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. HS000769

System Type: Standard

Situs: No Site Address Specified

Description: SILVER SPRINGS 6TH ADD, Lot 2

Issued: 6/19/2013

Expires: 6/19/2014

Owner: GOVE, NICHOLAS K & NADIA A
5450 NEW CASTLE RD
LINCOLN, NE 68516

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

BOUWENS PLUMBING
5901 FLETCHER
LINCOLN, NE 68507

Application to Alter or Repair an Onsite Wastewater Treatment System

H5000769

The applicant is applying for a permit to: ☒ ALTER ☐ REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 5450 NEW CASTLE ROAD

   Legal Description of Property: Township:_____ Range:_____ Section:_____

   Block 5 Lot 2 SubDivsion Silver Springs Add: 6th

   ***Parcel ID**____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 5 Does the system have a: ☒ Garbage Grinder ☐ Large Capacity Tub

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

4. **Description of proposed alteration or repair:** NEW 2000 gal TANK and
   * Note - Reused white concrete - New System in same location
   * Contractor hir 2 pay holes white digging.

5. **Current Type of Lateral-** 36" Chambers **Current Linear Ft. Of Lateral -** 2400

   Current Tank Gallonage- 1750 Concrete

6. Print Name Greg Bowers Address 5901 Fletcher Phone: 402-466-1944
   Cell 402 610-2818

   Applicant Signature: Greg Bowers

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

HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received 6/18/13 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Comments (if any): _____

Site visits
Date 6/17/13 By DS & JC
Date ___/___/___ By _____

Installation final written approval
Date 6/17/13 By [signature]

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 6/18/13 Amount $355.00 Check No. 8050 Initials [initials]

Revised 4/8/13

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

B

Permit Number: 02302450

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Lot 4 Block 5 Silver Springs

Address 5400 New Castle (no rural route) City Lincoln NE, Zip 68516

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: 50 min./inch

Date of Tests 11-30 to 12-1-00 Weather: Precipitation 0 Temperature 30's

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	11/30	9:00	12/1	8:45	~~8:45~~	1:45	27 3/4	12/1	2:15	30	5/8	48
2		9:00	AM		AM	12/1	PM	28 1/4		PM		5/8	48
3		1						27 1/8				1/2	60
4								30 7/8				5/8	48
5								28 1/8				5/8	48
6								29 5/8				5/8	48
								31 5/8				5/8	48

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address: 12201 So 72nd St
Hickman, Ne 68372

Sum of Percolation Rates: 308
Average of Rates: 44
Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

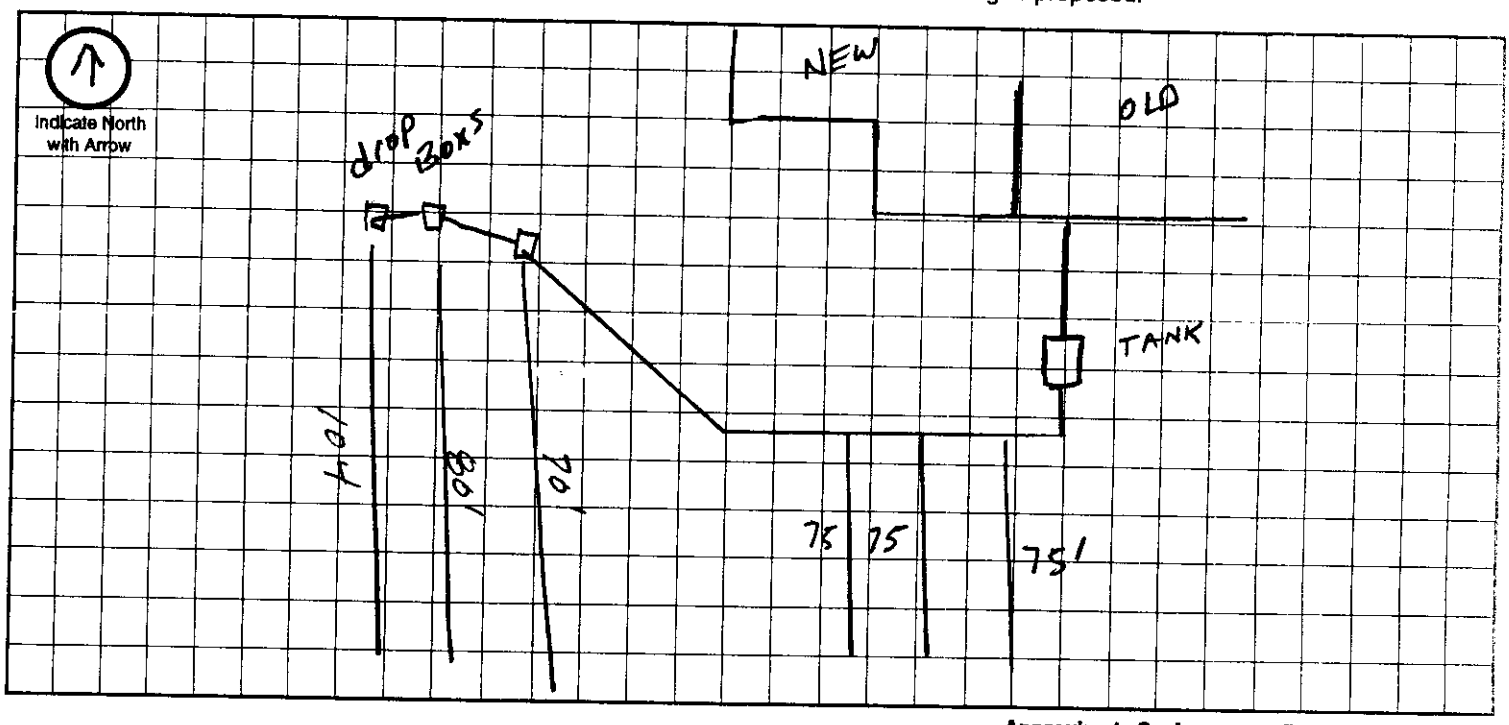
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

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



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

A. System Location (Indicate correct number and street)

Address (no rural route) 5456 Newcastle City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 44 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other Chambers

Total Square Feet of Field Required: 1650 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Chambers

Capacity of Septic Tank 2000 gals Number of Absorption Beds: 6 Number of Distribution Laterals per Bed _____

Total Length of Laterals 439 ft. Number of Trenches 6 Trench Width 3'

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

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Greg Bowers Date 6-12-2013

FORM 23-102 10-96