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. HS000798

System Type: Standard

Situs: No Site Address Specified

Issued: 8/16/2013

Expires: 8/15/2014

Description: S22, T9, R6, 6th Principal Meridian, LOT 22 NW

Owner: CARDWELL RANCH LLC
ATTN: MARC LEBARON, MANAGER
600 W E ST
LINCOLN, NE 68522

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

IRVINE ENTERPRISES
5526 S. 73RD
LINCOLN, NE 68516

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

A

Permit Number: H5000798

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 7440 SW 12th (no rural route) City _____ NE, Zip _____

Legal Description SW (1/4) NW (1/4) 22 (Section) 9 (Township) 6E (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 _____ Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Justyn Peterson Company Name Earnest Well Drilling Inc.

Address P.O. box H City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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

Designer Name Justyn Peterson Firm Earnest Well Drilling Inc. Work Phone 402-761-2281

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/Other Facility Specify Storage Building

Design flow in gallons per day 300 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 8/14/13 Date frwd 8/14/13 **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 8/14/13

Business Office Use Only

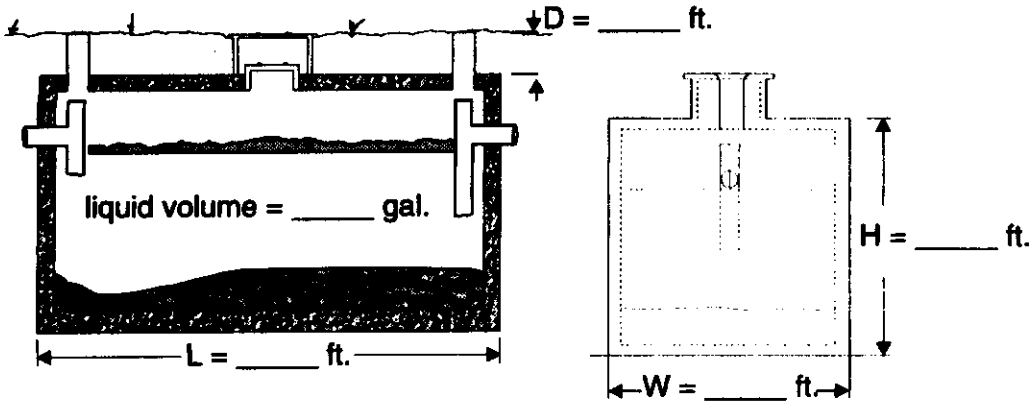
Date Rec'd 8-15-13
Amt Paid 355.00
Rec'd By bstall Cash/Check No. 8891

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

KEY

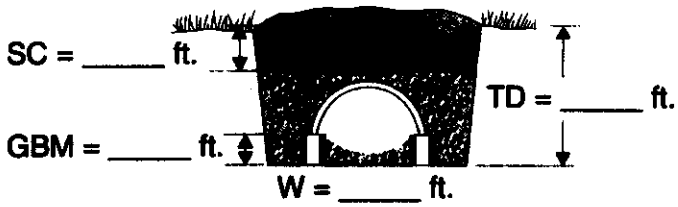
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

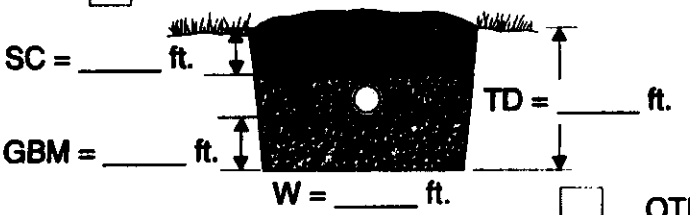


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ 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 Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6/6/13

System Location (Indicate correct number and street)

Address 7440 SW 12th (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below ~~basement~~ Slab on Grade floor: 38 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100'+ ft.
   stream NA ft.
   pressure line 2 ft.
   property line 100'+ ft.

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1050 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 100'+ ft.
   Stream NA ft.
   Pressure line 100'+ ft.
   Property line 100'+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

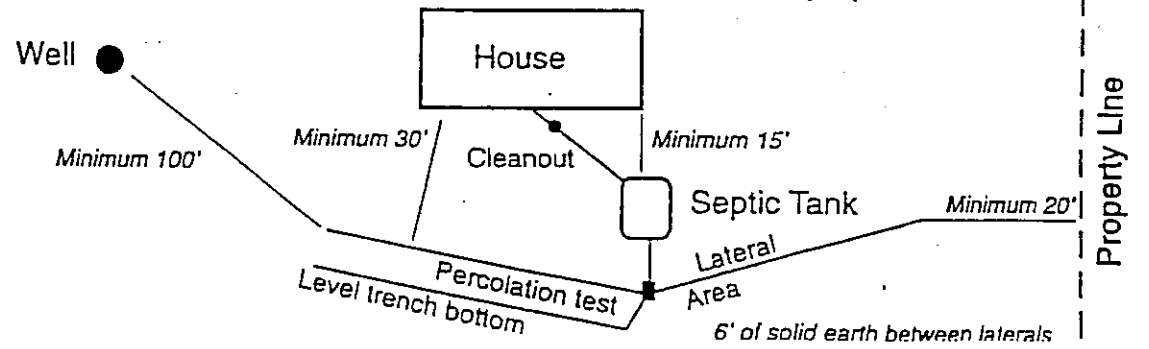
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 35"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 76 ft. 76 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 34 in
4. Filter material: Native Clay
   Depth of material 34 in.
5. Distances to: Well or suction line 100'+ ft.
   Stream NA ft.
   Pressure line 100'+ ft.
   Property line 100'+ ft.

Indicate North with Arrow

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

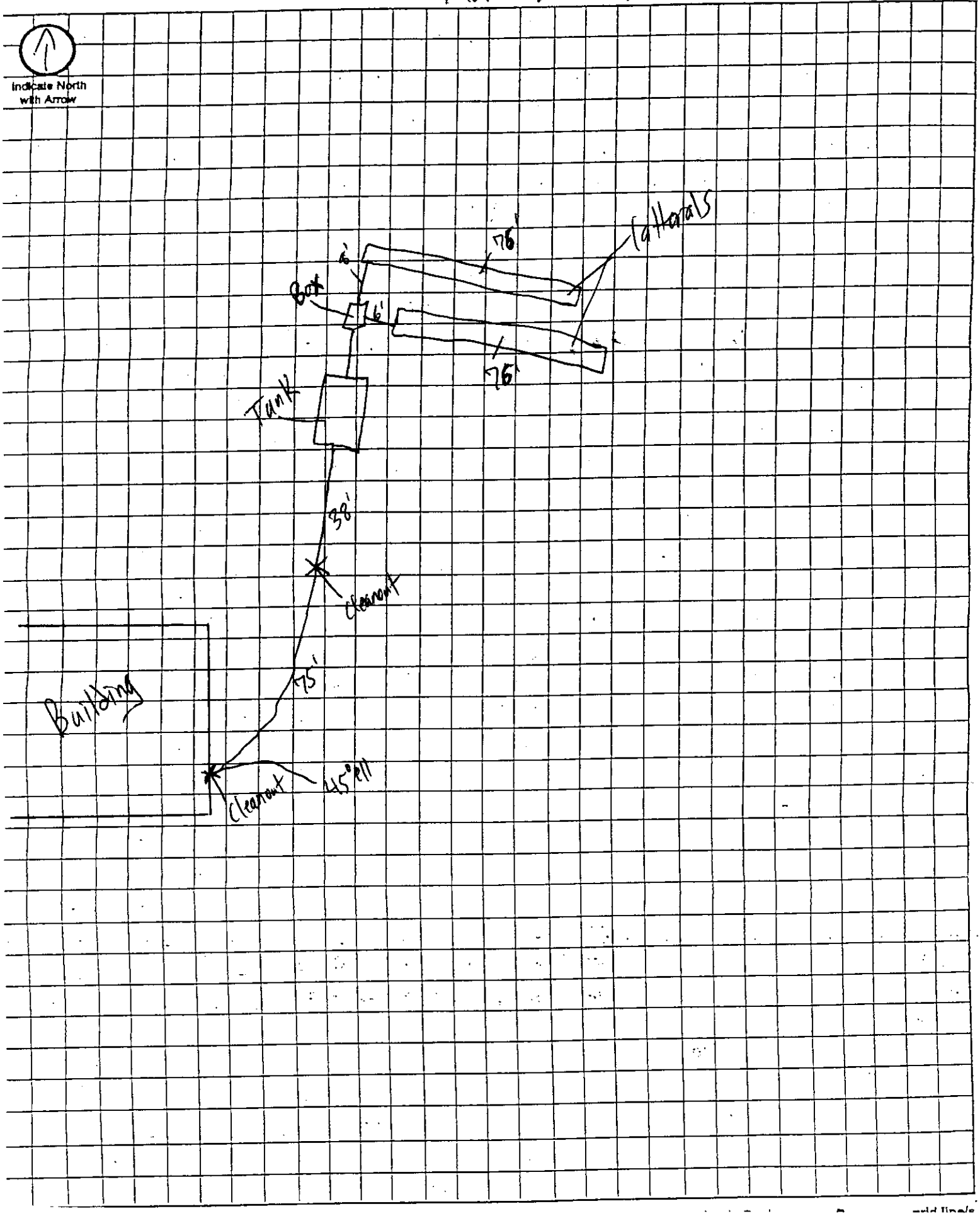
Individual Sewage System Design (Example)



RM 23-103 10-96

As Built Drawing

Marc Lebaron



SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Larry Irvine
Address: SW 12th & Dalton Rd
1/4 South East Side
7440 SW 12th

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 9-5-12 to 9-9-12 **Weather:** Precip. 0 Temp. 70's

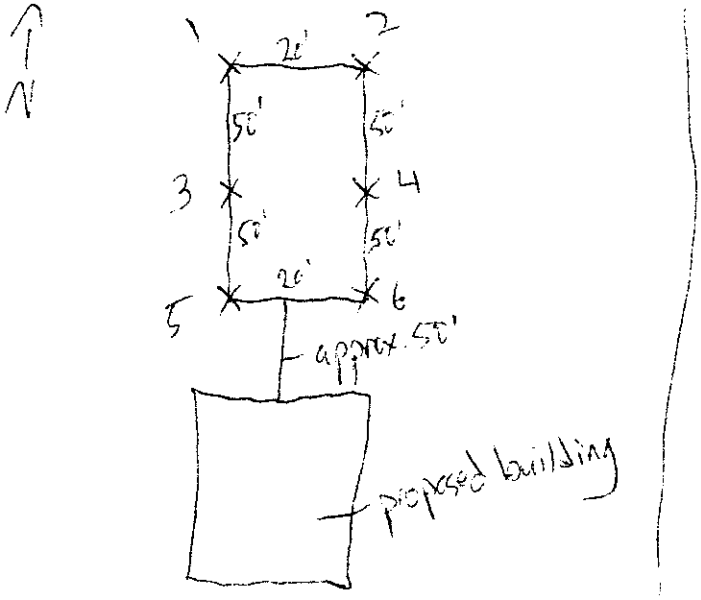
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	9-5	1:00pm	9-5	5:00pm	9-9	9:35am	6	10:00am	5	30	1
2	36	9-5	1:00pm	9-5	5:00pm	9-9	9:35am	6	10:00am	5	30	1
3	36	9-5	1:00pm	9-5	5:00pm	9-9	9:35am	6	10:00am	5¼	30	¾
4	36	9-5	1:00pm	9-5	5:00pm	9-9	9:35am	6	10:05am	5	30	1
5	36	9-5	1:00pm	9-5	5:00pm	9-9	9:35am	6	10:05am	5¼	30	¾
6	36	9-5	1:00pm	9-5	5:00pm	9-9	9:35am	6	10:05am	5¼	30	¾

Sum of Water Level Drops (in.) [Column m]: 5.25
Average of Water Level Drops (in.) [Column m]: .875
~~Inches per Minute:~~ 34.29 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322 238th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: 275

SKETCH SHOWING HOLE LOCATION:



Official's Signature

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____ **Owner:** Marc Lebaron
Township _____ Range _____ Address: 7440 SW 12th
1/4 Section _____

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 5-11-13 to 5-12-13 **Weather:** Precip. Ø Temp. 60's

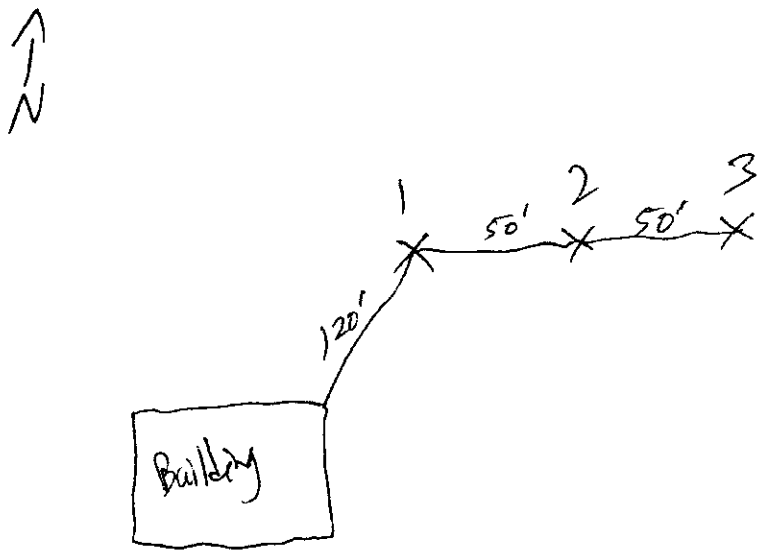
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	5-11	11:00am	5-11	3:00pm	5-12	1:40pm	6	2:10pm	4¾	30	1¼
2	36	5-11	11:00am	5-11	3:00pm	5-12	1:40pm	6	2:10pm	5	30	1
3	36	5-11	11:00am	5-11	3:00pm	5-12	1:45pm	6	2:15pm	5	30	1

Sum of Water Level Drops (in.) [Column m]: 3¼
Average of Water Level Drops (in.) [Column m]: 1.04
~~Inches per Minute:~~ _____
27.78 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322-238th Road
Milford NE 68405
Phone: 402-641-6174
Signature: Justyn Peterson

Square Feet of Lateral per Bedroom: 250

SKETCH SHOWING HOLE LOCATION:



Official's Signature