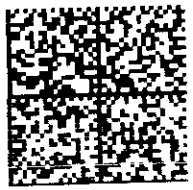


CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

Lincoln-Lancaster County
Health Department
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS



047J82005126
$00.414
08/15/2011
Mailed From 68510
US POSTAGE

AUG 17 2011

881 NFE 1 6111 00 08/15/11
RETURN TO SENDER
:PRIDE HOMES
11401 VAN DORN ST
WALTON NE 68461-9246

RETURN TO SENDER

FBBHSMP 685
68510@1514



LLCHD HS000527

8-17-2011 15:13:59

**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. HS000527**

**System Type:** STANDARD

**Situs:** 13162 W Rokeby Rd

**Legal Description:** T09N-R05E-S31-Lot 3

**Owner:**

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

Issued: 08/10/2011
Expires: 08/09/2012

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

PRIDE HOMES
1544 S 1ST
LINCOLN NE 68502

LLCHD HS000527

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

**A**

Permit Number HS000527

# 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 13162 W Rokeby Rd City Denton, NE Zip 68339
(no rural route)

Legal Description S31 T9 R5 6 Principal Meridian 3
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

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

**B. Owner**

Name Larry & Christine Hageman Signature Christine Hageman
Address 13162 W Rokeby Rd City/State/Zip Denton NE 68339
Home Phone _____ Work Phone 402-450-5637

**C. Certified Installer**

Name: Brad Southwick Signature Brad Southwick
Address 17201 S. 72nd Hickman NE City/State/Zip 68372
Work Phone 402-430-7606

**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 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 20+

☐ 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 8/1/11 ACTION ☐ Approved ☐ Disapproved
Date frwd 8/1/11 Signature _____

**2. Supt. Bldg. Insp. or Village Clerk**
Comments _____
Date rec'd 8-1-11 ACTION ☒ Approved ☐ Disapproved
Date frwd 8-1-11 Signature _____

**3. City or County Engineer**
Comments _____
Date rec'd 8-1-11 ACTION ☒ Approved ☐ Disapproved
Date frwd 8-1-11 Signature Jim Ploughe

**Installation Final Written Approval**
By _____
Date _____

***Business Office Use Only***
Date Received 8-2-11 Amount Paid $335.-
Received By BH Cash/Check No. 19016

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

Form A Updated: 5/10

8-3-2011 14:50:47

B

Permit Number:

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

Dec 31
T9N
R5E

# Sewage Disposal System
## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

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

Address WRokeby (no rural route) City Crete NE, Zip 68333

Owner Pride Homes Address

Soil Type (SCS): SIF & SUD2 Percolation Rate: min./inch

Date of Tests 7/18 to 7/19/11 Weather: Precipitation 90° Temperature 90-100

## 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 | 32 | 7/18 | 3:30 | 7/19 | 12:30 | 7/19 | 3:50 | 27½ | 7/19 | 4:30 | 30 | ½ | 60 |
| 2 | | | P | | P | | P | 26⅞ | | P | | ½ | 60 |
| 3 | | | | | | | | 24¼ | | | | ⅝ | 48 |
| 4 | | | | | | | | 25⅛ | | | | ¾ | 40 |
| 5 | | | | | | | | 27¼ | | | | ⅝ | 48 |
| 6 | | | | | | | | 27 | | | | ¾ | 40 |
| 7 | | | | | | | | 28 | | | | ⅝ | 48 |
| 8 | ↓ | | | | | | | 28½ | | | | ⅛ | 26 2/3 |
| 9 | | | | | | | | 26⅝ | | | | ⅞ | 34 |
| | | | | | | | | | | | | | |

**Person Conducting Percolation Tests**

Name: Brad Southwick #148 + 478

Phone: 430-7606

Address: 191 105 Locust

Hickman, Nebr 68372

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

**SOUTHWICK SEWER & DRAIN**
**Brad Southwick**
**105 Locust Street**
**P.O. Box 191**
**Hickman, NE 68372**

**Fax Document**

- **To:** Nate Hartman
- **Company:** LLCHD
- **Fax:** 441-3890
- **Pages:** 2 w/cover
- **Re:** Soil Percolation Test for Pride Homes on W. Rokeby Rd. Crete
- **Comments:** call matt Kleinschmit at 434-3220 for legal Description

488-3532

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

SCANNED

**A**

Permit Number H5000527

# Onsite Wastewater Treatment System
# Request for Site Clearance and Permit

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Legal Description S31 T9 R5 6 Principal Meridian 3

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

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

## B. Owner

Name Larry & Christine Hageman Signature Christine Hageman

Address 13162 W Rokeby Rd City/State/Zip Denton NE 68339

Home Phone Work Phone 402-450-5632

## C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 17201 S. 72nd Hickman NE City/State/Zip 68372

Work Phone 402-430-7606

## D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

## E. This system will serve a

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**Approval Process** ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

**1. Health Department**
Site visits
Date rec'd 8/1/11
Date frwd 8/1/11
**ACTION** ☐ Approved ☐ Disapproved
Signature

**2. Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd 8-1-11
Date frwd 8-1-11
**ACTION** ☒ Approved ☐ Disapproved
Signature

**3. City or County Engineer**
Comments
Date rec'd 8-1-11
Date frwd 8-1-11
**ACTION** ☒ Approved ☐ Disapproved
Signature Jim Ploger

**Installation Final Written Approval**
By
Date 11/14/11

**Business Office Use Only**
Date Received 8-2-11 Amount Paid $335.-
Received By BM Cash/Check No. 19016

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

Form A Updated: 5/10

* Had contractor level second lateral Before