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. HS000637

System Type: STANDARD

Situs: 13555 S. 150th Ct.

Legal Description: T08N-R08E-S10-Lot 4

Owner:

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

Issued:	06/28/2012
Expires:	06/28/2013

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

SUBBERT WELLS AND SEPTIC
1012 CO RD M
MEAD NE 68041

Jun 1' 12 09:'9a Subpert Well & Septic LLC 402-624-2011 p.'

JUN 25 2012

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Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street, Lincoln NE 68510-1514
Phone: 402-441-8543

Permit Number HS000637

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Includes 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 13555 S. 150th CT. City BENNET NE Zip 68317
(no rural route)

Legal Description LOT 4 PHEASANT RIDGE ADDITION
1/4 1/4 Section Township Range Subdivision Addition Block Lot

PID

Geographical Location (if known): Lat/Long:

B. Owner

Name BRIAN AND AMY NEUMAN Signature

Address PO Box 103 City/State/Zip BENNET NE 68317

Home Phone (402) 202-1712 Work Phone (402) 202-1712

C. Certified Installer

Name: Scott Subpert Signature Scott Subpert

Address 1012 CORA LN City/State/Zip MEAD, NE 68041

Work Phone 402-443-6549

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 3

☐ 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 24.3d ☐ County Resolution No. 02-30

1. Health Department — Date rec'd — Date fwd — ACTION ☐ Approved ☐ Disapproved — Signature
Site visits

2. Supt. Bldg. Insp. or Village Clerk — Date rec'd — Date fwd — ACTION ☐ Approved ☐ Disapproved — Signature
Comments

3. City or County Engineer — Date rec'd — Date fwd — ACTION ☐ Approved ☐ Disapproved — Signature
Comments

Installation Final Written Approval
By

Date

Business Office Use Only
Date Received 6-27-12 Amount Paid $345.00
Received By BHall Cash/Check No. 7942

White - Health Department Yellow - Engineer Pink - Building & Safety Form 4 Updated: 5/12

JUN 25 2012

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

Permit Number HS000637

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 13555 S. 150th CT. City BENNET NE Zip 68317
(no rural route)

Legal Description LOT 4 PHEASANT RIDGE ADDITION
1/4 1/4 Section Township Range Subdivision Addition Block Lot

PID

Geographical Location (if known): Lat/Long:

B. Owner

Name BRANDI AND AMY NEWMAN Signature

Address P.O. Box 103 City/State/Zip BENNET NE 68317

Home Phone (402) 202-1712 Work Phone (402) 202-1712

C. Certified Installer

Name: Scott Subbert Signature

Address 1012 CORA LN City/State/Zip MEAD, NE 68041

Work Phone 402-443-6549

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 3

☐ 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 — Date rec'd — Date fwd — ACTION ☐ Approved ☐ Disapproved — Signature — Site visits

2. Supt. Bldg. Insp. or Village Clerk — Date rec'd — Date fwd — ACTION ☐ Approved ☐ Disapproved — Signature — Comments

3. City or County Engineer — Date rec'd — Date fwd — ACTION ☐ Approved ☐ Disapproved — Signature — Comments

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 4 Updated: 5/12

Soil Percolation Test Data Sheet for Absorption System

Owner Information: BRandt Weatherall

Owner Name Brad Clay Phone (402) 202 - 1712

Address PO Box 107 City Bennet State Ne Zip 68317

Location: (Attach a sketch of the property showing test hole locations.)

_____ ¼ Sec. of the _____ ¼ Sec., Section _____, Township _____ N, Range _____,

Lot # 4, Subdivision Pheasant Ridge, County Lancaster

Soil Type: (Check one.)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____

Silty Clay ✓ Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test:

Start Date 6-5-12 to End Date 6-6, 2012

Weather Conditions:

Precipitation 0 Avg. Temp. 85 °F

Percolation Test Measurements and Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Pre-saturation Period				Percolation Readings (last period)					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min)	Date (Mo./Day)	Time (Hr./Min)	Date (Mo./Day)	Time (Hr./Min)	Water Level (inch)	Time (Hr./Min)	Water Level (inch)	Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (l ÷ m) (Minutes per inch)
1	35	6/5	2:00	6/6	4:00	6/6	4:30	22	5:00	21¼	.30	¾	40
2	32							15		14½	.30	½	60
3	36							20½		19¾	.30	¾	40
4	38							17		16½	.30	½	60
5	30							22		21¾	.30	⅝	50

Tests must be performed by a certified onsite professional, a professional engineer or a registered environmental health specialist.

Scott Dahlsten
(Signature of certified onsite professional, professional engineer, or R.E.H.S.)

Certificate or License # C1996

Address 1012 Co Rd M

City Mead St. Ne Zip 68041

Phone (402) 443-6549

Sum of Percolation Rates = 250

Avg. of Percolation Rates* = 50.0
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Jun. 1° 12 09:°9e Subbert Well & Septic LLC

JUN 25 2012

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Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street Lincoln NE 68510-1514
Phone: 402-441-8041

Permit Number

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

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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 13555 S. 130th CT. City BENNET NE Zip 68317
(no rural route)
Legal Description LOT 4 PHEASANT RIDGE ADDITION
1/4 1/4 Section Township Range Subdivision Addition Block Lot
PID
Geographical Location (if known): Lat/Long:

B. Owner
Name BRIAN AND AMY [illegible] Signature
Address PO Box 103 City/State/Zip BENNET NE 68317
Home Phone (402) 322-1312 Work Phone (402) 322-1312

C. Certified Installer
Name: Scott Subbert Signature
Address 1012 CORA LN City/State/Zip MEAD, NE 68041
Work Phone 402-443-6549

D. Engineer ☐ Check and complete if engineer designed system
Designer Name Firm P.E. License Number Work Phone

E. This system will serve a
☐ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3
☐ 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 24.34 ☐ County Resolution no. 02-50 ACTION ☐ Approved ☐ Disapproved
1. Health Department Site visits Date rec'd Date fwd Signature

2. Supt. Bldg. Insp. or Village Clerk Comments OK Date rec'd 6-27-12 Date fwd 6-27-12 ACTION ☒ Approved ☐ Disapproved Signature

3. City or County Engineer Comments Date rec'd Date fwd ACTION ☐ Approved ☐ Disapproved Signature

Installation Final: Written Approval By Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

White - Health Department Yellow - Engineer P.A. - Building & Safety Form 3 updated: 5/12

attion

Note

Soil Percolation Test Data Sheet for Absorption System

Owner Information:

Owner Name Blue Clay Acres Phone (402) 202 - 1712

Address P O Box 107 City Bennet State NE Zip 68317

Location: (Attach a sketch of the property showing test hole locations.)

_____ ¼ Sec. of the _____ ¼ Sec., Section _____, Township _____ N, Range _____,

Lot # 4, Subdivision Pheasant Ridge, County Lancaster

Soil Type: (Check one.)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____

Silty Clay ✓ Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test:

Start Date 6-5-12 to End Date 6-6, 2012

Weather Conditions:

Precipitation 0 Avg. Temp. 85 °F

Percolation Test Measurements and Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Pre-saturation Period				Percolation Readings (last period)					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min)	Date (Mo./ Day)	Time (Hr./ Min)	Date (Mo./ Day)	Time (Hr./ Min)	Water Level (inch)	Time (Hr./ Min)	Water Level (inch)	Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (l ÷ m) (Minutes per inch)
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5	30							22		21⅞	30	⅝	50
6	32							18		17½	30	⅝	50

Tests must be performed by a certified onsite professional, a professional engineer or a registered environmental health specialist.

Scott Dallas

(Signature of certified onsite professional, professional engineer, or R.E.H.S.)

Certificate or License # C1996

Address 1012 Cy Rd M

City Mead St. NE Zip 68041

Phone (402) 443 - 6549

Sum of Percolation Rates = 300

Avg. of Percolation Rates* = 50.0
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Jun 1' 12 09:'9a Subbert Well & Septic LLC 402-624-2011 p.1

JUN 25 2012

A

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3140 N Street Lincoln NE 68510-1514
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Permit Number HS000637

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Legal Description LOT 4 PHEASANT RIDGE ADDITION
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID

Geographical Location (if known): Lat/Long:

B. Owner

Name BRANDT AND Amy Heatman Signature

Address PO Box 103 City/State/Zip BENNET NE 68317

Home Phone (402) 202-1712 Work Phone (402) 202-1712

C. Certified Installer

Name: Scott Subbert Signature

Address 1012 CORA DR City/State/Zip MEAD, NE 68041

Work Phone 402-443-6549

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Designer Name Firm Work Phone

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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 — Date rec'd — Date frwd — ACTION ☐ Approved ☐ Disapproved — Signature
Site visits

2. Supt. Bldg. Insp. or Village Clerk — Date rec'd — Date frwd — ACTION ☐ Approved ☐ Disapproved — Signature
Comments

3. City or County Engineer — Date rec'd — Date frwd — ACTION ☐ Approved ☐ Disapproved — Signature
Comments

Installation Final Written Approval
By Doug Ahrens
Date 9/28/12

Business Office Use Only
Date Received 10-2.7-12 Amount Paid $345.00
Received By BAHall Cash/Check No. 7942

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 5/12