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LLCHD HS000624



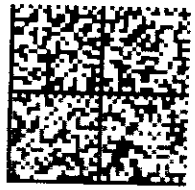
CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

Lincoln-Lancaster County
Health Department
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

Found in Janet's In Box 6/18/12

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LLCHD HS000624

**A**

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

Permit Number: HS000624

# Sewage Disposal System

## Request for Site Clearance and Permit

**Include Form B, Form C and Applicable Fees with this Application.**

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

**PLEASE PRINT OR TYPE**

### A. System Location (Indicate correct number and street)

Address 14250 Brush Creek Pl (no rural route) City Yuca NE, Zip 68430

Legal Description 9 (1/4) 8N (Section) 7E (Township) Brush Creek Estates (Range) 14 (Subdivision, Addition, Block, Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

### B. Owner

Name Chad Wiles Signature NA

Address 8545 Executive Woods Dr City/State/Zip Lincoln, Ne Suite 1 68512

☐ Check if owner designed system Home Phone 402-318-3419 Work Phone Same

### C. Contractor

Name Knox Virgil Company Name Knox + Virgil Excavating

Address 4620 W Mary Lois Ln City/State/Zip Lincoln, Ne 68528

☒ Check if contractor designed system Work Phone 402-525-6081

### 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 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☑ Domestic ☐ Non-Domestic.

***DO NOT WRITE BELOW THIS LINE***

### Approval Process ☑ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 5/29/12 Date frwd 5/29/12 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-29-12 Date frwd 5-29-12 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-29-12 Date frwd 5-29-12 ACTION ☒ Approved ☐ Disapproved Signature _____

### Installation Final Written Approval

By _____

Date _____

***Business Office Use Only***

Date Rec'd 5-30-12
Amt Paid 345.00
Rec'd By BH Cash/Check No. 2286

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

6-11-2012 10: 0: 7

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 [redacted] Bristol Creek Estates (no rural route) City [redacted] Roca NE, Zip [redacted] 68430
Lot 14 Lot 1

Owner [redacted] Address 8545 Executive Woods Dr Lincoln, Ne 68512

Soil Type (SCS): [redacted] Wymore Percolation Rate: [redacted] Read 21-30 min./inch

Date of Tests [redacted] to [redacted] Weather: Precipitation [redacted] Teace Temperature [redacted] 85°
5-21-12 5-22-12

### 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 | 48 | [redacted] | 3:00 | [redacted] | 5:00 | [redacted] | [redacted] | 6 | [redacted] | 5:00 | 30 | 1 [redacted] | 30 [redacted] |
| 2 | 48 | 5-21 | " | 5-22 | " | 5-22 | " | " | 5-22 | " | " | 1¼ [redacted] | 24 |
| 3 | 48 | " | " | " | " | " | " | " | " | " | " | 4 [redacted] | 7.5 |
| 4 | 48 | " | " | " | " | " | " | " | " | " | " | 4½ [redacted] | 7 |
| 5 | 48 | " | " | " | " | " | " | " | " | " | " | 1⅛ [redacted] | 27 |
| 6 | 48 | " | " | " | " | " | " | " | " | " | " | 1½ [redacted] | 20 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: [redacted] NA
Average of Rates: [redacted] 21-30
Rate Used for Calculation: [redacted] 21-30

### Person Conducting Percolation Tests

Name: Kurt T Virgil
Phone: 402-525-6681
Address 4600 W. Mary Louise Ln
Lincoln, Ne 68528

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000624

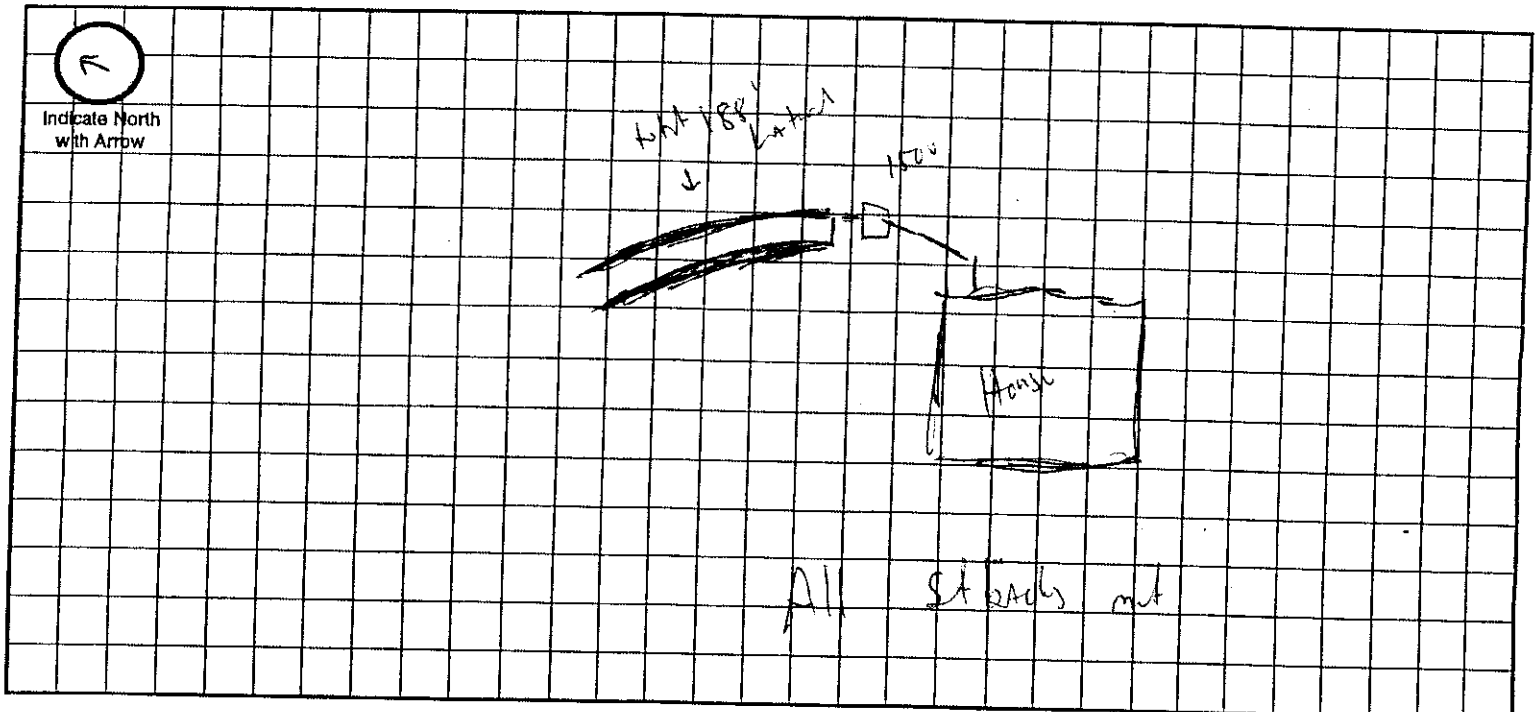
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

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) Brush Creek Estates Lot 14 City Roca NE, Zip 68430

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 27-30 (min. per inch) Soil Type: Wymore Land Slope: 3 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 750 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed

Total Length of Laterals 188 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 5/24/2012

Installer Date 5-22-12

FORM 23-102 10-96

6-11-2012 10: 0:10

**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. HS000624**

**System Type:** STANDARD

**Situs:** 14250 Brush Creek Place

**Legal Description:** T08N-R07E-S09-Lot 14

**Owner:**

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

Issued: 05/30/2012
Expires: 05/30/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

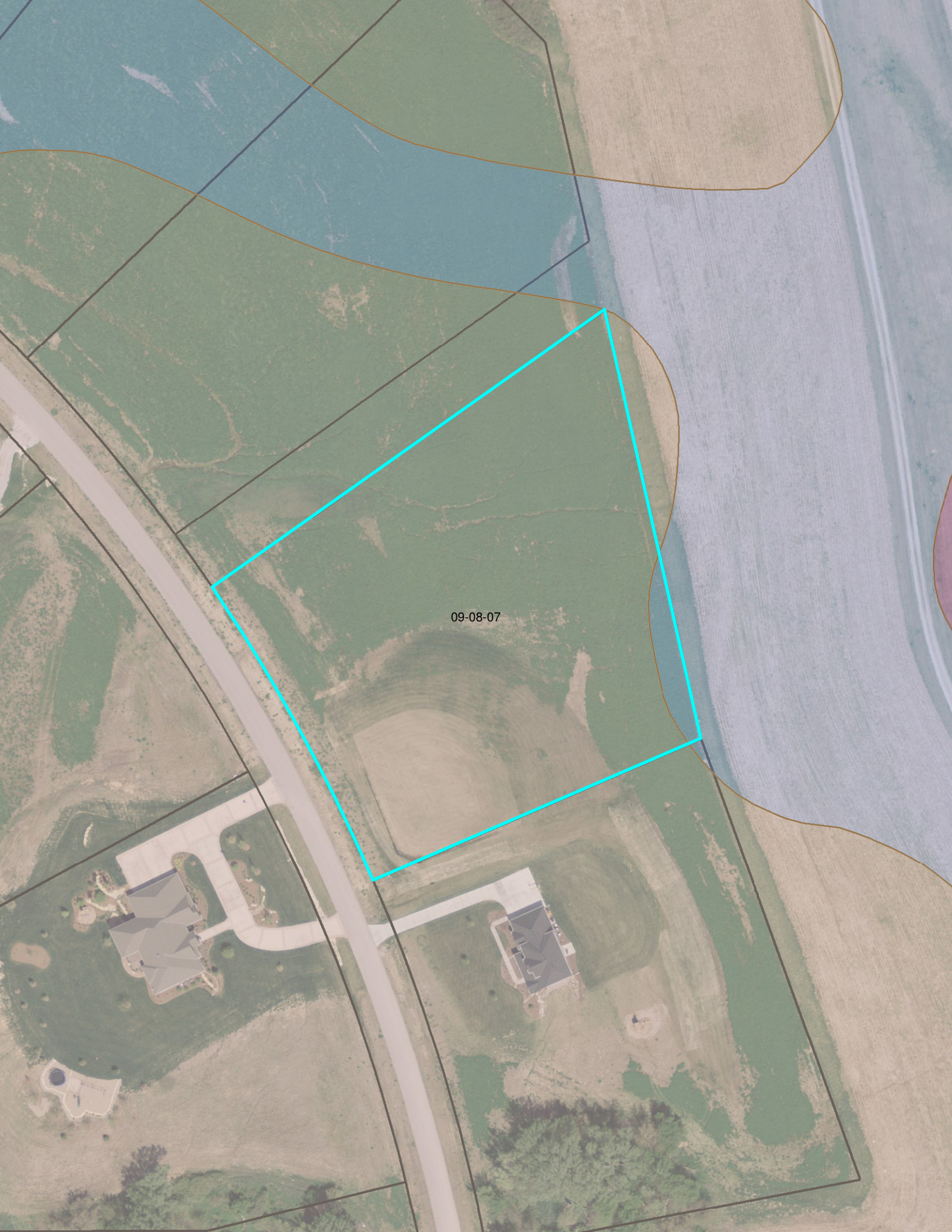
On-site Waste System Permit Holder:

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

CHAD WILES
1541 S 77TH
LINCOLN NE 68506


09-08-07