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. HS000841

System Type: Lagoon

Situs: 3677 SW 91ST

Issued: 11/19/2013

Expires: 11/19/2014

Description: CONESTOGA LAKE ESTATES, BLOCK 1, Lot 2

Owner: BURCHAM, WAYNE L & LINDA A
410 W GODFREY CIR
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

GOINGS HOMES
2909 BONACUM DR.
LINCOLN, NE 68502

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

NOV 18 2013

A

Permit Number 45000841

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 3677 SW 91ST (no rural route) City DENTON, NE Zip 68339

Legal Description SW 3 4 9 3 5 CONESTOGA LAKES 1 2

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

Geographical Location (if known): Lat/Long: PID 0303301002000

B. Owner

Name JAMES LAMB Signature

Address 2909 BONACUM City/State/Zip LINCOLN, NE 68502

Home Phone 402-450-7702 Work Phone

C. Certified Installer

Name: EARNEST WELL DRILLING Signature

Address 2796 W MILFORD RD City/State/Zip MILFORD, NE 68405

Work Phone 402 761 2281

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.41

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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 11/18/13
Date frwd 11/18/13
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 11-18-13
Date frwd 11-18-13
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 11-18-13
Date frwd 11-18-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plowgle

Installation Final Written Approval
By
Date

7466
7206

Business Office Use Only
Date Received 11/18/13 Amount Paid 365.00
Received By SB Cash/Check No. 2523

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

Form A Updated: 5/10

SOIL ABSORPTION TEST DATA REPORT

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

Owner: Goings Custom Homes
Address: SW 91st
Conestoga Lake Estates

Property Dimensions: _____ acres

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

Dates of Tests: 11-16-13 to 11-17-13 **Weather:** Precip. Ø Temp. 50's

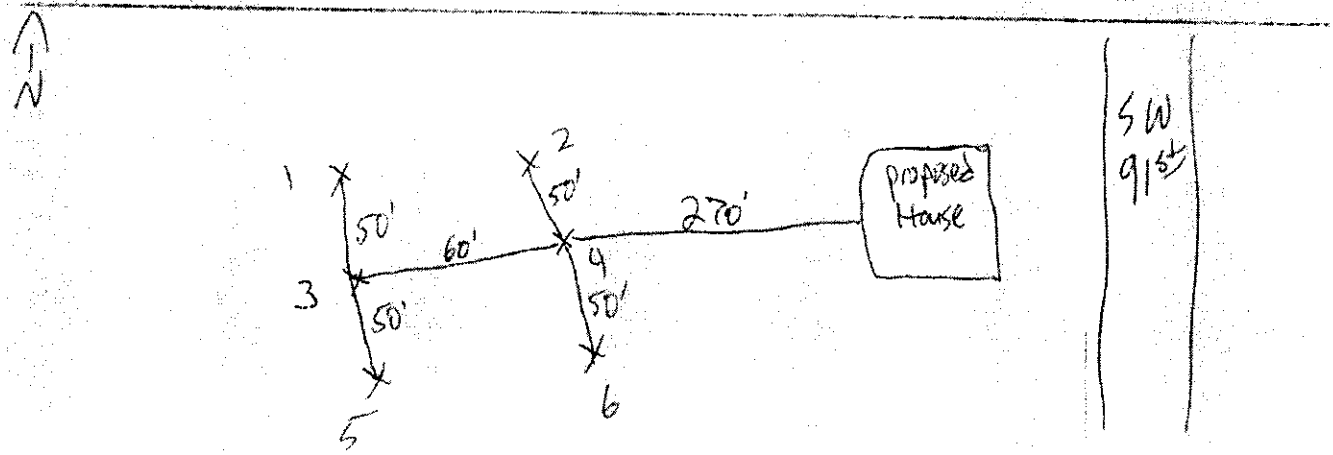
A	B	C	D	E	F	G	H	I	J	K	
		Pre-Saturation Period				Percolation Readings					Result
		Start		End		Start		End			
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	
1	36	11/16	11:00am	11/16	3:00pm	11/17	10:30am	6	11:00am	5¼	30	¾
2	36	11/16	11:00am	11/16	3:00pm	11/17	10:30am	6	11:00am	5½	30	½
3	36	11/16	11:00am	11/16	3:00pm	11/17	10:30am	6	11:00am	5¼	30	¾
4	36	11/16	11:00am	11/16	3:00pm	11/17	10:35am	6	11:05am	5	30	1
5	36	11/16	11:00am	11/16	3:00pm	11/17	10:35am	6	11:05am	5½	30	½
6	36	11/16	11:00am	11/16	3:00pm	11/17	10:35am	6	11:05am	5½	30	½

Sum of Water Level Drops (in.) [Column m]: 4
Average of Water Level Drops (in.) [Column m]: .67
Inches per Minute: 44.74 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: _____

SKETCH SHOWING HOLE LOCATION:



Additional Comments: _____

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

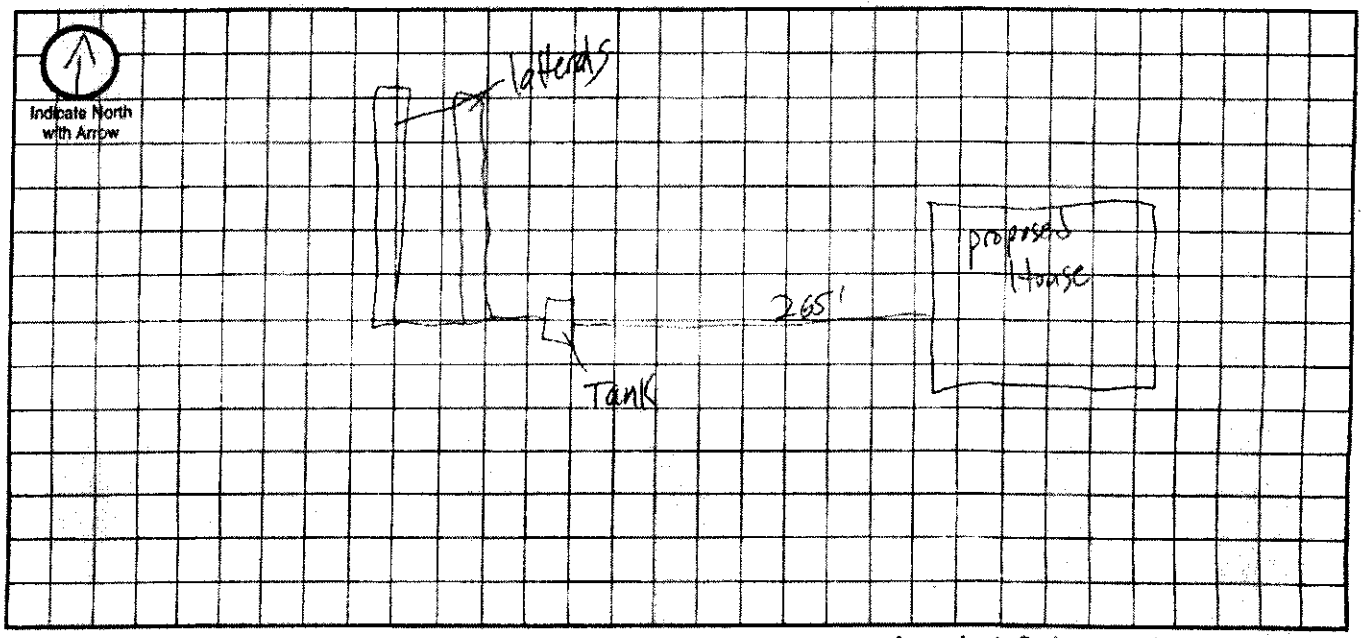
C

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) SW 91st City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1250 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 44.74 (min/inch = mpi) No. of Bedrooms 3 Soil Type Clay Loam Land Slope 1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 992 sq.ft.

Total length of laterals 246' Type of distribution: ☐ Perforated pipe ☒ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 2-124' runs Width 36" No. of drop boxes 0 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	Preasure 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 _____ Date 11/8/13

Onsite Form C 12 06

SCANNED

Lincoln-Lancaster County Health Department NOV 18 2013
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number 4S000841

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 3677 SW 91ST (no rural route) City DENTON, NE Zip 68339

Legal Description 23 9 5 CONESTOGA LAKES 1 2
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

Geographical Location (if known): Lat/Long: _____ PID 0303301002000

B. Owner

Name JAMES LAMB Signature _____

Address 2909 BONNACUM City/State/Zip LINCOLN, NE 68502

Home Phone 402-450-7702 Work Phone _____

C. Certified Installer

Name: EARNEST WELL DRILLING Signature _____

Address 2796 W MILFORD RD City/State/Zip MILFORD, NE 68405

Work Phone 402 761 2281

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.41

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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 11/18/13
Date frwd 11/18/13
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 11-18-13
Date frwd 11-18-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 11-18-13
Date frwd 11-18-13
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By _____
Date 4/1/14

7466
7206

Business Office Use Only
Date Received 11/18/13 Amount Paid 365.00
Received By SB Cash/Check No. 2523

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

Form A Updated: 5/10

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 4/1/14 Legal Description NE (1/4) SW (1/4) 3 (Section) 9 (Township) 5E (Range)

Onsite System Location 3677

Address (no rural route) 3627 SW 91st City NE, Zip

Owner Wayne Burcham Address

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 140 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1250 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 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. ☐ Distribution Box ☐ Drop Boxes

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

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

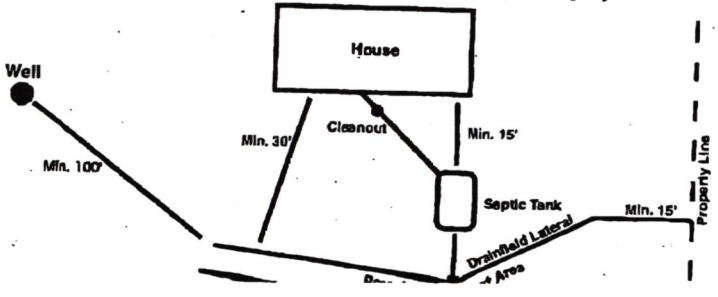
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☒ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 36"
   Number of distribution lines in bed 1
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 2
   Length of each line: 144 ft. 144 ft.
   ft. ft., ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope ½ in/100 ft.
   Average depth 30 in
4. Filter material: Native Clay
   Depth of material 30 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 15 ft.
   House or building 195 ft.
   Lake or Stream NA ft.

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

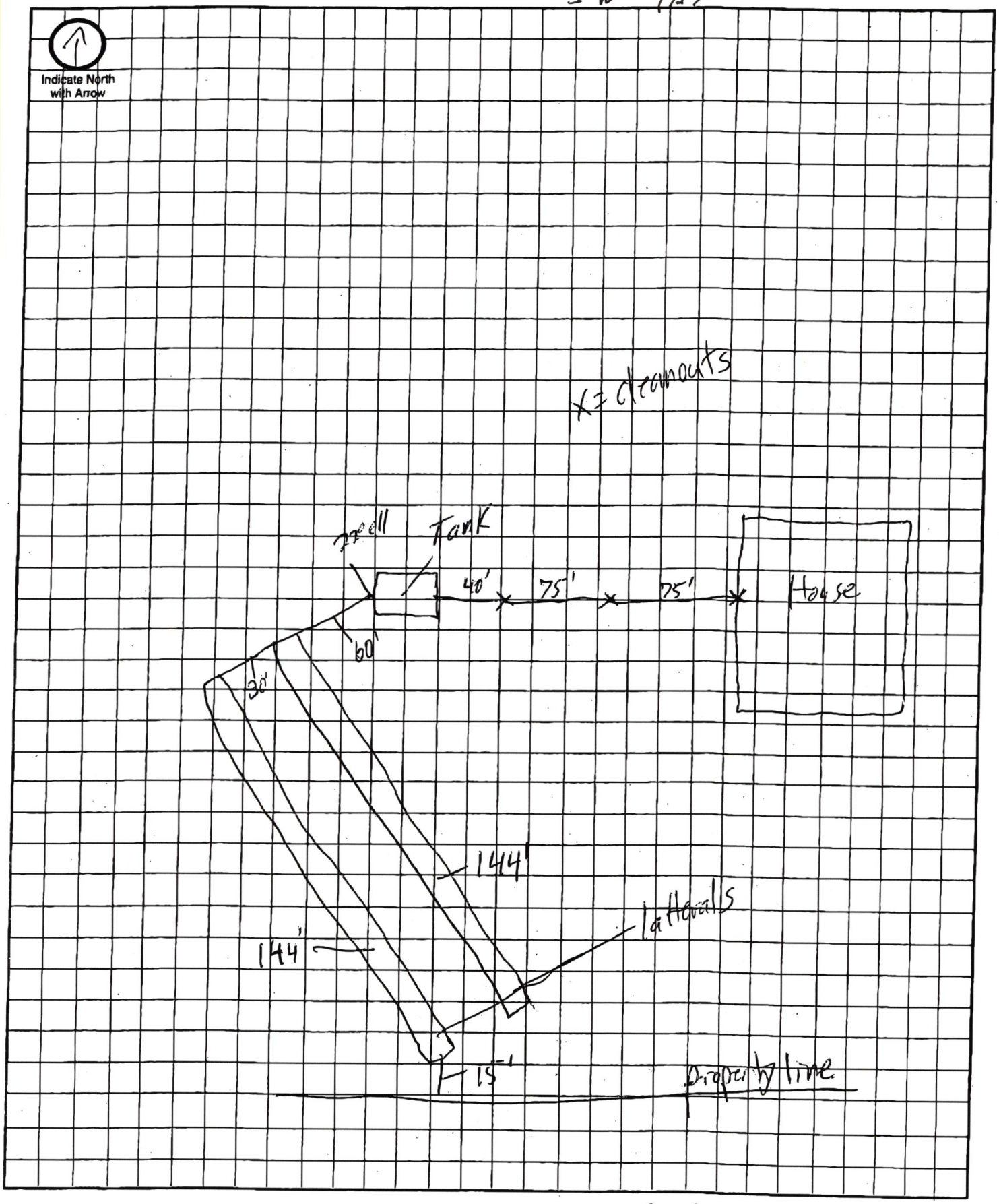
Onsite Wastewater System Design (Example)



cate North
h Arrow

As Built Drawing

3677 SW 9/st



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