LLCHD HS000608

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

A

Permit Number HS000608

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 2665 N 176th St (no rural route) City Lincoln, NE Zip 68527

Legal Description 14 10 6th Principal Meridian 17

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

Geographical Location (if known): Lat/Long: 14, 10, 8 PID

B. Owner

Name Travis Sondgeroth Signature

Address ~~2665~~ 7701 Cornhusker Hwy City/State/Zip Lincoln NE 68507

Home Phone Work Phone 402-578-3348

C. Certified Installer

Name: Nathan Peterson Signature

Address 7701 Cornhusker Hwy Suite 5 City/State/Zip Lincoln NE 68507

Work Phone 402-202-8130

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 20

☐ 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 4/27/12 **ACTION** ☒ ~~Approved~~ ☐ Disapproved
Site visits Date frwd 4/27/12 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 4-27-12 Amount Paid 345—
Received By 4-27-12 Cash/Check No. 3582

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

Form A Updated: 5/10

5-1-2012 9:24:24

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2665 N 176th St (no rural route) City Lincoln NE, Zip 68527

Owner Travis Sandgerath Address 7701 Cornhusker Hwy Lincoln

Date of Tests _____ to _____ Weather: Precipitation 0 Temperature 70

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	38	4/11	8:00	4/4	12:00	4/12	9:00	6	4/12	1:00		1/2	60
2	48	4/4	"	"	"	"	"	6	"	"		5/8	48
3	48	4/11	"	"	"	"	"	6	"	"		1/2	60
4	40	4/11	"	"	"	"	"	6	"	"		1/2	60
5	48	4/11	"	"	"	"	"	6	"	"		1/2	60
6	48	4/4	"	"	"	"	"	6	"	"		~~5/8~~	~~48~~
								6				~~5/8~~	56 mpi
								6					

Person Conducting Percolation Test

Name: Nathan Peterson
Phone: 402-202-8130
Address 7701 Cornhusker Hwy Suite 5
Lincoln NE 68507

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

Soil type (NRCS Maps/Other) _____
Groundwater Depth NA

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

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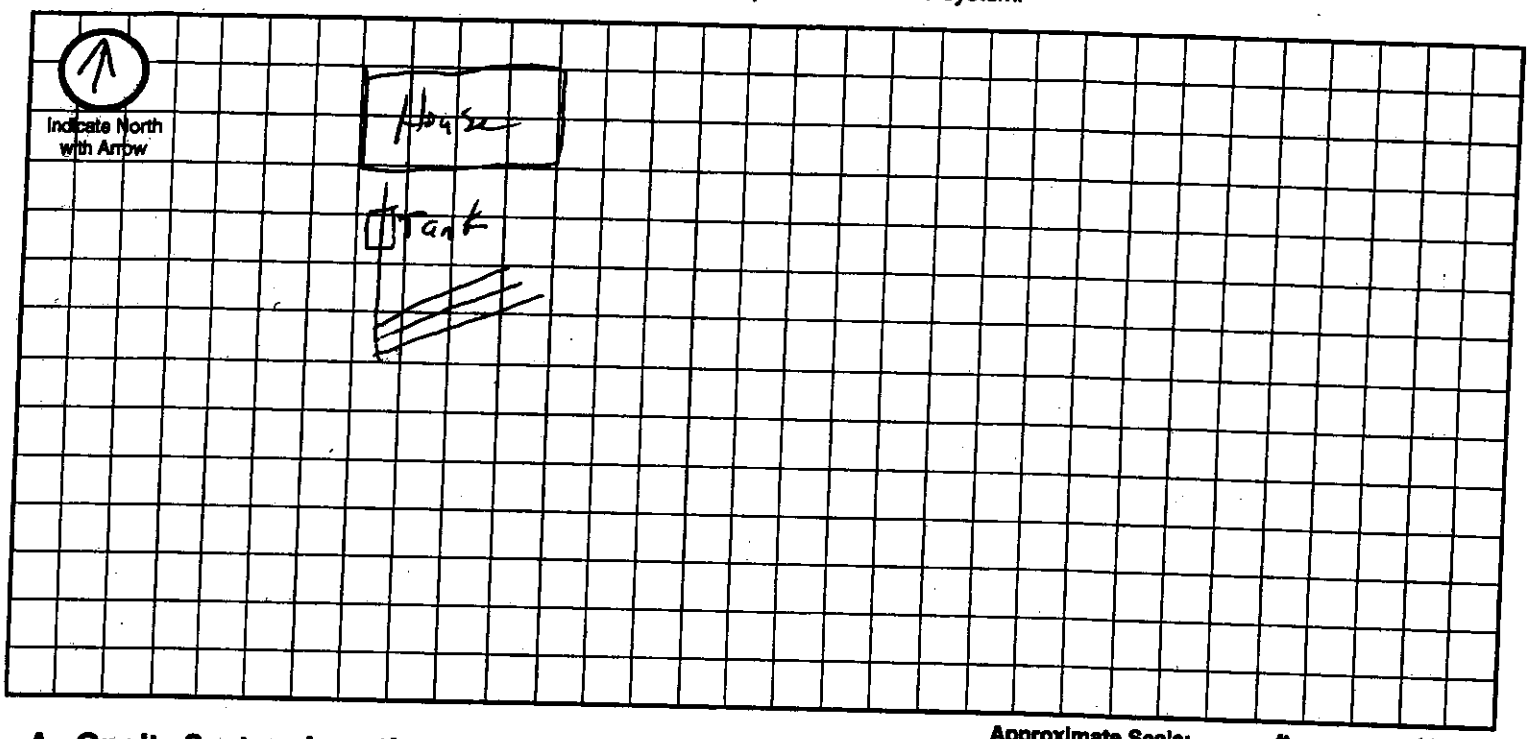
C

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) 2665 N 176th City Lincoln NE, Zip 68507

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type Pearlette Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1050 sq.ft.

Total length of laterals 300 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 3' No. of drop boxes 0 Distrubtion Box 0

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 [signature] Date 4/27/12

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. HS000608

System Type: STANDARD

Situs: 2665 N. 176th

Legal Description: T10N-R08E-S14-Lot 17

Owner:

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

Issued: 04/27/2012
Expires: 04/27/2013

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

INFINITY EXCAVATING
7701 CORNHUSKER HWY STE 5
LINCOLN NE 68507