LLCHD HS000650

JUL 31 2012

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

A

Permit Number HS000650

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 03-03-302-005-000

A. Onsite System Location

Address _____ City Denton, NE Zip 68339

(no rural route)

Legal Description SW 3 9 5 Conestoga Lake Estates 2 5

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

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: 3.25

B. Owner

Name Erin & Stephanie Kuhre Signature _____

Address 3045 San Augustin Dr City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 402-499-1544 Work Phone _____

C. Contractor

Name: Lloyd Jakowbek Company Name Raymond Contracting Inc.

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

☐ Check if contractor designed system Work Phone 402-890-6669

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☒ Yes ☐ No

☐ 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 _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5-07

CK#7932 8.2-12 $345.00 BHall

8-8-2012 15:18:22

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

Block 2 Lot 5
Conestoga Lake Estates

System Location (Indicate correct number and street)

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

Owner Erin + Stephanie Kunze Addresss 3045 San Augustin Dr Lincoln NE 68516

Soil Type (SCS): Silty Clay Percolation Rate: 60 min./inch

Date of Tests 6/13/12 to 6/14/12 Weather: Precipitation 0 Temperature 94°

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	28	6/13	1:30pm	6/14	9:00a	6/14	3:30p	6	6/14	4:00p	30	15/16	23
2	19	"	"	"	"	"	"	"	"	"	"	1/2	60
3	22	"	"	"	"	"	"	"	"	"	"	7/8	34
4	28	"	"	"	"	"	"	"	"	"	"	1 1/2	20
5	28	"	"	"	"	"	"	"	"	"	"	1 3/4	25
6	28	"	"	"	"	"	"	"	"	"	"	9/16	54

Person Conducting Percolation Tests

Name: Terri L. Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2603 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 # C1198

Sum of Percolation Rates: 216
Average of Rates: 36
Rate Used for Calculation: 60 (20 min. minimum)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96
8-3-2012 15:18:24

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

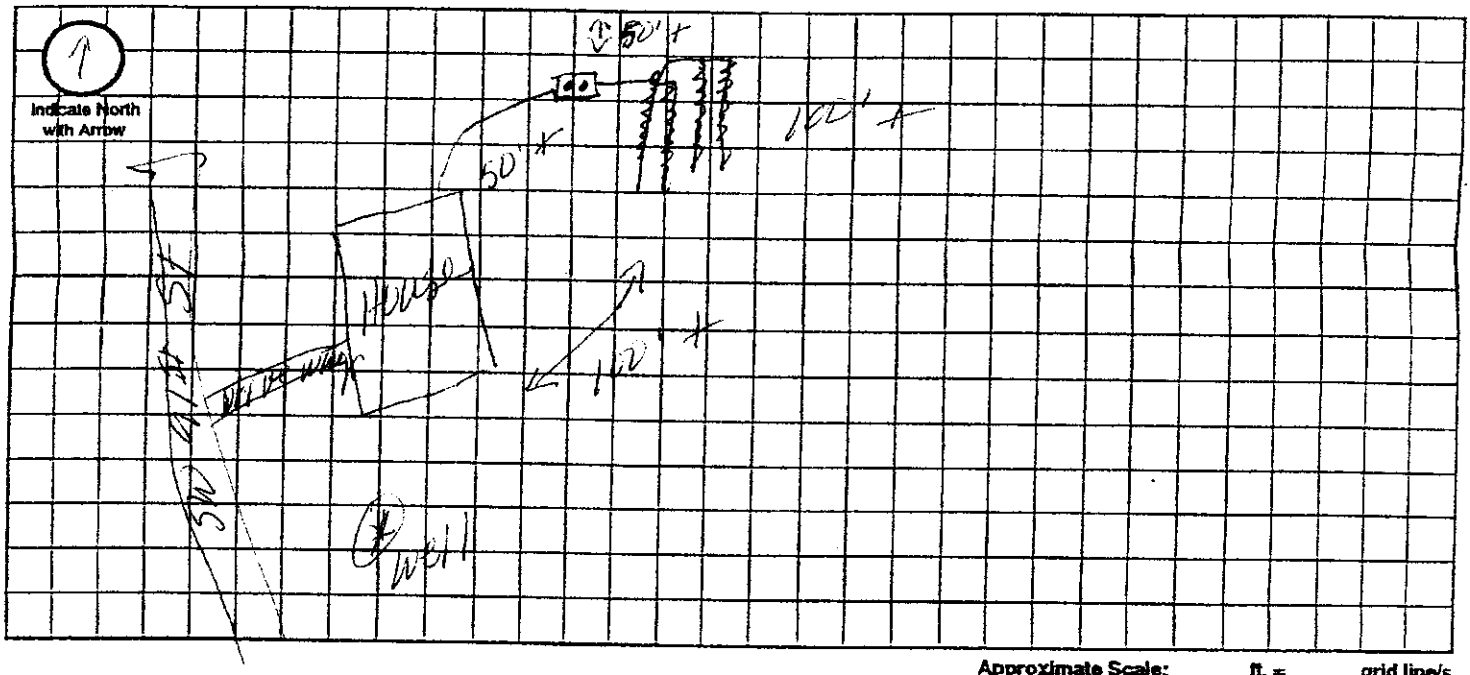
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

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



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

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City Denton NE, Zip 68339

Conestoga Lake estates Block 2 Lot 5

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: Silty clay loam Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1,400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS Graveless Chambers

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 4 Trench Width 40"

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

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

E. Required Signatures

Home Building Contractor _____ Date 7/29/12

Installer Kevin L. Jakubek Date 7/20/12

FORM 23-102 10-96

Nate C. Hartman

From: Douglas A. Pillard
Sent: Thursday, August 02, 2012 10:06 AM
To: Nate C. Hartman
Subject: Wastewater Permit

Nate:

Our office has no objections to a wastewater permit for Lot 5, Block 2 in Conestoga Lake Estates. We are processing a driveway permit at this time and do not have a final address.

Doug Pillard
Lancaster County Engineering
402-441-7681

Nate C. Hartman

From: Todd A. Stutzman
Sent: Thursday, August 02, 2012 11:14 AM
To: Nate C. Hartman

Nate,

Conestoga lake estates lot 5 block 2.
Building and Safety have no concerns with the sanitary sewer at this site.

Todd Stutzman

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. HS000650

System Type: STANDARD

Situs: Conestoga Lake Estates, Block 2, Lot 5

Legal Description: T09N-R05E-S03-2-Lot 5

Owner:

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

Issued: 08/02/2012
Expires: 08/02/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

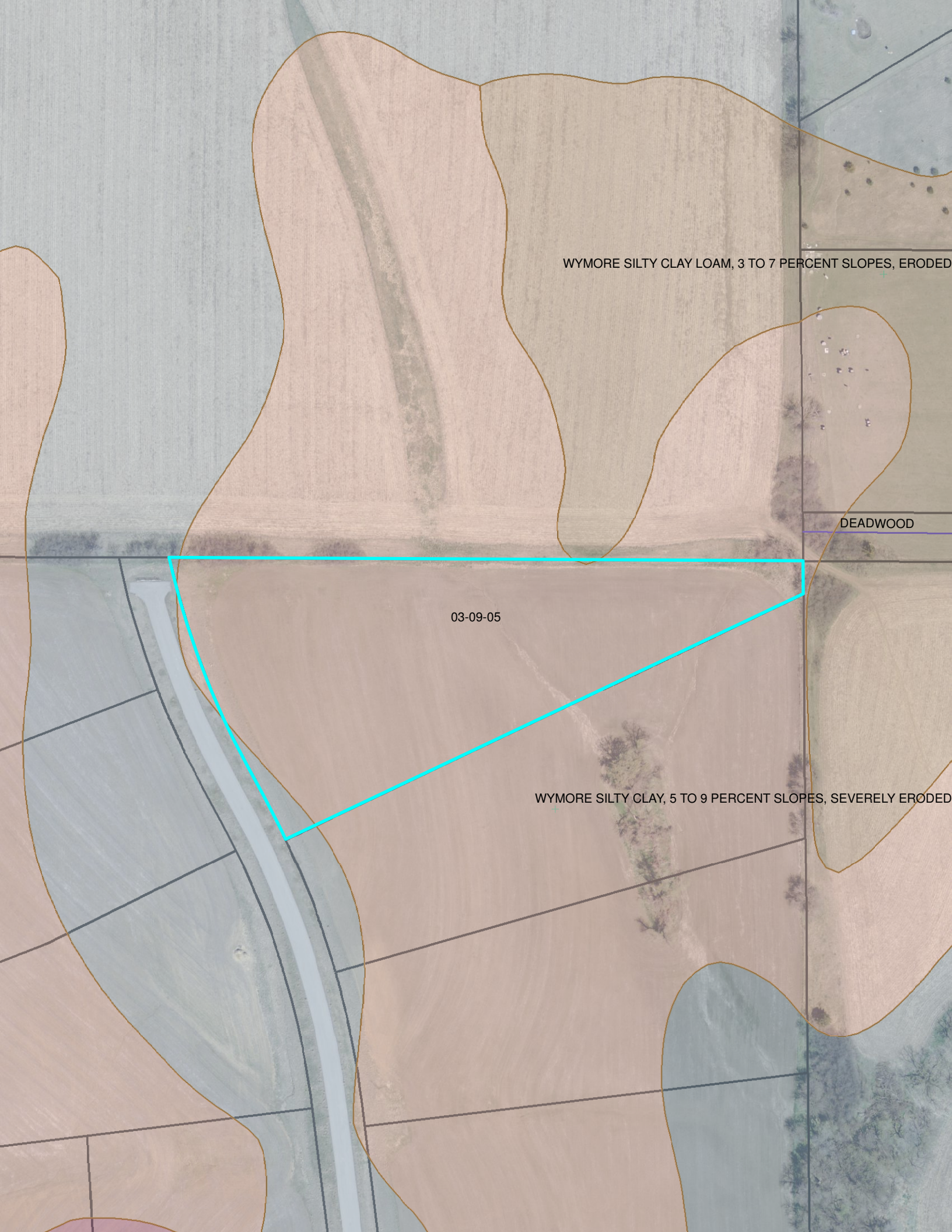
On-site Waste System Permit Holder:

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428


WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
DEADWOOD
03-09-05
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED

JUL 31 2012

SCANNED

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

A

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HS000650

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1. Health Department
Site visits _____
Date rec'd _____
Date frwd 8/31/12
ACTION ☐ Approved ☐ Disapproved
Signature _____

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Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
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Signature _____

Installation Final Written Approval
By _____
Date 9/13/12

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

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

Form A Updated: 5-07

CK#7932 8-2-12 $345.00 BHall

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Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

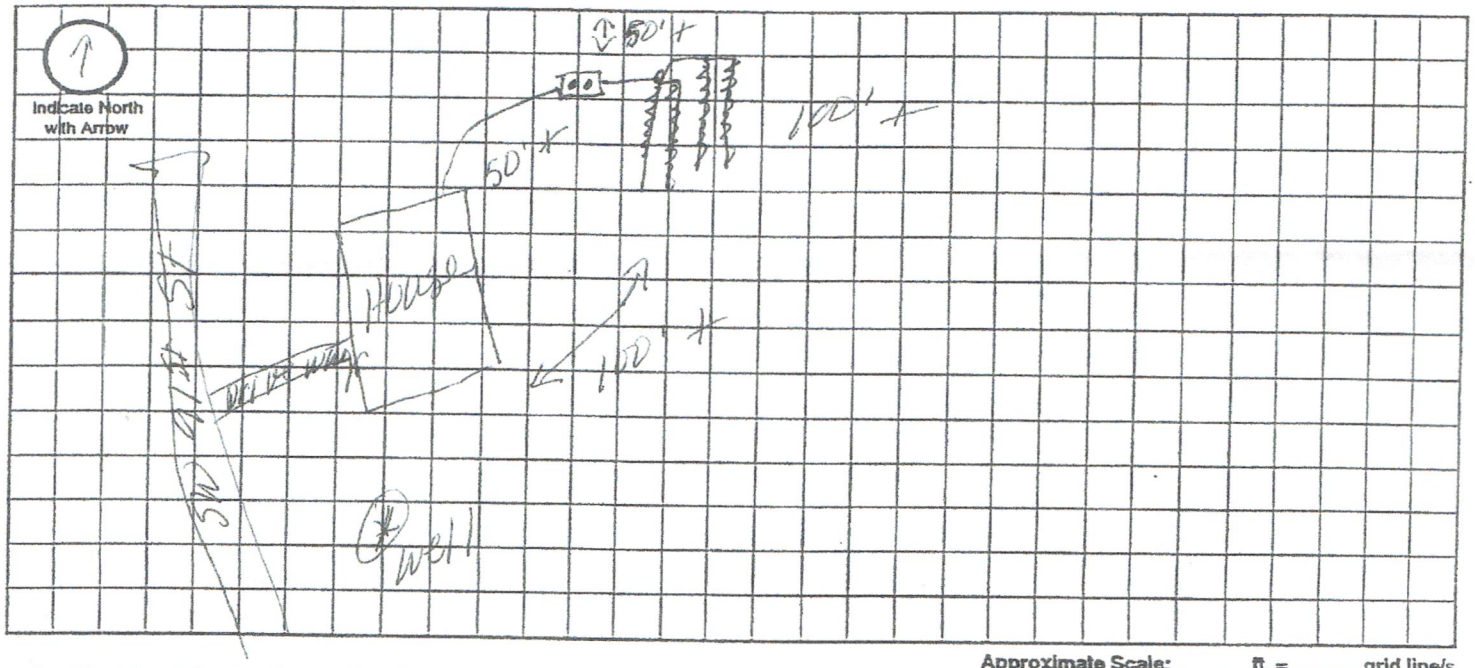
Lincoln-Lancaster County Health Department
Environmental Health Division
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Cornstalk Little estates Block 2 Lot 5

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E. Required Signatures

Home Building Contractor _____ Date 7/29/12

Installer Kevin H. Johnson Date 7/20/12

FORM 23-102 10-96