LLCHD HS000529

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

A

Permit Number HS000529

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 11630 ASPEN CANYON Rd (no rural route) City LINCOLN, NE Zip 68526

Legal Description ~~[redacted]~~ Whispering Creek 1ST 4 1

1/4 1/4 Section 18, Township 9, Range 8 Subdivison Addition Block Lot

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

B. Owner

Name GARY KARTHAUSER Signature Gary Karthauser signed by Jess Baker Wilderness Constr. Inc.

Address 5580 SAWGRASS DR. City/State/Zip LINCOLN NE 68526

Home Phone Work Phone

C. Certified Installer

Name: MELVIN GAGNER Signature Melvin Gagner

Address 4810 "W" CLAIRE AVE City/State/Zip LINCOLN NE 68523

Work Phone 402-432-5698

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

☐ 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 8/5/11
Date frwd 8/5/11
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8-5-11
Date frwd 8-5-11
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8-5-11
Date frwd 8-5-11
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plough

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 8-8-11 Amount Paid 335
Received By Cash/Check No. 2594

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

8-9-2011 11:44:44

Form A Updated: 5/10

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 Whispering Creek
Annex to Application 1ST Add Block 4

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11630 ASPEN CANYON Rd (no rural route) City LINCOLN NE, Zip 68526

Owner GARY KARTHAUSER Addresss 5580 SAWGRASS DR. LINCOLN NE 68526

Soil Type (SCS): _____ Percolation Rate: 60 min./inch

Date of Tests 4/15/11 to 4/16/11 Weather: Precipitation 0 Temperature 49

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	4/15	1:15	4/16	12:10	4/16	12:30	6	4/16	1:00	30	1/2	60
2	31	"	"	"	"	"	"	"	"	"	"	5/8	48
3	32	"	"	"	"	"	"	"	"	"	4	5/8	48
4	30	"	"	"	"	"	"	"	"	"	"	5/8	48
5	33	"	"	"	"	"	"	"	"	"	"	3/4	40
6	31	"	"	"	"	"	"	"	"	"	"	7/8	34

Person Conducting Percolation Tests

Name: Melvin Eagner
Phone: 402-432-5698
Address 4810 "W" Claire Ave.
LINCOLN NE 68523

Sum of Percolation Rates: 278
Average of Rates: 46.33
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date

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

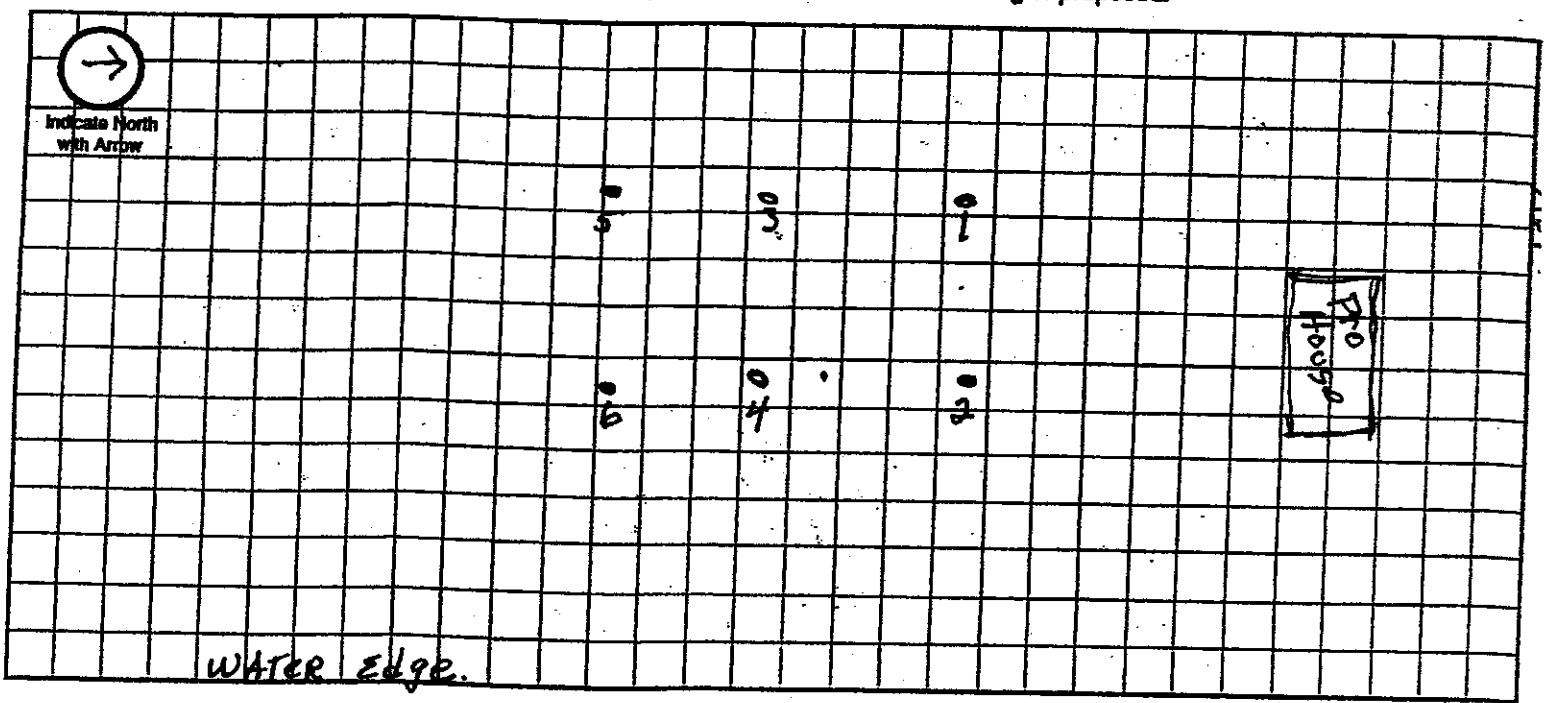
C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Whispering Creek
1st Add Block 4

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11630 Aspen Canyon R City Lincoln NE, Zip 68526

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: 4 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATORS

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 262 ft. Number of Trenches 3 Trench Width 48

D. 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 ☐	☐

E. Required Signatures

Home Building Contractor Date

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. HS000529

System Type: STANDARD

Situs: 11630 Aspen Canyon Rd

Legal Description: T09N-R08E-S18-4-Lot 1

Owner:

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

Issued:	08/08/2011
Expires:	08/07/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

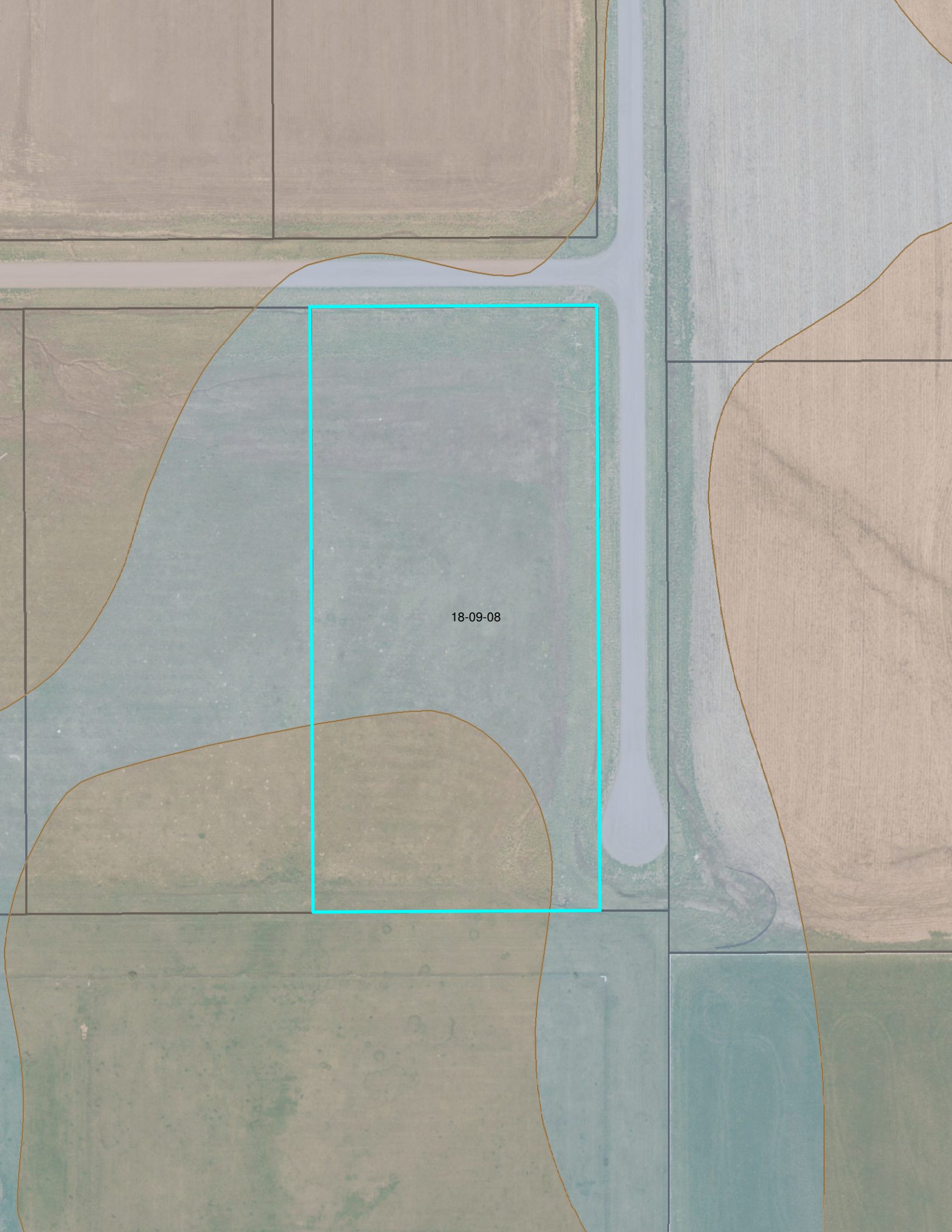
On-site Waste System Permit Holder:

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

WILDERNESS CONSTRUCTION
PO BOX 22912
LINCOLN NE 68542


18-09-08

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

SCANNED

A

Permit Number 11S000529

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3. City or County Engineer
Comments
Date rec'd 8-5-11
Date frwd 8-5-11
ACTION ☒ Approved ❑ Disapproved
Signature Jim Ploughe

Installation Final Written Approval
By Doug Ammon
Date 9/28/11

Business Office Use Only
Date Received 8-8-11 Amount Paid 355
Received By JH Cash/Check No. 2594

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

Form A Updated: 5/10