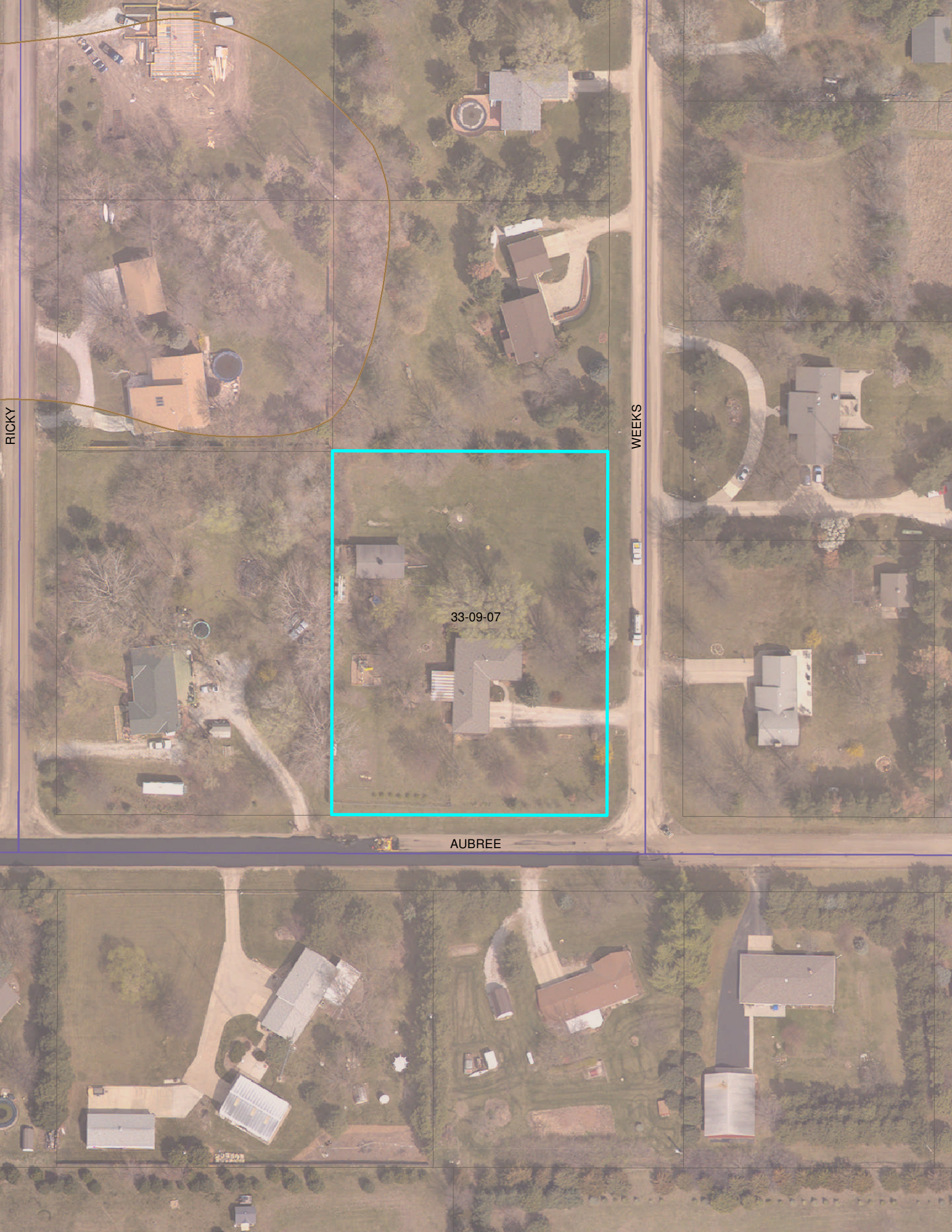

RICKY
WEEKS
33-09-07
AUBREE

LLCHD HS000445

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

SCANNED

A

Permit Number
HS000445

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 10635 Weeks Dr (no rural route) City Lincoln NE Zip 68516

Legal Description 33 9 7 Meadowlane Hills 1st 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 16-33-100-020-000

B. Owner

Name Sara Lambert Signature

Address 10635 Weeks Dr City/State/Zip Lincoln, NE 68516

Home Phone 402-421-9522 Work Phone 402-430-6054

C. Certified Installer

Name: Lloyd Johnson, Raymond Contracting Signature Lloyd Johnson for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-880-6006 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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 1.47

☐ 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 11/23/10
Date frwd 11/23/10
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 11-23-10 Amount Paid 335.00
Received By BT Cash/Check No. 7522

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

Form A Updated 5/10

11-24-2010 14:39:31

LLCHD HS000445

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

A

Permit Number HS000445

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 10635 Weeks Dr (no rural route) City Lincoln NE Zip 68516

Legal Description 33 9 7 Nedrow Heights 1st 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 16-33-100-020-000

B. Owner

Name Sara Lambert Signature

Address 10635 Weeks Dr City/State/Zip Lincoln, NE 68516

Home Phone 402-421-9522 Work Phone 402-430-6054

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Name: Lloyd Jakowitz, Raymond Contracting Signature Lloyd Jakowitz for Lloyd

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Date frwd
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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

11-23-2010 10: 1:51

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

B

Permit Number: H5000445

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10635 Peaks Dr (no rural route) City Lincoln NE, Zip 68516

Owner Sam Lambert Addresss Same

Soil Type (SCS): Wymore Percolation Rate: _____ min./inch

Date of Tests 11/20/10 to 11/21/10 Weather: Precipitation 0 Temperature 38°

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	40	11/20	12:00p	11/20	4:00p	11/21	1:00p	6	11/21	1:30p	30	1/2	60
2	40	"	"	"	"	"	"	"	"	"	"	11/16	43
3	40	"	"	"	"	"	"	"	"	"	"	1/2	60

Sum of Percolation Rates: 163
Average of Rates: 54
Rate Used for Calculation: 54

Person Conducting Percolation Tests

Name: Terri L. Jahnbek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

C

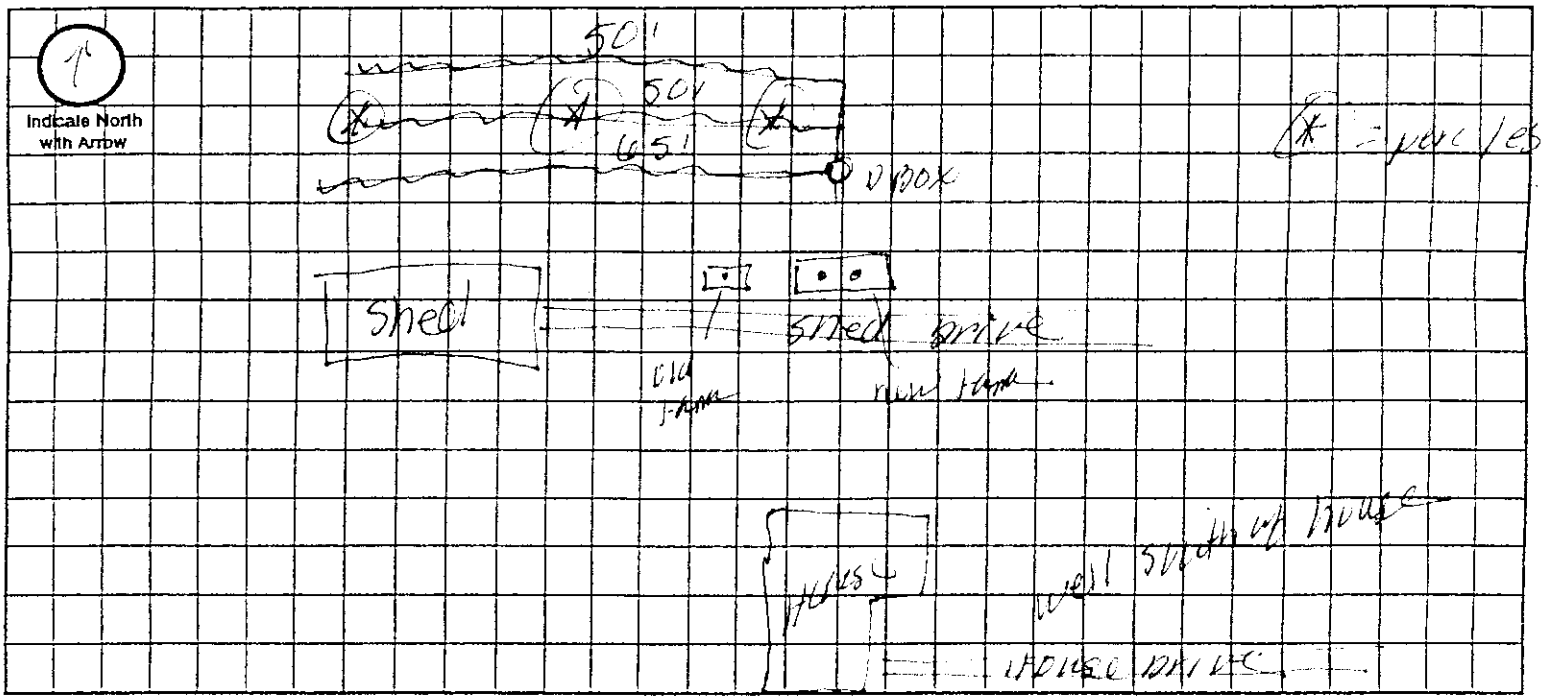
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS 000445

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) 10635 Weeks Dr City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 54 (min. per inch) Soil Type: Wymore Land Slope: _____ %

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

Total Square Feet of Field Required: 1,050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Driveless Chambers

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

Total Length of Laterals 245 ft. Number of Trenches 3 Trench Width 42"

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 _____ Date _____

Installer _____ Date 11/22/10

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. HS000445

System Type:	STANDARD
Situs:	10635 WEEKS DR
Legal Description:	T09N-R07E-S33-2-Lot 3
Owner:	LAMBERT, SAMUEL C & KELLE J 10635 WEEKS DR LINCOLN NE 68516

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	11/23/2010
Expires:	11/23/2011

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