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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000744

System Type: Standard

Situs: 12251 LAKESIDE ESTATES DR, RURAL, NE

Issued: 5/7/2013

Expires: 5/7/2014

Description: ELSNER LAKESIDE ESTATES, BLOCK 2, Lot 1

Owner: SCHMIDT, STEVEN J
8440 HOLLYNN LN UNIT 118
LINCOLN, NE 68512

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

Dear Applicant:

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

ARTZ AND SONS CONSTRUCTION
6801 BUCKS CIRCLE
LINCOLN, NE 68523

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

A

Permit Number
H5000744

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 12251 LAKE SHORE ESTATE DR. (no rural route) City CRETE, NE Zip 68333

Legal Description 17, 8, 5 2 1

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

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

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: MELVIN WAGNER C1268 Signature Melvin Wagner

Address 4810 "W" CLAIRE 68523 City/State/Zip LINCOLN NE 68523

Work Phone 402-432-5698

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 3.58

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 400

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 5/1/13
Date frwd 5/1/13
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 5/1/13
Date frwd 5/1/13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 5-1-13
Date frwd 5-1-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 5-6-13 Amount Paid 355.—
Received By BHall Cash/Check No. 18218

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

Form A Updated: 5/10

12 7227

B

Permit Number: --

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

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12251 Lake Shore ESTATE Dr. (no rural route) City CreTe NE, Zip 68333

Owner _____ Addresss _____

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

Date of Tests 4/19/2013 to 4/20/2013 Weather: Precipitation 0 Temperature 46

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	32	4/19	12:10	4/20	12:30	4/20	1:15	6	4/20	1:45	30	1/2	60
2	34	"	"	"	"	"	"	"	"	"	"	5/8	48
3	34	"	"	"	"	"	"	"	"	"	"	5/8	48
4	35	"	"	"	"	"	"	"	"	"	"	1/2	60
5	34	"	"	"	"	"	"	"	"	"	"	3/4	40
6	34	"	"	"	"	"	"	"	"	"	"	5/8	48

Sum of Percolation Rates: 304

Average of Rates: 50.66

Rate Used for Calculation: 51

Person Conducting Percolation Tests

Name: Melvin Eagner C126B

Phone: 402-432-5648

Address 4810 "W" Claire Ave

Lincoln NE 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

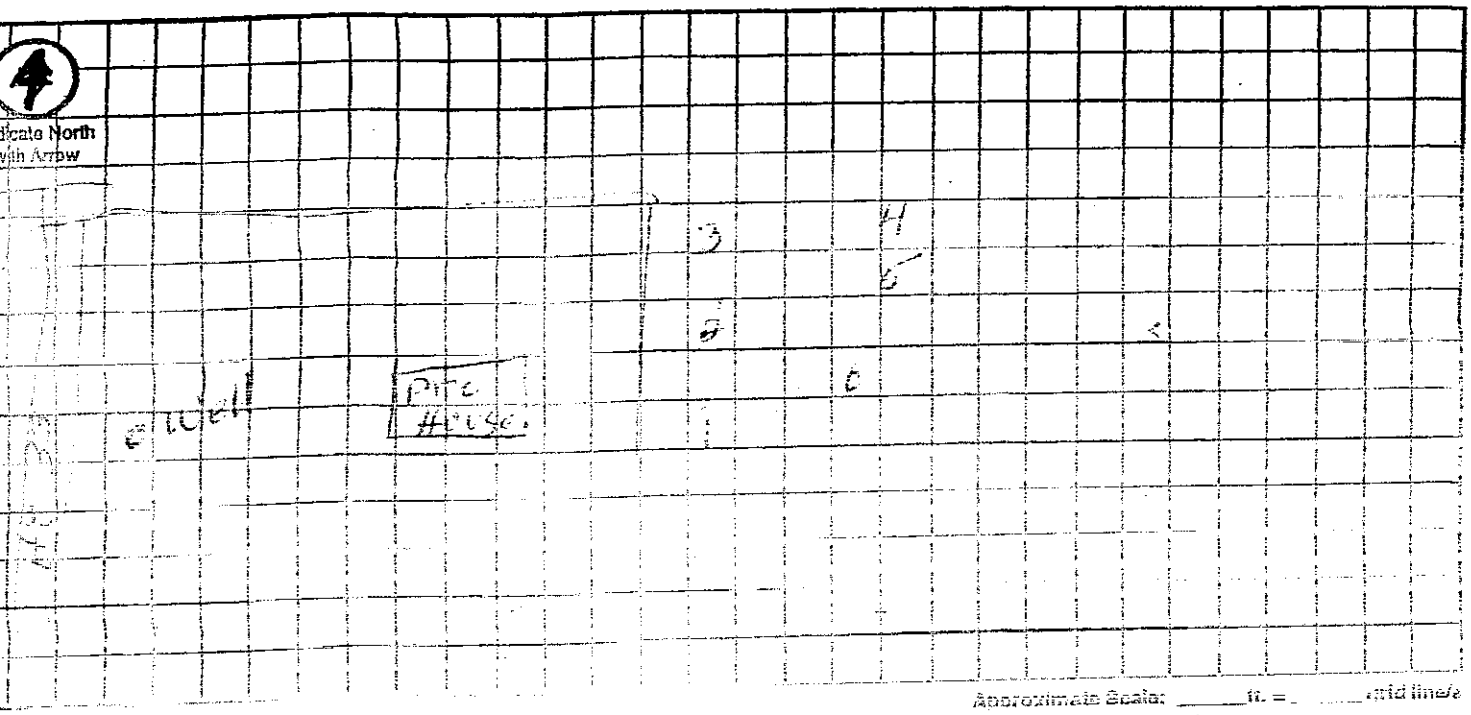
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

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



Approximate Scale: _____ ft. = _____ grid lines

. System Location (Indicate present number and street)

ddress (no rural route) 12451 Lake Shore Lincoln City, NE 68523

. Proposed Septic Tank/s

ank Material: ☑ Concrete ☐ Plastic ☐ Other _____

. Proposed Absorption System (Use Form 3 for Percolation Information)

ercolation Rate 51 (min. per inch) Soil Type: _____ Land Slope: _____ %

ype of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

otal Square Feet of Field Required: 1050 sq. ft.

ype of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: CHAMBERS

apacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed: _____

otal Length of Laterals 210 ft. Number of Trenches 4 Trench Width 42"

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

Distance From	Private Well		Public Well		Surface Water		Ground Water		Pressure Water Lines		Property Lines		Foundations Yours		Foundations Neighbors		At Other Setbacks	
Tank (ft)	50	☑	1000	☑	50	☑	N/A	☐	10	☑	10	☑	10	☑	10	☑		☑
Field (ft)	100	☑	400	☑	50	☑		☑	10	☑	10	☑	10	☑	10	☑		☐
Lagoon (ft)	100	☐	600	☐	50	☐	N/A	☐	10	☐	10	☐	N/A	☐	10	☐		☐

. Registered Engineer

Name Building Contractor _____ Phone _____

Installer Mike Shore Signature _____ Date 4/22/2011

SCANNED

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

A

Permit Number
HS0007744

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Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

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Name: MELVIN FAGNER C1268 Signature Melvin Fagner

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Comments _____
Date rec'd 5-1-13
Date frwd 5-1-13
ACTION ☒ Approved ❑ Disapproved
Signature Jim Ploszek

Installation Final Written Approval
By _____
Date 8/22/13

Business Office Use Only
Date Received 5-6-13 Amount Paid 355.—
Received By BHall Cash/Check No. 18218

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

7227

Form A Updated: 5/10