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

A

Permit Number H5000833

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 436 W. Mill Rd City Lincoln, NE Zip
(no rural route)

Legal Description 12-03-400-006-000
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-03-400-006-000

B. Owner

Name Gretchen Kruse Signature
Address 436 W Mill Rd City/State/Zip
Home Phone 402-802-7289 Work Phone

C. Certified Installer

Name: Nathan Peterson Signature
Address 7701 Cornhusker Hwy City/State/Zip Lincoln NE 68507
Work Phone 402-202-8130

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 20+
Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 50

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 **ACTION** ☒ Approved ☐ Disapproved
Site visits Date rec'd Signature
Date frwd
Comments

2. Supt. Bldg. Insp. or Village Clerk **ACTION** ☐ Approved ☐ Disapproved
Comments Date rec'd Signature
Date frwd

3. City or County Engineer **ACTION** ☐ Approved ☐ Disapproved
Comments Date rec'd Signature
Date frwd

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 10-22-13 Amount Paid 355.00
Received By Cash/Check No. 3740

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

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 12-03-400-006-000

System Location (Indicate correct number and street)

Address 436 W. Mill Rd (no rural route) City Lincoln NE, Zip

Owner Gretchen Kruse Addresss

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

Date of Tests 8/17 to 8/18 Weather: Precipitation rain Temperature 90

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	8/17	6:00	8/18	8:30	8/18	12:00	31	8/18	12:30	30	3/4	40
2	36	8/17	6:00	8/18	8:30	8/18	12:00	28 3/4	8/18	12:30	30	1/2	60
3	36	8/17	6:00	8/18	8:30	8/18	12:00	28 5/8	8/18	12:30	30	5/8	48
4	36	8/17	6:00	8/18	8:30	8/18	12:00	31 7/8	8/18	12:30	30	7/8	34
5	36	8/17	6:00	8/18	8:30	8/18	12:00	32 3/8	8/18	12:30	30	5/8	48
6	36	8/17	6:00	8/18	8:30	8/18	12:00	30 3/8	8/18	12:30	30	5/8	48

Sum of Percolation Rates: 278

Average of Rates: 46

Rate Used for Calculation: ~~48~~ 60

Person Conducting Percolation Tests

Name: Claude O. e PE-3939

Phone: 402-486-4444

Address 6645 S. 66th St.
Lincoln, Ne. 68506

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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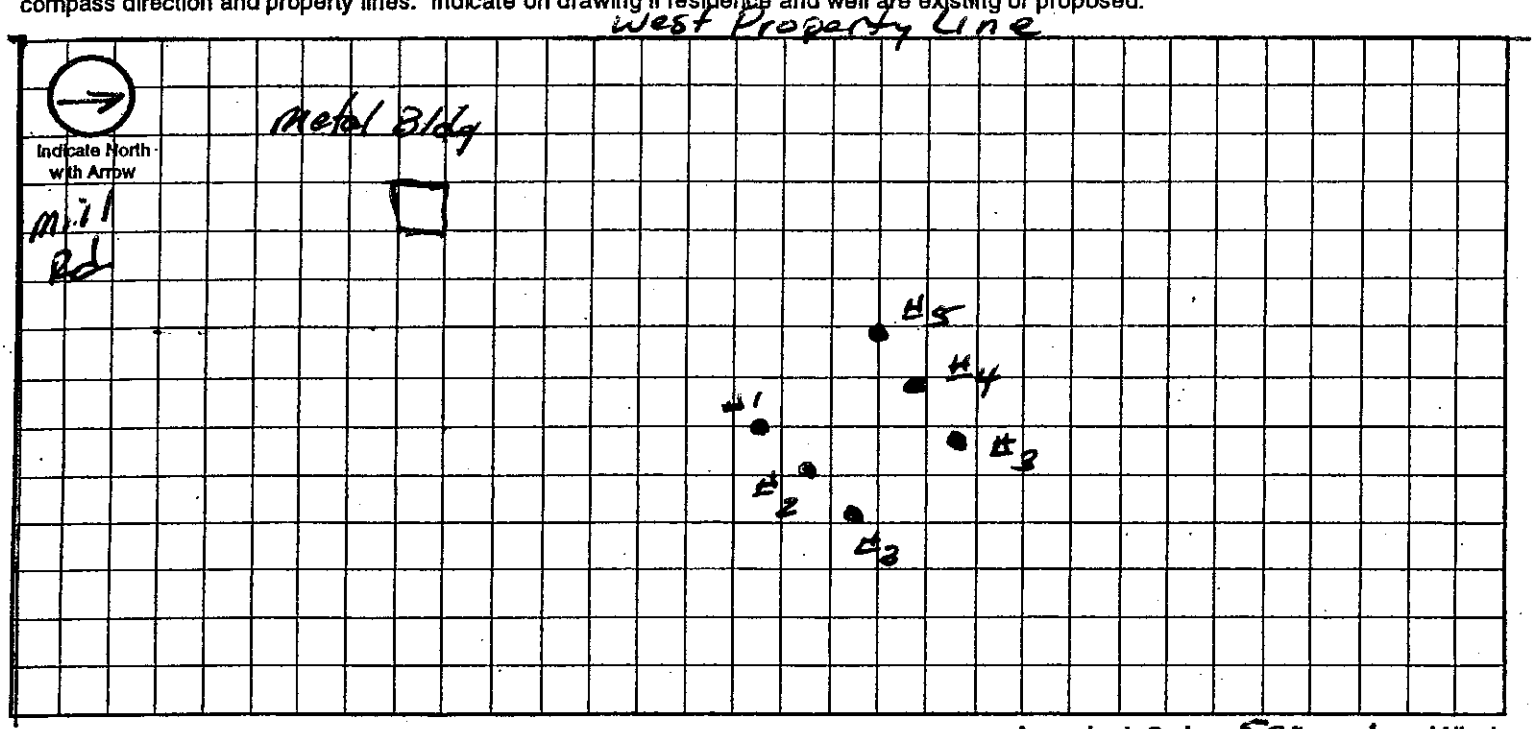
C

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 _____ Date _____

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. HS000833

System Type: Standard

Situs: No Site Address Specified

Issued: 10/31/2013

Expires: 10/31/2014

Description: S3, T11, R6, 6th Principal Meridian, LOT 8 SE (AKA PARCEL 7)

Owner: KRUSE, GRETCHEN M & SUHR, LE ETTA L
3450 WOODSHIRE PKWY
LINCOLN, NE 68502

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

INFINITY EXCAVATING
7701 CORNHUSKER HWY STE 6
LINCOLN, NE 68507

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
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