**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. HS000462**

**System Type:** STANDARD

**Situs:** T8N, R5E, SEC 9, LOT 18

**Legal Description:** T08N-R05E-S09-Lot 18

**Owner:**

| | |
|---|---|
| Permit Fee: | $335.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $335.00 |

Issued: 02/17/2011
Expires: 02/17/2012

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

GAGNER CONSTRUCTION
4810 W CLAIRE AVE
LINCOLN NE 68523-9324

LLCHD HS000462

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

**A**

Permit Number
HS000462

# 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 _____ (no rural route) City Crete, NE Zip 68333

Legal Description W ½ SE ¼ 9 8 5 18
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: 20+

## B. Owner

Name Craig Allen Signature _____

Address 2920 Loveland City/State/Zip 68502

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

## C. Contractor

Name: URBAN HOMES (NOLAN) Company Name URBAN HOMES

Address 4837 S0236TH COURT CIR. City/State/Zip ELKHORN NE 68022

☐ Check if contractor designed system Work Phone _____

## D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Mel Eagner Firm Eagner Const Work Phone 432-5698

## 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 500

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 2/17/11
Date frwd 2/17/11
ACTION ☒ Approved ☐ Disapproved
Signature _____

**2. Supt. Bldg. Insp. or Village Clerk**
Comments _____
Date rec'd 2-16-11
Date frwd 2-16-11
ACTION ☒ Approved ☐ Disapproved
Signature _____

**3. City or County Engineer**
Comments _____
Date rec'd 2-16-11
Date frwd 2-16-11
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

2-17-2011 14:46:14

Form A Updated: 5-07

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

B

Permit Number: HS000462

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

W½ of SE¼ 59 T8 R5

PLEASE PRINT OR TYPE

**System Location** (Indicate correct number and street)

Address 10548 "W" WITTSTRUCK Rd. (no rural route) City Crete NE, Zip 68333

Owner Craig Allen Address 2920 Loveland Dr Lincoln NE 68502

Soil Type (SCS): CLAY LOAM Percolation Rate: 52.6 min./inch

Date of Tests 12/1/10 to 12/3/10 Weather: Precipitation 0 Temperature 38

phone 402-217-3172

## Percolation Test Data Table

| A. Hole No. | B. Hole Depth (in.) | C. Pre-Saturation Period Start Date (Mo/Da) | C. Pre-Saturation Period Start Time (Hr/Min) | D. Pre-Saturation Period End Date (Mo/Da) | E. Pre-Saturation Period End Time (Hr/Min) | F. | G. Percolation Readings Start Date (Mo/Da) | G. Start Time (Hr/Min) | H. Water Lev (in.) | I. End Date (Mo/Da) | J. End Time (Hr/Min) | K. | L. Elapsed Time (Min) | M. Results Water Level Drop (in.) | N. Percolation Rates (Min/in) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 36 | 12/1 | 9:35 | 12/2 | 9:35 | | 12/3 | 9:35 | 6 | 12/3 | 9:35 | | 30 | 3/4 | 40 |
| 2 | 31 | " | " | " | " | | " | " | " | " | " | | " | 5/8 | 48 |
| 3 | 32 | " | " | " | " | | " | " | " | " | " | | " | 5/8 | 48 |
| 4 | 31 | " | " | " | " | | " | " | " | " | " | | " | | 60 |
| 5 | 30 | " | " | " | " | | " | " | " | " | " | | " | ½ | 60 |
| 6 | 26 | " | " | " | " | | " | " | " | " | " | | " | ½ | 60 |

Sum of Percolation Rates: 316

Average of Rates: 52.6

Rate Used for Calculation: 60

**Person Conducting Percolation Tests**

Name: Ralph Zaruba

Phone: 402-432-5694

Address 4810 "W" Claire Ave.

Lincoln NE 68523

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000462

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

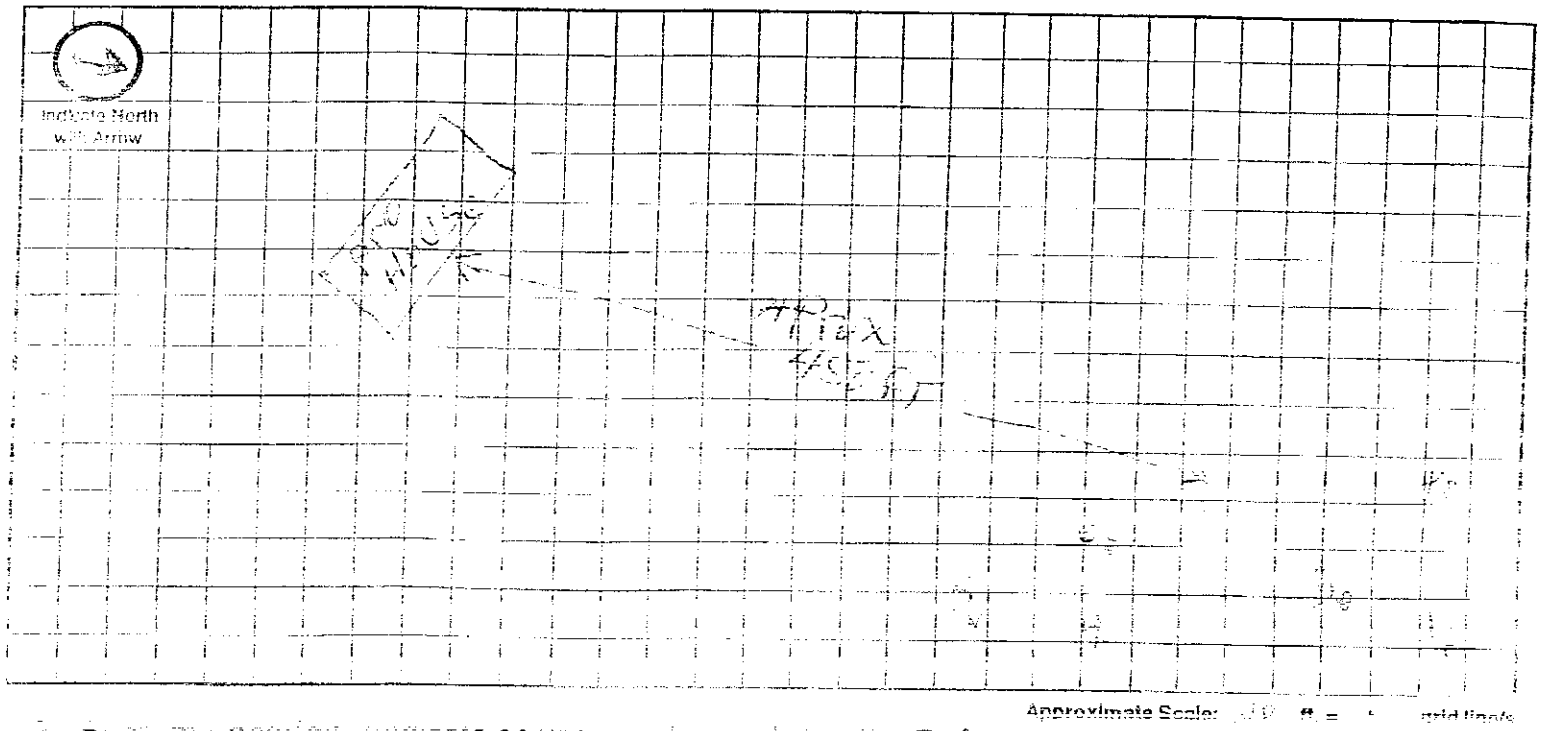
C

Permit Number: H 5000462

W 1/2 of SE 1/4 59 18 R5

# 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: 1" = ' grid lines

A. System Location (Indicate correct number and street)

Address of Property: 10548 W. Wittstruck Rd. Creek 68333

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: 4 %

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

Total Square Feet of Field Required: 1400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATORS

Capacity of Septic Tank: 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 4 Trench Width 48

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

| | Property Line | Public Well | Surface Water | Natural Water | Pressure Water Lines | Property Line (L.A.) | Trees | Plantings | Septic Tank |
|---|---|---|---|---|---|---|---|---|---|
| Field (s) | 100 ☐ | 300 ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Tank | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | 10' ☐ | 20' ☐ | ☐ |

E. Required Signature/s

Septic Software Contractor

Signature: Melvin Gagner Date: 10-15-2010

2-17-2011 14:46:17

LLCHD HS000462

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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. _____

2-17-2011 14:46:19 White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated. 5-07