LLCHD HS000522

A

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

Permit Number: HS000522

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 14801 Chicago Ave (no rural route) City Lincoln NE, Zip 68527

Legal Description ____ ____ ____ ____ Prairie Home 2 7-10
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name First State Bank Signature ____

Address 7101 S 82nd. City/State/Zip Lincoln, Ne. 68516

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

C. Contractor

Name Kelly Wolinski Company Name Wellmann Plumbing Inc.

Address ____ City/State/Zip 3130 S 6th. Lincoln, Ne. 68502

☒ Check if contractor designed system Work Phone 402-434-2400

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

Designer Name Kelly Wolinski Firm Wellmann Plu Work Phone 434-2400

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day 400 Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 7/20/11 ACTION ☑ Approved ☐ Disapproved
   Date frwd 7/20/11 Signature ____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd ____ ACTION ☐ Approved ☐ Disapproved
   Date frwd ____ Signature ____
3. **City or County Engineer** Date rec'd ____ ACTION ☐ Approved ☐ Disapproved
   Date frwd ____ Signature ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Rec'd 7-20-11
Amt Paid 335-
Rec'd By BA Cash/Check No. 48817

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

7-26-2011 9:17:49

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Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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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 14801 Chicago Ave (no rural route) City Lincoln, NE, Zip 68527

Owner First State Bank Addresss 7101 S 82nd Lincoln, Ne. 68516

Soil Type (SCS): Silty Clay Loam 2-6% Percolation Rate: _____ min./inch

Date of Tests 7-1-2011 to 7-6-2011 Weather: Precipitation Rainy Temperature 80° F

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	7-1		7-6		7-6					10	1"	10
2												1.5	6.66
3												.5	20
4												1	10
5												.75	15
6												1.5	6.66

Sum of Percolation Rates: 68.32

Average of Rates: 11.38

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Kelly Walinski

Phone: 610-0561

Address 4211 Lamm Ln

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

7-26-2011 9:17:51

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. HS000522

System Type: STANDARD

Situs: 14801 CHICAGO AVE

Legal Description: T10N-R08E-S03-2-Lot 7-10

Owner: FIRST STATE BANK
7101 S 82 STA
LINCOLN NE
68516

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	07/20/2011
Expires:	07/19/2012

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

WELLMAN PLUMBING
3130 S 6TH
LINCOLN NE 68502