7-17-2012 15:50:13

LLCHD HS000642

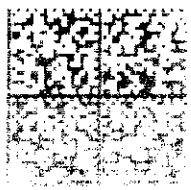


CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

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

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS



$00.42

JUL 16 2012

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

A

Permit Number
H5000642

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 2050 S 116th City Walton, NE Zip
(no rural route)
Legal Description 10 8 31 Windhoek 6th addition 1, 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot
Geographical Location (if known): Lat/Long: PID 3

B. Owner
Name Ryan Knox Signature
Address City/State/Zip
Phone Work Phone

C. Certified Installer
Name Brad Southwick Signature
Address City/State/Zip
Phone

D. Engineer
☐ Check and complete if engineer designed system P.E. License Number:
Name Brad Southwick Firm Work Phone
Address
Phone

E. This system will serve a
Type of Wastewater ☐ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3
☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day
☐ 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

Site Visits

Health Department
Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature

Comments

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

City or County Engineer
Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature

Comments

Final Written Approval

Business Office Use Only
Date Received 7-9-12 Amount Paid $345.00
Received By BM Cash/Check No. 19272

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

LLCHD HS000642

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

A

Permit Number
HS000642

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

Geographical Location (if known): Lat/Long: PID 3

B. Owner

Name Ryan Knox Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Brad Southwick Signature

Address City/State/Zip

Work Phone

D. Engineer

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

Designer Name Brad Southwick Firm Work Phone

E. This system will serve a

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☐ 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 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 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

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

LOT 5
Windhoek 6th

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

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

Date of Tests 1/13 to 1/14/06 Weather: Precipitation _____ Temperature _____

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	30	1/13	5:00	1/14	6:45	1/14	8:45	26 3/4	1/14	9:15	30	3/4	40
2			PM		AM			26 1/2		AM		7/8	34
3								23 5/8				7/8	34
4								24 3/4				3/4	40
5								24				3/4	40
6								22 5/8				3/4	40

Sum of Percolation Rates: 228
Average of Rates: 38
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Smith
Phone: 420-7606
Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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

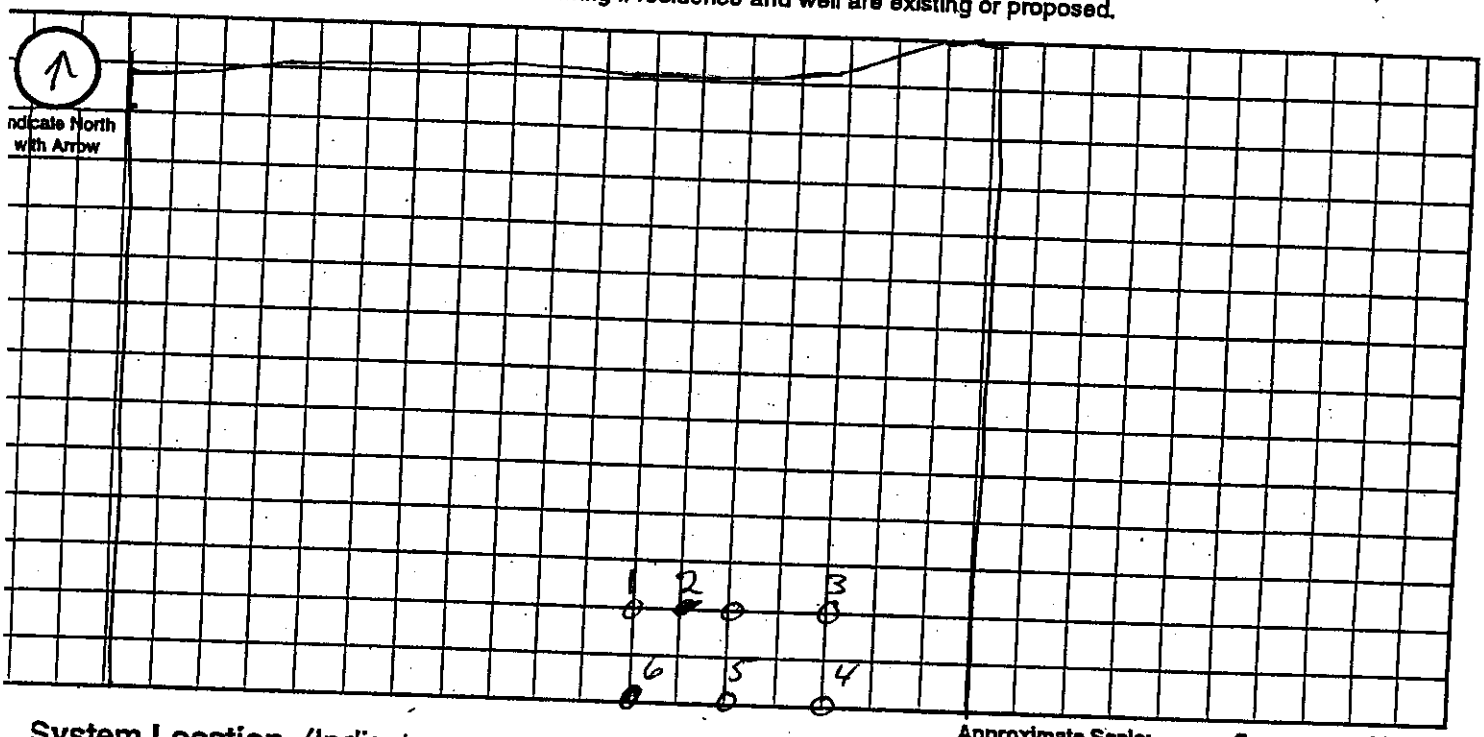
C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

LOT 5
Windhoek

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



System Location (Indicate correct number and street)

ldress (no rural route) _____ City _____ NE, Zip _____

Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

Proposed Absorption System (See Form B for Percolation Information)

rcolation Rate 40 (min. per Inch) Soil Type: SIC Land Slope: _____ %

e of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: _____ sq. ft.

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

pacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

e Building Contractor _____ Date _____

aller Brad Smith Date 1-14-06

23-102 10-95
7-11-2012 9:25: 9

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. HS000642

System Type: STANDARD

Situs: 11601 FORGO PL

Legal Description: T10N-R08E-S31-1-Lot 5

Owner: PRIDE HOMES INC
1544 S 1 ST
LINCOLN NE
68502

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

PRIDE HOMES
1544 S 1ST
LINCOLN NE 68502

LLCHD HS000642

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

A

Permit Number
HS000642

Onsite Wastewater Treatment System
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1/4 1/4 Section Township Range Subdivison Addition Block Lot

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Name Ryan Knox Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Brad Southwick Signature

Address City/State/Zip

Work Phone

D. Engineer

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

Designer Name Brad Southwick Firm Work Phone

E. This system will serve a

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Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☑ Yes ☐ No ☐ Not Applicable

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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 Playgk

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

7-10-2012 9:22:53

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

LOT 5
Windhoek 6th

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Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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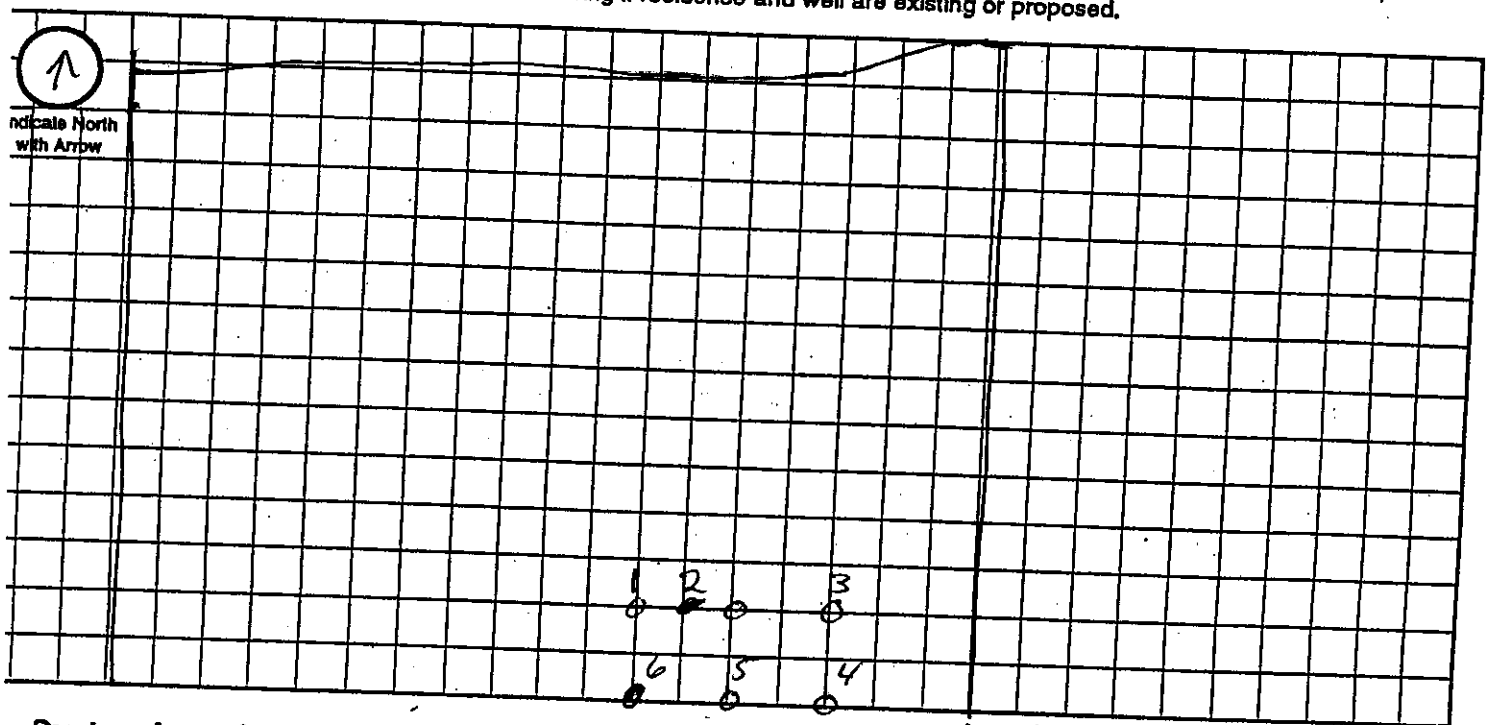
C

Permit Number:

Sewage Disposal System
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LOT 5 Windhoek

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

System Location (Indicate correct number and street)

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oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

e Building Contractor _____ Date _____

aller Brad Smith Date 1-14-06

23-102 10-95