AUG 26 2011

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

A

Permit Number: HS000540

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address TBD SW 69th Place (no rural route) City LINCOLN NE, Zip 68532

Legal Description ____ 1/4 ____ 1/4 ____ Section ____ Township ____ Range WEST VAN DORN HEIGHTS Subdivision 3 Addition 3 Block ____ Lot

Geographical Location (if known): Longitude ____ Latitude ____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Duane Kohl Signature ____

Address 1633 Normandy Ct. Ste B City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402.423.6811 Work Phone 402-416-9660

C. Contractor

Name Robert Benes Company Name Aspen Builders, Inc

Address 1633 Normandy Ct. Ste B City/State/Zip Lincoln, NE 68512

☒ Check if contractor designed system Work Phone 402-423-6811

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name ____ Firm ____ Work Phone ____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day ____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 8/30/11 Date frwd 8/30/11 ACTION ☒ Approved ☐ Disapproved Signature ____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-31-11 Date frwd 8-31-11 ACTION ☒ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd 8-31-11 Date frwd 8-31-11 ACTION ☒ Approved ☐ Disapproved Signature ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Rec'd ____

Amt Paid ____

Rec'd By ____ Cash/Check No. ____

RM 23-100 10-96
9-7-2011 11:20:38

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

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

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 8-31-11
Amt Paid $135.00
Rec'd By BH Cash/Check No. 1015

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address SW 19th Place (no rural route) City Lincoln NE, Zip 68532

Owner Duane Kohl Address

Soil Type (SCS): Sh - Wfc Percolation Rate: min./inch

Date of Tests 8-16 to 8-18 Weather: Precipitation Dry/Muddy 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	36	8-16	6PM	8-17	9:00	8-18	9:00	30"	8-18	:30	30	2.25	13.3
2							9:02	28"		:32	30	1.75	17.1
3							:04	29"		:34	30	1.50	20.-
4							06	32"		:36	30	1.75	17.1
5							08	30"		:38	30	2.0	15
6							10	31"		:40	30	2.25	13.3

Sum of Percolation Rates: 95.80
Average of Rates: 16
Rate Used for Calculation: ~~30~~ 30

Person Conducting Percolation Tests

Name: Robert Benes
Phone: 416-9660
Address 1633 Normandy Ct Ste B
Lincoln, NE 68512

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

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

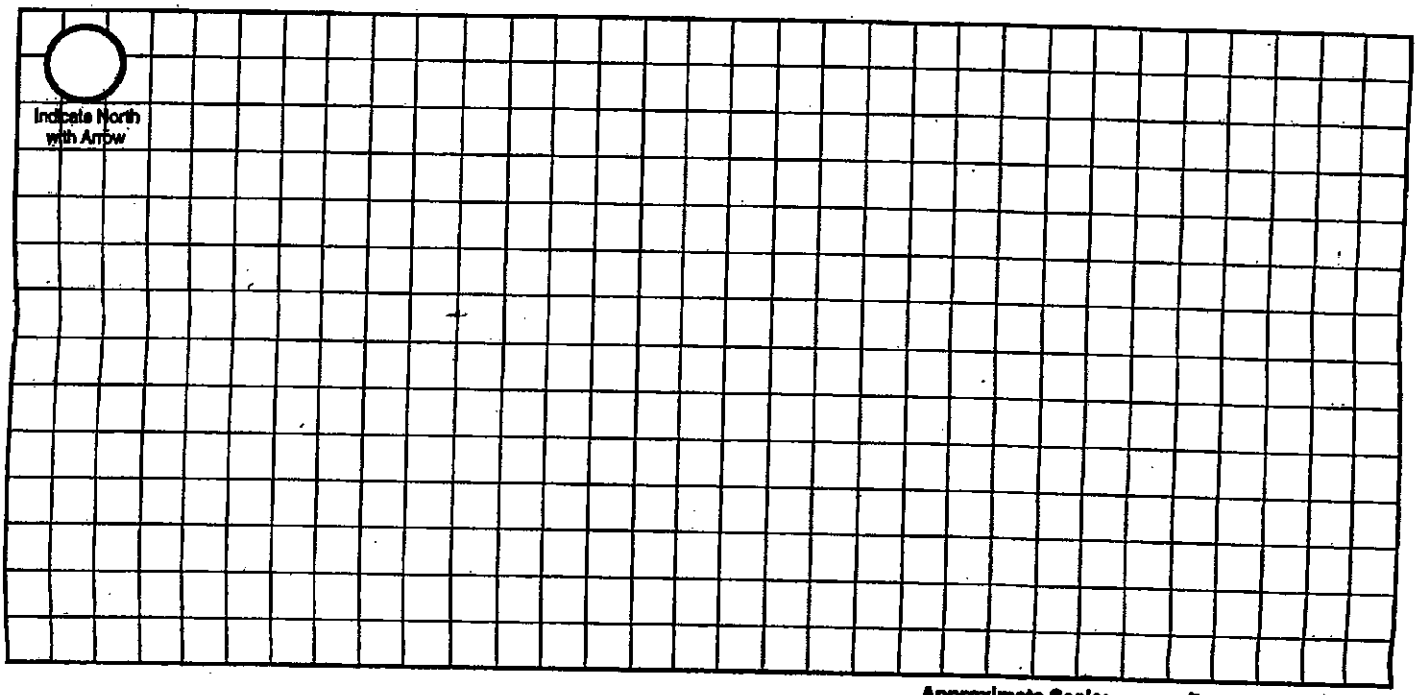
C

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) SW 69th Place City Lincoln NE, Zip 68532

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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_____ (min/inch = mpi) No. of Bedrooms 4 Soil Type Wabash Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1000 sq.ft.

Total length of laterals 250 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 4' No. of drop boxes — 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 8-19-11

Installer_____ 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. HS000540

System Type: STANDARD

Situs: 2751 SW 69 PL

Legal Description: T10N-R05E-S36-3-Lot 3

Owner:

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

Issued:	08/31/2011
Expires:	08/30/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

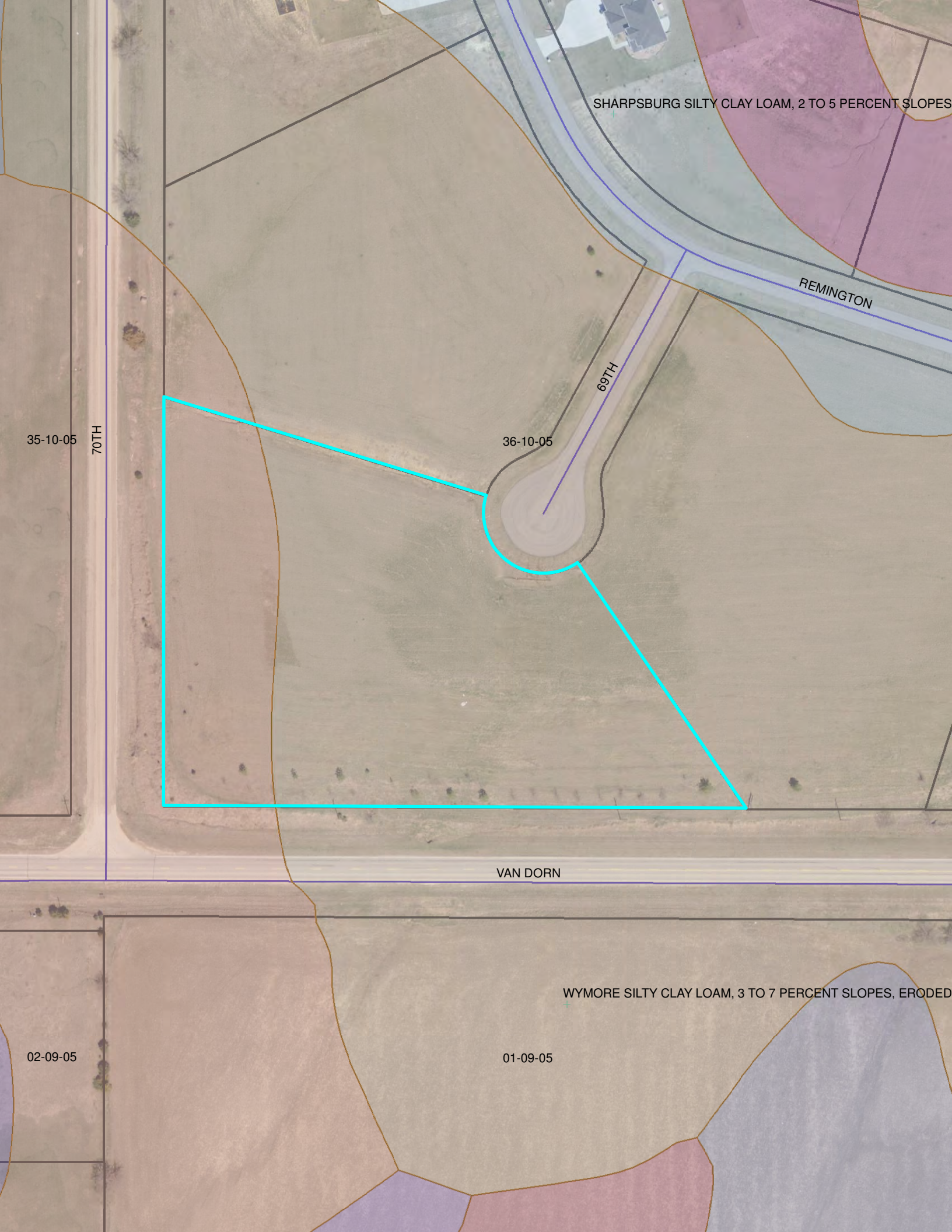
On-site Waste System Permit Holder:

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

ASPEN BUILDERS
1633 NORMANDY CT
LINCOLN NE 68512


SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
REMINGTON
69TH
70TH
35-10-05
36-10-05
VAN DORN
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
02-09-05
01-09-05

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

AUG 26 2011

SCANNED

A

Permit Number: H5000540

Sewage Disposal System

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3. **City or County Engineer** Date rec'd 8-31-11 Date frwd 8-31-11 ACTION ☒ Approved ☐ Disapproved Signature Jim Blaylock

Installation Final Written Approval

By ____

Date 1/4/12

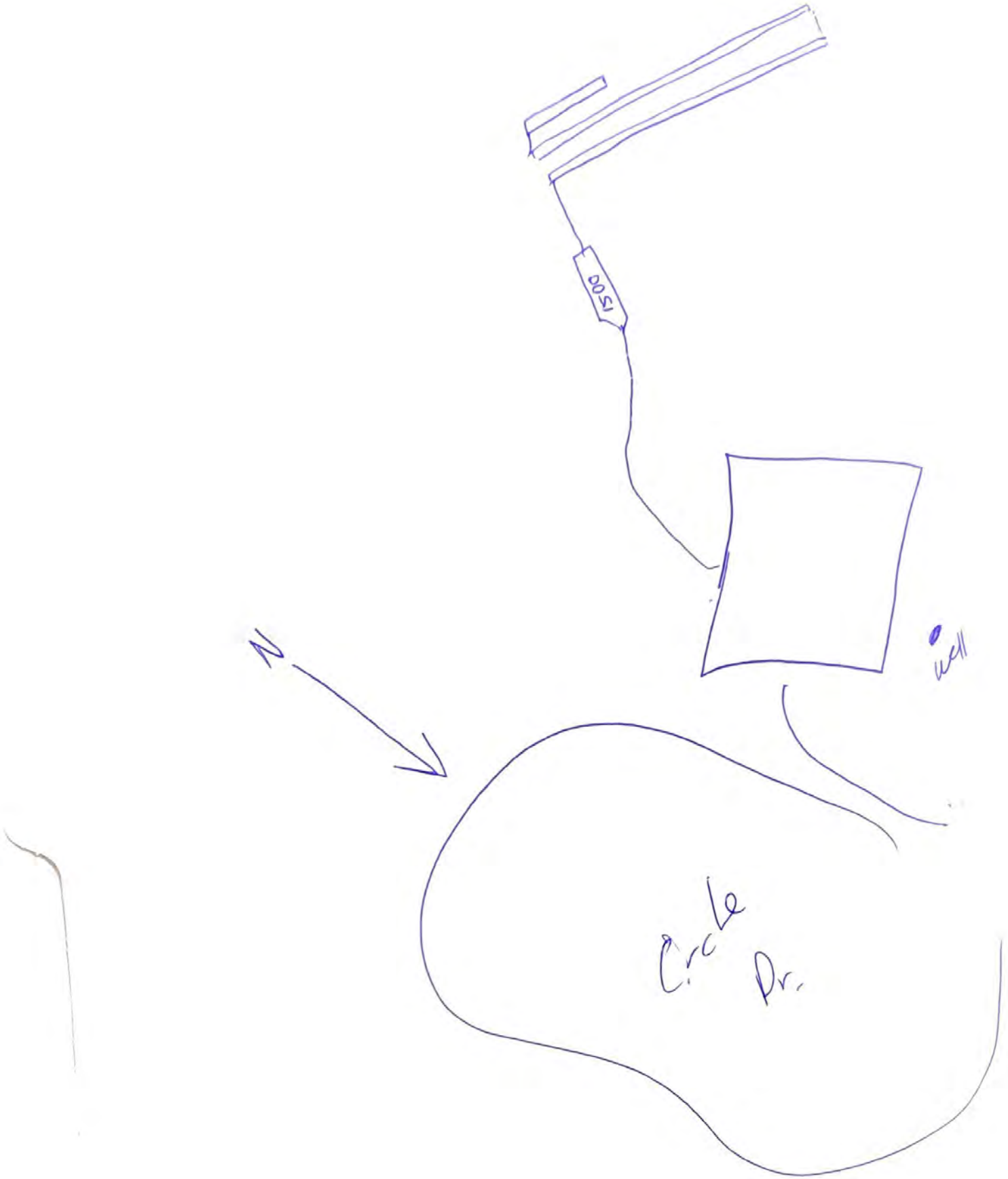
Business Office Use Only

Date Rec'd ____

Amt Paid ____

Rec'd By ____ Cash/Check No. ____

RM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector


1500
N
well
Circle Dr.