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

SCANNED

A

Permit Number
HS000550

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 Adams, NE Zip 68301

Legal Description SE 36 8 8 5+6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 21-36-400-008-000

B. Owner

Name Kevin & Kim Hennecke Signature see attached

Address 11121 N. 136th Pl City/State/Zip Waverly, NE 68462

Home Phone 402-786-7331 Work Phone Cell 402-239-0409

C. Certified Installer

Name: Lloyd Jakubek, Raymond Contracting Signature Kevin L. Jakubek for Lloyd

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

Work Phone 402-890-6009 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 41.65

☐ 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 9/27/11
Date frwd 9/27/11
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 9/27/11
Date frwd 9/27/11
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 9-27-11
Date frwd 9-27-11
ACTION ☒ Approved ☐ Disapproved
Signature Jon Plouzek

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 9-28-11 Amount Paid 335.00
Received By Bhall Cash/Check No. 7732

B. Hall CK#7969 $100.00 9/27

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

Form A Updated: 5/10

Lincoln-Lancaster County Health Department
Environmental Public Health Division
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Signature Jon P. Rouzek

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Date

Business Office Use Only
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White - Health Department Yellow - Engineer Pink - Building & Safety

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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A SEP 23 2011

Permit Number

Onsite Wastewater Treatment System
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ACTION ☐ Approved ☐ Disapproved
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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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5/10

SEP 2 S

B

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

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 _____ (no rural route) City Adams NE, Zip 68301

Owner Ken Hennecke Address 11121 N Bluff Rd Hallsworth, NE 68462

Soil Type (SCS): Clay + Sandy Percolation Rate: _____ min./inch

Date of Tests 10-8-10 to 10-9-10 Weather: Precipitation Dry • Ø Temperature 80

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 Low (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	10-8	1:30	10-9	2:00	10-9	10:00	6	10-9	2:30	30	1¼	24
2	36	10-8	1:30	10-9	2:00	10-9	10:00	6	10-9	2:30	30	1¼	24
3	36	10-8	1:30	10-9	2:00	10-9	10:00	6	10-9	2:30	30	¾	40
4	36	10-8	1:30	10-9	2:00	10-9	10:00	6	10-9	2:30	30	¾	40
5	36	10-8	1:30	10-9	2:00	10-9	10:00	6	10-9	2:30	30	½	60
6	36	10-8	1:30	10-9	2:00	10-9	10:00	6	10-9	2:30	30	¾	40
													228

Person Conducting Percolation Tests

Name: Mitch Martin
Phone: 826-2101
Address 1025 W 10th
Cook NE 68329

Sum of Percolation Rates: 228
Average of Rates: 42
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

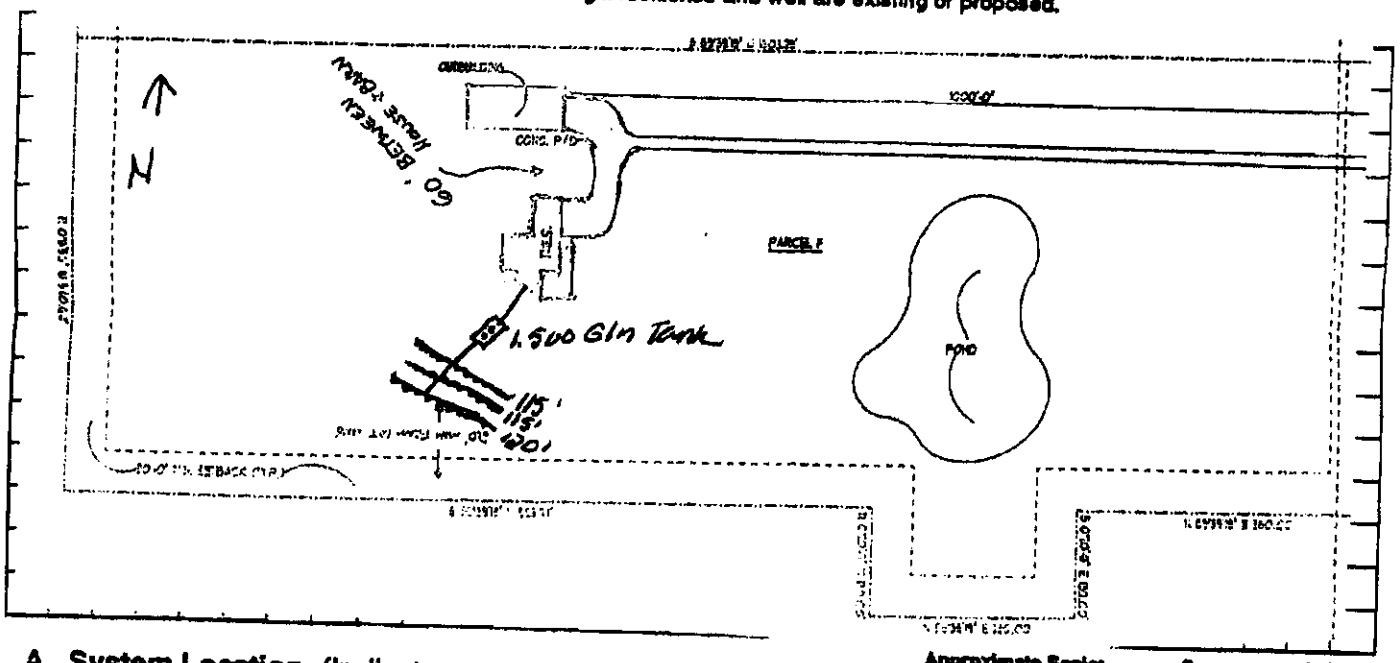
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C SEP

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) _____ City Adams NE, Zip 68301

B. Proposed Septic Tank/s SE 1/4 5N-7E-28

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Wymore Silty clay Loam and Slope: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: BDS 6 maxiless chambers

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

Total Length of Laterals 350 ft. Number of Trenches 3 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 Robert Chase Date 9-16-2011

Installer Kevin L. Schoenbeck Date 9/15/11

FORM 23-102 10-96

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. HS000550

System Type: STANDARD

Situs: T8N, R8E, Sec 36, Lots 5 & 6

Legal Description: T08N-R08E-S36-Lot 5 & 6

Owner:

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

Issued: 09/28/2011
Expires: 09/27/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

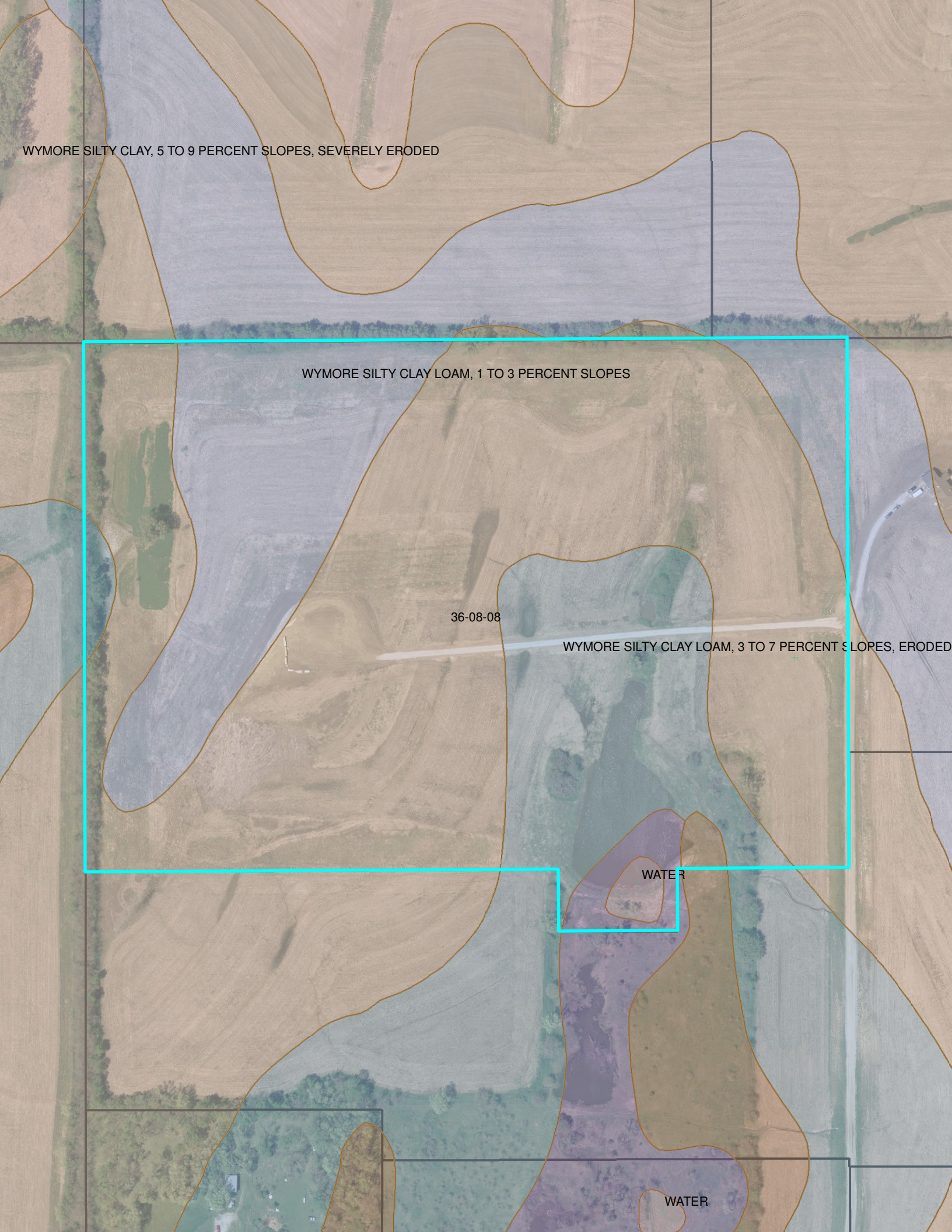
On-site Waste System Permit Holder:

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


WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
36-08-08
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WATER
WATER

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

SCANNED

A

Permit Number
H5008550

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

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

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Name Kevin & Kim Hennecke Signature see Attached

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Home Phone 402-786-7331 Work Phone Cell 402-239-0409

C. Certified Installer

Name: Lloyd Jakubek, Raymond Contracting Signature Kim L. Jakubek for Lloyd

Address 13960 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 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 41.65

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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 9/27/11
Date frwd 9/27/11
ACTION ☒ Approved ☐ Disapproved
Signature

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Comments
Date rec'd 9/27/11
Date frwd 9/27/11
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 9-27-11
Date frwd 9-27-11
ACTION ☒ Approved ☐ Disapproved
Signature Jon Plounsk

Installation Final Written Approval
By
Date 11/6/12

Business Office Use Only
Date Received 9-28-11 Amount Paid 335.00
Received By Bthiel Cash/Check No. 7732

B. Hall CK#7969 $100.00 9/27

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
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SCANNED

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Form A Updated: 5/10

SCANNED

SEP 23 2011

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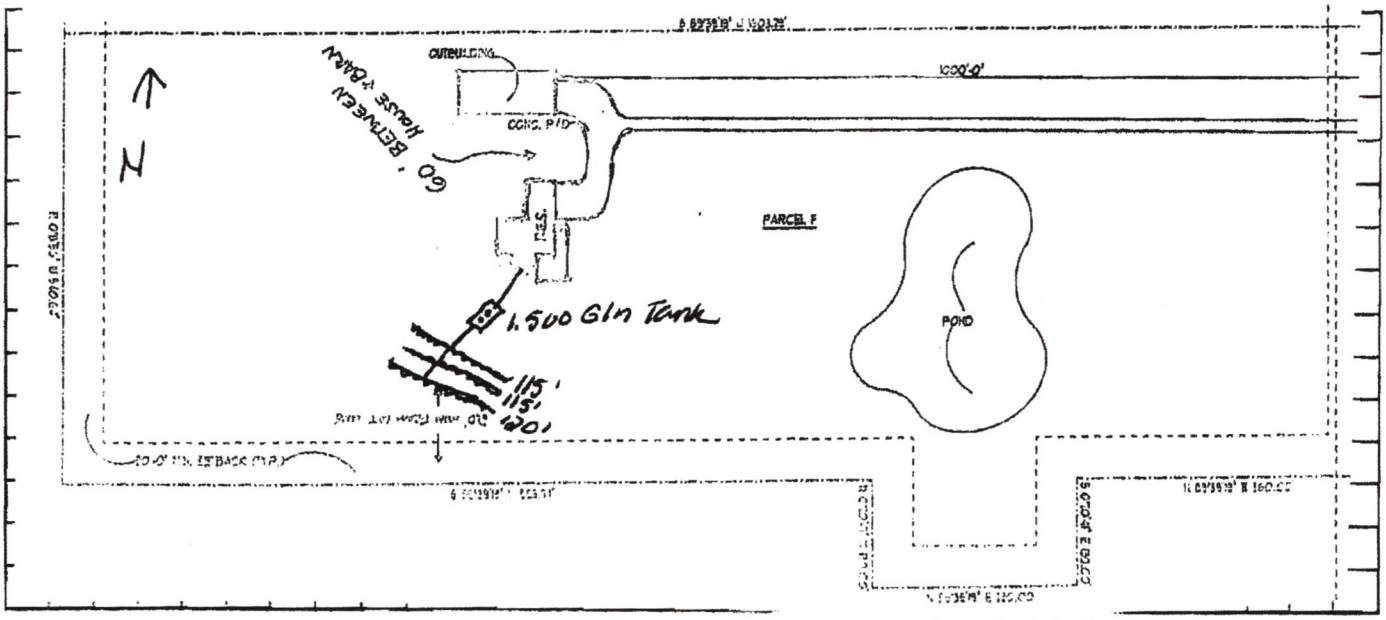
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Permit Number:

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

A. System Location (Indicate correct number and street)

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SE 1/4 S26-T8-R8

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: Wymore Silty Clay Loam and Slope: _____ %

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Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

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E. Required Signatures

Home Building Contractor Robert Chase Date 9-16-2011

Installer Kris L. Johnson Date 9/15/11

FORM 23-102 10-96