LLCHD HS000467

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

A

Permit Number HS000467

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 8200 Skybright Rd (no rural route) City Lincoln, NE Zip 68517

Legal Description 10 11 7 Finigan 2nd Lot 2
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

Geographical Location (if known): Lat/Long: _____ PID 18-10-401-002-000

B. Owner

Name Dustin Thoms Signature _____

Address 2341 Telluride Circle City/State/Zip Lincoln NE 68521

Home Phone 402-326-2241 Work Phone 402-466-8116 (wife-Sena)

C. Certified Installer

Name: Voigt Excavating Signature _____

Address P.O. Box 122753 Lincoln NE City/State/Zip Waverly, NE 68462

Work Phone 402-477-2227

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 3.03

☐ 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 3/23/11
Date frwd 3/23/11
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 3/23/11
Date frwd 3/23/11
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 3-23-11
Date frwd 3-23-11
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plough

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 3-25-11 Amount Paid 335.-
Received By BA Cash/Check No. 4449

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

Form A Updated: 5/10

3-30-2011 11:22:48

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8200 Skybright Rd (no rural route) City _____ NE, Zip _____

Owner Dustin & Sena Thoms Address 2341 Telluride Circle Lincoln NE 68521

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

Date of Tests 8-23-10 to 8-24-10 Weather: Precipitation 1" Temperature 86

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	30	8-23	3:30PM	8-24	11:00AM	8-24	11:00AM	6	8-24	11:30AM	30	.5	60.00
2	30	8-23	3:30PM	8-24	11:00	8-24	11:00	6	8-24	11:30	30	.675	44.44
3	30	8-23	3:30PM	8-24	11:00	8-24	11:00	6	8-24	11:30	30	.675	44.44
4	30	8-23	3:30PM	8-24	11:00	8-24	11:00	6	8-24	11:30	30	.5	60.00
5	30	8-23	3:30PM	8-24	11:00	8-24	11:00	6	8-24	11:30	30	.675	44.44
6	30	8-23	3:30PM	8-24	11:00	8-24	11:00	6	8-24	11:30	30	.675	44.44

Person Conducting Percolation Tests

Name: Dave Vogt

Phone: 402-477-2227

Address P.O. Box 22753
Lincoln, NE 68542

Sum of Percolation Rates: 297.78

Average of Rates: 49.63

Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95
3-30-2011 11:22:49

LLCHD HS000467

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

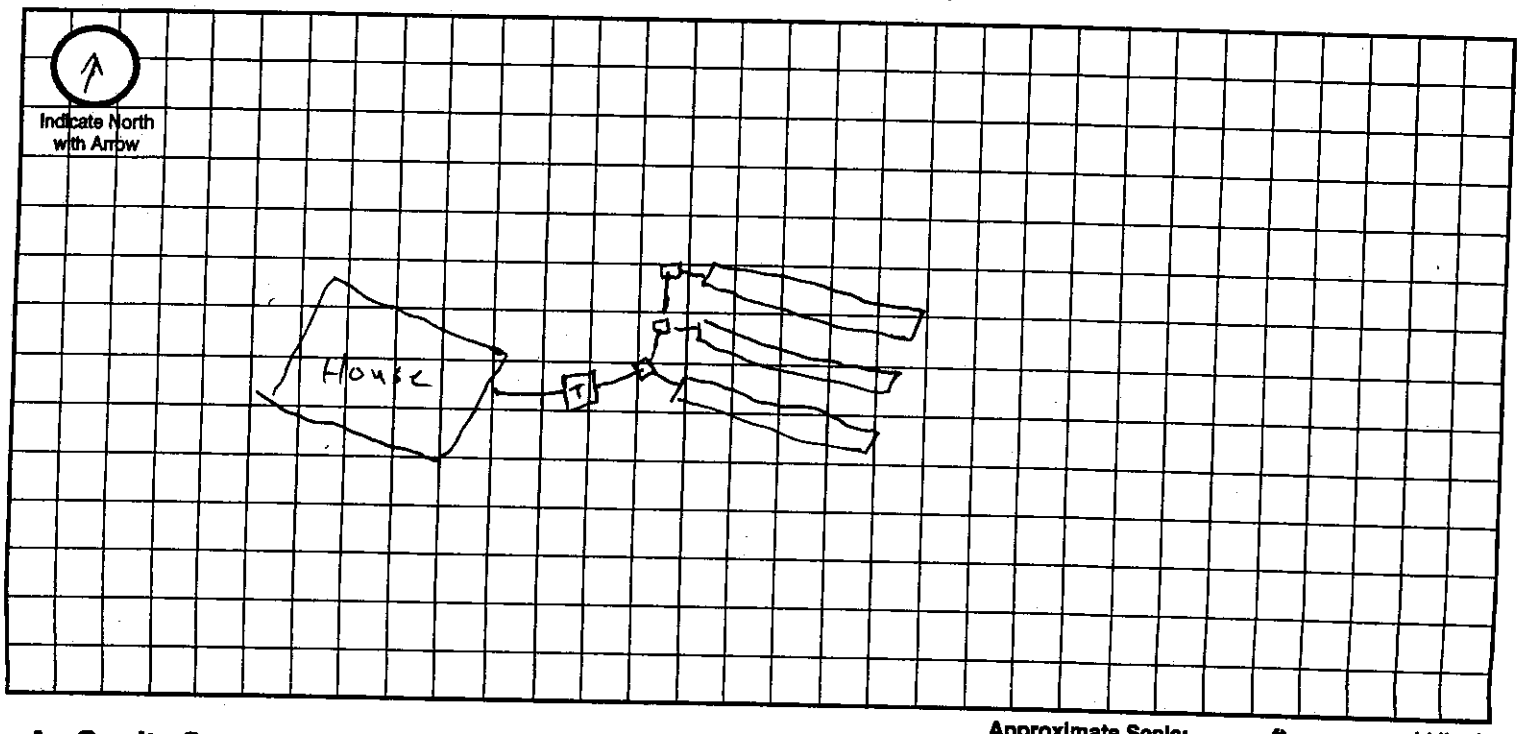
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 8206 Skybright Rd City Lincoln NE, Zip NE 68510

B. Proposed Septic Tank/s

Septic Tank Cap. 1250 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 50 (min/inch = mpi) No. of Bedrooms 3 Soil Type Loam Land Slope 6 %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 992 sq.ft.

Total length of laterals 248 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 3 Width 4 No. of drop boxes 3 Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date 3-22-2011

Installer _____ Date 3-22-2011

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. HS000467

System Type:	STANDARD
Situs:	8200 SKYBRIGHT RD
Legal Description:	T11N-R07E-S10-Lot 2
Owner:	THOMS, DUSTIN & SENA 2341 TELLURIDE CIR LINCOLN NE 68521

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	03/25/2011
Expires:	03/24/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

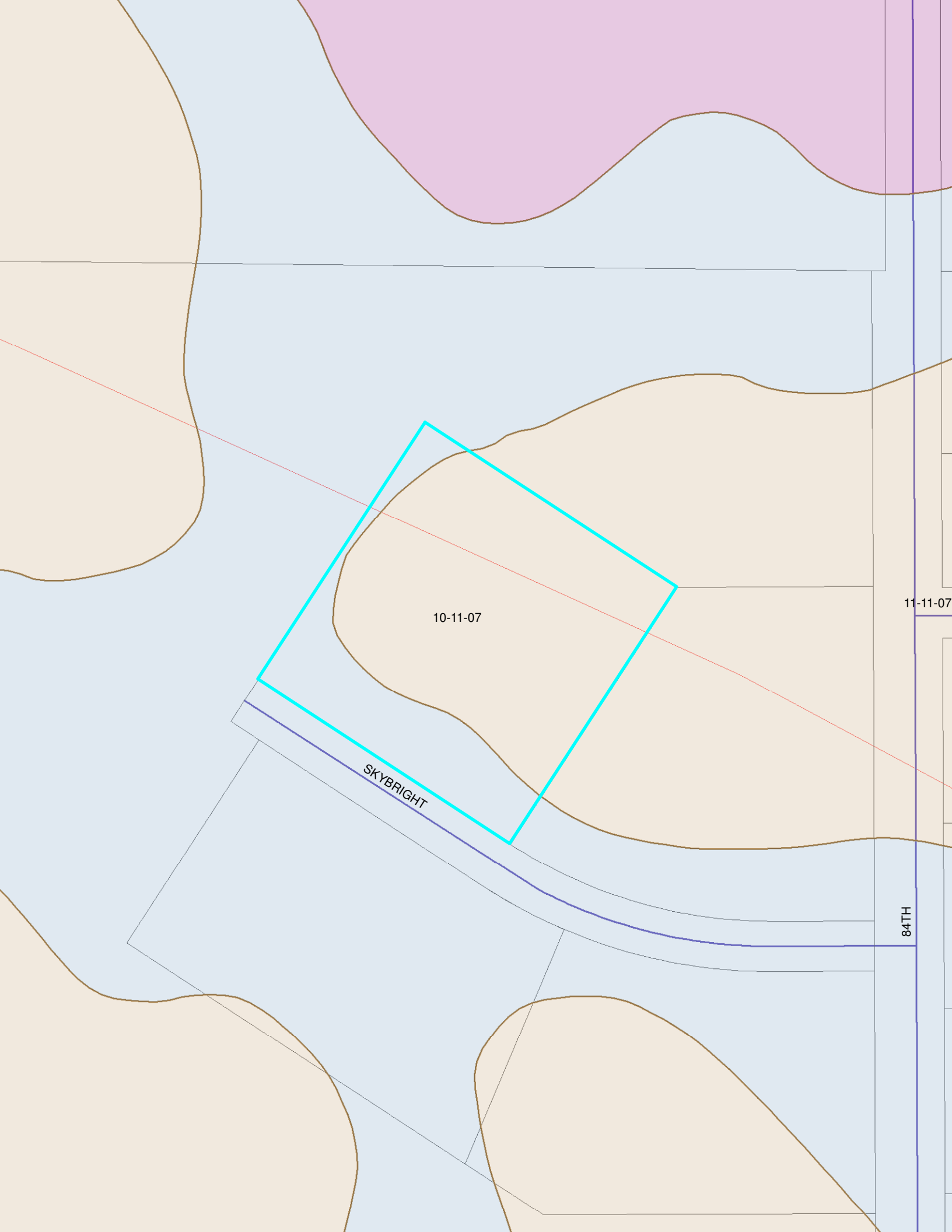
On-site Waste System Permit Holder:

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

SENA THOMS
2341 TELLURIDE CIR
LINCOLN NE 68521


10-11-07
11-11-07
SKYBRIGHT
84TH

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

SCANNED

A

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HS000467

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Date rec'd 3-23-11
Date frwd 3-23-11
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploger

Installation Final Written Approval
By Doug Voigt
Date 10/14/11

Business Office Use Only
Date Received 3-25-11 Amount Paid 335.-
Received By BA Cash/Check No. 4449

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

Form A Updated: 5/10