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

A

Permit Number H5000579

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 13611 So. 150 Ct (no rural route) City Bennet NE Zip 68317

Legal Description 10 8N 8E Pheasant Ridge 1 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Brian Willet Signature _____

Address 13611 So. 150 Ct City/State/Zip Bennet Ne 68317

Home Phone _____ Work Phone 484-7526

C. Certified Installer

Name: Brad Southwick 1178 148 Signature Brad Southwick

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

Work Phone _____

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

39 (40) 1,000 gallon w/ 210' lateral

☐ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres _____

☐ 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 _____

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

Installation Final Written Approval
By _____
Date 12/-

Business Office Use Only
Date Received 12-23-11 Amount Paid $345-
Received By B. Hall Cash/Check No. 1349

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

Form A Updated: 5/10

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 13611 S. 150 CT (no rural route) City Bennet NE, Zip 68317

Owner Brian Willet Address

Soil Type (SCS): SIC Percolation Rate: min./inch

Date of Tests 11/3 to 11/4/11 Weather: Precipitation — Temperature 40s

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	30	11/3	4:30	11/4	3:45	11/4	7:45	23 1/2	11/4	8:15	30	7/8	34
2			PM		PM		P	22 1/8		PM		7/8	34
3								21 1/2				1 1/8	27
4								25 3/4				3/4	40
5								26 7/8				7/8	34
6								23 1/4				7/8	34
7								24 1/4				1	30

Sum of Percolation Rates: 233
Average of Rates: 34
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address 105 Locust P.O. 141
Hickman, Ne. 68372

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: 402-441-8643

A

Permit Number

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 13611 So. 150 CT (no rural route) City Bennet NE Zip 68317

Legal Description 10 9N 8E Pheasant Ridge 1 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Brian Willet Signature

Address 13611 So. 150 CT City/State/Zip Bennet Ne 68317

Home Phone Work Phone 484-7526

C. Certified Installer

Name: Brad Southwick 1178 148 Signature Brad Southwick

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

Work Phone

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

34 (40) 1,000 gallon w/210' lateral

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

☐ 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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments OK
Date rec'd 12-22-11
Date frwd 12-23-11
ACTION ☒ Approved ☐ Disapproved
Signature

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

B

Permit Number:

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

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13611 So. 150 CT (no rural route) City Bennet NE, Zip 68317

Owner Brian Willet Address

Soil Type (SCS): TUC Percolation Rate: min./inch

Date of Tests 11/3 to 11/4/11 Weather: Precipitation — Temperature 40s

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	30	11/3	4:30 PM	11/4	3:45 PM	11/4	7:45 AM	23 1/2	11/4	8:15 PM	30	7/8	34
2								22 1/8				7/8	34
3								21 1/2				1 1/8	27
4								25 3/4				3/4	40
5								26 7/8				7/8	34
6								23 1/4				7/8	34
7								24 1/4				1	30

Sum of Percolation Rates: 233

Average of Rates: 33

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 105 Locust PO 141

Hickman, Ne 68372

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 (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000579

System Type: STANDARD

Situs: 13611 S 150 CT

Legal Description: T08N-R08E-S10-Lot 5

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

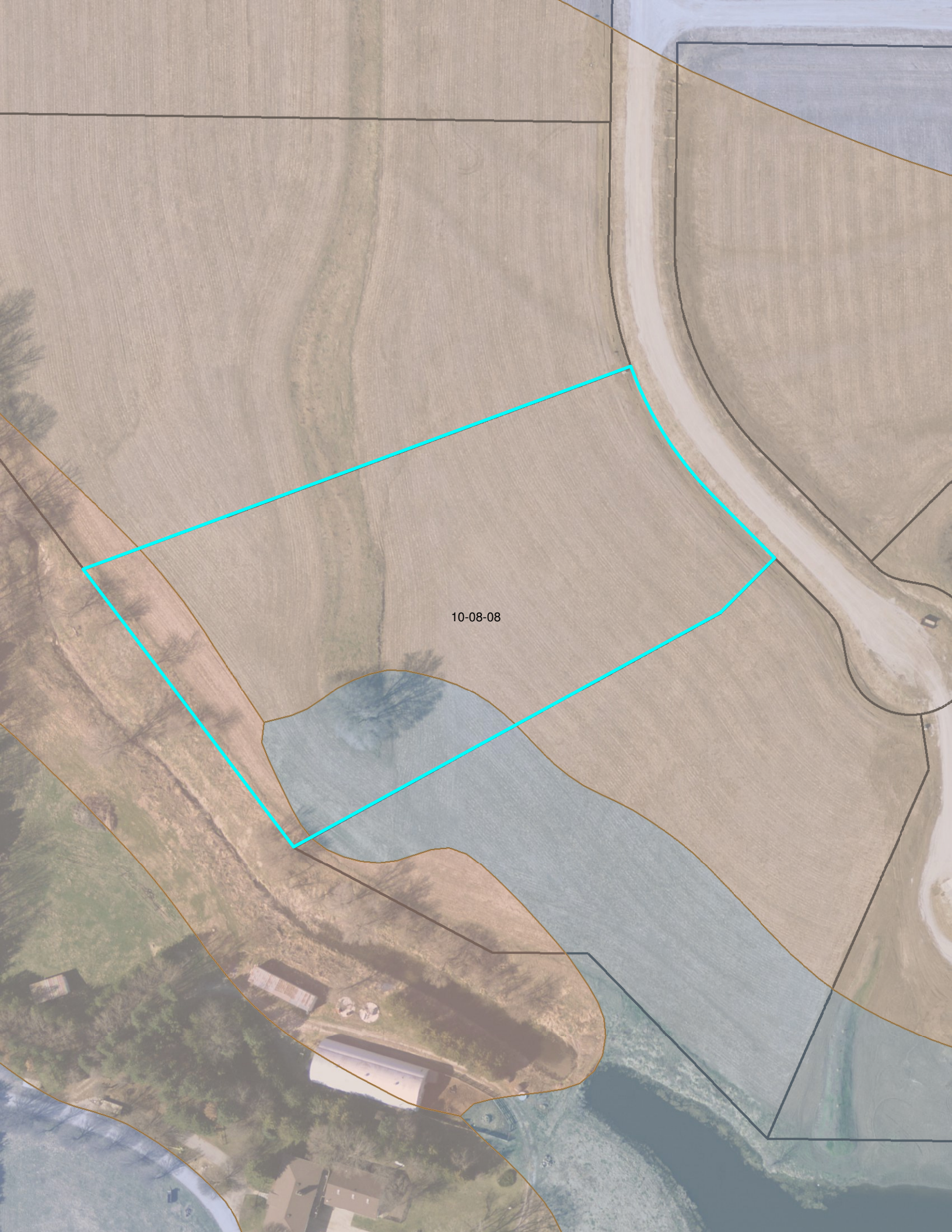
On-site Waste System Permit Holder:

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372


10-08-08

SCANNED

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

A

Permit Number H5000579

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 13611 So. 150 CT (no rural route) City Bennet, NE Zip 68317

Legal Description 10 8N 8E Pheasant Ridge 1 5
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

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

B. Owner

Name Brian Willet Signature _____

Address 13611 So. 150 CT City/State/Zip Bennet Ne 68317

Home Phone _____ Work Phone 484-7526

C. Certified Installer

Name: Brad Southwick 1178 148 Signature Brad Southwick

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

Work Phone _____

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

34 (40) 1,000 gallon w/210' lateral

☐ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres _____

☐ 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 _____

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

Installation Final Written Approval
By _____
Date 12/29/11

Business Office Use Only
Date Received 12-23-11 Amount Paid 1345-
Received By B. Hall Cash/Check No. 1349

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
Phone: 402-441-8022

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 12-22/11 Legal Description 1/4 1/4 10 8 8 Section Township Range

Onsite System Location

Address (no rural route) 13611 S. 150 CT City Benet NE, Zip 68317

Owner Brian Willet Address 13611 So. 150 CT

A. Sewer Pipe

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line NA ft.
   property line >20 ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1060 gal.
3. Factory built: ☒ Yes ☐ No Snyder
4. Manholes: Over inlet, diameter 21 in.
   Over outlet, diameter 21 in.
   Riser: ☐ above ☒ below grade 1 in.
5. Inlet: ☐ baffle ☒ tee ☐ 6" dia. inspection pipe
6. Outlet: ☐ baffle ☒ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 13 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line >20 ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

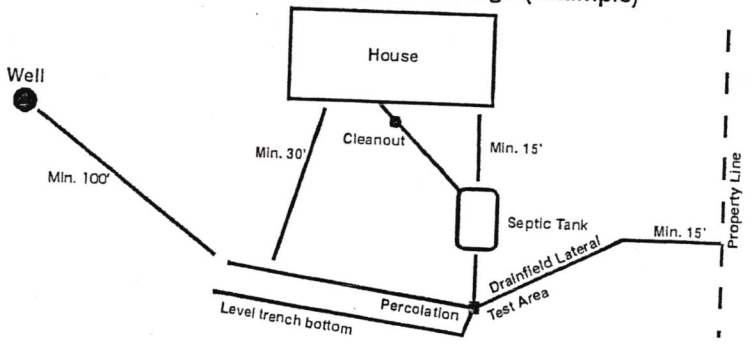
D. Drainfield Absorption

☒ Trench ☐ Bed ☒ Level Bottom

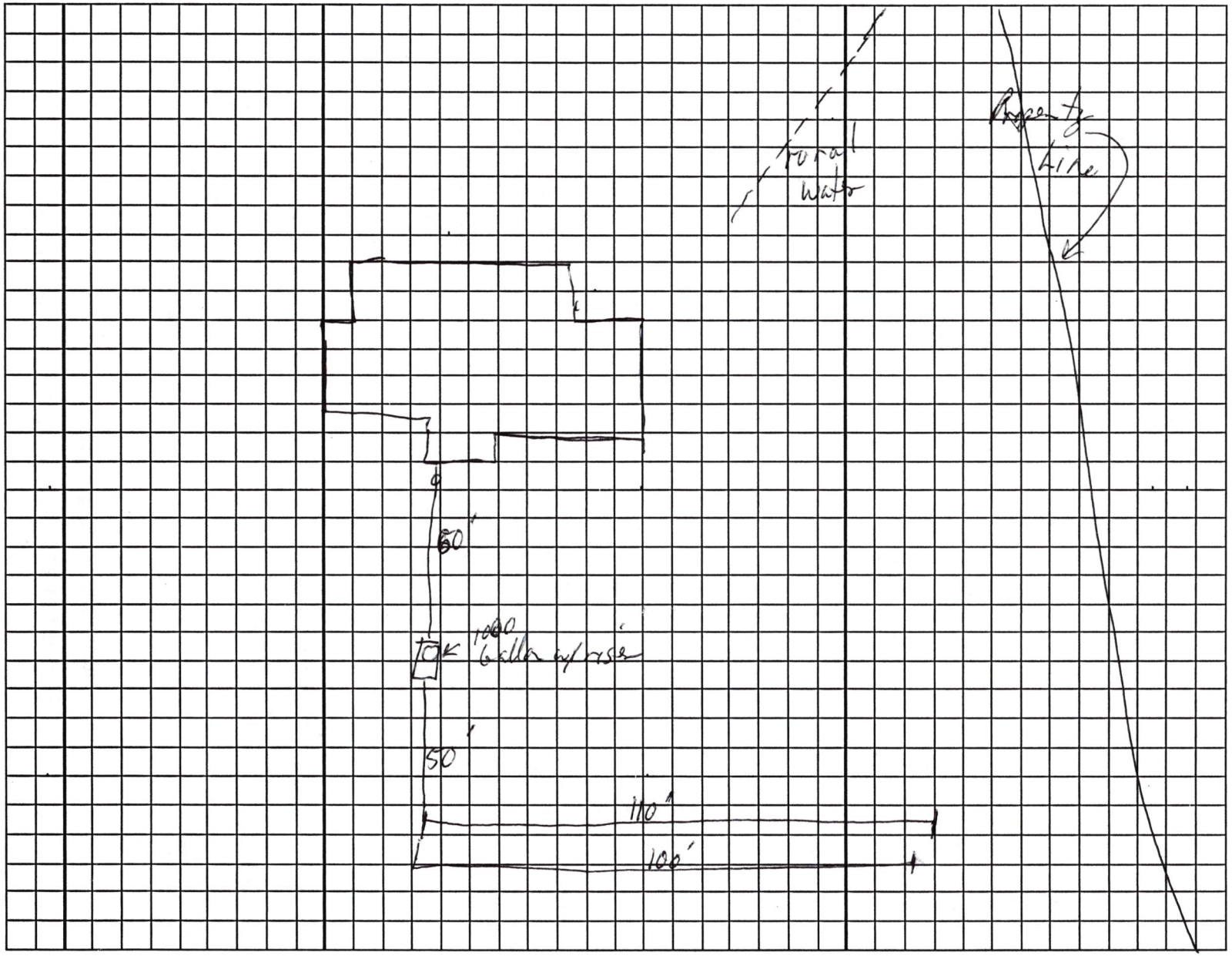
1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 36
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: ~~120~~ ft. 110 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 4 in/100 ft.
   Average depth 36 in
4. Filter material: Gravelless
   Depth of material _____ in.
5. Distances to: Well or suction line NA ft.
   Pressure line NA ft.
   Property line >5 ft.
   House or building 110' ft.
   Lake or Stream NA ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



licate North
vith Arrow


Forest
water
Property line
60'
1000 Gallon cistern
50'
110'
100'

13611 S. 150 cT
T8 R8 S10

owell

