LLCHD HS000577

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

DEC 21 2011

A

Permit Number HS000577

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Well Witness

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

Legal Description SW NW 9 11 6E Macon First First 2 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: 40 56 26.98 Latitude: 96 45 17.43

☐ Check if system mail address is not the same as the owner's address Total Acres: 3.35

B. Owner

Name Mike & Kris Kucera Signature _____

Address 3915 N 7th St City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 840-8679 Work Phone _____

C. Contractor

Name: Sabba Scott Sybbert Company Name Sybbert Well & Septic

Address 1012 Cobalt City/State/Zip Mead Ne 68041

☐ Check if contractor designed system Work Phone 402-443-6540

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ 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 12/23/11
Date frwd 12/23/11
ACTION ☑ Approved ☐ Disapproved
Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 12-23-11 Amount Paid $345.-
Received By Brad Cash/Check No. 1718

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated 2007

1-4-2012 11:59:47 Permit issued as a lagoon pending PERC tests.

Soil Absorption Test Data Report

Owner Information:

Owner Mike Kucera Phone 402-640-8679
NAME

Address: 3915 N 7th St Lincoln Ne 68521

Location:

Township 11 Range 6E Sec. 9 1/4 Sec. SW 1/4 Sec. NW

County Name Lancaster Area: 335 Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____

Silty Clay ____ Silty Clay Loam ____ ✓ Sandy Loam ____ Silt Loam ____

Dates of Test 12/14/11 to 12/15/11 Weather: Precipitation ⊘ Temp 45

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation Period				Percolation Readings							Results
		Start		End		Start			End		Elapsed Time (min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
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 (in.)	Time (Hr. Min.)	Water Level (in.)			
1	34	12/14	11:30	12/14	11:00	12/15	11:30	24	12:00	23½	30	.50	60
2	34							24		23½		.50	60
3	36							26		25½		.50	60
4	36							22		21½		.50	60
5	34							24		23½		.50	60
6	32							17		16½		.50	60

Scott Sudlow
Signature of Person Conducting Test

Address: 1012 Co Rd M
Mead Ne 68041

Phone: 402-443-6599

Sum of Percolation Rates = 360

*Average of Rates in Minutes per Inch = 60

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.

Nate C. Hartman

From: Mike J. Petersen
Sent: Friday, December 23, 2011 8:34 AM
To: Nate C. Hartman
Subject: Neighbors Family Homes
Attachments: Mike Petersen.vcf

Nate- Just a note to let you know, Lot 1 Block 2 Masek's 1 Addition, is a legal buildable lot, not in the flood plain. If you have a septic permit # that you can provide for this property, I could issue the building permit. When the County Engineer assigns an address, I will let you know what it is. Thanks Nate, and have a Merry Christmas! -Mp



Mike Petersen
Building & Safety Dept.
Plans Examiner II

(402) 441-6445 Work
mjpetersen@lincoln.ne.gov

555 S. 10th Street Room 203
Lincoln, NE 68508

Nate C. Hartman

From: Ken D. Schroeder
Sent: Friday, December 23, 2011 9:42 AM
To: Nate C. Hartman
Subject: sewage septic system permit
Attachments: part of sec 9 11-6.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 1, Block 2, Masek's First Addition located in the NW 1/4 of Section 9, T11N, R6E of the 6th P.M., Lancaster County, Nebraska. (see attached snapshot of sectional plat)
As always, subject to confirmation of and compliance with any floodplain elevation issues prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

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. HS000577

System Type: LAGOON

Situs: Masek's 1st Add, Block 2, Lot 1

Legal Description: T11N-R06E-S09-2-Lot 1

Owner:

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00

Issued: 12/28/2011
Expires: 12/27/2012

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

SUBBERT WELL AND SEPTIC
1012 CO RD M
MEAD NE 68041