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

A

Permit Number HS000703

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 11850 N 56th (no rural route) City LINCOLN, NE Zip 68504

Legal Description 16 11 7 Business S 11850 N 56th St 36

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

Geographical Location (if known): Lat/Long: _____ PID PO 53806

B. Owner

Name JJM Properties / Restore A Muscle Car Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Michael P Dietze Signature Michael P Dietze

Address Po Box 116 City/State/Zip Waverly NE 68462

Work Phone _____

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 _____ Design flow in gallons per day 150

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 12/5/12 **ACTION** ☑ Approved ☐ Disapproved

Site visits _____ Date frwd 12/5/12 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 _____

Business Office Use Only
Date Received 12-5-12 Amount Paid 355.00
Received By RDL Cash/Check No. 29601

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

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 11850 North 56th (no rural route) City LINCOLN NE, Zip 68504

Owner Restore A Muscle CAR Addresss

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

Date of Tests 11/23 to 11/24 Weather: Precipitation Temperature

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	11/23	1:00	11/24	9:00	11/24	12:30	30 1/8	11/24	1:00	30	3/4	60
2	37	11/23	1:00	11/24	9:00	11/24	12:30	32 1/2	11/24	1:00	30	3/4	40
3	36	11/23	1:00	11/24	9:00	11/24	12:30	32	11/24	1:00	30	1/2	40
4	36	11/23	1:00	11/24	9:00	11/24	12:30	30 1/8	11/24	1:00	30	3/4	40
5	38	11/23	1:00	11/24	9:00	11/24	12:30	32 3/4	11/24	1:00	30	1/2	60
6	36	11/23	1:00	11/24	9:00	11/24	12:30	31 1/2	11/24	1:00	30	3/4	40

Sum of Percolation Rates: 280
Average of Rates: 47
Rate Used for Calculation: .212

Person Conducting Percolation Tests

Name: Mike Dietze
Phone:
Address PO Box 116
Waverly NE 68462

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

12-7-2012 8:53:56

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. HS000703

System Type: STANDARD

Situs: 11850 N. 56th

Legal Description: T11N-R07E-S16-Lot 37

Owner: JJM PROPERTIES LLC
530 W SALLY ST
LINCOLN NE
68521

Permit Fee:	$355.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$355.00
Issued:	12/05/2012
Expires:	12/05/2013

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

WAVERLY PLUMBING
PO BOX 116
WAVERLY NE 68462

SCANNED

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

A

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HS000703

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Site visits 12/7/12 NH
Date rec'd 12/5/12
Date frwd 12/12/12
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 Doug Anderson
Date 12/11/12

Business Office Use Only
Date Received 12-5-12 Amount Paid 355.00
Received By BK Cash/Check No. 29601

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

Form A Updated: 5/10