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

A

Permit Number HS000641

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 _____ City Benedict, NE Zip 68317
(no rural route)

Legal Description 27 9 8 Fox Run 2 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 22-209-202-001-000

B. Owner

Name Tom & Becky Zech Signature _____
Address 909 F St. City/State/Zip Eagle, Ne 68347
Home Phone 781-2676 Work Phone _____

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick
Address 105 Locust st P.O. Box 191 City/State/Zip Hickman, Ne 68372
Work Phone 430-7606

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 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres >34.45

☐ 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 _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 7-9-12 Amount Paid $345.00
Received By bb Cash/Check No. 1382

White - Health Department Yellow - Engineer Pink - Building & Safety

LLCHD HS000641

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

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(no rural route)

Legal Description 27 9 8 Fox Run 2, 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 22-27[illegible]-202-001-000

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Name Tom & Becky Zech Signature _____
Address 909 F St. City/State/Zip Eagle, Ne 68347
Home Phone 781-2676 Work Phone _____

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Name: Brad Southwick Signature Brad Southwick
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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 7-9-12 Date frwd 7-9-12
ACTION ☒ Approved ☐ Disapproved Signature _____

3. City or County Engineer
Comments _____
Date rec'd 7-9-12 Date frwd 7-9-12
ACTION ☒ Approved ☐ Disapproved Signature Jim Blaugh

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

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 5 162 (no rural route) City Bennet NE, Zip 68317

Owner Tom Zech Addresss

Soil Type (SCS): WTC2 Percolation Rate: min./inch

Date of Tests 5/2/ to 5/3/12 Weather: Precipitation ~~T~~ T Temperature 70's

Blk 2 Lot 1 Fox Run

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	36	5/2	10/30	5/3	7/30	5/2	11/00	7 1/4	5/3	11/30	30	3/4	40
2	↓		AM		AM			9				1/2	60
3								8 1/8				5/8	48
4								6 3/4				3/4	40
5								7 1/2				3/4	40
6								9 1/4				1/2	60

Sum of Percolation Rates: 288
Average of Rates: 48
Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Smith
Phone: 430-7606
Address 105 Locust P.O. 191
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

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. HS000641

System Type: STANDARD

Situs: Fox Run Block 2, Lot 1

Legal Description: T09N-R08E-S27-4-Lot 1

Owner:

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

Issued:	07/19/2012
Expires:	07/19/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

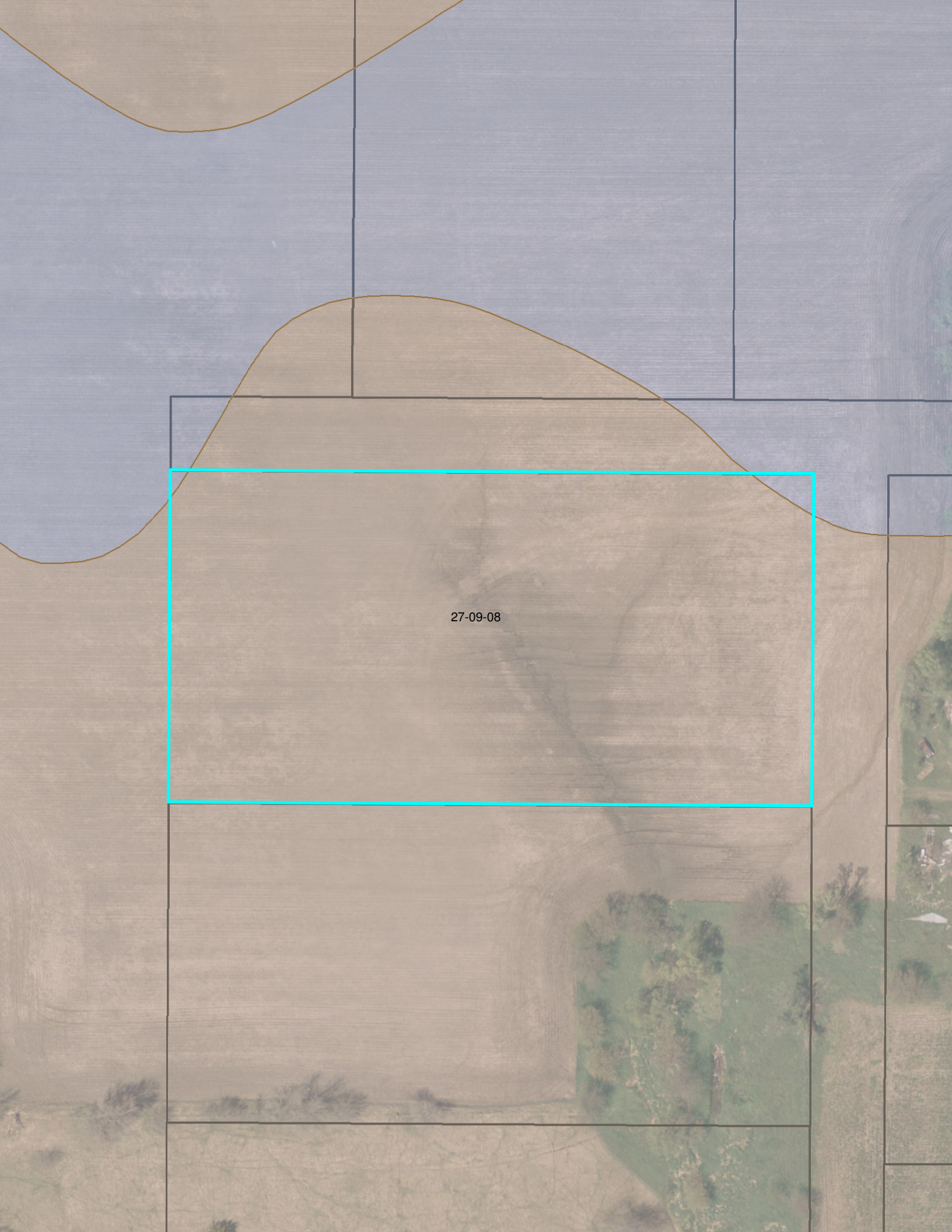
On-site Waste System Permit Holder:

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372


27-09-08

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

SCANNED

A

Permit Number HS000641

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID 22-2[illegible]-202-001-000

B. Owner

Name Tom & Becky Zech Signature _____
Address 909 F St. City/State/Zip Eagle, Ne 68347
Home Phone 781-2676 Work Phone _____

C. Certified Installer

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D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits CAL 10/18/12
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

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

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

Installation Final Written Approval
By Clancy Murphy
Date 10/18/12

Business Office Use Only
Date Received 7-9-12 Amount Paid $345.00
Received By bld Cash/Check No. 1382

White - Health Department Yellow - Engineer Pink - Building & Safety

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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Home Phone 781-2676 Work Phone _____

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1. Health Department
Site visits 10/18/12 CO
Date rec'd _____
Date frwd _____
ACTION ☒ Approved ☐ Disapproved
Signature Nancy Lampeska 10/18/12

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 7-9-12
Date frwd 7-9-12
ACTION ☒ Approved ☐ Disapproved
Signature Todd Stuck

3. City or County Engineer
Comments _____
Date rec'd 7-9-12
Date frwd 7-9-12
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blough

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 A Updated: 5/10

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

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Name: David Smith

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DO NOT WRITE BELOW THIS LINE

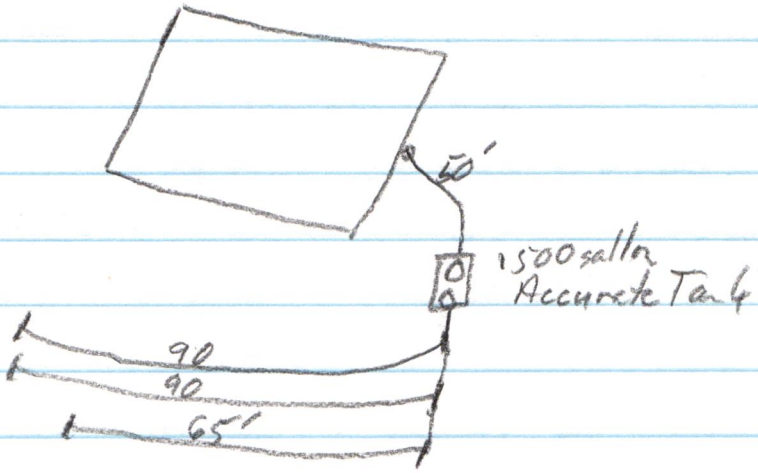
Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

T9 R8 S27-4-LOT1 Tom Zech



rural water