A

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

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

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

HS000633

☒ 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 NA Waters Edge Dr (no rural route) City Lincoln NE, Zip

Legal Description N½ (1/4) 18 (1/4) 9N (Section) 8E (Township) Whispering Creek (Range) (Subdivision) 1 (Addition) 1 (Block) 7 (Lot)

Geographical Location (If known): Longitude Latitude 3.1 Acres

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

B. Owner

Name Erik & Bridget Monson Signature NA

Address 5414 Betty Lou Blvd City/State/Zip Lincoln / Ne / 68516

☐ Check if owner designed system Home Phone 402-450-7959 Work Phone

C. Contractor

Name Kurt Virgil Company Name Kurt T Virgil Excavating

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

☒ Check if contractor designed system Work Phone 402-525-6681

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 - sized as ok for (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.

DO NOT WRITE BELOW THIS LINE

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

1. Health Department — Date rec'd 6/19/12, Date frwd 6/19/12 — ACTION ☒ Approved ☐ Disapproved — Signature
2. Supt. Bldg. Insp. or Village Clerk — Date rec'd, Date frwd — ACTION ☒ Approved ☐ Disapproved — Signature
3. City or County Engineer — Date rec'd 6-19-12, Date frwd 6-19-12 — ACTION ☒ Approved ☐ Disapproved — Signature

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd 6-19-12
Amt Paid 345.-
Rec'd By BA Cash/Check No. 1163

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

LLCH

Percolation Test Results

Location: Township:

Range: 1/4 Sec.

Section: 1/4 Sec.

County: Area: Acres:

Performed by: Kurt Virgil

Owner of Property: Kruger Jody Hernandez (Victorian Homes) (name, address, phone)

Kurt Virgil Certification Number: (C1725)

Test Date(s): **Presoak:** 3-26-12 **Percolation:** 3-27-12

Number of Test Holes: 6 **Diameter of Test Holes:** 8"

Location of Test Holes: Center of prop field

Description of Soil: Silty Clay Loam (Myrnow)

(Sand, Silt, Clay, Sandy Clay, Loamy Sand, Silty Clay, Silty Clay Loam, Sandy Loam, Silt Loam)

Depth to Groundwater/(or) Bedrock: 7 ft.

Comments:

Roughen bottom/edges with: Ice

Place 2 inches of 1/4 to 3/4 inch gravel in bottom ✓ **(y)** ____ **(n)**

Test Data: The test holes were presoaked for 4 **Hours, or** ____ **Overnight**

(AND) were refilled with 12 inches of water as needed

Filled with 6 inches of clear water every: ✓ **30 min** ____ **10 min during test**

Weather: **Precipitation:** No **Temperature:** 80°

Final Measurements:

← N

Test Hole:	1	2	3	4	5	6
Perc. Rate: (min/in)	24	24	14	10	9	10

Average Perc. Rate for Area: Sum = 91 → 15 mpi

(If variations > 20 mpi exist do not average; but base design on slowest rate)

7 & 8 Pressure t

6-21-2012 13:47:34

Test Hole	1	2	3
Depth of Test Hole (in.)	48	48	48

Interval Number	Elapsed Time		Water Level/ Drop		Water Level/ Drop		Water Level/ Drop
	Hrs		Inches		Inches		Inches
0	0	6 in	—	6 in	—	6 in	—
545		drop	—	drop	—	drop	—
1	1/2	6 in	—	6 in	—	6 in	—
615		drop	7/8	drop	1	drop	2 1/8
2	1	6 in	—	6 in	—	6 in	—
645		drop	1	drop	1	drop	2
3	1 1/2	6 in	—	6 in	—	6 in	—
715		drop	1 1/16	drop	1 1/8	drop	2
4	2	6 in	—	6 in	—	6 in	—
745		drop	1 1/16	drop	1 1/8	drop	2
5	2 1/2	6 in	—	6 in	— -1/8	6 in	—
815		drop	1 1/4	drop	1 1/4	drop	2 1/8
6	3	6 in	— -1/8	6 in	—	6 in	—
845		drop	1 1/8	drop	1 1/8	drop	2 1/8
7	3 1/2	6 in		6 in	— -1/8	6 in	— -1/8
915		drop	1 1/4	drop	1 1/4	drop	2 1/8
8	4	6 in	—	6 in	—	6 in	—
945		drop	1 1/4	drop	1 1/4	drop	2 1/8

Final Drop (not total)	1 1/4	1 1/4	2 1/8
Perc. Rate min/inch	24	24	14
Show Equation Here	30/1.25	30/1.25	30/2.125

Test Hole	4	5	6
Depth of Test Hole (in.)	48	48	48

Interval Number	Elapsed Time		Water Level/ Drop		Water Level/ Drop		Water Level/ Drop
	Hrs		Inches		Inches		Inches
0	0	6 in	—	6 in	—	6 in	—
545		drop	—	drop	—	drop	—
1	1/2	6 in	—	6 in	—	6 in	—
615		drop	3 3/4	drop	4 1/2	drop	3 3/4
2	1	6 in	—	6 in	—	6 in	—
645		drop	3 3/4 ?	drop	4 1/2	drop	4
3	1 1/2	6 in	—	6 in	—	6 in	—
715		drop	3 1/4	drop	4	drop	4 1/4
4	2	6 in	—	6 in	—	6 in	—
745		drop	3 1/8	drop	3 3/4	drop	4
5	2 1/2	6 in	—	6 in	—	6 in	—
815		drop	3 1/8	drop	3 1/2	drop	3 3/4
6	3	6 in	— 1/8	6 in	—	6 in	—
845		drop	3 1/8	drop	3 3/8	drop	3 1/4
7	3 1/2	6 in	—	6 in	—	6 in	—
915		drop	3 1/8	drop	3 1/4	drop	3 1/8
8	4	6 in	—	6 in	—	6 in	—
945		drop	3 1/8	drop	3 1/4	drop	3 1/8

Final Drop (not total)	3 1/8	3 1/4	3 1/8
Perc. Rate min/inch	~~9.6~~ 10	9	~~9.6~~ 10
Show Equation Here	30/3.125	30/3.25	30/3.125

LLCHD HS0[illegible]

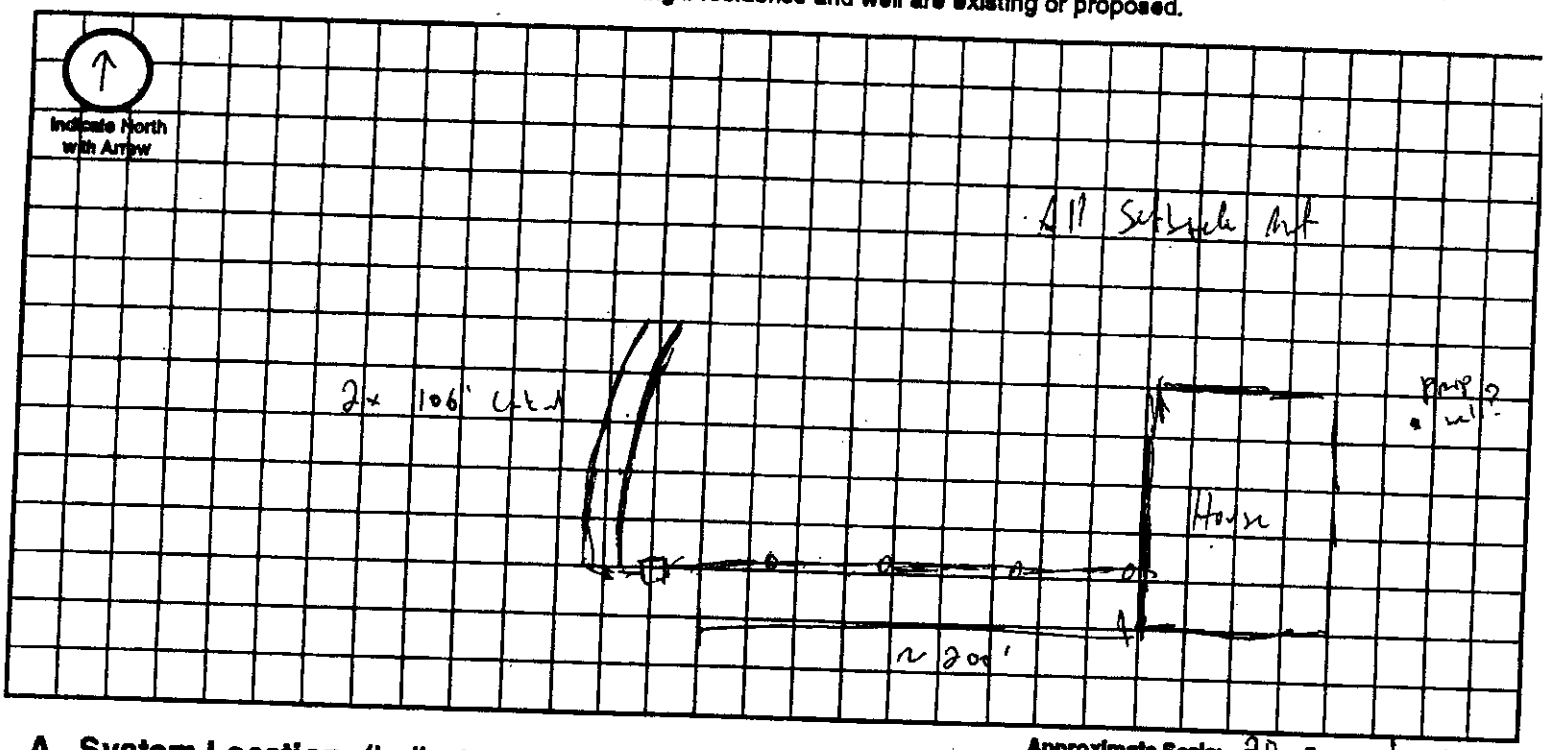
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Phone: 402-441-8022

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. = [ ] grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) Lot 7 Wyndam Crk City Lincoln NE, Zip 68526

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 15 (min. per inch) Soil Type: Wymore Silty clay loam Land Slope: 4 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 630 sq. ft. - Using 848

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

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

Total Length of Laterals 212 ft. Number of Trenches 2 Trench Width 3'

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

Installer [signature] Date 6-18-12

FORM 23-102 10-96

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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. HS000633

System Type: STANDARD

Situs: Whispering Creek 1st Add., Block 1, Lo

Legal Description: T09N-R08E-S18-1-Lot 7

Owner:

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

Issued: 06/19/2012
Expires: 06/19/2013

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

VITRUVIAN HOMES
PO BOX 5947
LINCOLN NE 68505