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. HS000530

System Type: STANDARD

Situs: 1333 Pleasant Hill Rd.

Legal Description: T09N-R06E-S16-Lot 67

Owner:

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

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

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

JACOB PROCHNOW
8200 SW 24TH
LINCOLN NE 68523


PLEASANT HILL
16-09-06
15-09-06
12TH

LLCHD HS000530

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

*Oversized due to future 2 bedroom house

A

Permit Number HS000530

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 1333 Pleasant Hill Rd. (no rural route) City Lincoln, NE Zip 68562

Legal Description 16 (1/4) , 9 (1/4) , 6 (Section) , 6th Principal Meridian (Township) , 675E (Range) (Subdivison) (Addition) (Block) (Lot)

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

B. Owner

Name Dean Prochnow Signature _____

Address 8200 SW 24th St. City/State/Zip Lincoln, NE 68523

Home Phone 402.421.1649 Work Phone same

C. Certified Installer

Name: Dean Prochnow Signature _____

Address 8200 SW 24th St. City/State/Zip Lincoln, NE 68523

Work Phone 402.421.1649

D. Engineer

☑ **Check and complete if engineer designed system** P.E. License Number: E-4132

Designer Name Dean Prochnow Firm Structural Systems Design Work Phone 402.421.1649

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.22

☐ 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 8/9/11
Date frwd 8/9/11
ACTION ☑ Approved ☐ Disapproved
Signature _____

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

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 8-9-11 Amount Paid 335 —
Received By AL Cash/Check No. 444

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

Form A Updated: 5/10

8-9-2011 14:55:51

LLCHD HS000530

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

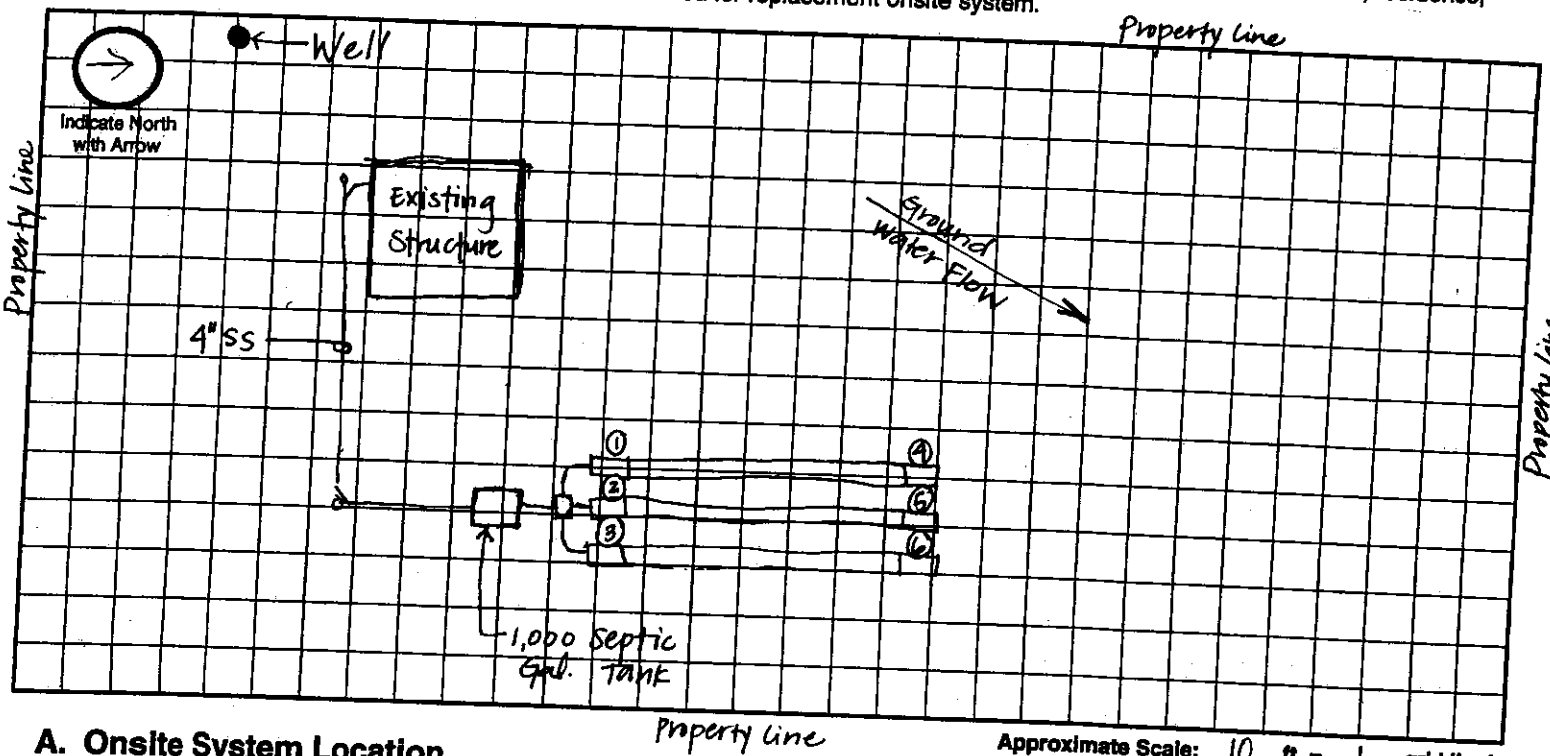
C

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: 10 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 1333 Pleasant Hill Rd. City Lincoln NE, Zip 68562

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☐ Concrete ☑ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 28 (min/inch = mpi) No. of Bedrooms 2 Soil Type Silty Clay Loam Land Slope 1 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 538 sq.ft.

Total length of laterals 190' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 3 Width 34" No. of drop boxes Ø Distrubtion Box 1

No. of absorption beds Ø Width NA No of Distribution lines per bed Ø

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 _____

Installer _____ Date 8/8/11

Date 8/8/11

TITLE 124 – NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

Attachment C
Soil Absorption Test Data Report

Owner Information:

Owner Name Dean Prochnow Phone (402) 421 - 1649
Address 8200 SW 24th St. City Lincoln State NE Zip 68523

Location: (Attach a sketch of the property showing test hole locations.)

____ ¼ Sec. of the ____ ¼ Sec., Section ____, Township ____ N, Range ____,
Lot # ____, Subdivision S16, T9, R6, 6th PM, Lot 67 SE, County Lancaster

Soil Type: (Check one.)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____
Silty Clay ____ Silty Clay Loam X Sandy Loam ____ Silt Loam ____

Dates of Test:

Start Date 08·06 to End Date 08·07, 20 11

Weather Conditions:

Precipitation 3/4" Avg. Temp. 85 °F

Percolation Test Measurements and Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Pre-saturation Period				Percolation Readings (last period)					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min)	Date (Mo./ Day)	Time (Hr./ Min)	Date (Mo./ Day)	Time (Hr./ Min)	Water Level (inch)	Time (Hr./ Min)	Water Level (inch)	Elapsed Time (minutes)	Drop in Water Level (inches)	**Percolation Rate (l ÷ m)** (Minutes per inch)
1	24"	08·06	2:15p	08·07	8:00a	08·07	2:45p	12"	3:16p	10 3/4"	31	1 1/4"	24.8
2	24"	08·06	2:15p	08·07	8:00a	08·07	2:45p	12"	3:16p	11"	31	1"	31
3	24"	08·06	2:15p	08·07	8:00a	08·07	2:45p	12"	3:17p	10 3/4"	32	1 1/4"	25.6
4	24"	08·06	2:15p	08·07	8:00a	08·07	2:45p	12"	3:18p	10 3/4"	33	1 1/4"	26.4
5	24"	08·06	2:15p	08·07	8:00a	08·07	2:45p	12"	3:18p	11"	33	1"	33
6	24"	08·06	2:15p	08·07	8:00a	08·07	2:45p	12"	3:19p	10 3/4"	34	1 1/4"	27.2

Tests must be performed by a certified on-site professional, a professional engineer or a registered environmental health specialist.

(Signature of certified on-site professional, professional engineer, or R.E.H.S.)

Certificate or License # E-4132
Address 8200 SW 24th
City Lincoln St. NE Zip 68523
Phone (402) 421-1133

Sum of Percolation Rates = 168

Avg. of Percolation Rates* = 28
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Send completed Attachment C with Form B – Construction Operating Permit Application to:
Nebraska Department of Environmental Quality, On-Site Wastewater Unit, P.O. Box 98922, Lincoln, NE 68509

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

SCANNED

A

*Oversized due to future 2 bedroom house

Permit Number H5000530

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

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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 1333 Pleasant Hill Rd. (no rural route) City Lincoln, NE Zip 68562

Legal Description 16 , 9 , 6 , 6th Principal Meridian , 67SE

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

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

B. Owner

Name Dean Prochnow Signature [signature]

Address 8200 SW 24th St. City/State/Zip Lincoln, NE 68523

Home Phone 402.421.1649 Work Phone same

C. Certified Installer

Name: Dean Prochnow Signature [signature]

Address 8200 SW 24th St. City/State/Zip Lincoln, NE 68523

Work Phone 402.421.1649

D. Engineer

☑ **Check and complete if engineer designed system** P.E. License Number: E-4132

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Date rec'd 8/9/11
Date frwd 8/9/11
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

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

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By [signature]
Date 10/24/11

Business Office Use Only
Date Received 8-9-11 Amount Paid 335 —
Received By JL Cash/Check No. 444

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

Form A Updated: 5/10

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

NOV 03 2011

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11-01-11 Legal Description S16 T9 R6 6TH PM. LOT 67 SE
(1/4 1/4 Section Township Range)

Onsite System Location

Address (no rural route) 1333 W. PLEASANT HILL RD. City LINCOLN NE, Zip 68523

Owner DEAN PROCHNOW Address 8200 SW 24TH ST. LINCOLN NE 68523

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: 67 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 200 ft.
   stream NA ft.
   pressure line 78 ft.
   property line 51 ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: PLASTIC
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☒ below grade 2 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: 24 in.
8. Distances to: Well or suction line 300 ft.
   Stream NA ft.
   Pressure line 78 ft.
   Property line 49 ft.

C. ☒ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: ABS / PLASTIC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 16 ft.

D. Drainfield Absorption

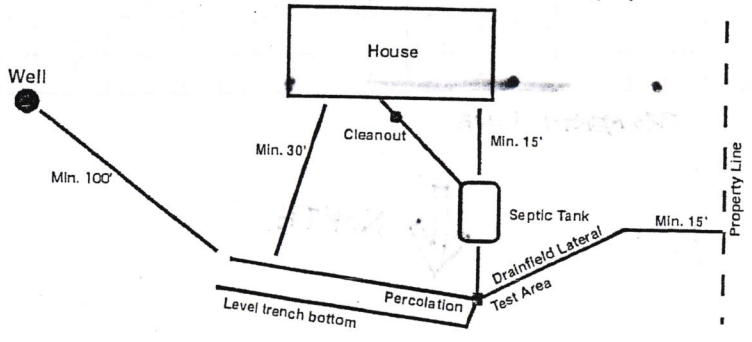
☒ Trench ☐ Bed ☐ Level Bottom

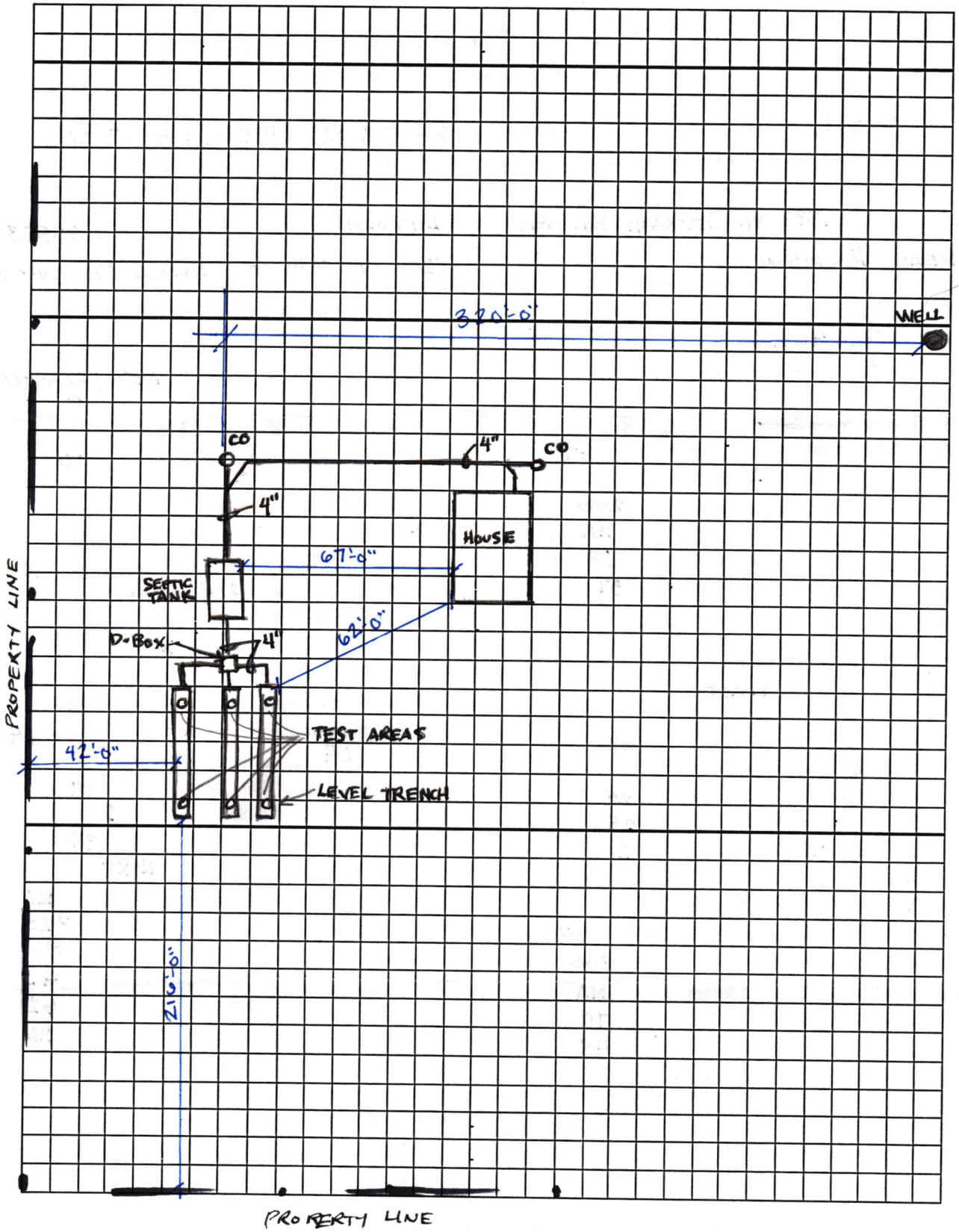
1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 36" WIDE
   Number of distribution lines in bed 3
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 3
   Length of each line: 64 ft. 64 ft.
   64 ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 19 ft.
   Distribution Pipe Slope 1 in/100 ft.
   Average depth 36 in
4. Filter material: NONE
   Depth of material NA in.
5. Distances to: Well or suction line 320 ft.
   Pressure line 80 ft.
   Property line 42 ft.
   House or building 62 ft.
   Lake or Stream NA ft.

Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)




320'-0"
WELL
CO
4"
CO
4"
HOUSE
67'-0"
SEPTIC TANK
D-Box
4"
62'-0"
TEST AREAS
42'-0"
LEVEL TRENCH
210'-0"
PROPERTY LINE
PROPERTY LINE
NORTH