LLCHD HS000510

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

A

Permit Number HS000510

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 4677 S 112 (no rural route) City LINCOLN, NE Zip 68526

Legal Description ½ 9 7 N½ SENE AKA 34

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

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

B. Owner

Name Lochner - Henry Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 105 Locust P.O. Box 191 City/State/Zip Hickman, Ne 68372

Work Phone _____

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 _____ 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 6/22/11
Date frwd _____
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 6-23-11
Date frwd 6-23-11
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments verify system is out of flood plain
Date rec'd 6/27/2011
Date frwd 6/28/2011
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 6-27-11 Amount Paid 335.-
Received By BA Cash/Check No. 1319

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

Form A Updated: 5/10

6-29-2011 14: 4:13

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 4677 S 112 (no rural route) City Lincoln NE, Zip 68526

Owner _____ Addresss _____

Soil Type (SCS): 5UC Percolation Rate: _____ min./inch

Date of Tests 3/4 to 3/5/11 Weather: Precipitation _____ Temperature _____

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	36					3/5	1/00	29	3/5	1/30	30	3/4	40
2						1	P	27 1/8		PM		3/4	40
3								28 5/8				7/8	34
4								27 1/4				5/8	48
5								27 3/8				3/4	40
6								26 3/4				3/4	40

Sum of Percolation Rates: 242
Average of Rates: 40
Rate Used for Calculation: 40

3 Bdrm - 250' w/1000
4 Bdrm - 275 w/1250

Person Conducting Percolation Tests

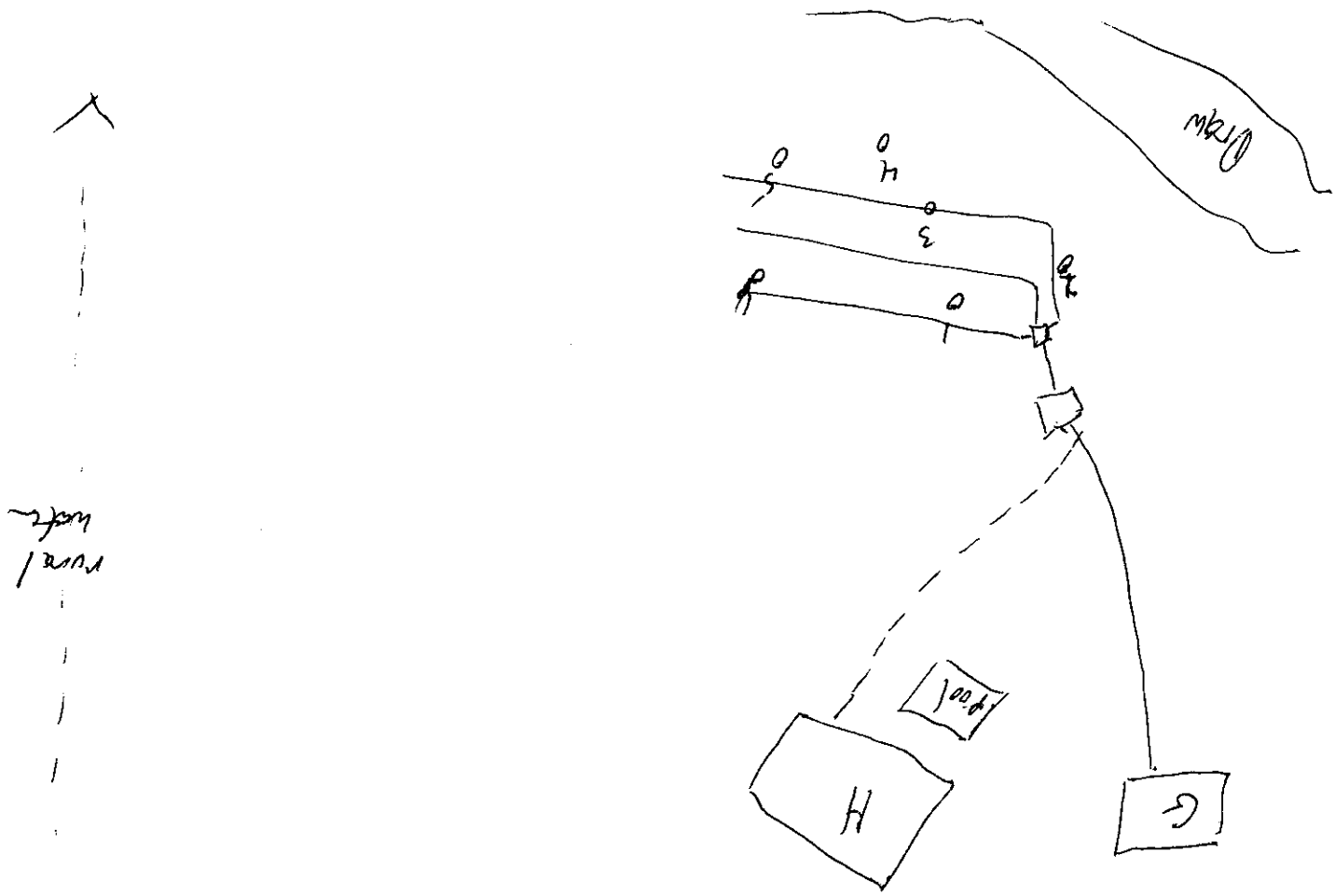
Name: Brad Southwick
Phone: 430-7606
Address 105 Locust P.O. Box 191
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____


H
G

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. HS000510

System Type: STANDARD

Situs: 4677 S 112th

Legal Description: T09N-R07E-S12-N1/2 of SE

Owner:

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

Issued: 06/27/2011
Expires: 06/26/2012

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

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

SCANNED

A

Permit Number HS000870

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 4677 S 112 (no rural route) City LINCOLN, NE Zip 68526

Legal Description 12 9 7 N ½ SENE AKA 34

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

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

B. Owner

Name Lachnit - Henry Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 105 Locust P.O. Box 191 City/State/Zip Hickman, Ne 68372

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Date frwd _____
ACTION ☑ Approved ☐ Disapproved
Signature Doug Ahlschwede

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Comments _____
Date rec'd 6-23-11
Date frwd 6-23-11
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments verify system is out of Flood plain
Date rec'd 6/23/2011
Date frwd 6/23/2011
ACTION ☑ Approved ☐ Disapproved
Signature Kimball D. Schneider

Installation Final Written Approval
By Doug Ahlschwede
Date 9/26/11

Business Office Use Only
Date Received 6-27-11 Amount Paid 335.-
Received By BA Cash/Check No. 1319

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

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

SCANNED

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

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Person Conducting Percolation Tests

Name: Brad Southwick
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Reviewing Action

Remarks _____

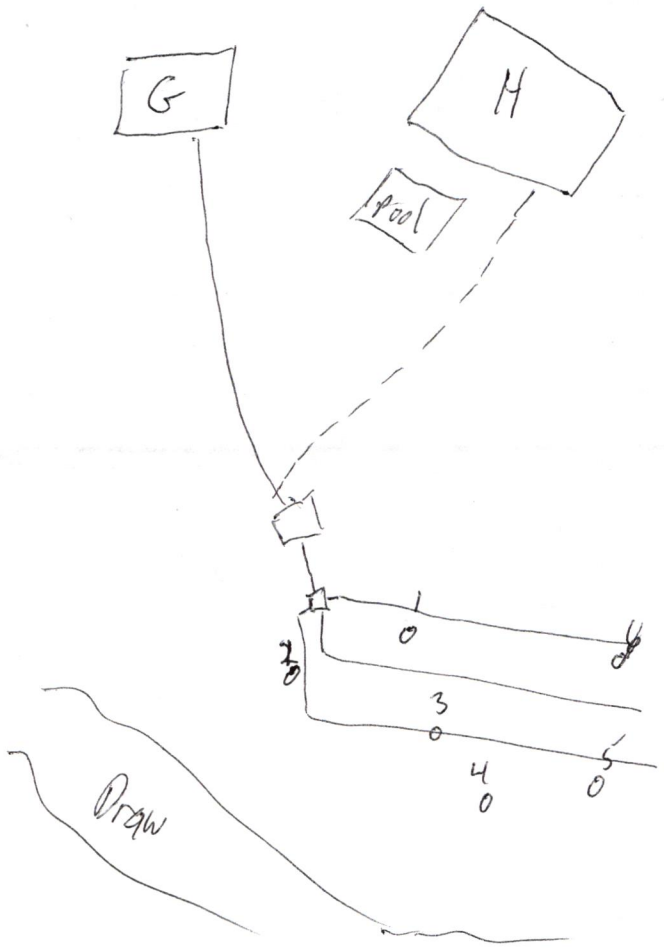
Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

SCANNED

So 112

N



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water

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 12 9 7

Date _____ Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 4677 S 112 City Lincoln NE, Zip 68526

Owner Fulton Const. Address _____

A. Sewer Pipe

1. Material: SCH 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 30 in.
3. Distance between dwelling and septic tank: 90 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line > 30 ft.
   property line > 20 ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: Plastic Snyder Dominator
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below 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 > 30 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.

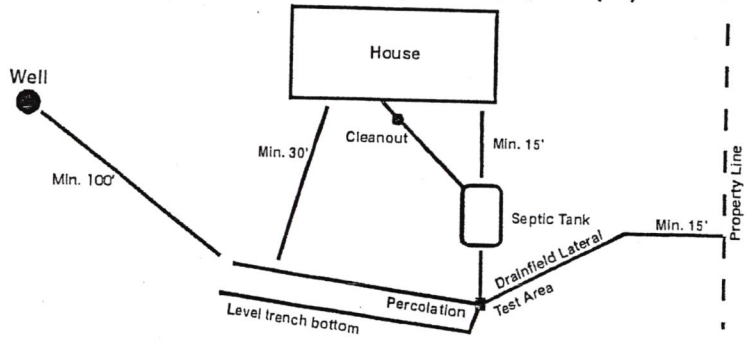
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 92 ft. 92 ft.
   86 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 4 in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line > NA ft.
   Pressure line > 30 ft.
   Property line > 50 ft.
   House or building > 50 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

20 Acres

