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. HS000816

System Type: Lagoon

Situs: No Site Address Specified

Issued: 9/23/2013

Expires: 9/23/2014

Description: PARKLAND ESTATES ADDITION, BLOCK 5, Lot 1

Owner: PARKLAND LLC
3600 NW 126 ST
LINCOLN, NE 68524

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

XL CONTRACTING
8533 E HWY 41
ADAMS, NE 68301

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

A

Permit Number H3000816

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 11877 Trails End (no rural route) City Lincoln, NE Zip

Legal Description ~~[illegible]~~ 5 10 5 5, 1

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

PID

B. Owner

Name Merle Jahde Signature

Address City/State/Zip

Home Phone Work Phone 402 432 0443

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3+

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 Date rec'd ACTION ☑ Approved ☐ Disapproved

Date frwd Signature

Comments

2. Supt. Bldg. Insp. or Village Clerk

Comments Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

3. City or County Engineer

Comments Date rec'd 9-17-13 ACTION ☑ Approved ☐ Disapproved

Date frwd 9-17-13 Signature Jim Plowgk

Installation Final Written Approval

By

Date

Business Office Use Only
Date Received 9-20-13 Amount Paid $355.00
Received By BHall Cash/Check No. 6574

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

Form A Updated: 1/13

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

A

Permit Number H5000816

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 _____ (no rural route) City _____, NE Zip _____

Legal Description _____ 5 10 5 _____ 5 1

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

PID _____

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: _____ Signature _____

Address _____ City/State/Zip _____

Work Phone _____

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 1

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 _____ Date rec'd _____ ACTION ☑ Approved ☐ Disapproved

_____ Date frwd _____ Signature _____

Comments _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved

_____ Date frwd _____ Signature _____

3. City or County Engineer

Comments _____ Date rec'd 9-17-13 ACTION ☒ Approved ☐ Disapproved

_____ Date frwd 9-17-13 Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Received 9-20-13 Amount Paid $355.00

Received By _____ Cash/Check No. 6574

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

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

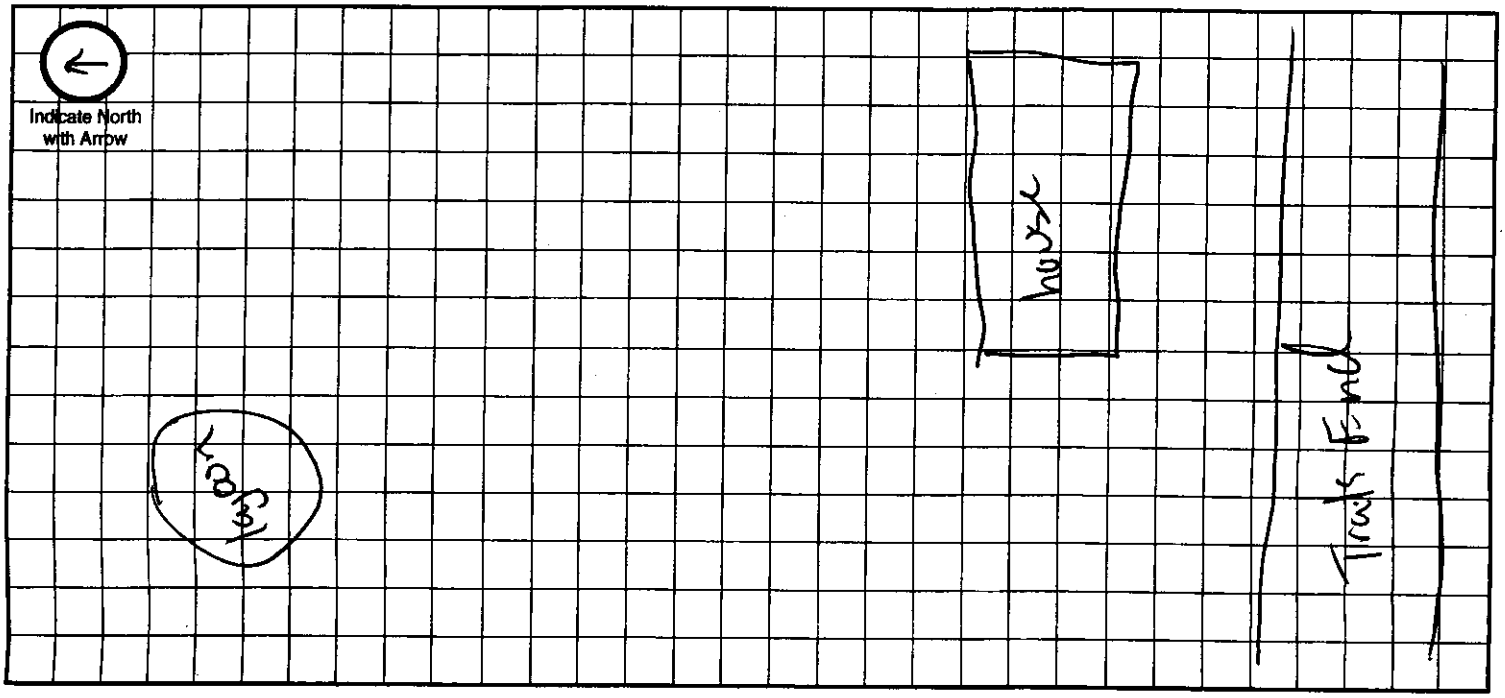
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



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

A. Onsite System Location

Address (no rural route) 11877 Trails End City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☑ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☑	☑

F. Required Signatures

Home Building Contractor_____ Date _____

Installer Blain Johnson Date 9/17/13

Nate C. Hartman

From: Todd A. Stutzman
Sent: Wednesday, September 18, 2013 2:06 PM
To: Nate C. Hartman

Nate,

The lot located in Parkland Estates lot 1 block 5 (11877 Trails End) is a buildable lot

17201 S. 38th St lot 1 block 2 Ponderoca Crossing is in Roca Jurisdiction.

Todd Stutzman

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

A

Permit Number H30008/6

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 11877 Trails End (no rural route) City Lincoln, NE Zip

Legal Description ~~5~~ 5 10 5 5, 1

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

PID

B. Owner

Name Merle Jahde Signature

Address City/State/Zip

Home Phone Work Phone 402 432 0443

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

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 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3+

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 12/27/13 Date rec'd
Date frwd
Comments

ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd
Date frwd

ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Date rec'd 9-17-13
Date frwd 9-17-13

ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploszek

Installation Final Written Approval
By Doug Amos
Date 12/27/13

Business Office Use Only
Date Received 9-20-13 Amount Paid $355.00
Received By BHull Cash/Check No. 6574

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

Form A Updated: 1/13

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11877 Trails End (no rural route) City Lincoln NE, Zip 68524

Owner Timber Ridge Homes Inc Addresss 14100 Ritter PL Bennet NE 68317

Soil Type (SCS): 7231 Judson Percolation Rate: 36 min./inch

Date of Tests 10/27/13 to 10/28/13 Weather: Precipitation dry Temperature 60

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	10/27	4pm	10/28	4pm	10/28	4:30	6	10/28	5:00	30	7/8	34
2	36	"	"	"	"	"	"	"	"	"	30	7/8	34
3	36	"	"	"	"	"	"	"	"	"	30	3/4	40
4	36	"	"	"	"	"	"	"	"	"	30	7/8	34
5	36	"	"	"	"	"	"	"	"	"	30	3/4	40
6	36	"	"	"	"	"	"	"	"	"	30	7/8	34

Person Conducting Percolation Tests

Name: Jason Kubik
Phone: 402-440-7006
Address 105 Locust St
Hickman NE 68372

Sum of Percolation Rates: 216
Average of Rates: 36
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

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

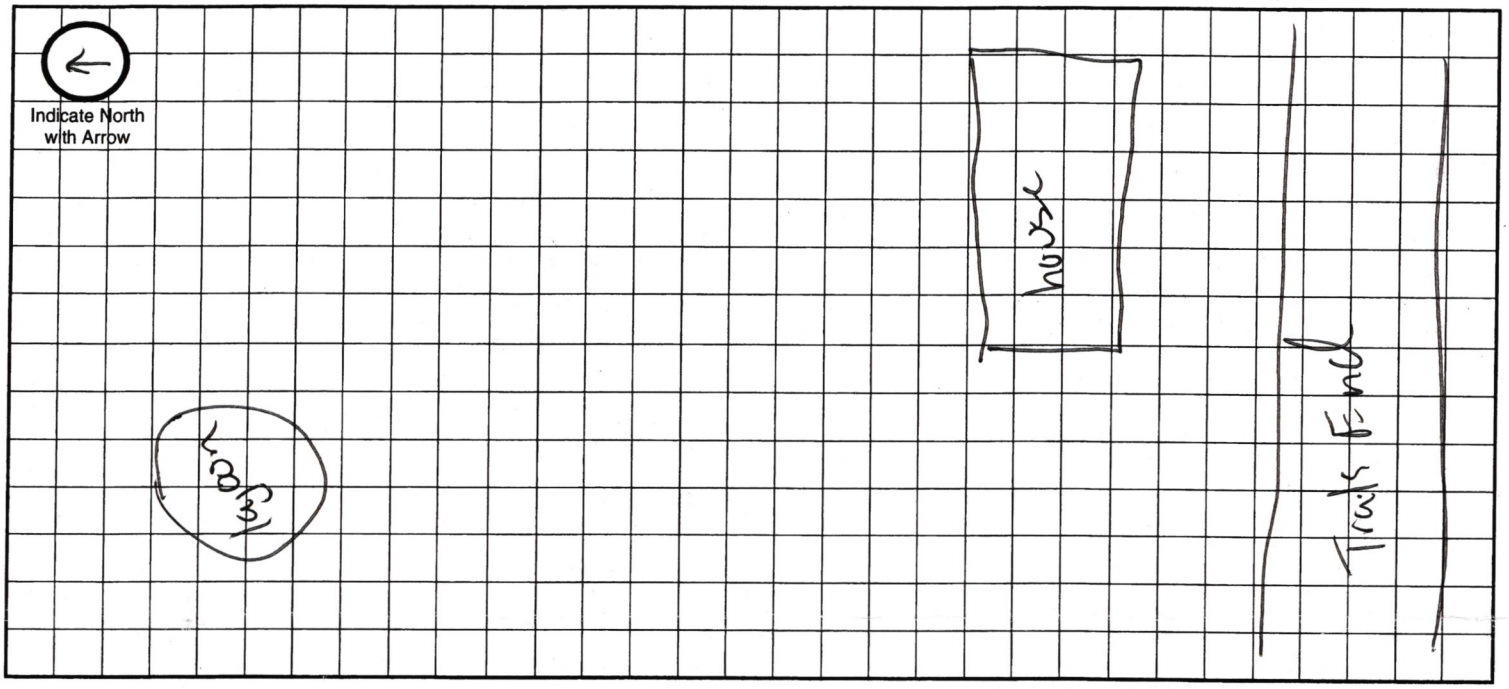
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 11877 Trails End City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☑ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☑	☑

F. Required Signatures

Home Building Contractor_____ Date _____

Installer Blain Johnson Date 9/17/13

JAN 06 2014

D

Permit Number:

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

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 12-31-13 Legal Description Parkland Estates Add Lot 1 Block 5
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 11077 Trails End City Lincoln NE, Zip 68524

Owner DBA Timber Ridge Homes Address 14100 Ritter Pl Bennett, Ne 68317

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 113 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 7100 ft.
   stream 750 ft.
   pressure line 720 ft.
   property line 720 ft.

B. Septic Tank

☑ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 2000 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" dia. inspection pipe
6. Outlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 7100 ft.
   Stream 750 ft.
   Pressure line 725 ft.
   Property line 720 ft.

C. ☐ Distribution Box ☐ Drop Boxes

(> 12" inspection opening) (removable lid to inspect)

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

D. Drainfield Absorption

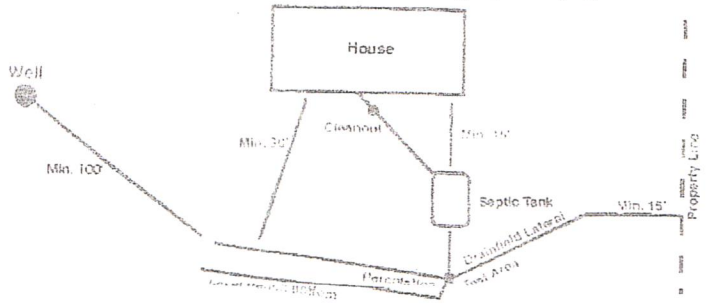
☑ Trench ☐ Bed ☐ Level Bottom

1. Type: ☑ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 32
   Number of distribution lines in bed:
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 3
   Length of each line: 92 ft. 92 ft.
   92 ft. ft. ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: NA
   Depth of material — in.
5. Distances to: Well or suction line 7100 ft.
   Pressure line 725 ft.
   Property line 720 ft.
   House or building 113 ft.
   Lake or Stream 750 ft.

Complete As-Built drawing on the back to this form.

Indicate North with Arrow

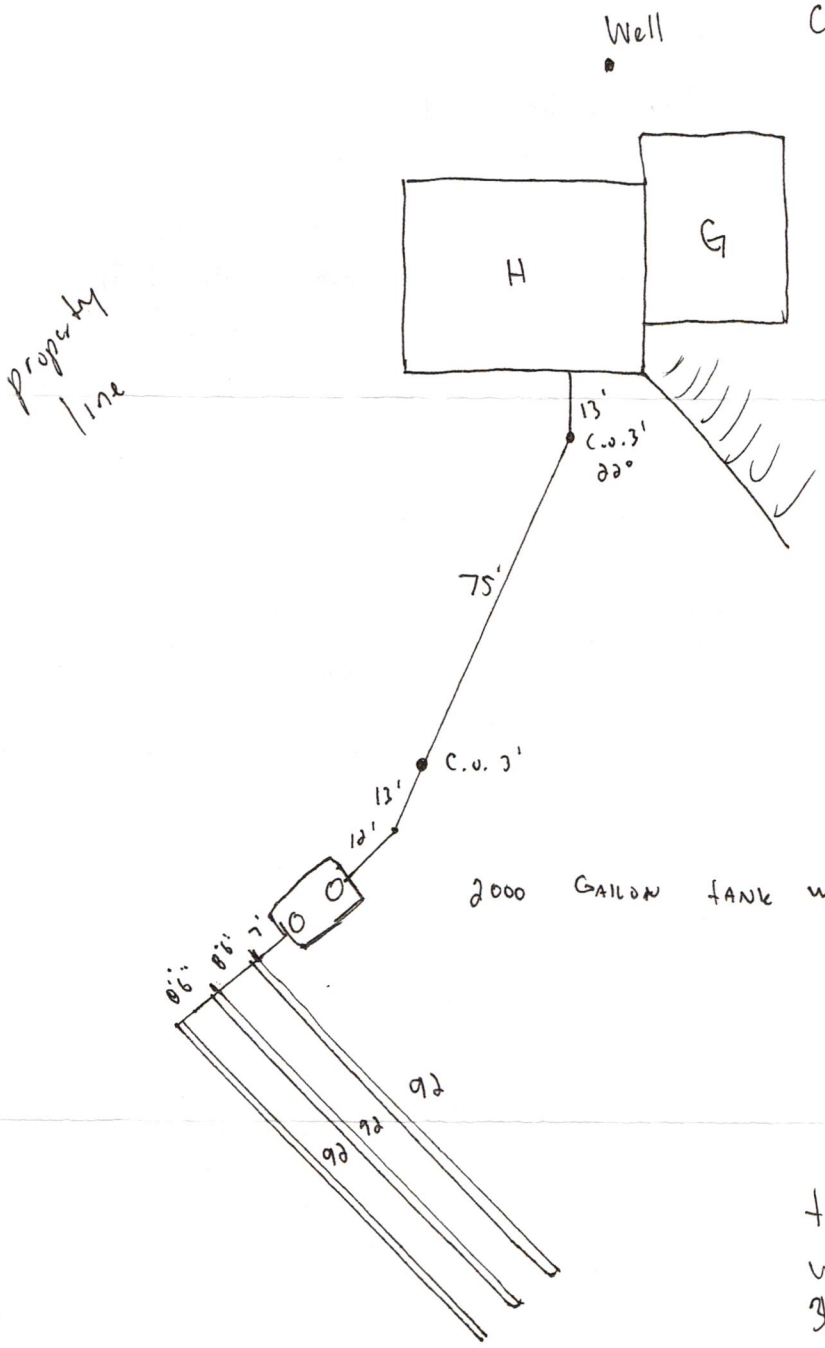
Onsite Wastewater System Design (Example)



Timber Ridge Homes
11877 Trails End
Lincoln, Ne 68524

N ⟷ = 10'

Septic INFO →
Completed 12-27-13



2000 GALLON TANK w/ risers @ grade

total 276' lateral
w/ ~ 2' soil cover
3' to 3'2" deep trench