LLCHD HS000649

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

A

Permit Number HS000649

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 11230 S. 56 (no rural route) City Lincoln, NE Zip 68526

Legal Description 33 9 7 South Dale acres 1 1

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

Geographical Location (if known): Lat/Long: PID 16-33-301-001-000

B. Owner

Name Dean Jethery Signature

Address 11230 S. 56 City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Brad Southwick Signature Brad Southwick

Address 105 Locust P.O. 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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

☒ Commercial Establishment/Other Facility Specify Convience in shop/Garage Design flow in gallons per day 10

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 Date rec'd 7/30/12 **ACTION** ☒ Approved ☐ Disapproved
Site visits Date frwd 7/30/12 Signature

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

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

Installation Final Written Approval
By
Date 7/30/12

Business Office Use Only
Date Received 7-30-12 Amount Paid 345.00
Received By LM Cash/Check No. 1383

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

7-31-2012 15:41:17

Form A Updated: 5/10

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 11230 S. 56 (no rural route) City Lincoln NE, Zip 68516

Owner Dean Dethrey Addresss 11230 So. 56

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

Date of Tests 6/27 to 6/28 Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	6/27	2:30	6/28	1:00	6/28	5:30	9 1/2			30	7 1/2	34
2			P.M.		P			1				5	40
3								1 3/4				6 1/2	48

Sum of Percolation Rates: 122

Average of Rates: 41

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brad Smith

Phone: 430-7606

Address 705 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. HS000649

System Type: STANDARD

Situs: 11230 S 56 ST

Legal Description: T09N-R07E-S33-1-Lot 1

Owner: JEFFREY, DEAN J
11230 S 56 ST
LINCOLN NE
68516

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

SOUTHWICK SERVICES
PO BOX 191
HICKMAN NE 68372