LLCHD HS000639

JUL 05 2012

A

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

Permit Number: HS000639

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 5321 NW 112th (no rural route) City Lincoln NE, Zip

Legal Description SE (1/4) NE (1/4) 5 (Section) 10 (Township) SE (Range) Subdivision Addition Block Lot

Geographical Location (if known): Longitude -96 52 22.10 Latitude 40 51 56.00

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

B. Owner

Name Maksim Osiychuk Signature

Address 507 NW 16th City/State/Zip Lincoln, NE 68528

☐ Check if owner designed system Home Phone Work Phone 402-217-3727

C. Contractor

Name Ben Earnest III Company Name Earnest Well Drilling Inc.

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

☑ Check if contractor designed system Work Phone 402-761-2281

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 ____ 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 7/9/12 Date frwd 7/9/12 **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 Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date 7/9/12

Business Office Use Only

Date Rec'd 7-9-12
Amt Paid $345.00
Rec'd By BM Cash/Check No. 13729

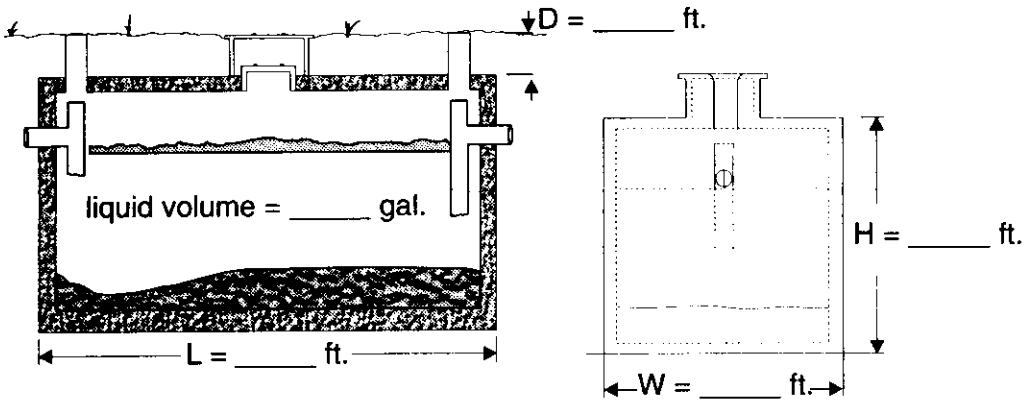
FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

7-11-2012 8:56:20

KEY

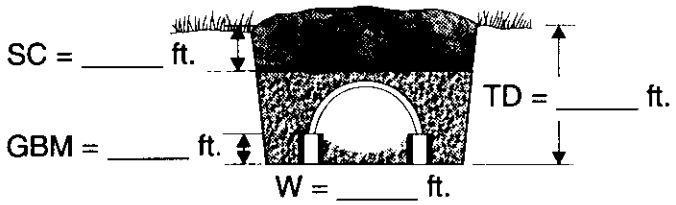
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

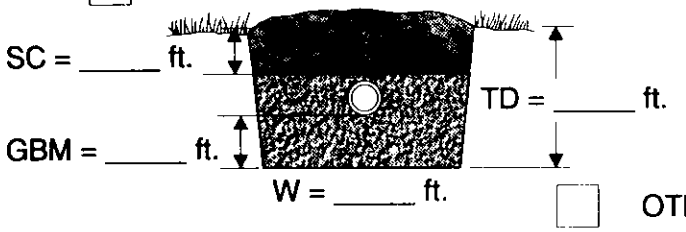


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

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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 5321 NW 112th St (no rural route) City Lincoln, NE NE Zip

Owner Address

Soil Type (SCS): Malcolm silt loam Percolation Rate: 46 min/inch

Date of Tests 4/9/09 to 4/10/09 Weather: Precipitation 0 Temperature 53°

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	23	4/9	11:00a	4/9	3:00p	4/10	8:00a	6	4/10	2:30p	30	13/16	37
2	23	"	"	"	"	"	"	"	"	"	"	5/8	48
3	25	"	"	"	"	"	"	"	"	"	"	9/16	54
4	26	"	"	"	"	"	"	"	"	"	"	9/16	54
5	25	"	"	"	"	"	"	"	"	"	"	13/16	37
6	22	"	"	"	"	"	"	"	"	"	"	11/16	43

Person Conducting Percolation Tests

Name: Terri Jakoubek - Raymond Contracting Inc

Phone: 402-783-2663 or 402-880-3870

Address: 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 273

Average of Rates: 46

Rate Used for Calculation: 46

Started 2nd perc test @ 10:30am

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

DPM 23-101 10-88

LLCHD HS000639

C

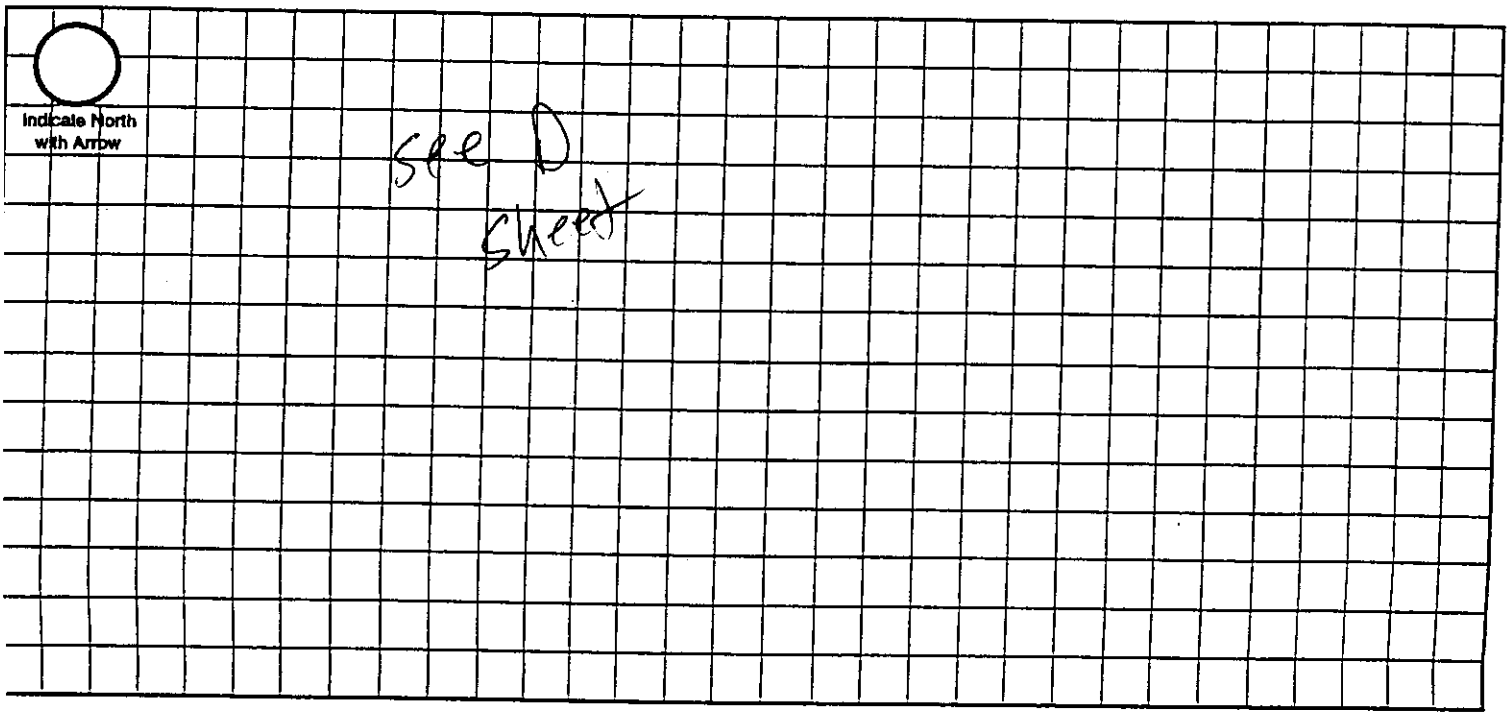
JUL 05 2012

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

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: _____ ft. = _____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 5321 NW 112th City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 45 (min. per inch) Soil Type: Clay Land Slope: _____ %

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

Total Square Feet of Field Required: 660 sq. ft.

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

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 104 ft. Number of Trenches 2 Trench Width 36"

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 Ben Ernst III Date 7/3/12

D JUL 05 2012

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7/3/12

System Location (Indicate correct number and street)

Address 5321 NW 112th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 60 in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 16 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 40 ft.
   stream NA ft.
   pressure line 40 ft.
   property line 30 ft.

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 40 ft.
   Stream NA ft.
   Pressure line 40 ft.
   Property line 30 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9 ft.

D. Absorption Field

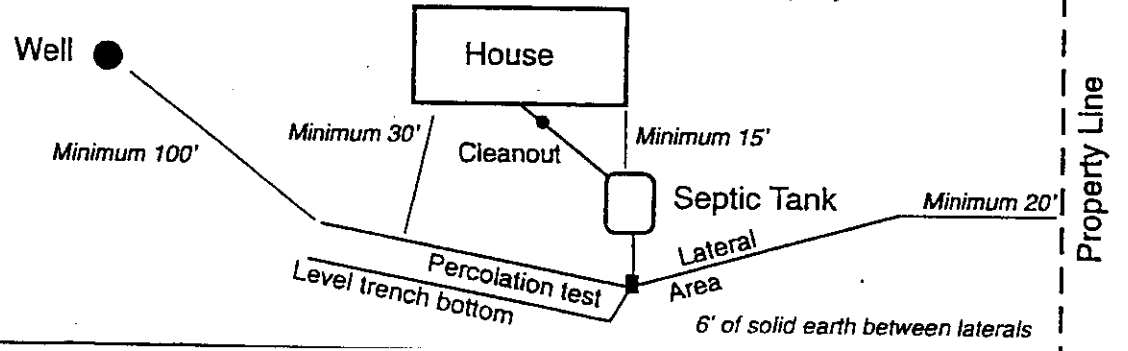
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 35"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 104 ft. 104 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Native Clay
   Depth of material 30 in.
5. Distances to: Well or suction line 50 ft.
   Stream NA ft.
   Pressure line 50 ft.
   Property line 20 ft.

Indicate North with Arrow

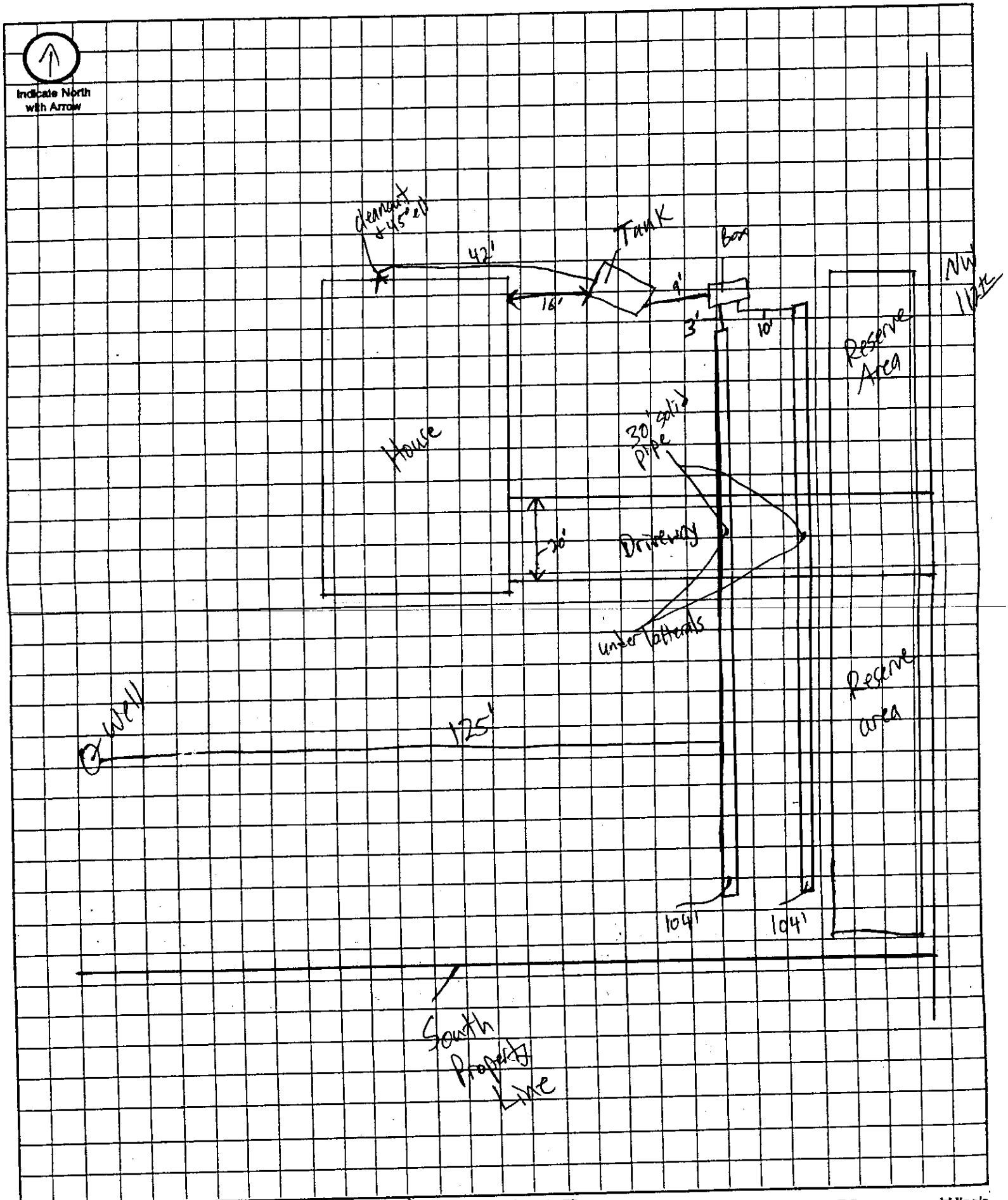
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



LLCHD HS000639

As Built Drawing



NOT TO SCALE

7-11-2012 8:56:24

Approximate Scale: _____ ft. = _____ grid line/s

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SOIL ABSORPTION TEST DATA REPORT

Location: Precinct: _____ Section: _____ Owner: Maksim Osiychuk

Township: _____ Range: _____ Address: 5321 NW 112th

1/4 Section: _____

Property Dimensions: _____ acres

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

Dates of Tests: 6-9-12 to 6-10-12 Weather: Precip. Ø Temp. 90s

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings						Results
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	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	6-9	1:00pm	6-9	5:00pm	6-10	11:05am	6	11:35am	5½	30	½
2	36	6-9	1:00pm	6-9	5:00pm	6-10	11:05am	6	11:35am	5¾	30	¼
3	36	6-9	1:00pm	6-9	5:00pm	6-10	11:05am	6	11:35am	5¾	30	¼

Sum of Water Level Drops (in.) [Column m]: 2

Average of Water Level Drops (in.) [Column m]: .67

Inches per Minute: _____

44.76 MPI

Square Feet of Lateral per Bedroom: 330

PERSON CONDUCTING TEST:

Name: Dustin Peterson

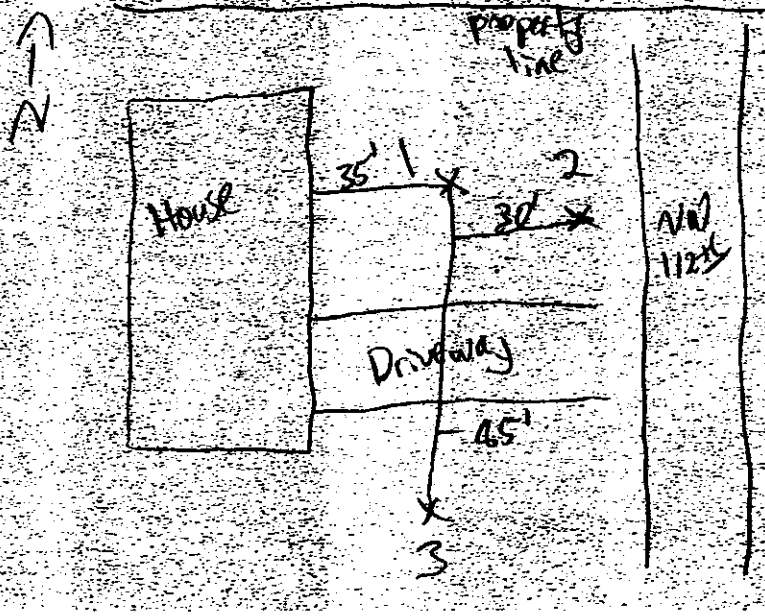
Address: 322 238th Road

Milford, NE 68405

Phone: 402-641-6174

Signature: Dustin Peterson

SKETCH SHOWING HOLE LOCATION:



Officials Signature

7-11-2012 8:56:26

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. HS000639

System Type: STANDARD

Situs: No Situs

Legal Description: T10N-R05E-S05-Lot 6

Owner: AHMANN, DAVID M & SUE A
5321 NW 112 ST
LINCOLN NE
68524

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	07/09/2012
Expires:	07/09/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

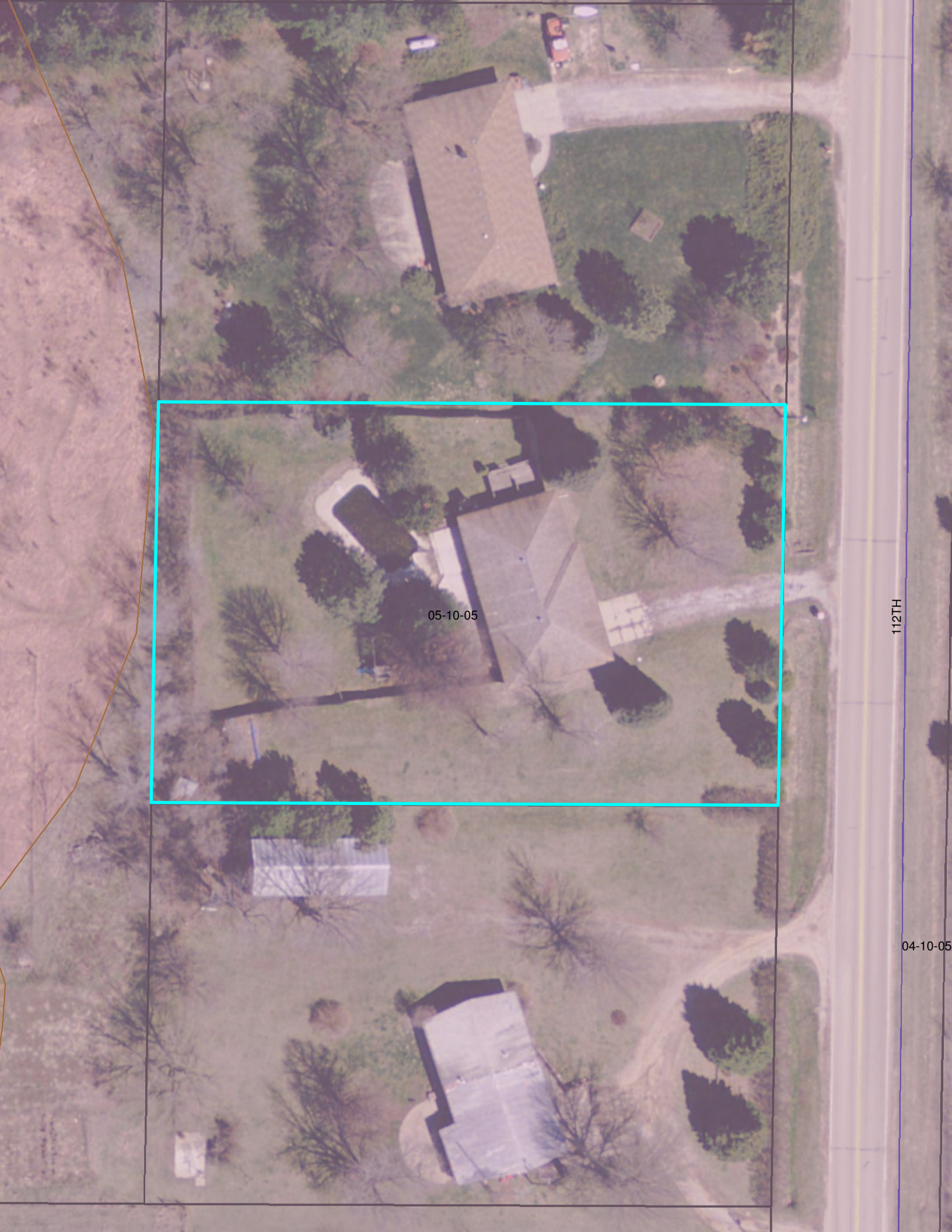
On-site Waste System Permit Holder:

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

EARNEST WELL DRILLING
PO BOX H
MILFORD NE 68405


05-10-05
112TH
04-10-05