10-4-2012 15:18:12

LLCHD HS000664

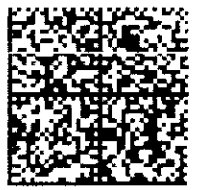


CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

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

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS



047J82005126

$00.424
10/01/2012
Mailed From 68510
US POSTAGE

OCT 04 2012

REX BRINTON
7000 SW 49TH ST
DENTON NE 68339-3099

681 NFE 1 4121 00 10/02/12
RETURN TO SENDER
BRINTON
6200 W KORSBY RD
DENTON NE 68339-4149
RETURN TO SENDER

LLCHD HS000664

#345

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

A

Permit Number HS000664

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 6480 W. Rokeby Rd. (no rural route) City Lincoln, NE, NE Zip 68516

Legal Description Sec. 25 T9 R5 48

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

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

B. Owner

Name Rex Ray Brinton Signature Rex R Brinton

Address 6480 W. Rokeby City/State/Zip Lincoln, NE 68516

Home Phone 890-4463 Cell Work Phone _____

C. Certified Installer

Name: H.J. Mahlbach Signature Harry J. Mahlbach

Address 5701 Vine St City/State/Zip Lincoln, NE 68505

Work Phone 402-430-7304

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 2 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.01

☐ 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 9/28/12
Date frwd 9/28/12
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 9/27/12
Date frwd 9/27/12
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments Bruce Briney
Date rec'd _____
Date frwd _____
ACTION ☒ Approved ☐ Disapproved
Signature Bruce Briney

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 9-28-12 Amount Paid $345.00
Received By BH Cash/Check No. 9563

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

Form A Updated: 5/10

10-1-2012 10:12:42

LLCHD HS000664

Lagoon

C

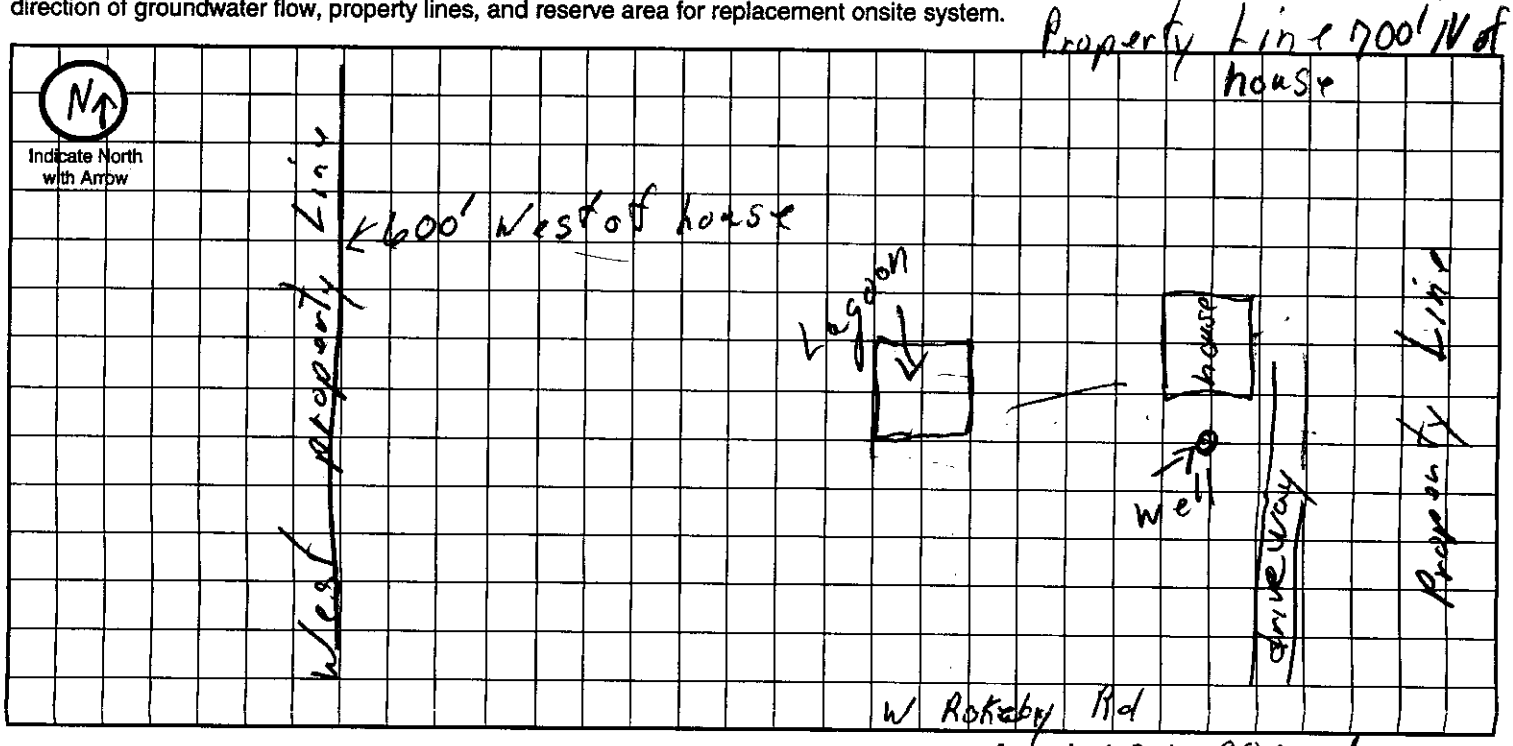
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: 20 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 6485 W. Rokeby Rd City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☑ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

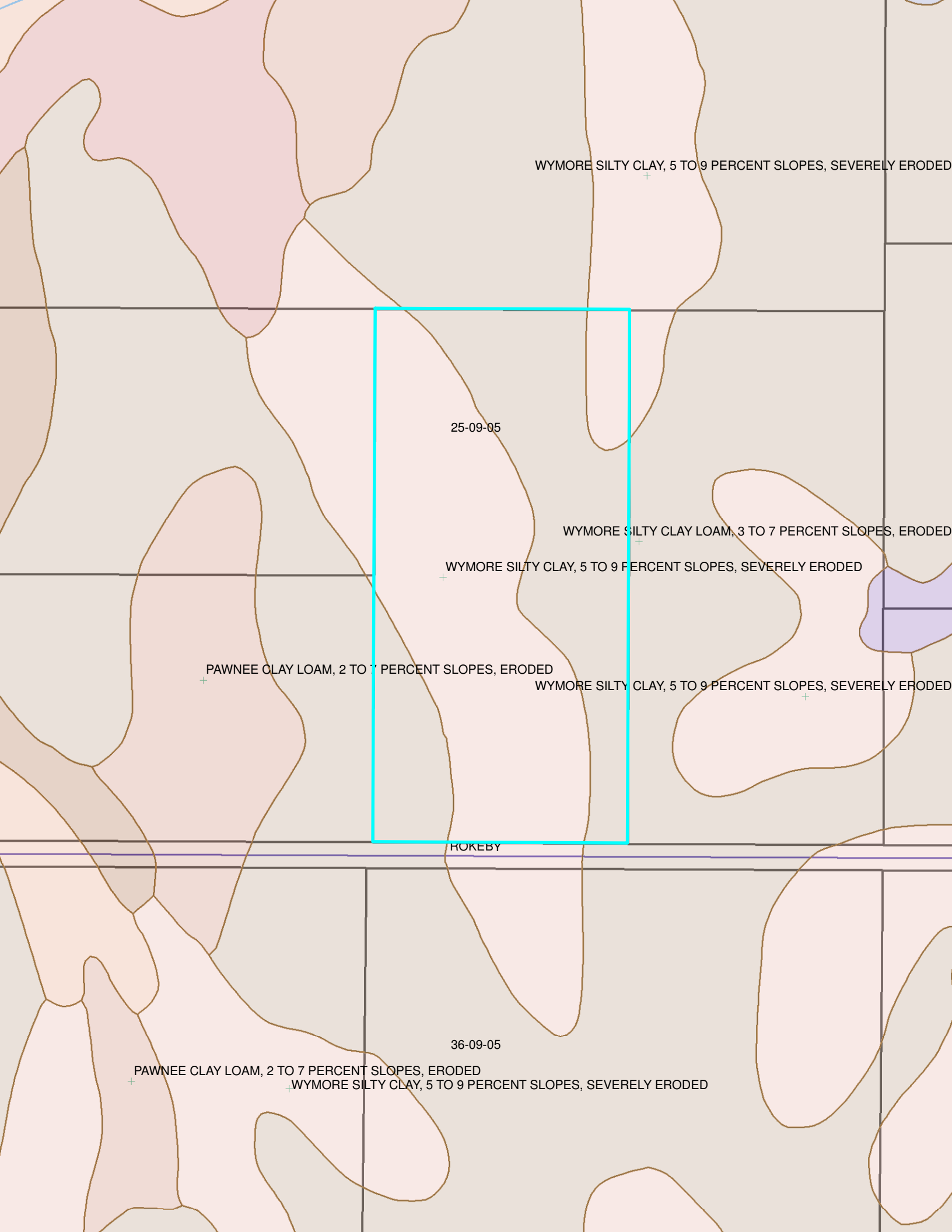
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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~~ ☑	~~N/A~~ ☑	~~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 ☑	☑

F. Required Signatures

Home Building Contractor_____ Date_____

Installer Harry T. Mehlbach Date 9-26-12


WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
25-09-05
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
ROKEBY
36-09-05
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED

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. HS000664

System Type: LAGOON

Situs: 6480 W ROKEBY RD

Legal Description: T09N-R05E-S25-Lot 48

Owner:

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

Issued: 09/28/2012
Expires: 09/28/2013

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

REX BRINTON
7000 SW 49TH ST
DENTON NE 68339-3099

#345

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

A

Permit Number H5000644

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 6480 W. Rokeby Rd. (no rural route) City Lincoln, NE. NE Zip 68516

Legal Description Sec. 25 T9 R5 48

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

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

B. Owner

Name Rex Ray Brinton Signature Rex R Brinton

Address 6480 W. Rokeby City/State/Zip Lincoln NE 68516

Home Phone 890-4463 Cell Work Phone _____

C. Certified Installer

Name: H.J. Muhlbach Signature Harry T. Muhlbach

Address 5701 Vine St City/State/Zip Lincoln, NE 68505

Work Phone 402-430-7304

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 2 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 20.01

☐ 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 House + Lagoon 12/18/12
Date rec'd 9/28/12
Date frwd 9/28/12
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 9/27/12
Date frwd 9/27/12
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments Bruce Briney
Date rec'd _____
Date frwd _____
ACTION ☒ Approved ☐ Disapproved
Signature Bruce Briney

Installation Final Written Approval
By Doug Ammon
Date 7/15/13

Business Office Use Only
Date Received 9-28-12 Amount Paid $345.00
Received By BH Cash/Check No. 9563

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

Form A Updated: 5/10