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. HS000524

System Type: STANDARD

Situs: 1800 N 129 CT

Legal Description: T10N-R08E-S17-1-Lot 4

Owner: OLD CITY HOMES LLC
14824 N 112 ST
LINCOLN NE
68517

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	07/28/2011
Expires:	07/27/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

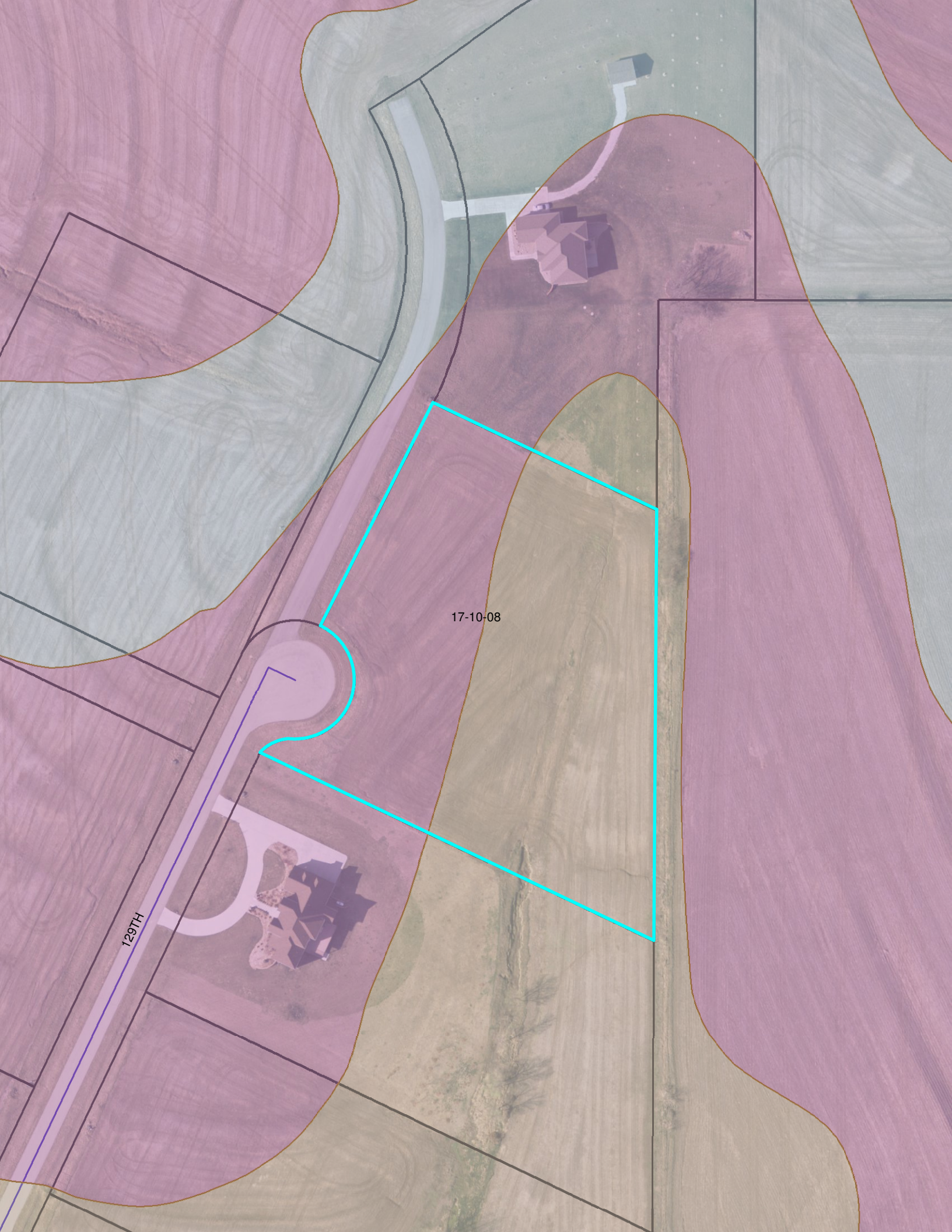
On-site Waste System Permit Holder:

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

OLD CITY HOMES
14824 N 112TH ST
LINCOLN NE 68517


17-10-08
129TH

LLCHD HS000524

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

A

Permit Number
HS000524

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 1800 N 129th Ct (no rural route) City Lincoln, NE Zip _____

Legal Description _____ 17, 10, 8 _____ 1 4

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

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

B. Owner

Name Victor Rybar Signature _____

Address 14824 N 112 St City/State/Zip Lincoln NE 68517

Home Phone (402) 786-7446 Work Phone (402) 580-0390

C. Certified Installer

Name: Dave Vogt Signature _____

Address P.O. Box 22753 City/State/Zip Lincoln, NE 68542

Work Phone 402-560-4267

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 5 Is there a Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3

☐ 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 7/28/11
Date frwd 7/28/11
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☑ Approved ☐ Disapproved
Signature See attached

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 7-28-11 Amount Paid 355.--
Received By 7-28-11 Cash/Check No. 1433

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

Form A Updated: 5/10

7-28-2011 15:22:59

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

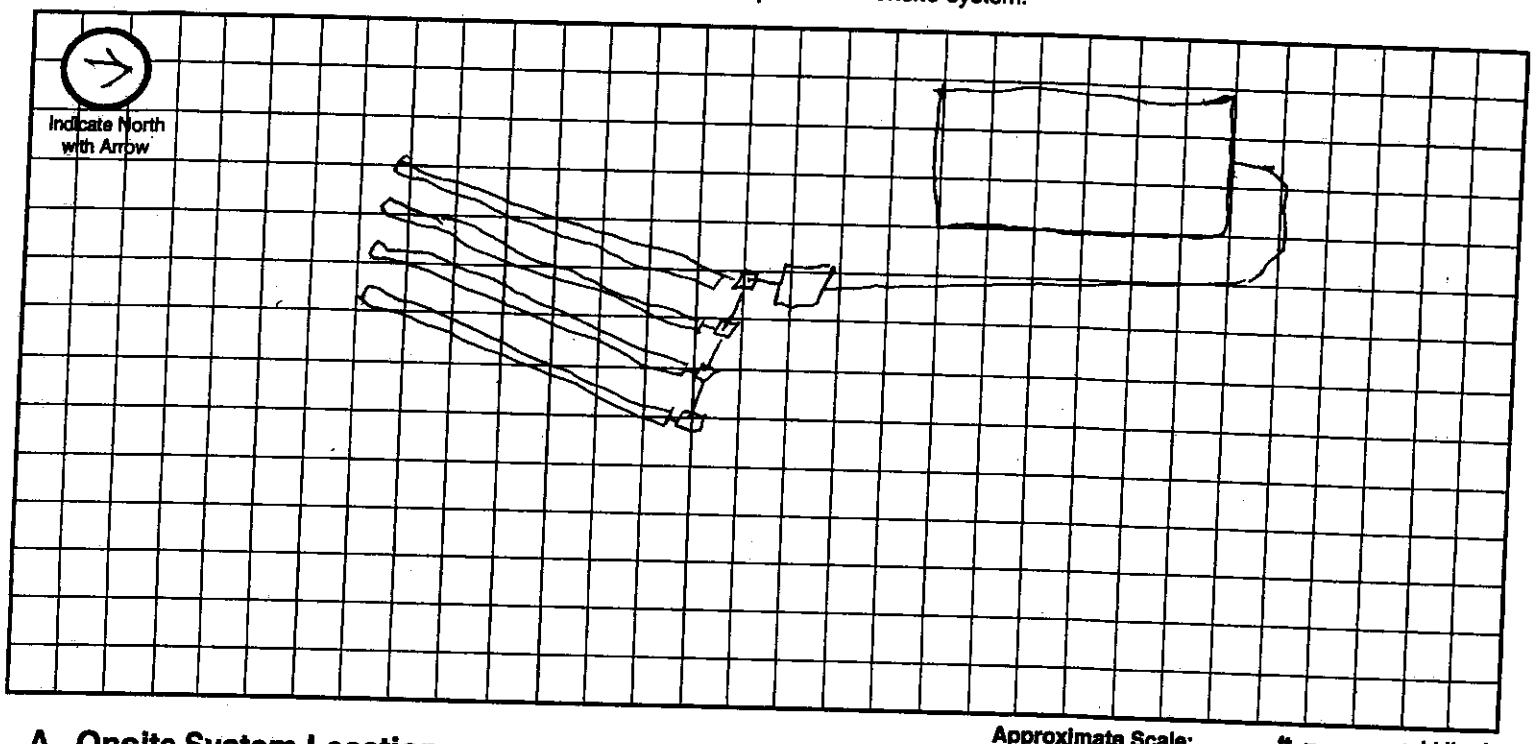
C

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) 1800 N 129th Ct City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1150 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 30 (min/inch = mpi) No. of Bedrooms 5 Soil Type_____ Land Slope 8 %

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

Total length of laterals 900 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 4 Width 4' No. of drop boxes 4 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_____

Installer [signature] Date 7-26-2011

B

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

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

VIKTOR
580-0390

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1800 N 129th (no rural route) City Lincoln NE, Zip

Owner Old City Homes Address 14824 N 112th Lincoln NE 68517

Soil Type (SCS): Percolation Rate: 30 min./inch

Date of Tests 7-8-11 to 7-9-11 Weather: Precipitation None Temperature 85

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	48	7-8	800	7-9	1000	7-9	10:00	6	7-9	1030	30	1	30
2	48	7-8	800	7-9	1000	7-9	10:00	6	7-9	1030	30	1	30
3	48	7-8	800	7-9	1000	7-9	10:00	6	7-9	1030	30	1	30
4	48	7-8	800	7-9	10:00	7-9	10:00	6	7-9	1030	30	1½	20
5	48	7-8	800	7-9	10:00	7-9	10:00	6	7-9	1030	30	1	30
6	48	7-8	800	7-9	10:00	7-9	10:00	6	7-9	1030	30	1	30

Sum of Percolation Rates: 170
Average of Rates: 28.333
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 402-560-4267
Address P.O. Box 22753
Lincoln, NE 68542

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

Nate C. Hartman

From: Gordon McGill
Sent: Thursday, July 28, 2011 8:18 AM
To: Nate C. Hartman
Attachments: Gordon McGill.vcf

LOT OK 1800 N. 129TH CT LEGAL LOT....G

Gordon McGill
Building &Safety
Plans Examiner II / Building Inspector

402-441-6424 Work
gmcgill@lincoln.ne.gov

