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. HS000811

System Type: Standard

Situs: 12940 N 1 ST, RURAL, NE

Issued: 9/11/2013

Expires: 9/11/2014

Description: S11, T11, R6, 6th Principal Meridian, LOT 24 NW

Owner: PELAN, TONY & JULANN
311 W CHANCELER DR
LINCOLN, NE 68521

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

TONY PELAN
311 W. CHANCELER DR.
LINCOLN, NE 68521

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

A

Permit Number H3000811

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 12940 N. 1st (no rural route) City Raymond, NE Zip NE 68428

Legal Description SW T11N R6E 24

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

PID 1211100009000

B. Owner

Name TONY PELAN Signature

Address 311 West Chancelor Drive City/State/Zip Lincoln, NE 68521

Home Phone 402-438-3004 Work Phone 402-429-6137

C. Certified Installer

Name: Justyn Peterson Signature

Address 27961 N. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.68

Garbage Grinder? ☐ 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. 02-30

1. Health Department

Site visits

Comments

Date rec'd 9/9/13

Date frwd 9/10/13

ACTION ☒ Approved ☐ Disapproved

Signature

2. Supt. Bldg. Insp. or Village Clerk

Comments

Date rec'd 9-9-13

Date frwd 9-9-13

ACTION ☒ Approved ☐ Disapproved

Signature

3. City or County Engineer

Comments

Date rec'd 9-9-13

Date frwd 9-9-13

ACTION ☒ Approved ☐ Disapproved

Signature

Installation Final Written Approval

By

Date

Business Office Use Only

Date Received 9-10-13 Amount Paid 355.00

Received By Cash/Check No 8823

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

Form A Updated: 1/13

SOIL ABSORPTION TEST DATA REPORT

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

Owner: Tony Pelan
Address: 12940 N. 1st

Property Dimensions: _____ acres

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

Dates of Tests: 9-7-13 to 9-8-13 **Weather:** Precip: 0 Temp: 90's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start		End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Drop (in.)
1	36	9-7	1:00 pm	9-7	5:00 pm	9-8	11:30 am	6	12:00 pm	5 3/4	30	1/4
2	36	9-7	1:00 pm	9-7	5:00 pm	9-8	11:30 am	6	12:00 pm	5 3/4	30	1/4
3	36	9-7	1:00 pm	9-7	5:00 pm	9-8	11:30 am	6	12:00 pm	5 3/4	30	1/4
4	36	9-7	1:00 pm	9-7	5:00 pm	9-8	11:35 am	6	12:05 pm	5 3/4	30	1/4
5	36	9-7	1:00 pm	9-7	5:00 pm	9-8	11:35 am	6	12:05 pm	4 3/4	30	1 1/4
6	36	9-7	1:00 pm	9-7	5:00 pm	9-8	11:35 am	6	12:05 pm	5	30	1

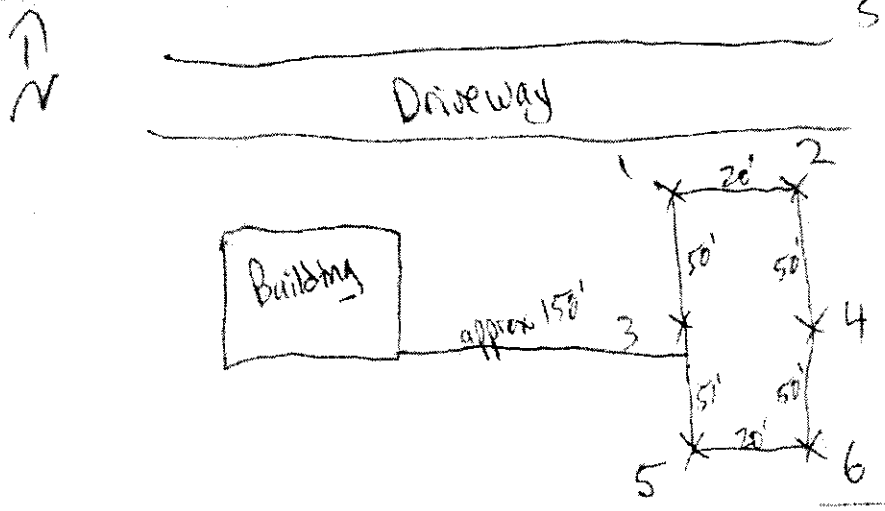
Sum of Water Level Drops (in.) (Column m): 3.25
Average of Water Level Drops (in.) (Column m): .54
~~Inches per Minute:~~ 55.55MPI

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: 350

SKETCH SHOWING HOLE LOCATION:

5 bedroom 1750 Total
NO whirlpool



Official's Signature