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. HS000763

System Type: Standard

Situs: 1300 N 179 ST, RURAL, NE

Issued: 6/14/2013

Expires: 6/14/2014

Description: WYNDAM PLACE ADDITION, BLOCK 3, Lot 2

Owner: WENGER, ROBERT & DEEANN
1300 N 179 ST
LINCOLN, NE 68527

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

SOUTHWICK LIQUID WASTE
P.O. BOX 191
HICKMAN, NE 68372

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

SEP 7 2004

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-27-04 werger

System Location (Indicate correct number and street)

Address 1200 N. 179th Street (no rural route) City Lincoln NE, Zip 68527

A. Building Sewer

1. Material: class 160
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank 100 ft.
4. Number of clean-outs: ____
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade 12 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

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

D. Absorption Field

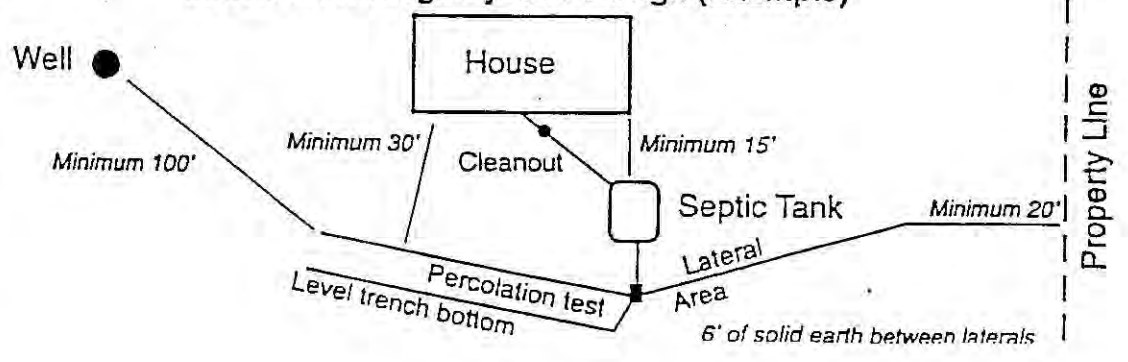
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 11" Tall - 34" Wide
   or perforated pipe: H-10 Standard
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 137.50 ft. 137.50 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope Flat in/100 ft.
   Average depth 26 in
4. Filter material: Dirt
   Depth of material 100 in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 15' ft.

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

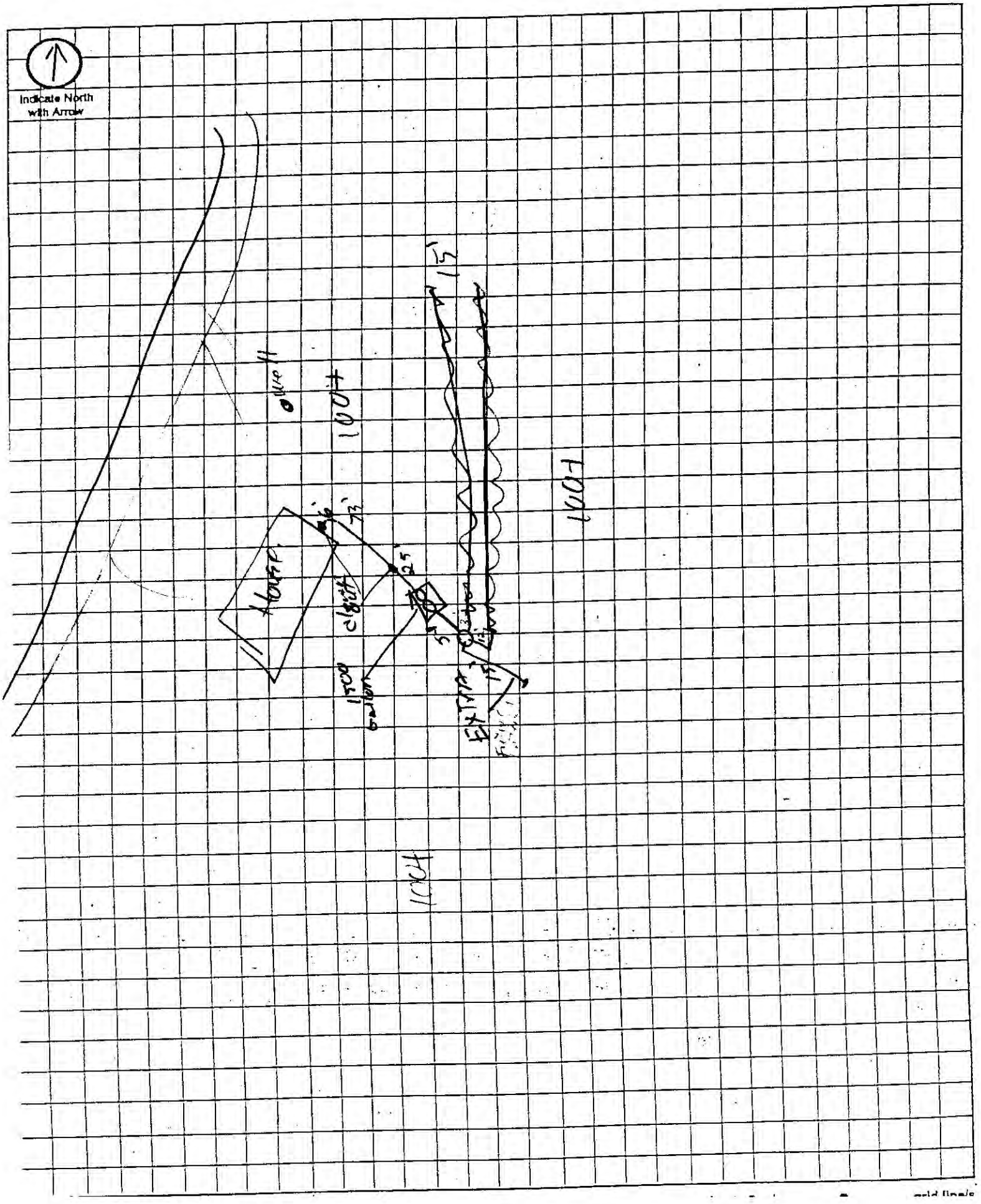
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

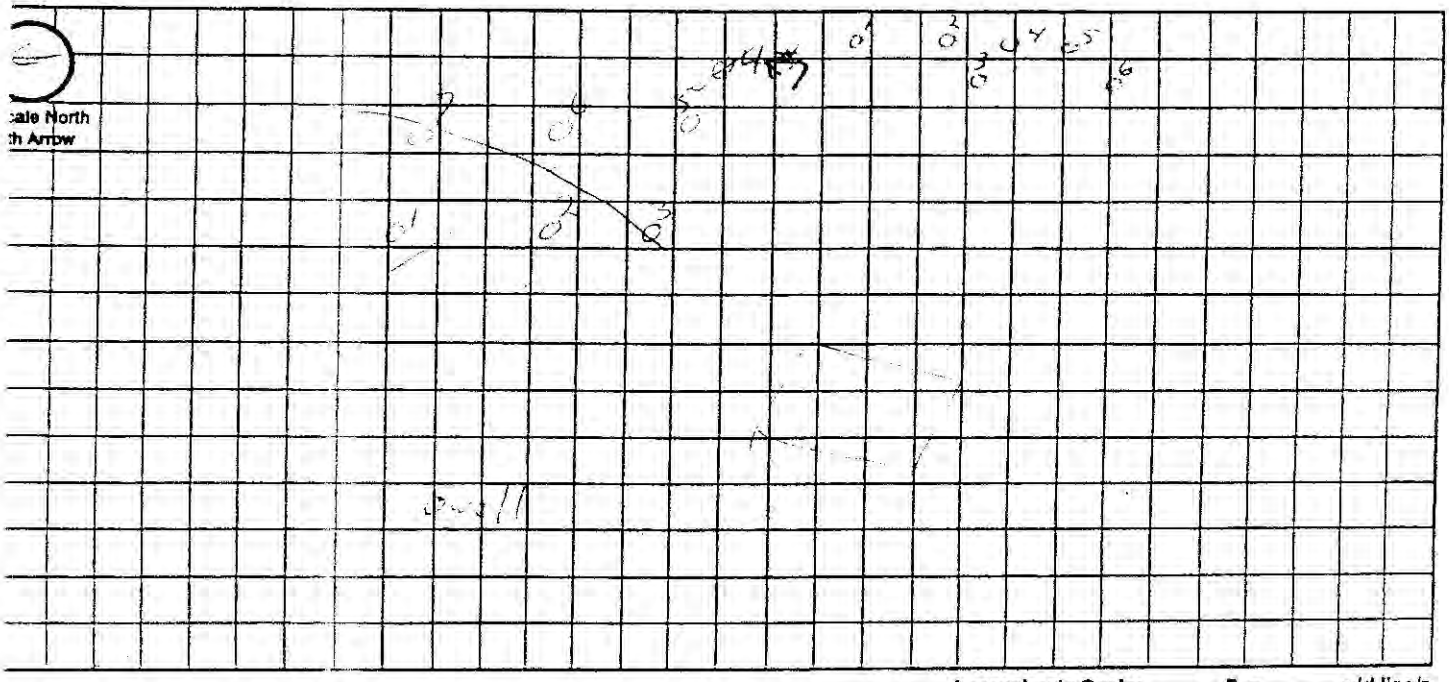
C

Permit Number: 043802835

Sewage Disposal System

Preliminary Plan Specifications

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



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

System Location (Indicate correct number and street)

ress (no rural route) _____ City Lincoln NE, Zip 68522

Proposed Septic Tank/s

k Material: ☑ Concrete ☐ Plastic ☐ Other _____

Proposed Absorption System (See Form B for Percolation Information)

colation Rate 40 (min. per inch) Soil Type: SHC Land Slope: _____ %

e of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: 825/1100 sq. ft.

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator

›acity of Septic Tank 1250/1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 206/275 ft. Number of Trenches _____ Trench Width _____

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

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☐	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☐	☐
eld (ft)	100 ☒	500 ☐	50 ☒	4 ☒	30 ☒	20 ☐	30 ☐	40 ☐	☐
›oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

e Building Contractor Lloyd J Gatte Date 5-24-04

uller _____ Date 5/24/04

3-102 10-96

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

B

Permit Number: 043802835

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City Lincoln NE, Zip 68527

Owner _____ Addresss 5915 Crosscreek Rd. Lincoln

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

Date of Tests 3-16 to 3-17 Weather: Precipitation .4" Temperature 40

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	28	3/16	4:00	3/17	7:00	3/17	9:50	21½	3/17	10:20	30	5/8	45
2			"		AM		A	23¼		A		7/8	34
3								22¾				7/8	34
4								23				5/8	48
5								21				5/8	48
6								22⅛				3/4	40
7	↓							20¼				7/8	34

Sum of Percolation Rates: 280

Average of Rates: 40

Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Southard

Phone: 430-7606

Address 17201 So 72nd
Hickman, Ne 68372

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

RECEIVED
MAY 24 2004

A

Permit Number: 043802835O1

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 1300 North 179th Street (no rural route) City Lincoln NE, Zip 68527

Legal Description Lot 2 Block 3 Wyndam Place Lincoln Lancaster County, Nebraska

1/4 1/4 Section 34 Township 10N Range 8E 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 Robert & DeeAnn Wenger Signature Robert Wenger

Address 5915 Cross Creek Rd City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 489-4010 Work Phone 434-4132

C. Contractor

Name Donna Youngquist Company Name R & D Custom Homes

Address 7001 S. 45th St. City/State/Zip Lincoln NE 68516

☐ Check if contractor designed system Work Phone 423-3368

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Raymond Contracting Inc. Firm Lloyd Jakoubek Work Phone 783-2663

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 5/24/04 Date frwd 5/25/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
   8-27-04, rm
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-25-04 Date frwd 5-25-04 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 05/25/04 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Maynard

Date 8-30-04

Business Office Use Only

Date Rec'd 05/25/04

Amt Paid 200.00

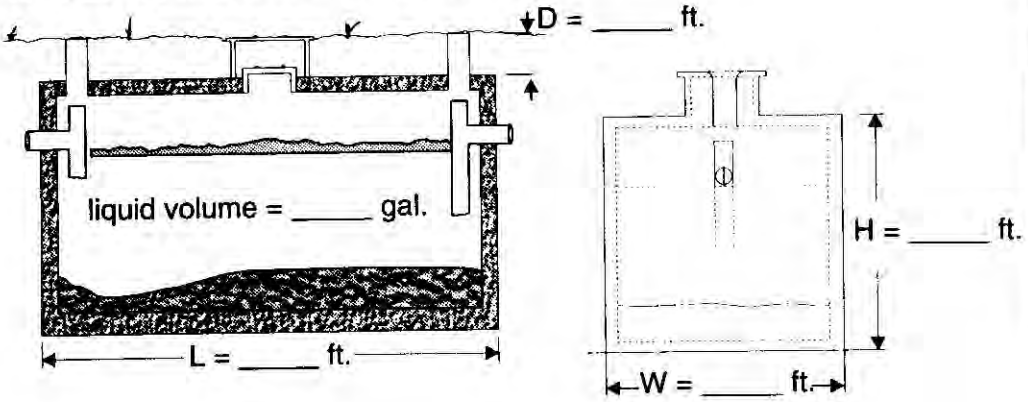
Rec'd By _____ Cash/Check No. 5345

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

KEY

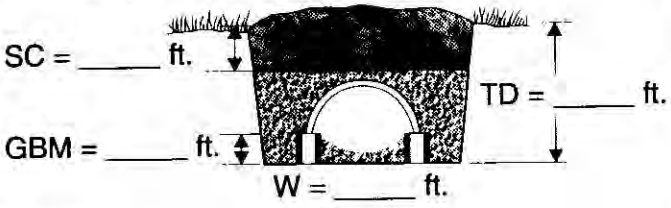
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

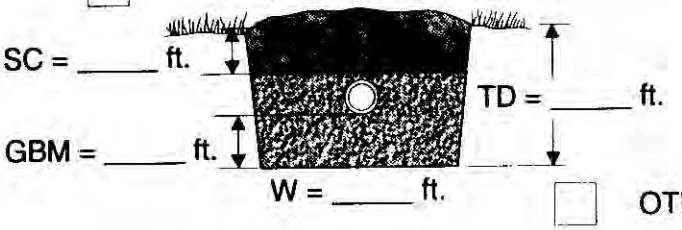


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your Installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005050

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380283501

Issued 05/24/04
Expires 11/24/04
Revenue Code 3157

Establishment:
ROBERT & DEEANN WENGER
T10N R8E SEC 24
WYNDAM PLACE BLK 2 LOT 3
2 N 179 ST

FEES: $200.00

Permittee:
ROBERT & DEEANN WENGER
5915 CROSS CREEK RD
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

10-8-24

H3000763

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township_____ Range_____ 1/4_____ 1/4_____ Section _____
   Block 3 Lot 2 Addition Wyndam Place
   Parcel ID 23 - 24 - 103 - 002 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1300 N 179st, Lincoln

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe_____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Installing additional lateral to existing system.

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwick Liquid Waste - Jason

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Jason Kubik Address 105 Locust Hickman Phone: 402-440-7606

Applicant Signature (owner or lessee) Jason Kubik

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 6/9/13 REVIEW: ☑ Approved ☐ Disapproved By:

Site visits
Date ___/___/___ By_____
Date ___/___/___ By_____
Date ___/___/___ By_____

Installation final written approval
Date 6/11/13 By

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

7644
1703

Business Office Use Only

Received: Date: 6/12/13 Amount $195.00 Check No. 1010 Initials BHall

Revised 3-09