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. HS000560

System Type: STANDARD

Situs: 5601 W YANKEE LAKE RD

Legal Description: T09N-R05E-S24-3-Lot 4

Owner: PENDEL INC
3600 NW 126 ST
LINCOLN NE
68524

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	11/15/2011
Expires:	11/14/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

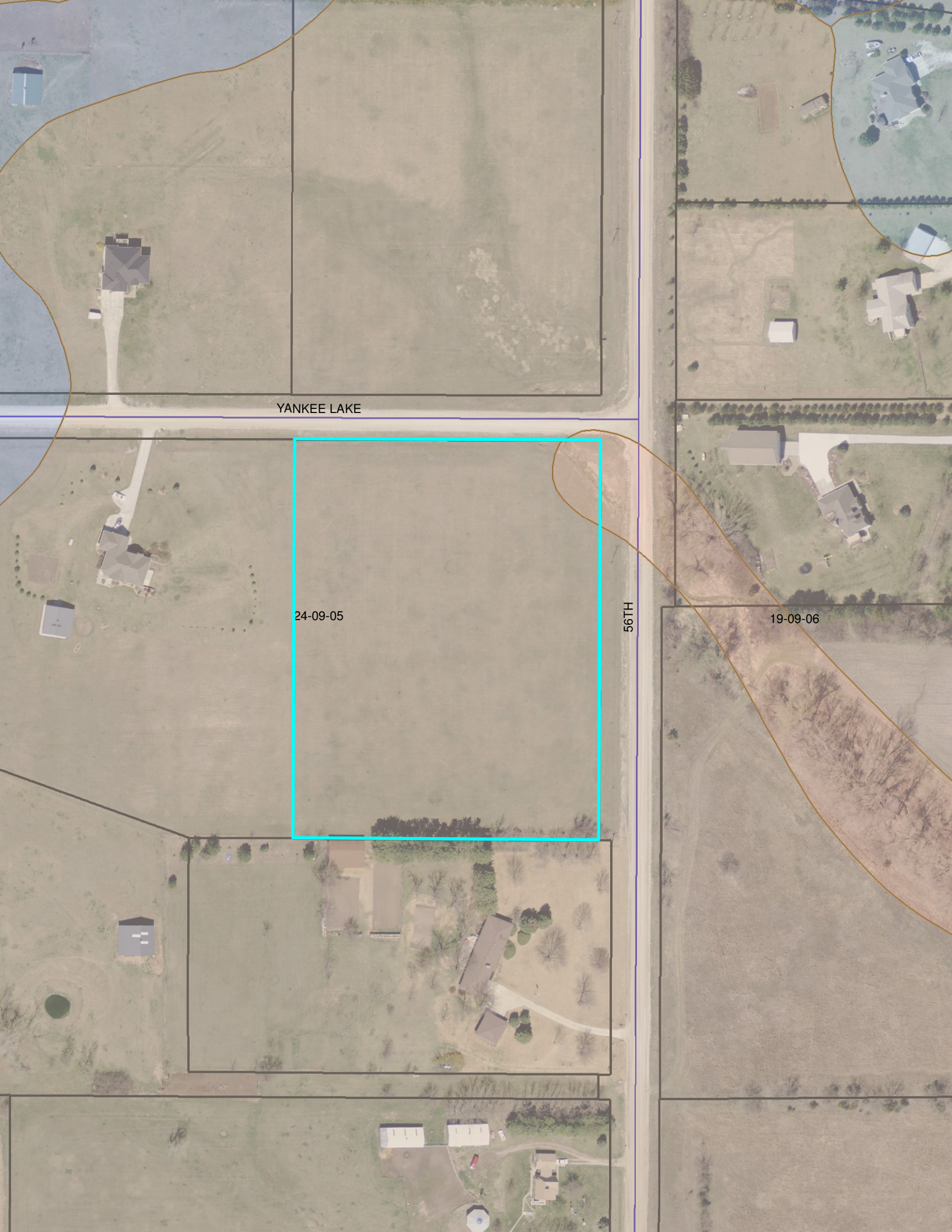
On-site Waste System Permit Holder:

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372


YANKEE LAKE
24-09-05
56TH
19-09-06

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

A

Permit Number H5000560

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 5655 W. Yankee Lake Rd. (no rural route) City Denton, NE Zip 68372

Legal Description: 24 (1/4) 9 (1/4) 5 (Section) Township (Range) Yankee Lake Acres (Subdivison) 3 (Addition) 4 (Block) (Lot)

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

B. Owner

Chad Lyon

Name Lyon Construction Co Signature _____

Address 5910 S. 58 STE B2 City/State/Zip Lincoln, Ne 68516

Home Phone 488-0166 Work Phone 420-7711

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 105 Locust P.O. Box 191 City/State/Zip Hickman, Ne 68372

Work Phone 430-7606

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 5.03

☐ 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 11/14/11
Date frwd 11/14/11
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11-10-11
Date frwd 11-10-11
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 11-10-11
Date frwd 11-10-11
ACTION ☒ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date 5/8/12

Business Office Use Only
Date Received 11-15-11 Amount Paid 345.-
Received By BA Cash/Check No. 1344

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

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

Owner _____ Addresss _____

Soil Type (SCS): WTC 2 Percolation Rate: _____ min./inch

Date of Tests 10/25 to 10/28 Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

East pr Sec 4

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	28	10/27	11/30	10/28	9/00	10/28	11/30	6	11/28	12/00	30	1/2	60
2	↓		AM		AM		AM	6		Noon		5/8	48
3	↓							6				5/8	48
4	↓							6				3/4	40
5	26							6				3/4	40
6	28							6				3/4	40
7	28							6				5/8	48
8	26							6				5/8	48
9	26							6				3/4	40

Sum of Percolation Rates: 412
Average of Rates: 46
Rate Used for Calculation: 50

3 Bdrm

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address: PO 191 105 Locust
Hickman, Ne 68372

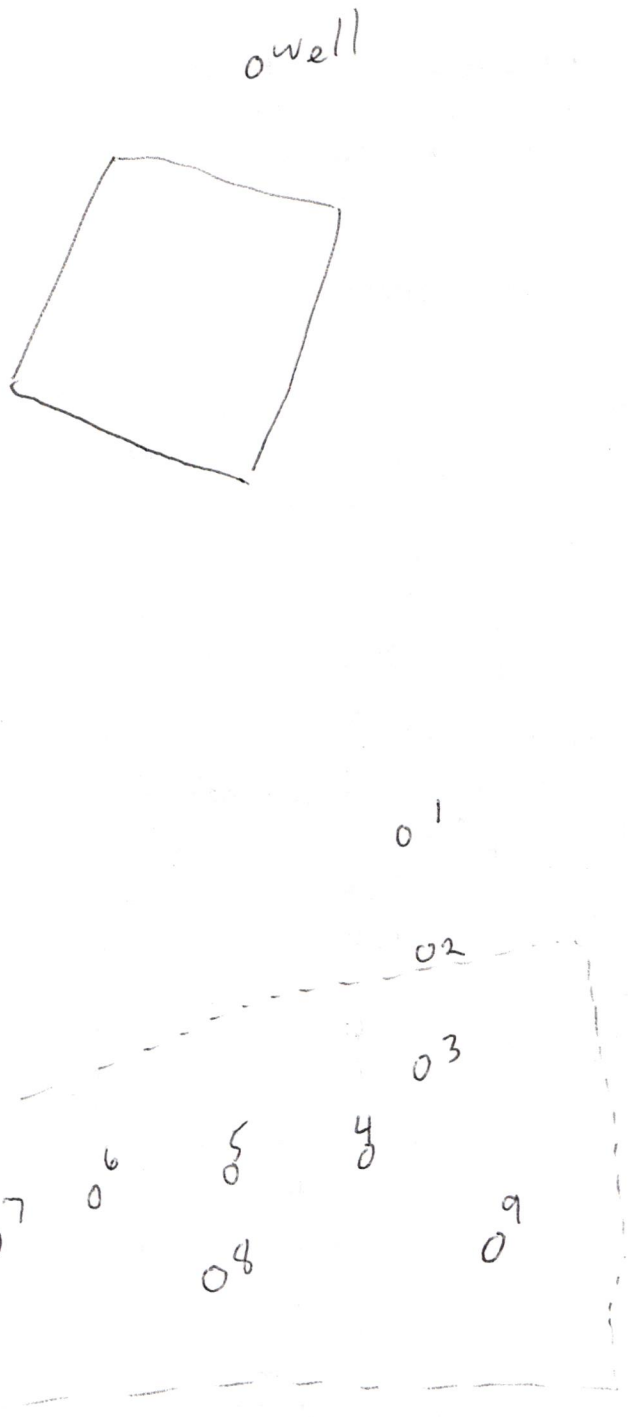
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96


well
1
2
3
4
5
6
7
8
9

5601 W. Yankee Lake Rd
T9 R5E S24-36,T4

HS000560

well

