LLCHD HS000581

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

spoke w/ owner on Jan 11

A

Permit Number HS000581

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 6061 Waters Edge Dr. (no rural route) City Lincoln, NE Zip

Legal Description 18 / 9 / 8 Whispering Creek 1st Addition Block 1 Lot 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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

B. Owner

Name Cody & Rebecca Buhr Signature Rebecca Buhr

Address 6010 S. 43rd St. City/State/Zip Lincoln, NE 68516

Home Phone Work Phone (402) 525-8195

C. Certified Installer

Name: Paul Weber - Weber Well Signature Paul Weber

Address 10133 Willow Cove Lane City/State/Zip Firth Ne 68358

Work Phone (402) 580-8311

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

☐ 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 1/17/13
Date frwd 1/18/12
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 1-13-12
Date frwd 1-13-12
ACTION ☒ Approved ☐ Disapproved
Signature Shawn Johnson

3. City or County Engineer
Comments
Date rec'd 1-13-12
Date frwd 1-13-12
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 1-17-12 Amount Paid 345.00
Received By BHall Cash/Check No 2128

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

Issued for Lagoon

Form A Updated: 5/10

1-20-2012 9:37:18

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 Waters Edge Dr. City Lincoln NE, Zip
(no rural route)

Owner Cody Buhr Addresss 6010 S. 43

Soil Type (SCS): S.H. Clay Percolation Rate: 60 min./inch

Date of Tests 10/28 to 10/29 Weather: Precipitation ~~Rain~~ None Temperature 60+

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	36	10/28	1:00	10/29	8:00	10/29	11:30	29 1/8	10/29	12:00	30	1/2	60
2	36	10/28	1:00	10/29	8:00	10/29	11:30	30 1/4	10/29	12:00	30	5/8	48
3	38	10/28	1:00	10/29	8:00	10/29	11:30	32 1/4	10/29	12:00	30	1/2	60
4	36	10/28	1:00	10/29	8:00	10/29	11:30	31	10/29	12:00	30	5/8	48
5	39	10/28	1:00	10/29	8:00	10/29	1:30	34 5/8	10/29	12:00	30	1/2	60
6	36	10/29	1:00	10/29	8:00	10/29	1:00	29 3/8	10/29	12:00	30	1/2	60

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Claude Ore PE-3939
Phone: 402-486-4444
Address 6645 S. 66th St.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

LLCHD HS000581

C

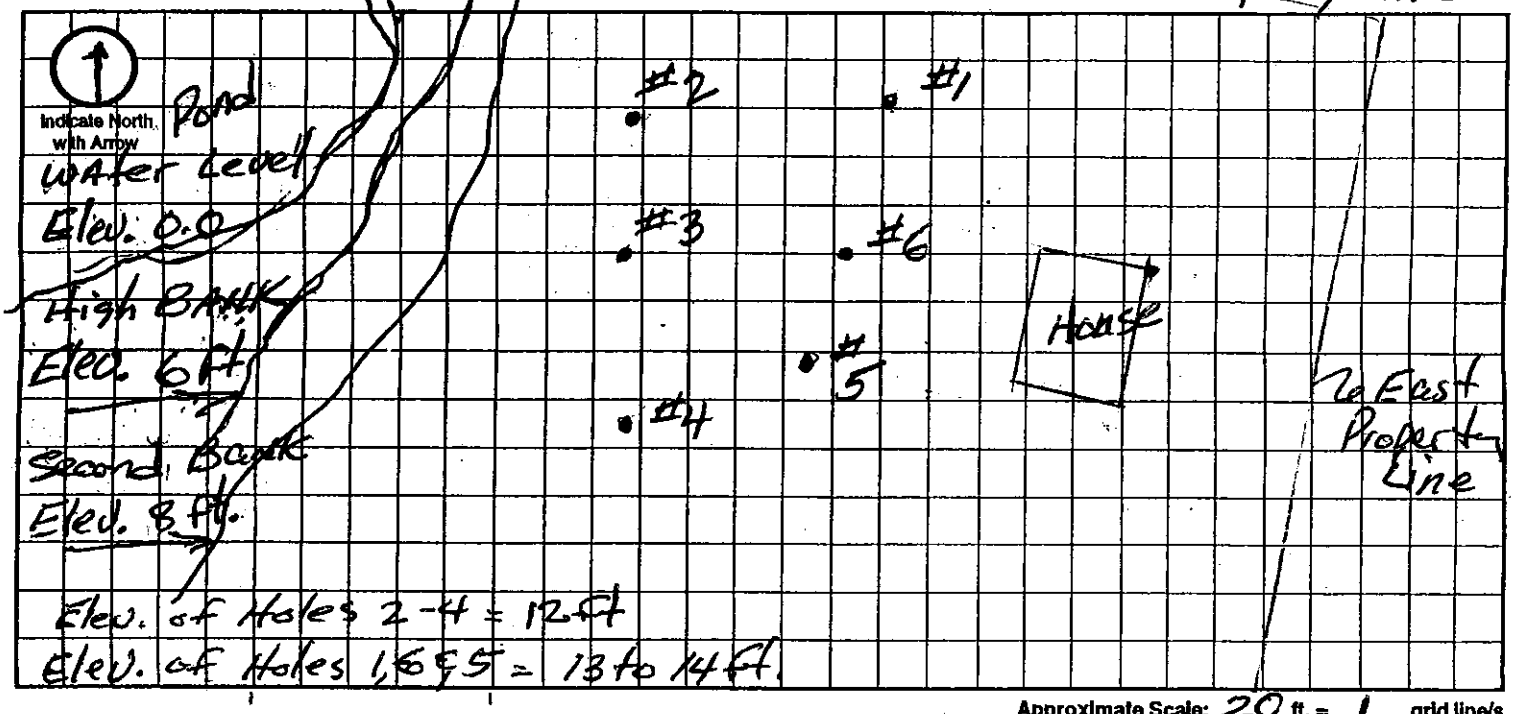
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 _____ Date _____

Installer _____ Date _____

FORM 23-102 10-96

1-20-2012 9:37:21

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. HS000581

System Type: LAGOON

Situs: 6061 Waters Edge Dr.

Legal Description: T09N-R08E-S18-1-Lot 4

Owner:

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

Issued:	01/17/2012
Expires:	01/16/2013

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

BUHR CONSTRUCTION
6010 S 43RD
LINCOLN NE 68513-2801