LLCHD HS000619

MAY 18 2012

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

A

Permit Number HS000619

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 07-04-101-009-000

A. Onsite System Location

Address 2055 SW 21st St (no rural route) City Martell, NE Zip 68404

Legal Description NE NW 4 7 6E Four Stones Add 1-10
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: Latitude:

☐ Check if system mail address is not the same as the owner's address Total Acres: 3

B. Owner

Name Amy Keetle Signature Amy Keetle

Address 16611 Virginia St City/State/Zip Omaha, NE 68136

☐ Check if owner designed system Home Phone 402-440-7779 Work Phone

C. Contractor

Name: Lloyd Jakubek Company Name Raymond Contracting Inc

Address 13700 NW 70th St City/State/Zip Raymond, NE 68428

☒ Check if contractor designed system Work Phone 402-890-6009

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ 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 5/21/12 Date fwd 5/24/12 ACTION ☒ Approved ☐ Disapproved Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 5-22-12 Amount Paid 345.00
Received By KA Cash/Check No. 7898

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated 5-07

5-22-2012 15:57:45

MAY 18 2012

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 5555 5h2 21st St (no rural route) City Markell NE, Zip 68404

Owner Amy Keeble Addresss Heidi Virginia St Omaha, NE 68136

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

Data of Tests 3/14/12 to 3/15/12 Weather: Precipitation D Temperature 72°

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	38	3/14	8:30a	3/14	12:30p	3/15	7:00p	6	3/15	2:30p	30	1 1/8	27
2	26	"	"	"	"	"	"	"	"	"	"	5	6
3	42	"	"	"	"	"	"	"	"	"	"	5/8	48
4	31	"	"	"	"	"	"	"	"	"	"	5/8	48
5	22	"	"	"	"	"	"	"	"	"	"	14/16	43
6	20	"	"	"	"	"	"	"	"	"	"	1 13/16	17
7	23	"	"	"	"	"	"	"	"	"	"	3/8	79

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Terri L. Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW2 70th St
Raymond, NE 68428 # C1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

MAY 18 2012

C

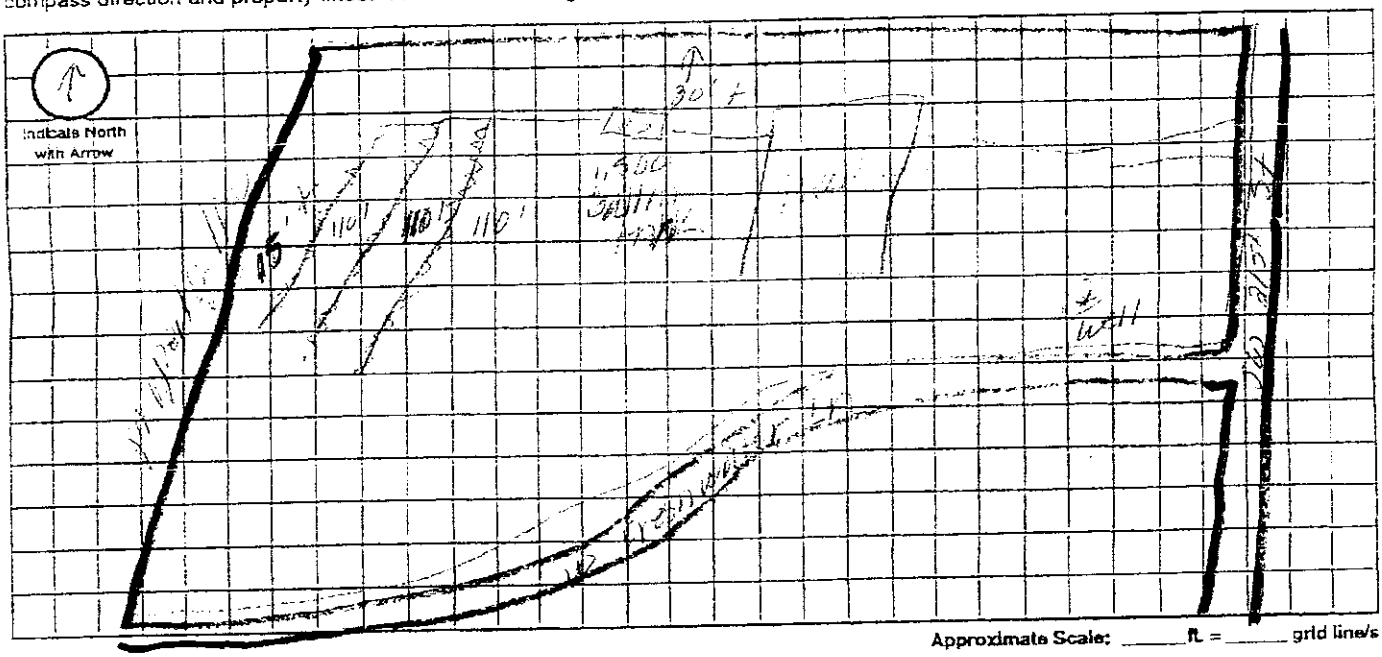
Lincoln-Lancaster County Health Department
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Permit Number:

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 555 Rabbit Run SW 215th St City Martell NE Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other ____

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

Percolation Rate 48 (min. per inch) Soil Type: Silty clay loam Land Slope: ____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other ____

Total Square Feet of Field Required: 1,320 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Gravelless Chambers

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: ____ Number of Distribution Laterals per Bed ____

Total Length of Laterals 330 ft. Number of Trenches 3 Trench Width 40"

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 5/15/12

Installer ____ Date 5/15/12

FORM 23-102 10-95

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. HS000619

System Type: STANDARD

Situs: 20555 SW 21 ST

Legal Description: T07N-R06E-S04-Lot 1-10

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

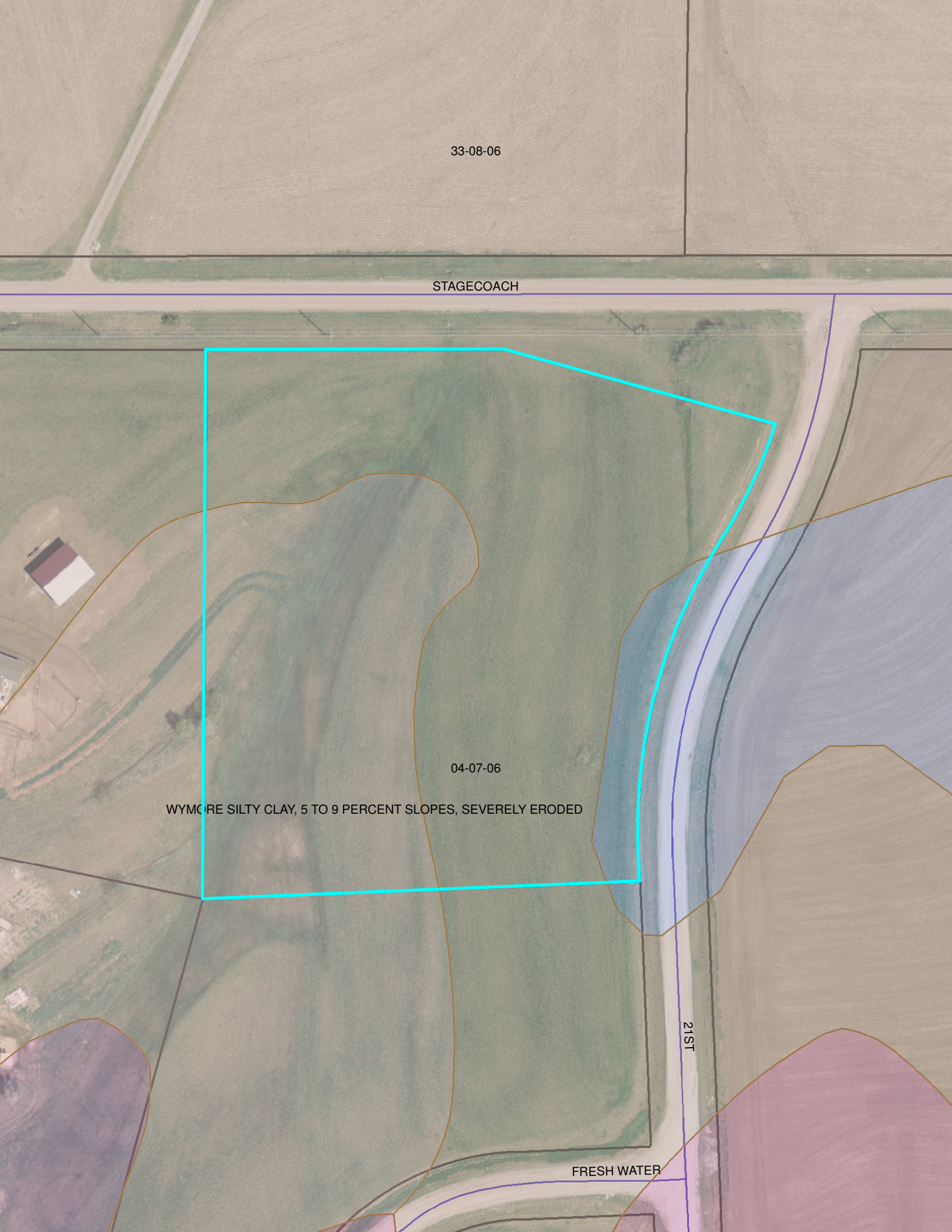
On-site Waste System Permit Holder:

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428


33-08-06
STAGECOACH
04-07-06
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
21ST
FRESH WATER