70th St City/State/Zip Raymond NE 68428

Work Phone 402-[illegible] or 402-783-2663

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 5 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.12

☐ 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. 02-36

1. Health Department
Site visits
Date rec'd 11/12/10
Date fwd 11/12/10
ACTION ☒ Approved ☐ Disapproved
Signature

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

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 11-18-10 Amount Paid 330.00
Received By [illegible] Cash/Check No. 7511

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

Form A Updated: 6/1

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. HS000440

System Type:	STANDARD
Situs:	6201 SADDLE CREEK TRL
Legal Description:	T09N-R06E-S17-3-Lot 1
Owner:	EGGER, LANCE L & DIANE M 6201 SADDLE CREEK TRL LINCOLN NE 68523

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	11/18/2010
Expires:	11/18/2011

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428


17-09-06

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

Replaced NOV 15 2010

A

Permit Number H5000440

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 6201 Saddle Creek Trl (no rural route) City Lincoln NE Zip 68523

Legal Description NE 17 9 6e Hitching Post Hills 1st 3 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 09-17-202-007-000

B. Owner

Name Lance + Diane Egger Signature (Diane) M. Egger

Address 6201 Saddle Creek Trl City/State/Zip Lincoln, NE 68523

Home Phone 402-730-5882 Work Phone

C. Certified Installer

Name: Lloyd Jakowlek, Raymond Contracting Signature Kim L. Jakowlek for Lloyd

Address 13700 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-[illegible] Lloyd or 402-783-2663

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 5 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.12

☐ 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-[illegible]

1. Health Department
Site visits
Date rec'd 11/17/10
Date frwd 11/17/10
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 6/1

LLCHD HS000440

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 1179

PROPERTY WHERE SOIL TESTED:
Location: Township 9N; Range 6E
Section & ¼ Sect. NE¼ 17
Property Dimensions: ____ ft. x ____ ft.
Area: ____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Jim Melichar
Address ____

Dates of Tests: July 27 to July 28. Weather: Precip. ____ Temp. ____°

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 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./inch)
1	32	7/27	2:00PM	7/28	10:00AM	7/28	10:00	6	10:30	4⅞	30	1⅛	
2	32						10:00	6	10:30	5¼	30	¾	
3	32						10:10	6	10:40	5¼	30	¾	
4	32						10:10	7	10:40	6	30	1	
5	32						10:15	6	10:45	4¾	30	1¼	
6	32						10:15	6	10:45	5⅜	30	⅝	

Don Pentico - Pottyco Plbg. Co.
Signature of Person Conducting Test

Address 1520 Pioneer Blvd.
Phone: 423-0121

Sum of Percolation Rates ____
Average of Rates: ____
Mean of Rates: ____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam

DATE: August 30, 1977

Approved Percolation Rate(s)
A. 32 min./inch
B. ____ min./inch
C. ____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

C

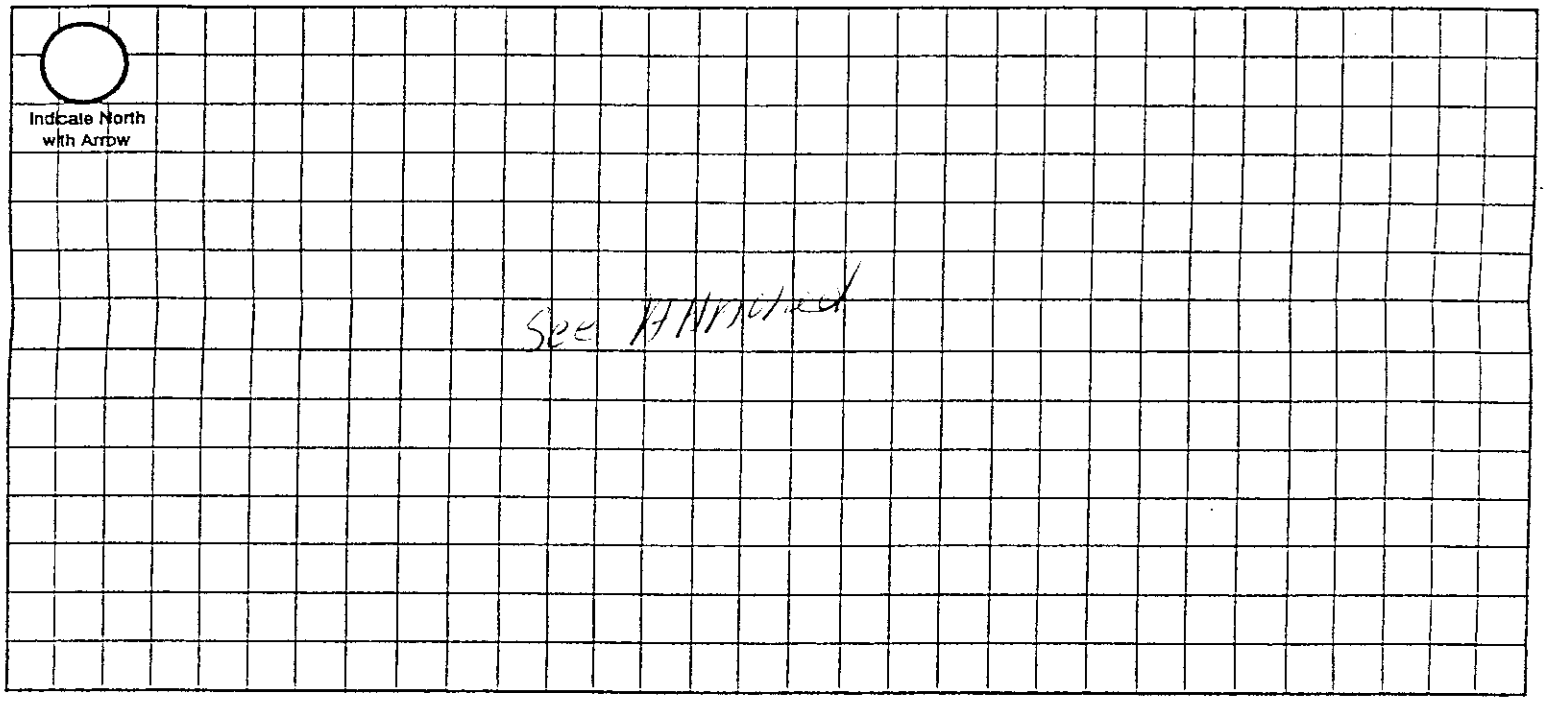
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 6201 Saddle Creek Trl City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 32 (min. per inch) Soil Type: Wymore Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1,375 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Crushless Chamber

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 345 ft. Number of Trenches 3 Trench Width 40"

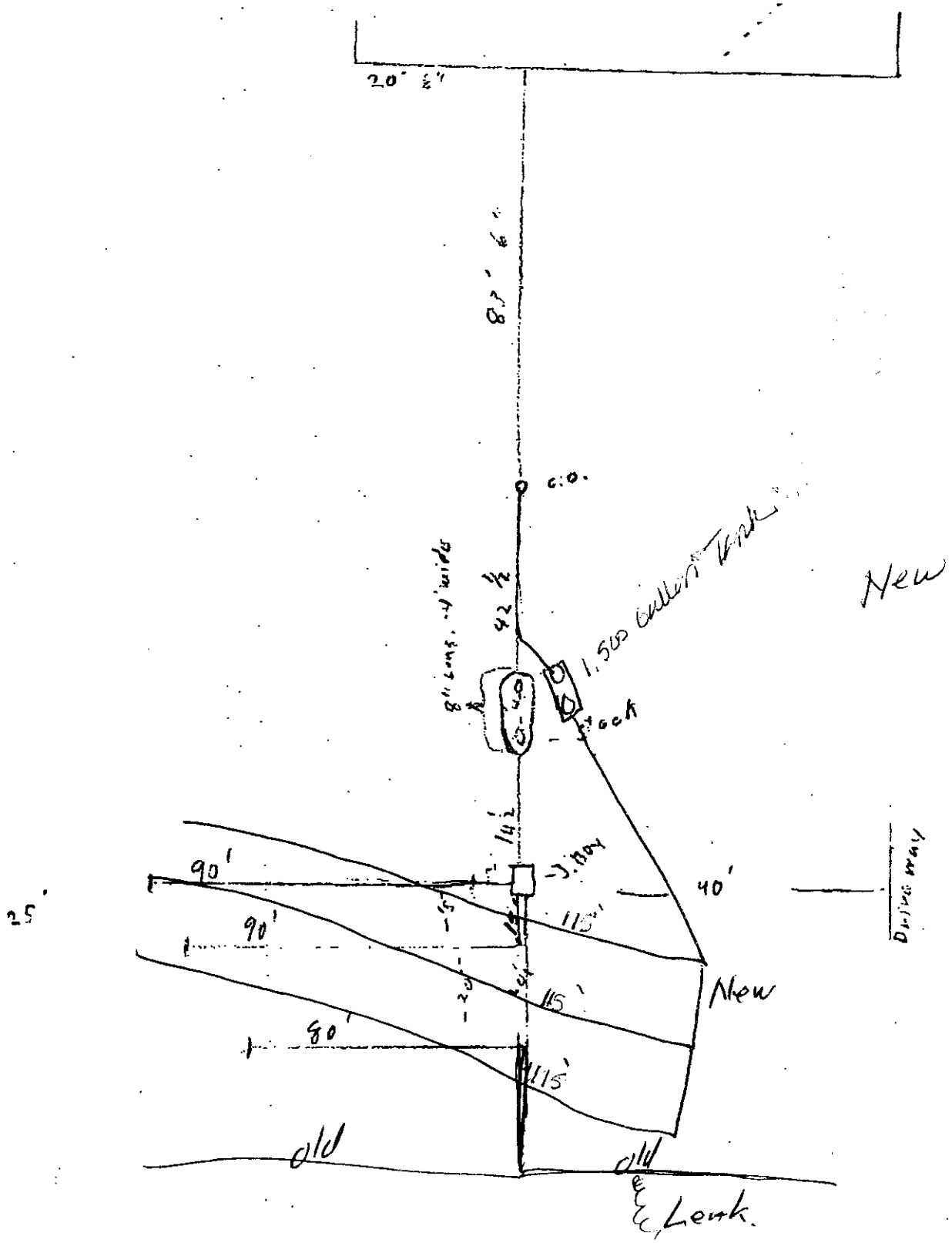
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Kevin A. Johnson Date 11-11-10


20'
8.2' ±
c.o.
42 ½
8" conc. w/ bands
1,500 Gallon Tank
New
Precast
141'
90'
90'
80'
115'
115'
115'
40'
New
Old
Old
Lewk.

TOTAL P.03

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

Repair

NOV 15 2010

A SCANNED

Permit Number H5000440

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 6201 Saddle Creek Trl (no rural route) City Lincoln NE Zip 68523

Legal Description NE 17 9 6 Hitching Post Hills 1st 3 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 09-17-202-007-000

B. Owner

Name Lance + Diane Egger Signature Diane M. Egger

Address 6201 Saddle Creek Trl City/State/Zip Lincoln NE 68523

Home Phone 402-730-5882 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Kim L. Jakoubek for Lloyd

Address 13760 NW 76th St City/State/Zip Raymond, NE 68428

Work Phone 402-[illegible] 6006 or 402-783-2003

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 5 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.12

☐ 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. 02-36

1. Health Department
Site visits
Date rec'd 11/17/10
Date frwd 11/17/10
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 11/19/10

Business Office Use Only
Date Received 11-18-10 Amount Paid 335.00
Received By BK Cash/Check No. 7511

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

SCANNED

Form A updated 8/1