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

A

Permit Number: 1Z000733

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 1051D Windriver Trl (no rural route) City Lincoln NE, Zip 68526

Legal Description ____ ____ ____ ____ Hidden Valley Acres 3 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude ____ Latitude ____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Terry Young. Signature ____

Address ____ City/State/Zip ____

☐ Check if owner designed system Home Phone ____ Work Phone ____

C. Contractor

Name Kelly Wolinski Company Name Wellmann Plbg. Inc.

Address 3130 S 6th. City/State/Zip Lincoln, Ne. 68502

☒ Check if contractor designed system Work Phone 402-434-2400

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

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd ____ Date frwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd ____ Date frwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd ____ Date frwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Rec'd ____

Amt Paid ____

Rec'd By ____ Cash/Check No. ____

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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 10510 Windriver Trl. (no rural route) City Lincoln NE, Zip 68526

Owner Terry Young Addresss Same

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

Date of Tests 5-9-12 to 5-10-12 Weather: Precipitation NA Temperature 60

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	5/9				5/10					30	.5	60
2												5/8	48
3												1/2	60
4												5/8	48
5												9/16	53
6												5/8	48

Sum of Percolation Rates: _____

Average of Rates: 52.83

Rate Used for Calculation: 51-60

Person Conducting Percolation Tests

Name: Kelly Walinski

Phone: 402-434-2400

Address 3130 S 6th. #100
Lincoln, Ne. 68502

DO NOT WRITE BELOW THIS LINE

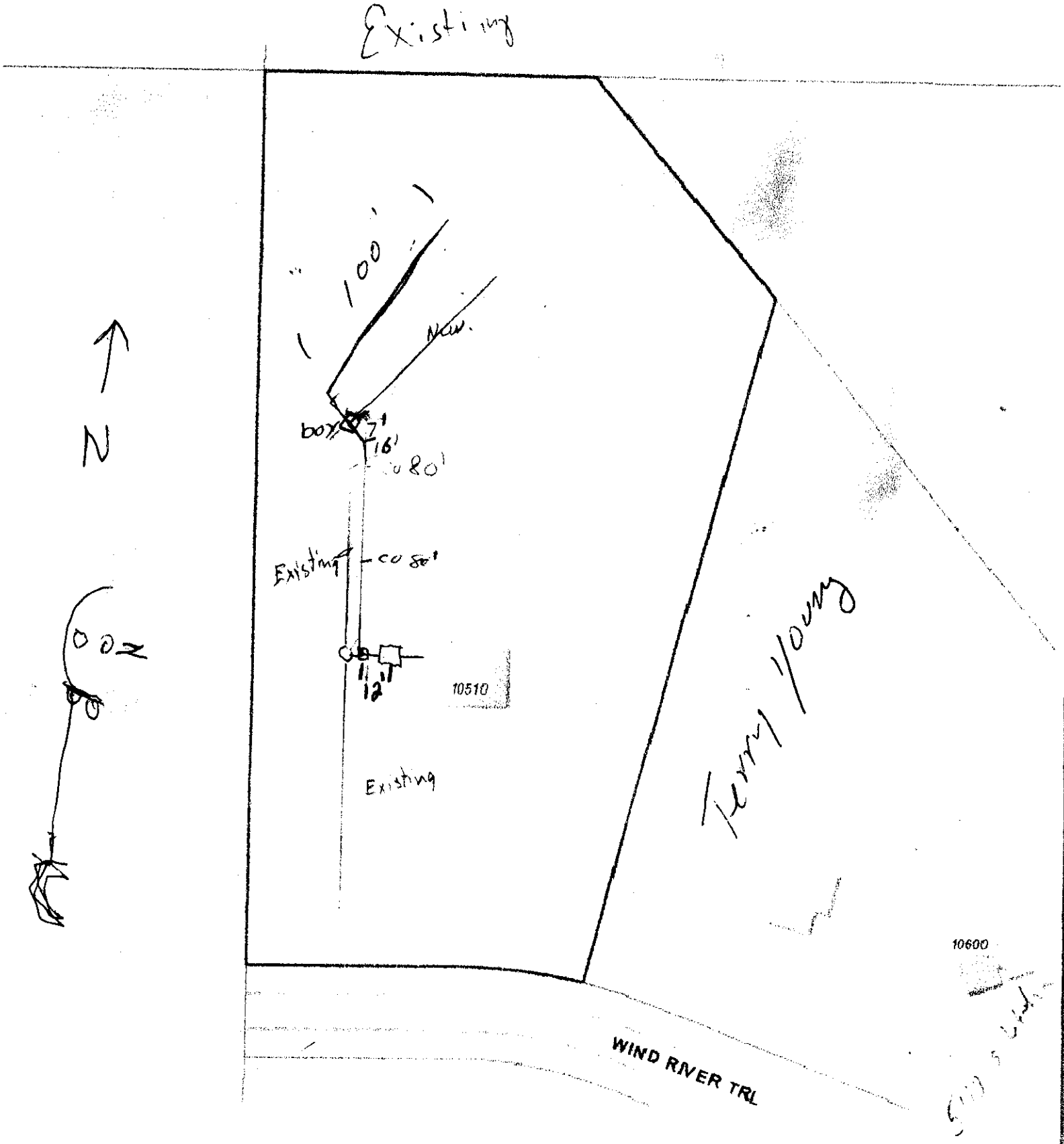
Reviewing Action

Remarks _____

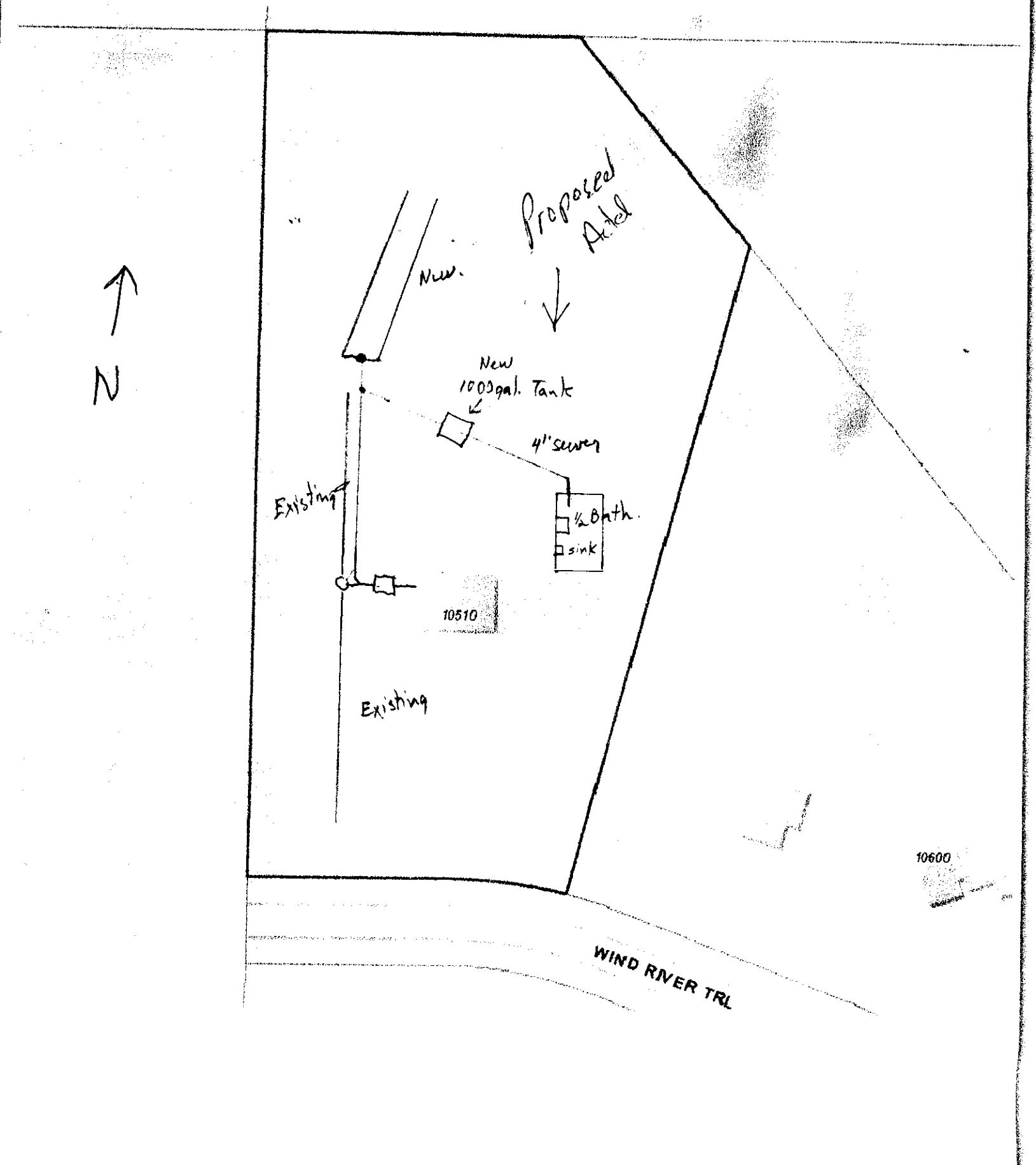
Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

ister County GIS Map



ister County GIS Map



Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM REPAIR PERMIT
No. HS000733

System Type: Standard

Situs: 10510 WIND RIVER TRL, RURAL, NE

Issued: 3/29/2013

Expires: 3/29/2014

Description: HIDDEN VALLEY ACRES, BLOCK 3, Lot 1HIDDEN VALLEY ACRES, BLOCK 3, Lot 1

Owner: YOUNG, TERRY R & JUDY A
10510 WIND RIVER TRL
LINCOLN, NE 68526

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repair is complete to obtain final approval before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

WELLMAN PLUMBING
3130 S. 6TH
LINCOLN, NE 68502

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

A

Permit Number: 1B020733

Sewage Disposal System

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

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 3-28-13
Amt Paid 195.00
Rec'd By BA Cash/Check No. 50936

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

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5	"	"									"	9/16	53
6	"	"									"	5/8	48

Person Conducting Percolation Tests

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Address 3130 S 6th. #100
Lincoln, Ne. 68502

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Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96