LLCHD HS000578

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

A

Permit Number HS000578

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 22680 SW 100 (no rural route) City Crete, NE Zip

Legal Description 10 7 5 24

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

Geographical Location (if known): Lat/Long: PID 01-10-100-002-000

B. Owner

Name Howard Nitzel Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer #1457

Name: Brian Pribyl Signature

Address 135 East 23rd, Crete City/State/Zip Crete, Ne.

Work Phone 402-826-0192

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 80

☐ 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 Date rec'd 12/23/11 **ACTION** ☑ Approved ☐ Disapproved

Site visits Date frwd 12/23/11 Signature

2. Supt. Bldg. Insp. or Village Clerk Date rec'd **ACTION** ☐ Approved ☐ Disapproved

Comments Date frwd Signature

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

Comments Date frwd Signature

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 12-23-11 Amount Paid $345.-
Received By BHall Cash/Check No. 1783

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

1-4-2012 13:54:35 + Ex. 3 HB Home

Form A Updated: 5/10

TITLE 124 – NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

Attachment C
Soil Absorption Test Data Report

Owner Information:

Owner Name Howard Wiesel Phone (402) 432-2368
Address 22680 SW 100 ST City Kramer State NE Zip 68333

Location: (Attach a sketch of the property showing test hole locations.) IO # 01-10-100-002-000
____ ¼ Sec. of the ____ ¼ Sec., Section ____, Township ____ N, Range ____,
Lot # ____, Subdivision ____, County ____

Soil Type: (Check one.)
Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____
Silty Clay ✓ Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test:
Start Date 12-12 to End Date 12-13, 2011

Weather Conditions:
Precipitation Mist Avg. Temp. 40 °F

Percolation Test Measurements and Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Pre-saturation Period				Percolation Readings (last period)					Results		
		Start		End		Start			End				
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 (inch)	Time (Hr./ Min)	Water Level (inch)	Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (l ÷ m) (Minutes per inch)
1		12-12	1 pm	12-13	8:30	12-13	8:40	27 1/2	9:10	26 3/4	30	3/4	40
2		12-12	1 pm	12-13	8:30	12-13	8:40	26	9:10	25 1/4	30	3/4	40
3		12-12	1 pm	12-13	8:30	12-13	8:40	27 1/2	9:10	26 7/8	30	5/8	48
4		12-12	1 pm	12-13	8:30	12-13	8:40	28	9:10	27 3/4	30	3/4	40
5		12-12	1 pm	12-13	8:30	12-13	8:40	26 1/2	9:10	25 3/4	30	3/4	40
6		12-12	1 pm	12-13	8:30	12-13	8:40	27 1/2	9:10	26 1/2	30	1	30

Tests must be performed by a certified on-site professional, a professional engineer or a registered environmental health specialist.

Brian Pruitt
(Signature of certified on-site professional, professional engineer, or R.E.H.S.)

Certificate or License # 1457
Address 135 East 23rd
City Crete St. NE Zip 68333
Phone (402) 826 - 0192

Sum of Percolation Rates = 238

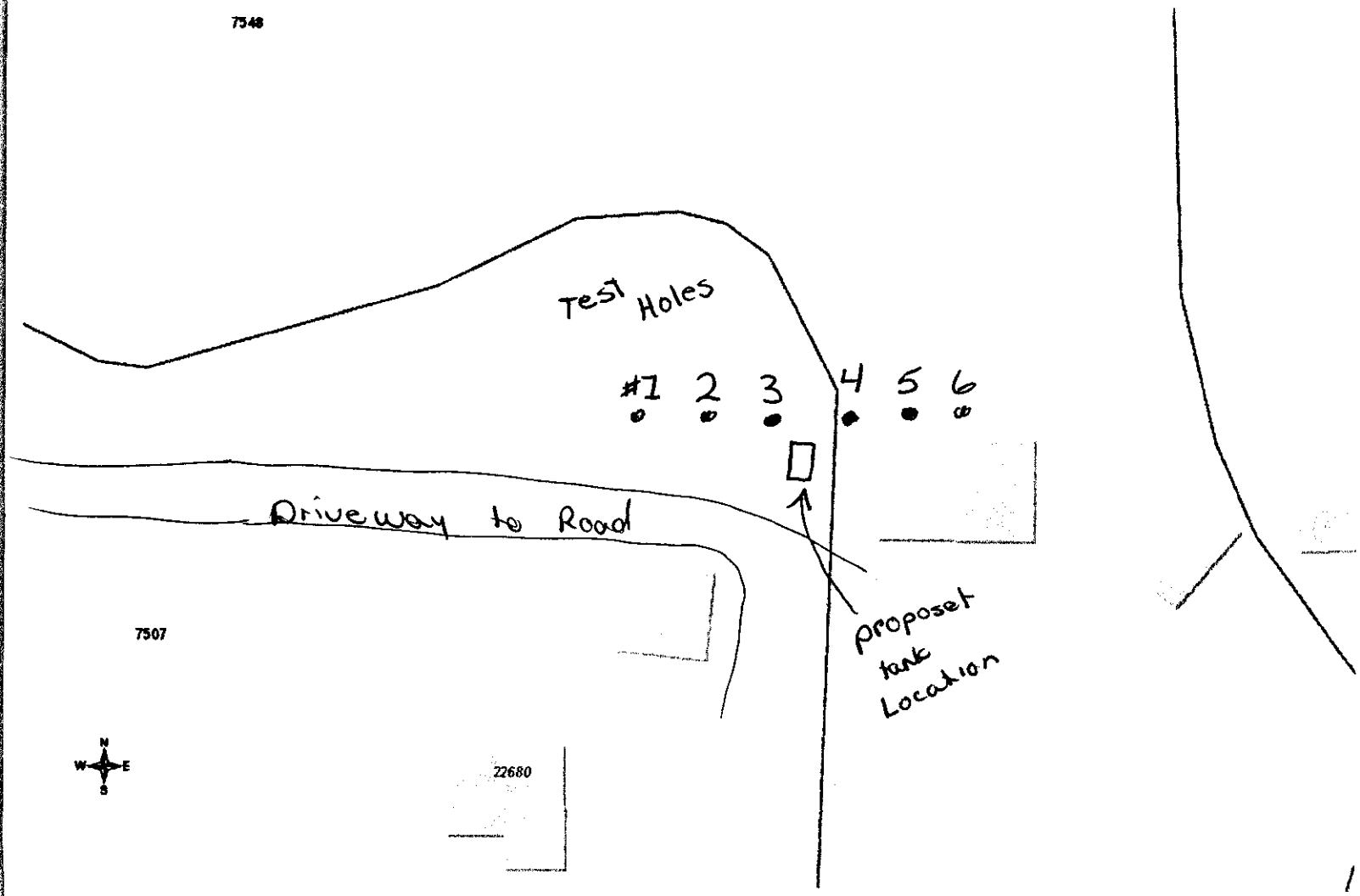
Avg. of Percolation Rates* = 39.66
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Send completed Attachment C with Form B – Construction Operating Permit Application to:
Nebraska Department of Environmental Quality, On-Site Wastewater Unit, P.O. Box 98922, Lincoln, NE 68509

LI-CHD-HS000578

City of Lincoln/Lancaster County GIS Map



Printed on Wed Dec 21 2011 02:48:48 PM.

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

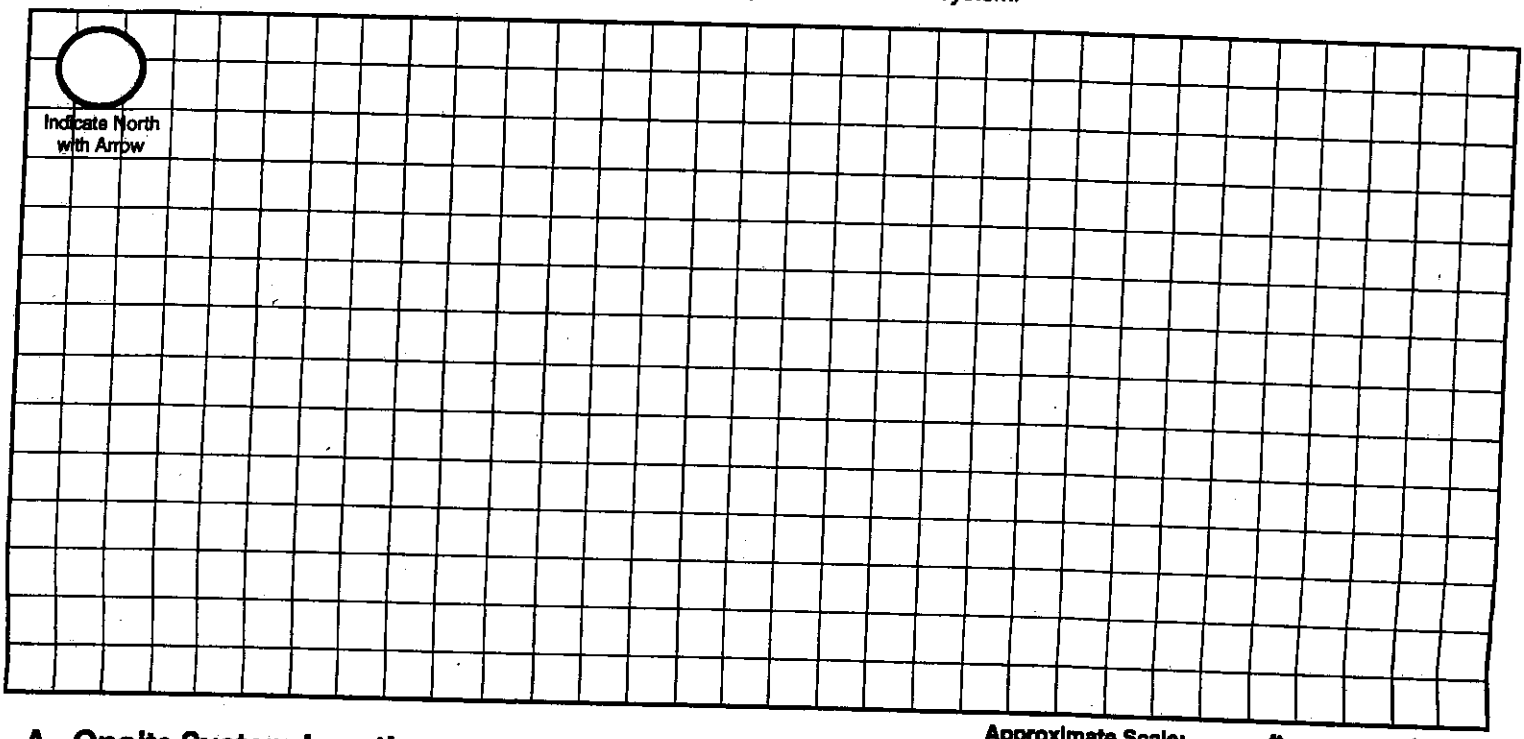
C

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ 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 _____

Installer _____ Date 12-22-11

[redacted]

LANCASTER COUNTY ASSESSOR

County Assessor/Register of Deeds

[redacted]

Home
General Information
News
FAQ
Searches
- PID
- Owner
- Address
- Advanced Search

Property Data
- Detail Sheet
- Datasheet

Other
- Deed Search
- Transfer Search

Property Detail Sheet (R13936)

Treasurer Info | GIS Map | Datasheet | Comp Sales | View Images

Owner Information

Owner Name:	HILLGREN, DONNA MAE TRUST & NITZEL, HOWARD
Owner Address:	1010 CRESTLINE DR CRETE,NE 68333
Property Address:	22680 SW 100 ST RURAL, NE

Parcel Information

Legal Description:	S10, T7, R5, 6th Principal Meridian, LOTS 2 & 4 NW & NW SW EX ROAD
Property ID:	01-10-100-002-000
Exemption Codes:	
Map Page:	
Primary Class:	A1(Ag Improved)
Primary Use:	13(Agricultural)
Zoning:	AG(AG-Agriculture District)
Neighborhood:	3800S(Rural 3800S)
Year Built:	1900
Imp Type:	RA(1 1/2 Story)
No of Buildings:	1.0
Total Living Area:	1,312

Sales History

Instrument #	Sale Date	Sale Price
2003055648	06/10/2003	0
1999062907	12/14/1999	0
1991008739	03/01/1991	20,000

Values Breakdown	2011 Actual Value
Total Non-Ag Assessed:	$0
Total Ag Sp Assessed:	$154,300

Get Adobe Reader * Adobe Acrobat Reader 5.0 (minimum) is required to view pdf documents. Acrobat Reader is a free program available here.

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. HS000578

System Type:	STANDARD
Situs:	22680 SW 100 ST
Legal Description:	T07N-R05E-S10-Lot 2 & 4
Owner:	HILLGREN, DONNA MAE TRUST & NI 1010 CRESTLINE DR CRETE NE 68333

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

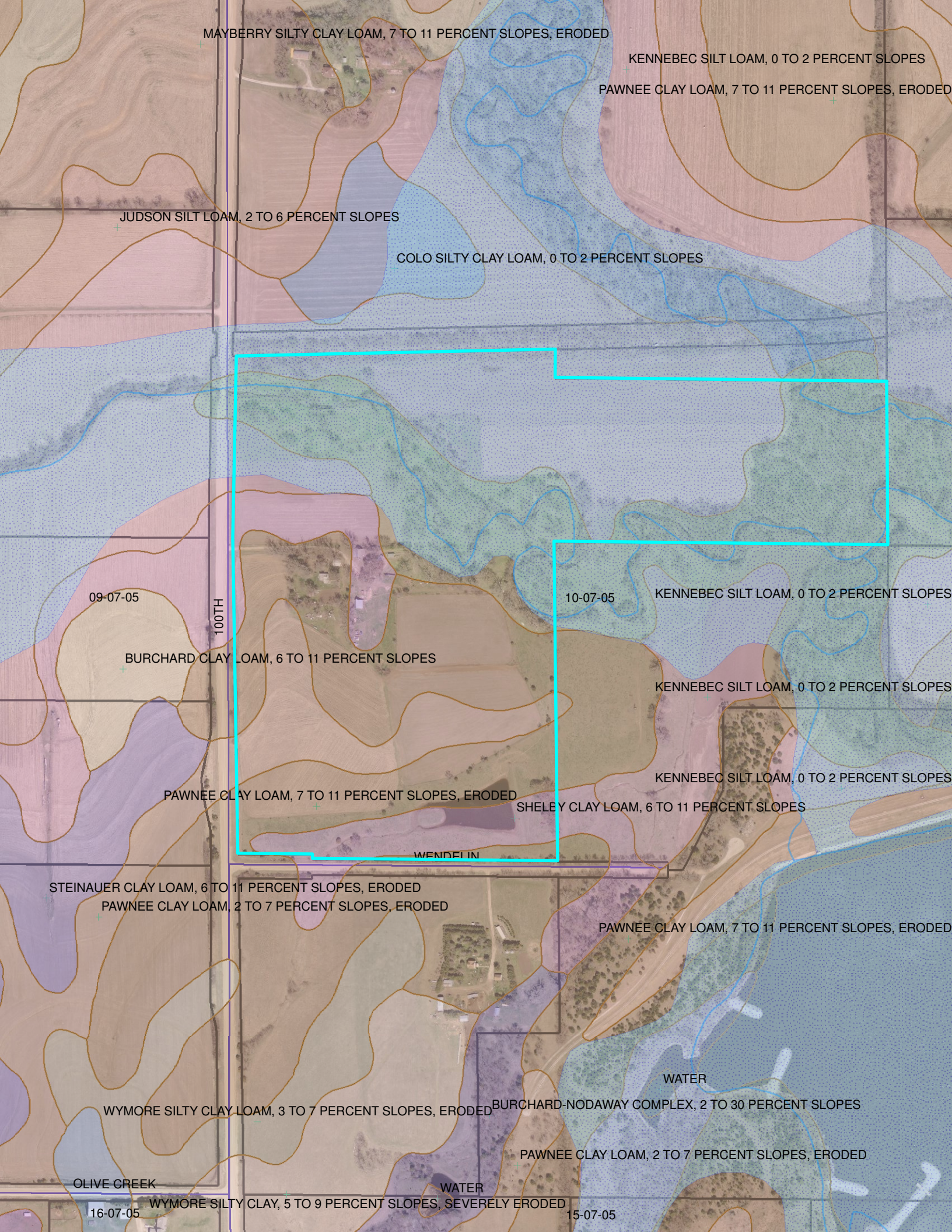
On-site Waste System Permit Holder:

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

PRIBYL PLUMBING AND HEATING
386 STATE HWY J103
CRETE NE 68333


MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
09-07-05
100TH
10-07-05
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
WENDELIN
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
OLIVE CREEK
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
16-07-05
15-07-05

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

SCANNED

A

Permit Number
H5000878

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Site visits
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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

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ❑ Approved ❑ Disapproved
Signature

Installation Final Written Approval
By Doug Mutt
Date 1/5/12

Business Office Use Only
Date Received 12-23-11 Amount Paid $345.-
Received By BHall Cash/Check No. 1783

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

Form A Updated: 5/10

+ Existing Home