LLCHD HS000618

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

A MAY 18 2012

Permit Number HS000618

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 2775 W Davey Rd (no rural route) City Davey , NE Zip

Legal Description NE 29 12 6E 27

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

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

B. Owner

Name Garrett & Rebecca Schultz Signature

Address 6100 Vine Apt E25 City/State/Zip Lincoln NE 68505

Home Phone Work Phone

C. Certified Installer

Name: Mueller Trenching Signature

Address 1345 N 26th Rd City/State/Zip Syracuse NE 68446

Work Phone 402-430-2946

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 12.538

☐ 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. 02-38

1. Health Department
Site visits
Date rec'd 5/21/12
Date frwd 5/21/12
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 5-21-12
Date frwd 5-21-12
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 5-21-12
Date frwd 5-21-12
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blaugh

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 5-22-12 Amount Paid 345.00
Received By BA Cash/Check No. 8453

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

Form A Updated: 5/10

5-22-2012 15:50:12

MAY 18 2012

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Howard Stillinger
Address: 225 W. Davey Rd

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam ____ Sandy Clay ____

Dates of Tests: 7/3/10 to 7/4/10. **Weather:** Precip. .40 Temp. 80's

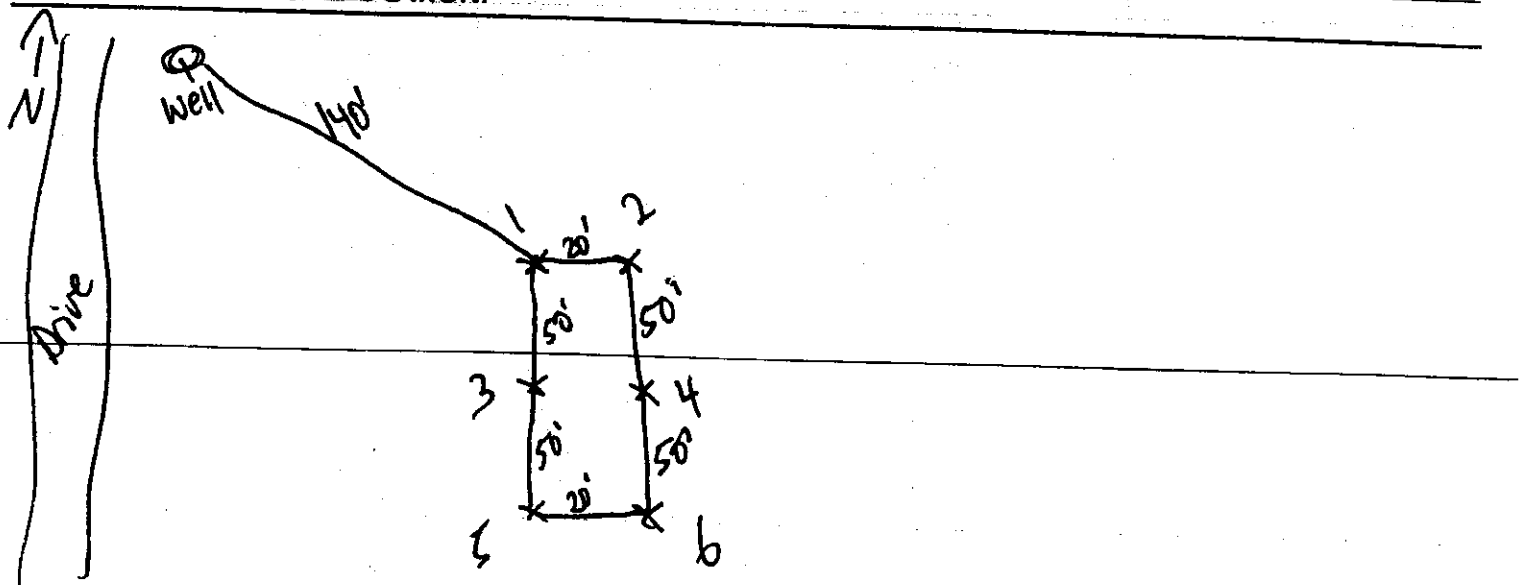
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Water Level
Hole No.	Depth (in.)	(Mo. Day)	(Hr. Min.)	(Mo. Day)	(Hr. Min.)	(Mo. Day)	(Hr. Min.)	Level (in.)	(Hr. Min.)	Level (in.)	Time (Min.)	Drop (in.)
1	36	7/3	10:30am	7/3	2:30pm	7/4	11:00am	6	11:30am	5½	30	½
2	36	7/3	10:30am	7/3	2:30pm	7/4	11:00am	6	11:30am	5¼	30	¾
3	36	7/3	10:30am	7/3	2:30pm	7/4	11:00am	6	11:30am	5½	30	½
4	36	7/3	10:30am	7/3	2:30pm	7/4	11:05am	6	11:35am	5¼	30	¾
5	36	7/3	10:30am	7/3	2:30pm	7/4	11:05am	6	11:35am	5¼	30	¾
6	36	7/3	10:30am	7/3	2:30pm	7/4	11:05am	6	11:35am	5	30	1

Sum of Water Level Drops (in.) [Column m]: 4.25
Average of Water Level Drops (in.) [Column m]: .71
~~Inches per Minute:~~ 42.25 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 742 1st Street
Milford NE 68405
Phone: 402-761-4414
Signature: Justyn Peterson

Square Feet of Lateral per Bedroom: 330

SKETCH SHOWING HOLE LOCATION:



5-22-2012 15:50:13

Official's Signature

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

B MAY 18 2012

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2775 W. Davey Rd. (no rural route) City Davey NE, Zip

Owner Garrett & Rebecca Schulte Address Lincoln, Ne.

Date of Tests 7-3-10 to 7-4-10 Weather: Precipitation .40 Temperature 80s

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. 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)
								6					
								6					
								6					
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name:

Phone:

Address

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

Soil type (NRCS Maps/Other)

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

LUCHD HS000618

4554 West Raymond Road Raymond, Nebraska 68428
Phone: (402) 429-5007

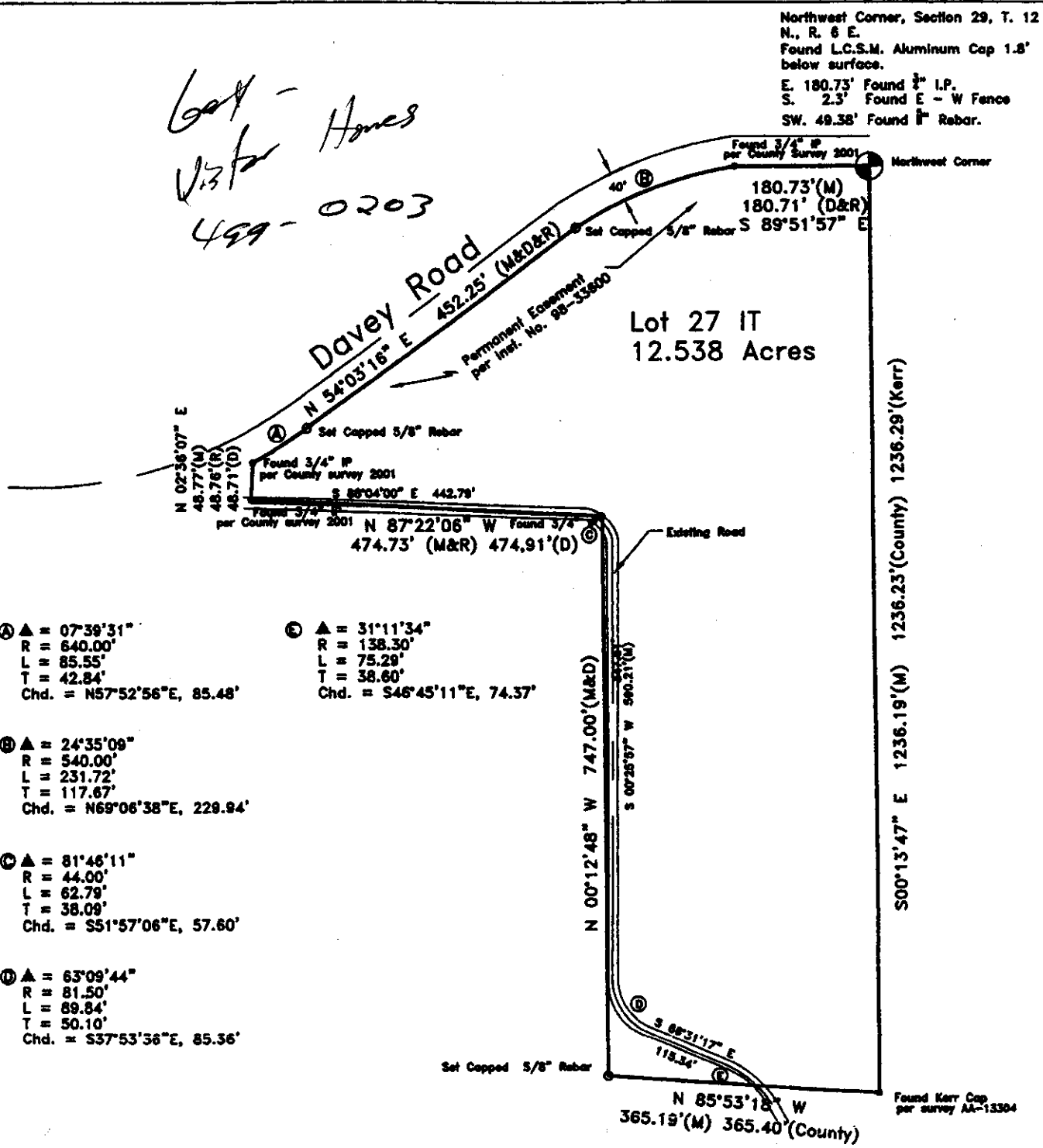
MAY 1 8 2012

Boundary survey of Lot 27 of Irregular Tracts located in the Northeast Quarter of Section 29, Township 12 North, Range 6 East of the Principal Meridian, Lancaster County, Nebraska containing 12.538 Acres of land, more or less.

LEGEND
- ⊕ = Section Corner
- ● = Corner Found
- ○ = Property Corner Set - 5/8"x30" Rebar (Except as otherwise noted)
- (P) = Platted Distance/Angle
- (M) = Measured Distance/Angle
- (D) = Deeded Distance/Angle
- (R) = Recorded Distance/Angle
- -x-x- = Fence
- N.T.S. = NOT TO SCALE

SCALE: 1" = 200'

Lot - Visitor Homes 499-0203



Ⓐ Δ = 07°39'31"
R = 640.00'
L = 85.55'
T = 42.84'
Chd. = N57°52'56"E, 85.48'

Ⓑ Δ = 24°35'09"
R = 540.00'
L = 231.72'
T = 117.67'
Chd. = N69°06'38"E, 229.94'

Ⓒ Δ = 81°46'11"
R = 44.00'
L = 62.79'
T = 38.09'
Chd. = S51°57'06"E, 57.60'

Ⓓ Δ = 63°09'44"
R = 81.50'
L = 89.84'
T = 50.10'
Chd. = S37°53'36"E, 85.36'

Ⓔ Δ = 31°11'34"
R = 138.30'
L = 75.29'
T = 38.60'
Chd. = S46°45'11"E, 74.37'

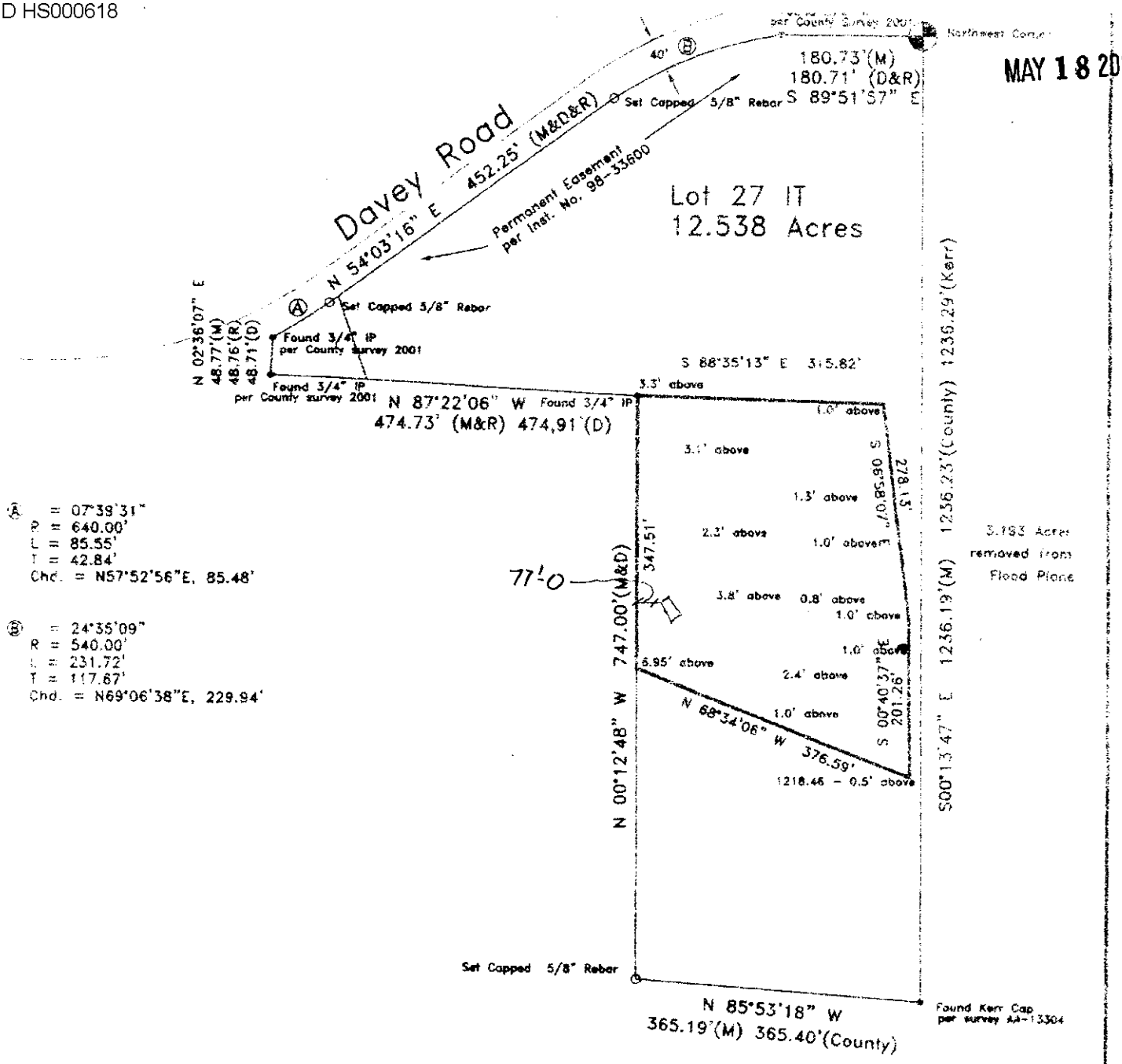
NEBRASKA REGISTERED

30th day of March 2009.

SURVEYOR'S CERTIFICATE

I hereby certify that the accompany

MAY 18 2012



Signed this 30th day of March, 2009.

By: _____
Karen D. Brouwer, NE. L.S. #611

SURVEYOR'S CERTIFICATE

I hereby certify that the accompanying survey was conducted by me or under my direct supervision. Points and improvements found are certified to be accurately shown on this Plat. All distances are Arc distances, unless otherwise noted. All distances are measured in feet or decimals of a foot.

LLCHD HS000618

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

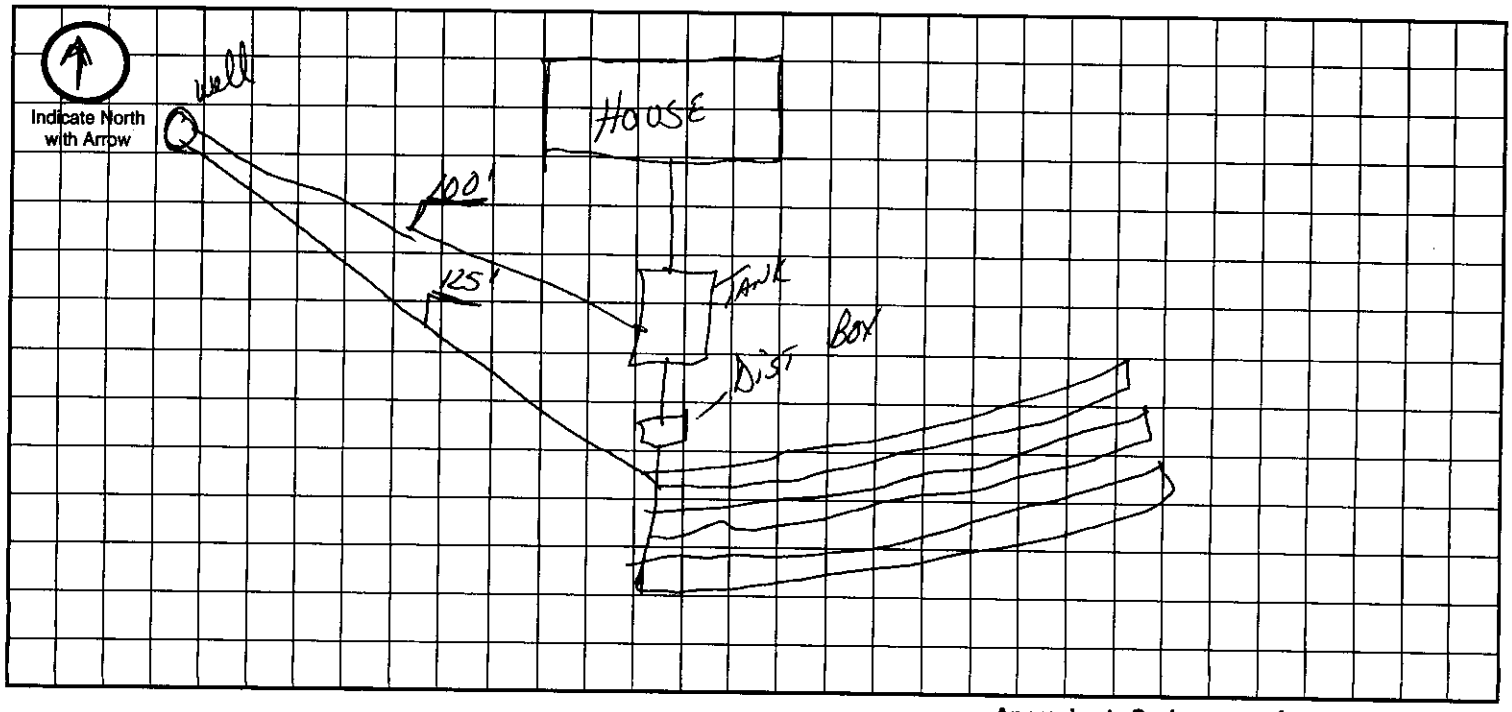
MAY 18 2012

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 (percoloation test required) ❑ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms 4 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 _____

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. HS000618

System Type: STANDARD

Situs: 2775 W DAVEY RD

Legal Description: T12N-R06E-S29-Lot 27

Owner:

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

Issued: 05/22/2012
Expires: 05/22/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

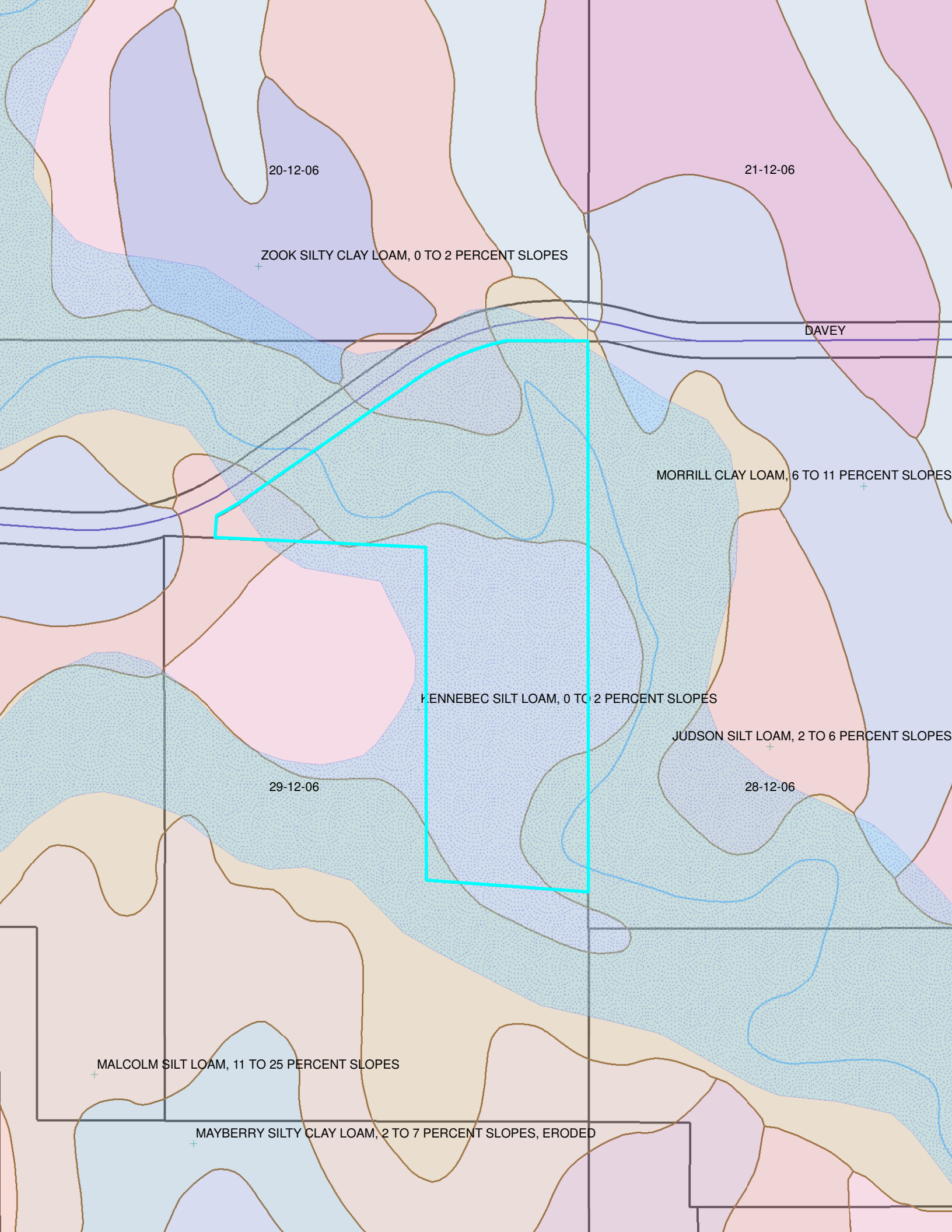
On-site Waste System Permit Holder:

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

MUELLER TRENCHING
1345 N 26TH
SYRACUSE, NE 68446-7844


20-12-06
21-12-06
ZOOK SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
DAVEY
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
29-12-06
28-12-06
MALCOLM SILT LOAM, 11 TO 25 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED

SCANNED

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

A MAY 18 2012

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Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

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

B. Owner

Name Garrett & Rebecca Schultz Signature

Address 6100 Vine Apt E25 City/State/Zip Lincoln, Ne 68505

Home Phone Work Phone

C. Certified Installer

Name: Mueller Trenching Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, Ne 68446

Work Phone 402-430-2946

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 12.538

☐ 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 8/9/12 - Cat 3/5 too long need to be at least 3' - Contractor notified
Date rec'd 5/21/12
Date frwd 5/21/12
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk (O.K.)
Comments
Date rec'd 5-21-12
Date frwd 5-21-12
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 5-21-12
Date frwd 5-21-12
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blaugh

Installation Final Written Approval
By
Date 10/26/12

Business Office Use Only
Date Received 5-22-12 Amount Paid 345.00
Received By BA Cash/Check No. 8453

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

Form A Updated: 5/10

SCANNED

SURVEY RECORD

Job No: 08771

Lincoln, Lancaster County, Nebraska

Sheet: 1 of 1

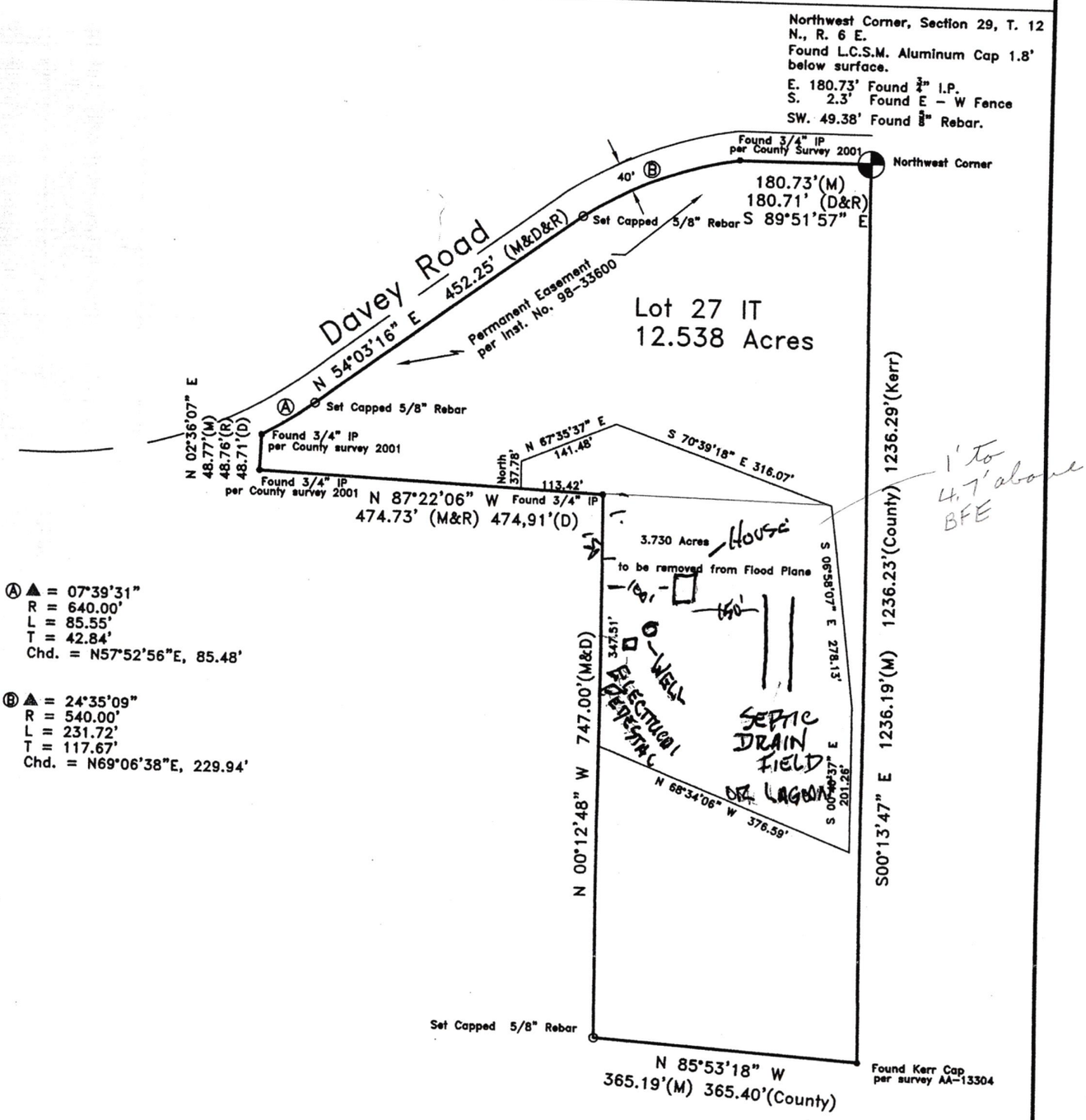
FINE LINE LAND SURVEYING

4554 West Raymond Road
Raymond, Nebraska 68428
Phone: (402) 429-5007

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