Jul 25 12 09:04a Subbert Well & Septic LLC
Phone: 402-441-8643

Permit Number HS000648

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

5 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 2520 W. MAPLE DRIVE (no rural route) City Raymore NE Zip 68428

Legal Description 9 11 G MASEK'S 1ST ADDITION 3 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

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

B. Owner

Name DOUG AND DENNETTE WILSON Signature

Address 2915 FRETHEIM AVE #138 City/State/Zip LINCOLN, NE 68504

Home Phone (402) 326-6502 Work Phone

C. Certified Installer

Name: Scott Stubbert Signature Scott Stubbert

Address 1012 Co Rd M 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 3 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 10

☐ 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 7/26/12 Date fwd 7/26/12 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: 3/10

7-31-2012 16:36:38 CK# 6861 7-30-12 B. Hall $345.00

Phone: 402-441-8022

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 25208 W Mash Drive (no rural route) City Raymond NE, Zip 68428

Owner Doug Wilson Address 2915 Fleach Ave #138 Lincoln Ne

Date of Tests 7/25/12 to 2/26/12 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	40	7/25	8:30	7/26	11:03	7/26	11:30	6	7/26	12:00	.30	5/8	50
2	38							6				5/8	50
3	38							6				5/8	50
4	34							6				1/2	60
5	36							6				1/2	60
6	32							6				5/8	50
								6					-
								6					

Person Conducting Percolation Test

Name: Scott Subbert

Phone: 402-443-6540

Address 1012 Cedar Mead Ne 68041

Sum of Percolation Rates: 320

Average of Rates: 53.3

Rate Used for Calculation: 53

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. HS000648

System Type: STANDARD

Situs: 2520 W. Masek Dr.

Legal Description: T11N-R06E-S09-3-Lot 2

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

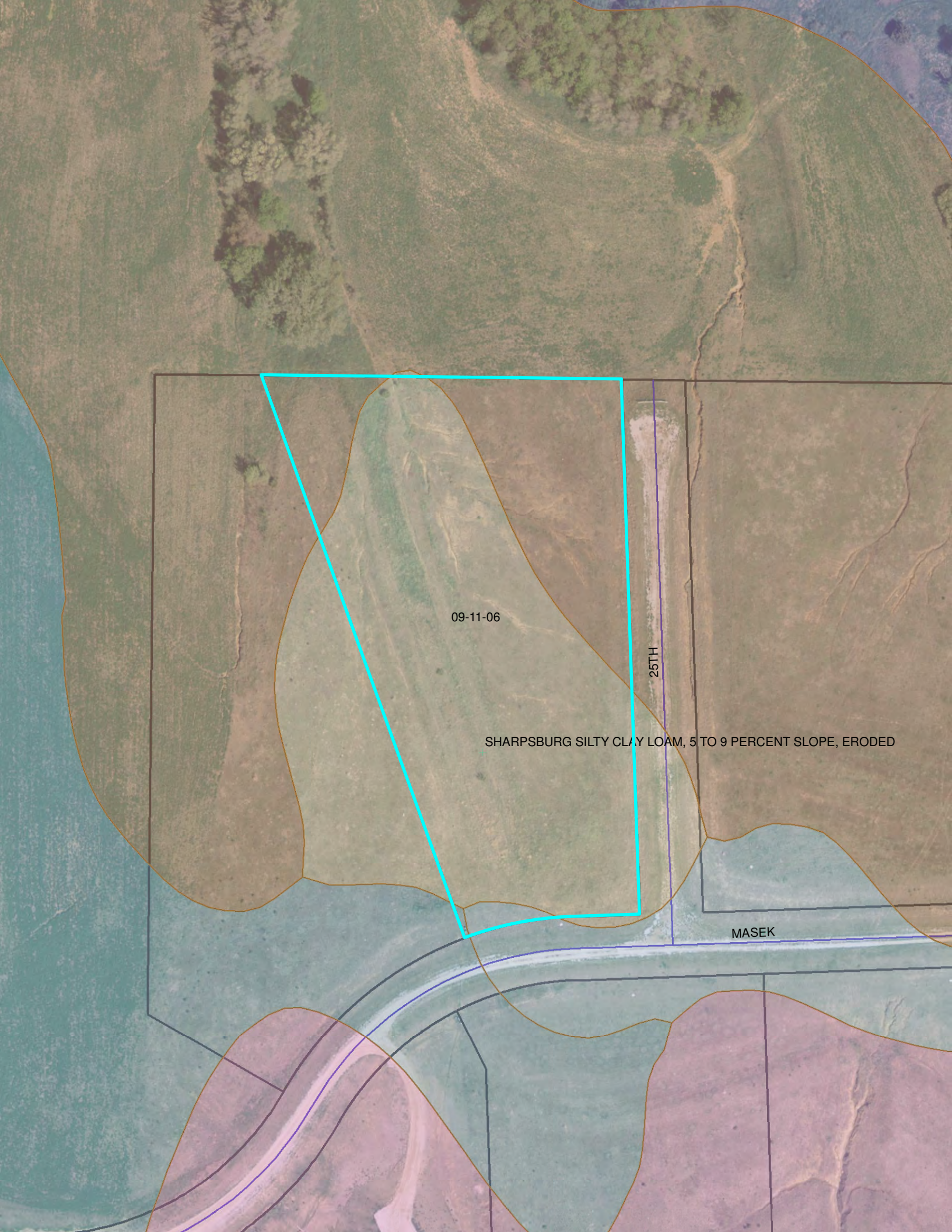
On-site Waste System Permit Holder:

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


09-11-06
25TH
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
MASEK

402-624-2011 P.1

Jul 26 12 09:04a Subbert Well & Septic LLC
Phone: 402-441-8643

SCANNED

Permit Number H5000648

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

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Home Phone (402) 326-6502 Work Phone

C. Certified Installer

Name: SCOTT SUBBERT Signature Scott Subbert

Address 6112 COUNTY RD M 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

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1. Health Department
Site visits
Date rec'd 7/20/12
Date fwd 7/20/12
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 11/1/12

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

* System was shallow - informed contractor grading must be done to meet standards. He intends me that they were aware but that final grade would be deep enough.

CK# 6861 7-30-12 B. Hall $345.00