LLCHD HS000534

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

A

Permit Number HS000534

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 not yet available (no rural route) City Lincoln NE Zip 68524

Legal Description NE 5 10 5 Parkland Estates 5 3

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

Geographical Location (if known): Lat/Long: PID 04-05-205-003-000

B. Owner

Name Tina Denton Signature

Address 4205 N. 10th St City/State/Zip Lincoln, NE 68521

Home Phone 402-499-9326 Work Phone 402-464-7500

C. Certified Installer

Name: Lloyd Jakubek, Raymond Contracting Signature

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-4009 or 402-783-2663

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 3.03

☐ 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 8/17/11
Date frwd 8/17/11
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8-18-11
Date frwd 8-18-11
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8-18-11
Date frwd 8-18-11
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploough

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 8-19-11 Amount Paid 335
Received By BM Cash/Check No. 7707

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

Form A Updated: 5/1

8-24-2011 11:14:37

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

Annex to Application

NE 1/4 55-T10-R5

PLEASE PRINT OR TYPE

Parkland Estates Block 3 Lot 5

System Location (Indicate correct number and street)

Address _____ (no rural route) City Lincoln NE, Zip 68524

Owner Tina Denton Addresss 4205 N. 10th St Lincoln, NE 68521

Soil Type (SCS): Malcolm silt loam Percolation Rate: 34 min./inch

Date of Tests 8/1/11 to 8/2/11 Weather: Precipitation 0 Temperature 90°

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	22	8/1	9:00a	8/1	1:00p	8/2	11:30a	6	8/2	12:00p	30	1 7/8	16
2	22	"	"	"	"	"	"	"	"	"	"	1 3/4	17
3	28	"	"	"	"	"	"	"	"	"	"	1 1/4	24
4	21	"	"	"	"	"	"	"	"	"	"	2 1/2	12
5	25	"	"	"	"	"	"	"	"	"	"	7/8	34
6	25	"	"	"	"	"	"	"	"	"	"	1 11/16	21

Sum of Percolation Rates: 124

Average of Rates: 21

Rate Used for Calculation: 34 (20 mpi variance)

Person Conducting Percolation Tests

Name: Terri L. Jirkolbek, Raymond Contracting, Inc.

Phone: 402-783-2603 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

Lincoln-Lancaster County Health Department
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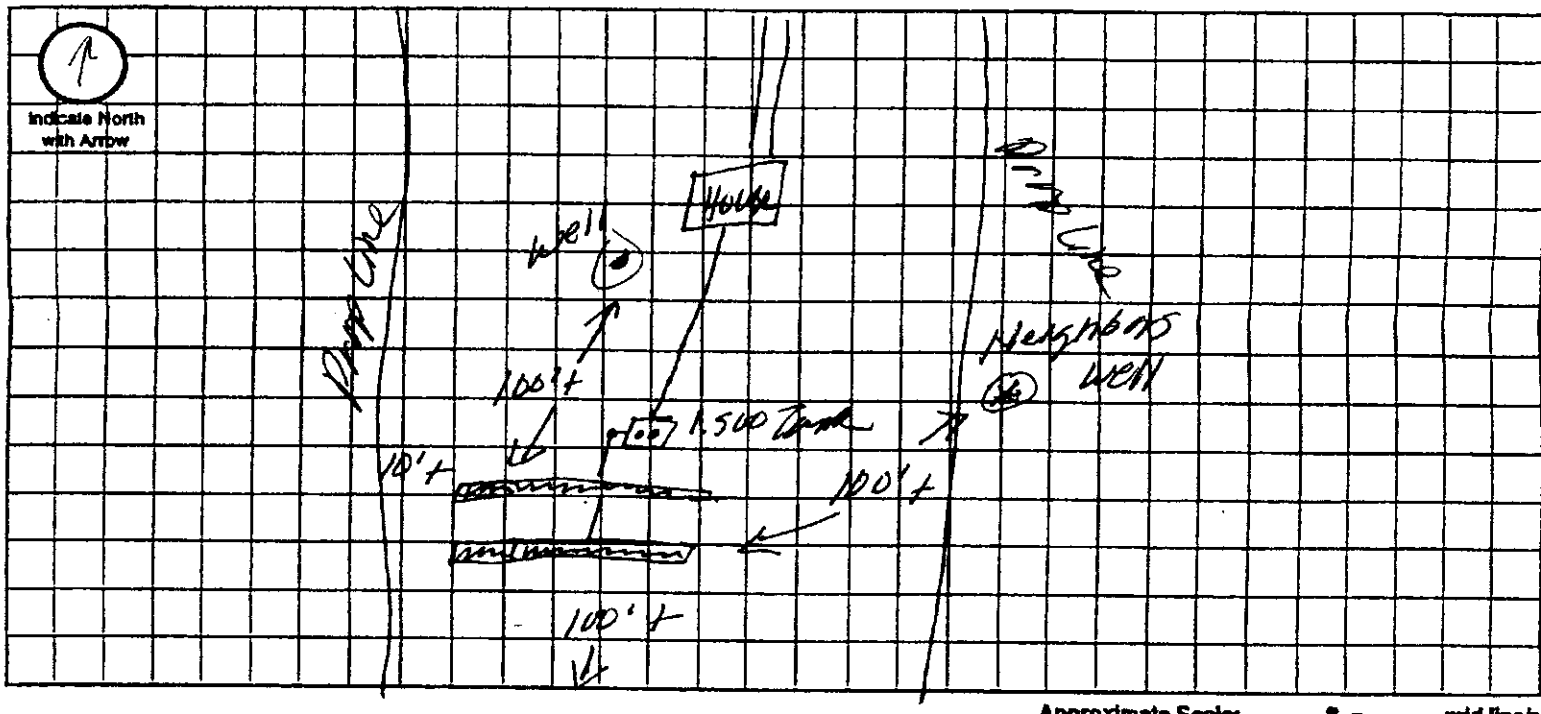
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

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) Parkland Estates Block 3 Lot 5 City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 34 (min. per inch) Soil Type: Silt Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1,100 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Gravelless Chambers

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 lft. Number of Trenches 2 Trench Width 40"

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

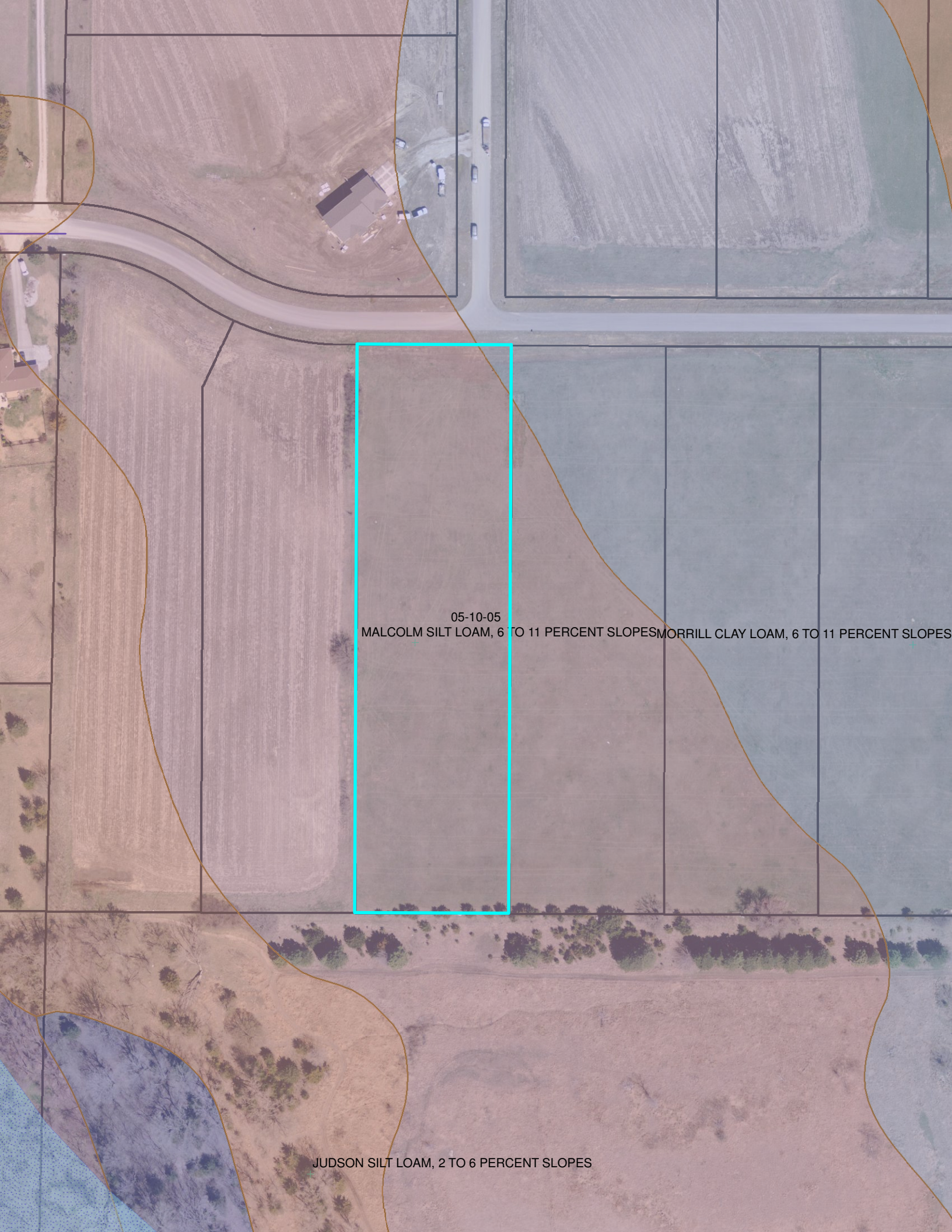
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Dave Dutton Date 8/13/11

Installer Kent L. Johnson Date 8/13/11

FORM 23-102 10-95


05-10-05
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES

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. HS000534

System Type: STANDARD

Situs: 6030 DAVEY RD

Legal Description: T10N-R05E-S05-5-Lot 3

Owner: BAUMGARTNER, JOHN & JANE
6030 DAVEY RD
LINCOLN NE
68517

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	08/19/2011
Expires:	08/18/2012

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428