LLCHD HS000610

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

A

Permit Number HS000610

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 4633 W. F st (no rural route) City Lincoln, NE Zip 68522

Legal Description 30, 10, 6 Cushman Park 14

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

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

B. Owner

Name Justin White Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

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

Work Phone 430-7606

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 5+

☐ 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 _____
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 _____

Business Office Use Only
Date Received 5-2-12 Amount Paid 345.-
Received By Blair Cash/Check No. 1367

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

Form A Updated: 5/1(

5-3-2012 12:26:42

LLCHD HS000610

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

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department Date rec'd 5/2/12 **ACTION** ☒ Approved ☐ Disapproved
Site visits _____ Date frwd 5/2/12 Signature _____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd 5-2-12 **ACTION** ☒ Approved ☐ Disapproved
Comments system to be placed out of floodplain Date frwd 5-2-12 Signature _____

3. City or County Engineer Date rec'd 5-2-12 **ACTION** ☒ Approved ☐ Disapproved
Comments System to be placed above floodplain Date frwd 5-2-12 Signature Jim Ploug

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

5-3-2012 12:26:43

B

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

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 4633 W. F (no rural route) City Lincoln NE, Zip 68522

Owner Justin White Addresss

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

Date of Tests 3/21 to 3/22 Weather: Precipitation Temperature 60s

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	3/21	8:00	3/22	9:00	3/22	1:05	5 1/4	3/22	1:35	30	3	10
2	↓		AM		AM		PM	9 1/4		PM		2 3/4	12
3								6				2 5/8	14
4								4 1/2				3	10
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6								2 1/2				2 1/8	20

Sum of Percolation Rates: 78

Average of Rates: 13

Rate Used for Calculation: 20

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 105 Locust PO Box 191
Hickman, NE 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

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. HS000610

System Type: STANDARD

Situs: 4633 W F ST

Legal Description: T10N-R06E-S30-Lot 14

Owner:

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

Issued: 05/02/2012
Expires: 05/02/2013

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

SOUTHWICK SERVICES
PO BOX 191
HICKMAN NE 68372


F
30-10-06
SHARPSBURG SILTY CLAY LOAM, TERRACE, 0 TO 2 PERCENT SLOPES

SCANNED

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

A

Permit Number A5000610

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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Site visits _____
Date rec'd 5/2/12
Date frwd 5/2/12
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments System to be placed out of floodplain
Date rec'd 5-2-12
Date frwd 5-2-12
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
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Date rec'd 5-2-12
Date frwd 5-2-12
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plough

Installation Final Written Approval
By _____
Date 8/3/12

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

SCANNED

Lincoln-Lancaster County Health Department
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3140 N Street • Lincoln NE 68510-1514
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By

Date

Business Office Use Only
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Received By BHall Cash/Check No. 1367

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Form A Updated: 5/10

SCANNED

B

Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

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Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

4633 W. F
T10 R6 S30 L14

