Permit Number H5000647

# 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 5600 NW 118th ST (no rural route) City Lincoln NE Zip 68516

Legal Description 5 10 5 Parkland Estates Add 4 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

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

**B. Owner**

Name Jon Bruce Carole Bates Signature

Address 4219 High St City/State/Zip Lincoln, NE 68504

Home Phone (402) 326-0803 Work Phone

**C. Certified Installer**

Name: Scott Subbert Signature

Address 6116 Co Rd A Mead, NE 68041 City/State/Zip Mead Ne 68041

Work Phone 402-443-6544

**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 5

☐ 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. 02-38

1. Health Department
Site visits
Date rec'd 7/30/12
Date fwd 7/30/12
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 7-27-12
Date fwd 7-27-12
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date fwd
ACTION ☒ Approved ☐ Disapproved
Signature 07/27/12

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: 2010

7-31-2012 15:34:18 CK# 6862 7-30-12 #345.00 B Hall

Phone: 402-441-8022

# Onsite Wastewater Treatment System

## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address 5660 NW 118th ST. (no rural route) City Lincoln NE, Zip 68516

Owner Jim Bates Address 4219 High St Lincoln Ne 68506

Date of Tests 7/25/12 to 7/26/12 Weather: Precipitation 0 Temperature 100

### Percolation Test Data Table

| A. | B. | C. D. E. F. Saturation/Swelling Time | | | | G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr | | | | | L. M. N. Results | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Start | | End | | Start | | Initial | 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 Interval | Water Level Drop (in) | Percolation Rates (Min/in = mpi) |
| 1 | 36 | 7/25 | 9:00 | 7/26 | 10:00 | 7/26 | 10:30 | 6 | 7/26 | 11:00 | 30 | 1½ | 20 |
| 2 | 36 | " | " | " | " | " | " | 6 | " | " | " | 1½ | 20 |
| 3 | 34 | " | " | " | " | " | " | 6 | " | " | " | 1½ | 20 |
| 4 | 38 | " | " | " | " | " | " | 6 | " | " | " | 1 | 30 |
| 5 | 36 | " | " | " | " | " | " | 6 | " | " | " | 1½ | 20 |
| 6 | 32 | " | " | " | " | " | " | 6 | " | " | " | 1 | 30 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Scott Subbert

Phone: 402 443-6549

Address 1012 C. Rd M Mead Ne 68041

Sum of Percolation Rates: 140

Average of Rates: 23

Rate Used for Calculation: 23

Soil type (NRCS Maps/Other)

Groundwater Depth

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

Onsite Form B 12_06

**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. HS000647**

**System Type:** STANDARD

**Situs:** Parkland Estates Block 4 Lot 1

**Legal Description:** T10N-R05E-S05-4-Lot 1

**Owner:**

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

| | |
|---|---|
| Issued: | 07/30/2012 |
| Expires: | 07/30/2013 |

Judith A Halstead

Judith A. Halstead, MS, Health Director

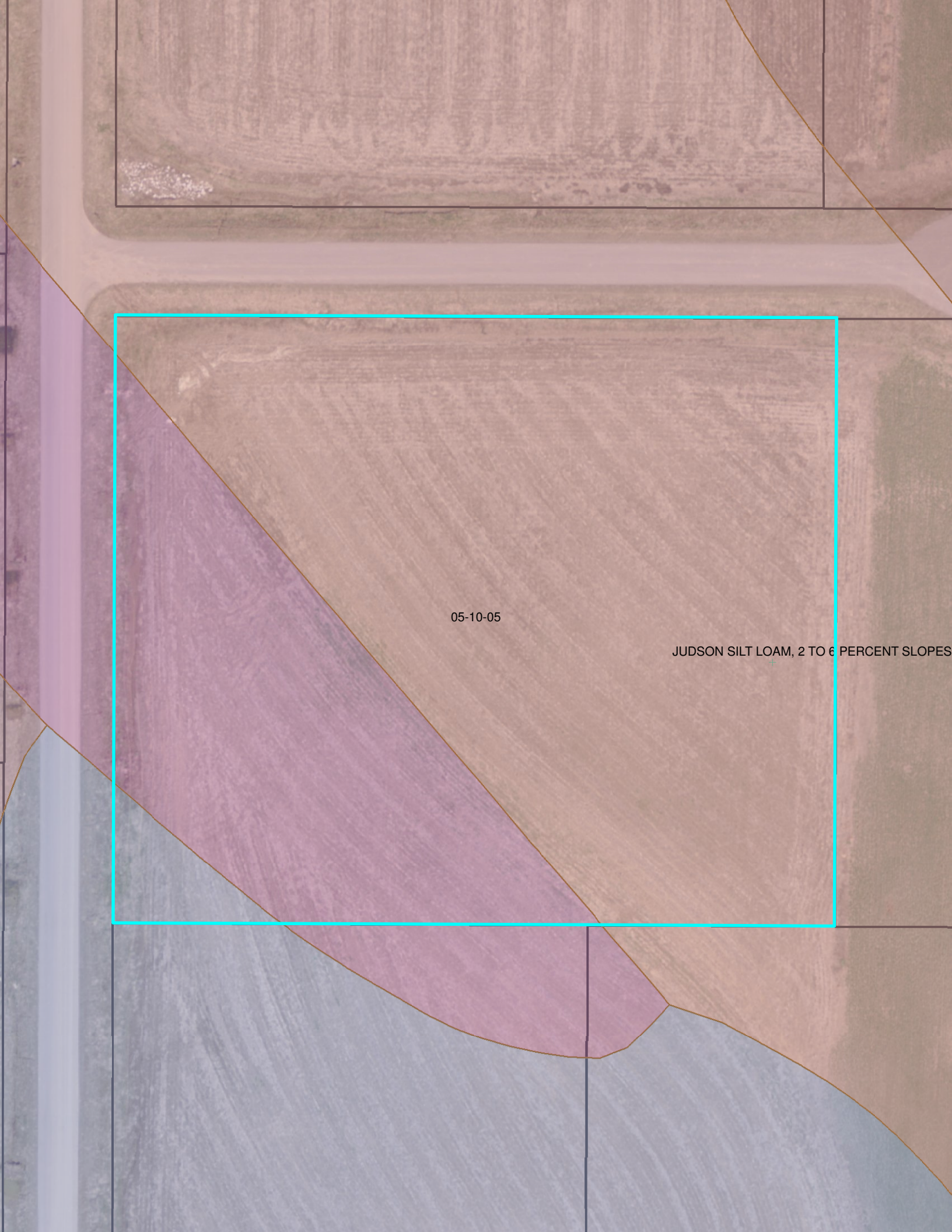
On-site Waste System Permit Holder:

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

NEIGHBORS FAMILY HOMES
8240 EASTWOOD DR.
LINCOLN NE 68506-7338


05-10-05
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES

SCANNED

Permit Number H3000697

# Onsite Wastewater Treatment System
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Name: Scott Subbert Signature Scott Subbert

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Work Phone 402-443-6544

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Designer Name Firm Work Phone

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**DO NOT WRITE BELOW THIS LINE**

**Approval Process** ☐ Municipal Code 24.38 ☒ County Resolution No. 02-38

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Site visits 11/15/12
Date rec'd 7/30/12
Date fwd 7/30/12
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 7-27-12
Date fwd 7-27-12
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date fwd
ACTION ☒ Approved ☐ Disapproved
Signature 07/27/12

Installation Final Written Approval
By Doug Drown
Date 11/19/12

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

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 9/10

CK# 6862 7-30-12 $345.00 B Hall