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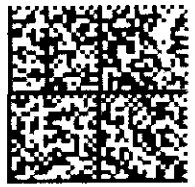
LLCHD HS000682



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

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS



047J82005126

$00.424

10/30/2012

Mailed From 68510

US POSTAGE

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

NOV 5 2012

TRIPLE RRR FARMS
BOX 96
BENNET NE 68317

MIXIE 681 DE 1 00 11/02/12
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 68510151499 *0995-06615-02-24

IBBRSHP 1553

LLCHD HS000682

OCT 26 2012

A

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

Permit Number HS000682

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 na 14909 S 134th (no rural route) City Bennet, NE Zip 68317

Legal Description E½ 17 8 8 — (1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 21172000002000

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

B. Owner

Name Kristin Sue Ringland Signature _____

Address 9916 SKyview Ln City/State/Zip Lenexa, Kansas 66220

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 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 75.76

☐ 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 10/29/12
Date frwd 10/29/12
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 10/29/12
Date frwd 10/29/12
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments No Building in the Floodplain
Date rec'd 10-29-12
Date frwd 10-29-12
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploog

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 10-30-12 Amount Paid 355.00
Received By L. Hull Cash/Check No. 7158

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

Form A Updated: 5/10

10-31-2012 8:57:10

OCT 26 2012

B

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

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 W. Hillsdale Rd (no rural route) City Benet NE, Zip 68317

Owner Ron Ringland Addresss 815 Garden ST. Benet 68317

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

Date of Tests 6/26 to 6/28 Weather: Precipitation _____ Temperature 90s

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	36	6/26	4:00	6/28	11:30	6/28	12:00	7 1/4	6/28	12:30	30	3/4	40
2			PM		AM		12:20	12		PM	10	7/8	12
3							PM	12 5/8			10	5/8	16
4								11 3/4			10	5/8	16
5								12			10	1 1/8	10
6								15 1/4			10	1	10

Sum of Percolation Rates: 104

Average of Rates: 17

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brad Burton

Phone: 430-7606

Address 105 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. HS000682

System Type: STANDARD

Situs:

Legal Description: T08N-R08E-S17-E1/2 of NW1/4

Owner: RINGLAND, RONALD R
815 GARDEN ST
BENNET NE
68317

Permit Fee:	$355.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$355.00
Issued:	10/30/2012
Expires:	10/30/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

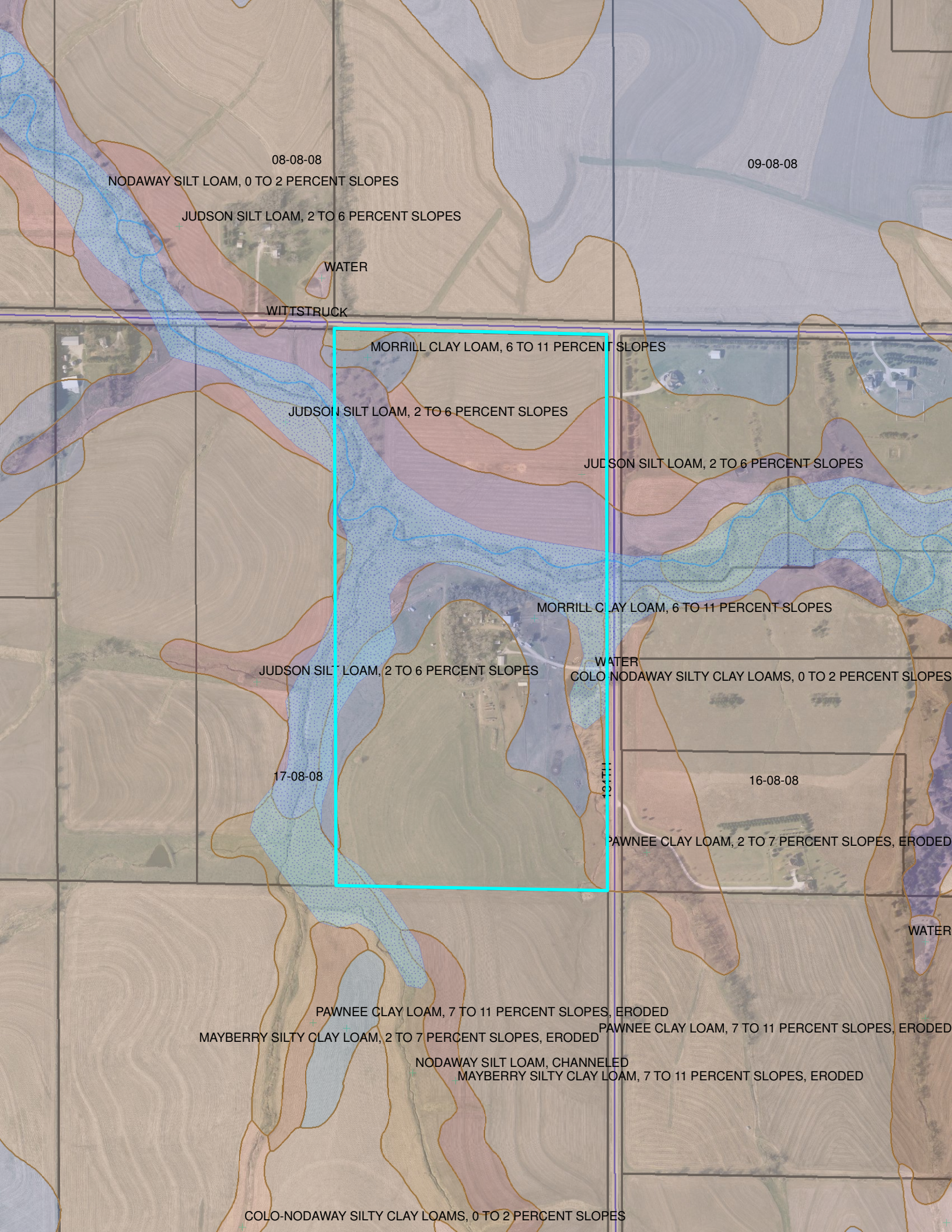
On-site Waste System Permit Holder:

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

TRIPLE RRR FARMS
BOX 96
BENNET NE 68317


08-08-08
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WATER
09-08-08
WITTSTRUCK
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
WATER
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
17-08-08
16-08-08
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, CHANNELED
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES

SCANNED

OCT 26 2012

A

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

Permit Number HS000682

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 na 14909 S 134th (no rural route) City Bennet, NE Zip 68317

Legal Description E½ 17 8 8 — PID 21172000002000

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

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

B. Owner

Name Kristin Sue Ringland Signature_____

Address 9916 Skyview Ln City/State/Zip Lenexa, Kansas 66220

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 3 Is there a Whirlpool Bathtub? ❑ Yes ☒ No Total Acres 75.76

❑ 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 10/29/12
Date frwd 10/29/12
ACTION ❑ Approved ❑ Disapproved
Signature_____

2. Supt. Bldg. Insp. or Village Clerk
Comments_____
Date rec'd 10/29/12
Date frwd 10/29/12
ACTION ☒ Approved ❑ Disapproved
Signature_____

3. City or County Engineer
Comments No Building in the Floodplain
Date rec'd 10-29-12
Date frwd 10-29-12
ACTION ☒ Approved ❑ Disapproved
Signature Jim Ploughe

Installation Final Written Approval
By_____
Date 6/21/13

Business Office Use Only
Date Received 10-30-12 Amount Paid 355.00
Received By B. Hall Cash/Check No: 7158

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

Form A Updated: 5/10

OCT 26 2012

B

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

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 W Hillsboro Rd (no rural route) City Bennet NE, Zip 68317

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

Date of Tests 6/26 to 6/28 Weather: Precipitation _____ Temperature 90s

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		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)
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3							PM	12 5/8			10	5/8	16
4								11 3/4			10	5/8	16
5								12			10	1 1/8	10
6								15 1/4			10	1	10

Person Conducting Percolation Tests

Name: Brad Sorth

Phone: 430-7606

Address 105 Locust P.O. 191
Hickman, Ne 68372

Sum of Percolation Rates: 104

Average of Rates: 17

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

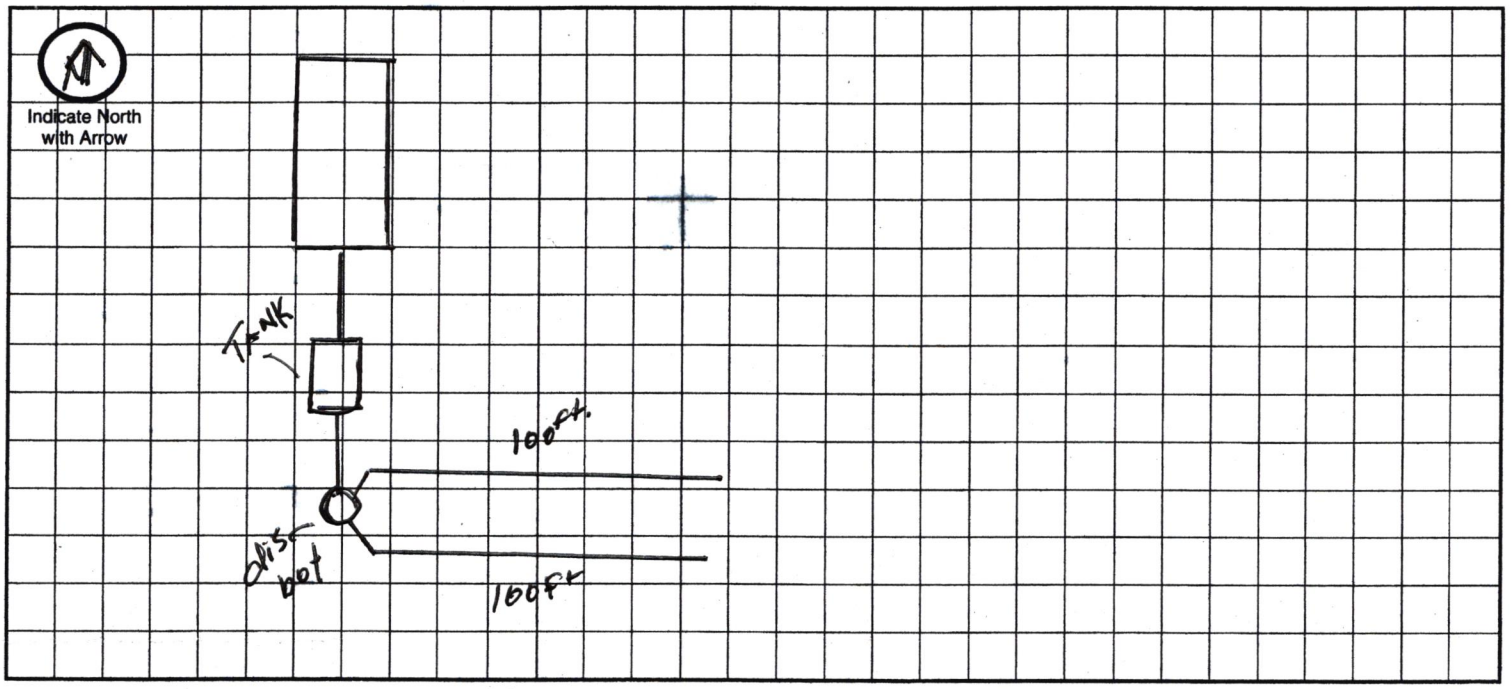
C

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: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 14501 S 134th City Bennet NE, Zip 68317

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 17 (min/inch = mpi) No. of Bedrooms 3 Soil Type_____ Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 630 sq.ft.

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

No. of absorption trenches 2 Width 36" No. of drop boxes_____ Distrubtion Box 1

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	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☐
Field (ft)	100 ☒	500 ☒	50 ☒ N/A	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor_____ Date_____

Installer Greg Barnes Date 6-13-2013

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

8-8-17

Date 6-20-2013

System Location (Indicate correct number and street)

Address 14501 S 134th (no rural route) City Bennet NE, Zip 68317

A. Building Sewer

1. Material: PVC Sdr 26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 58 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line 30 ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 6 in.
   Riser: ☒ above ☐ below grade 10 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

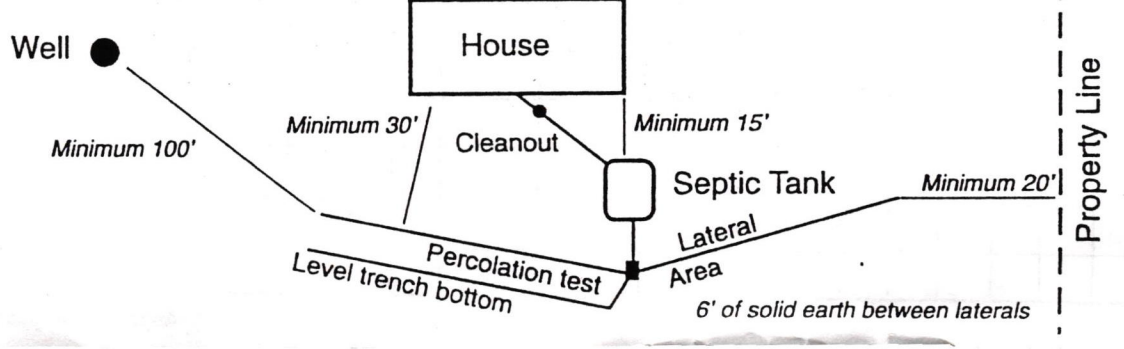
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 36" Chambers
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 105 ft. 105 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 0 in/100 ft.
   Average depth 28 in
4. Filter material: Dirt
   Depth of material 18 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

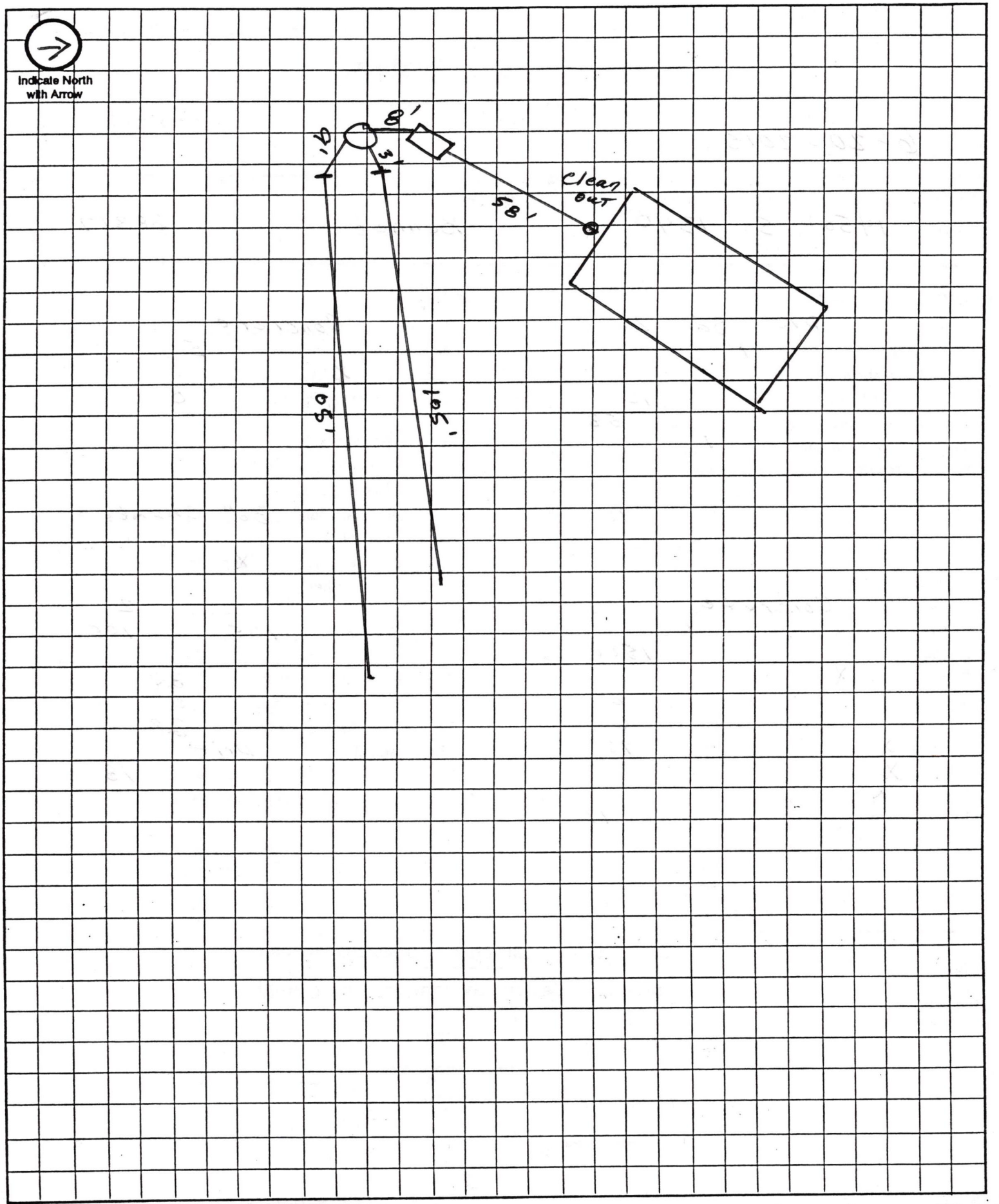
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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