MAR 31 2014

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

A

Permit Number
HS000883

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 486 W. Mill Rd (no rural route) City ~~Lapoint~~ Raymond, NE Zip

Legal Description

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

PID 12-03-400-006-000

B. Owner

Name Gretchen Kruse & Leetta Suhr Signature

Address PO Box 83528 City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Nathan Peterson Signature

Address 7701 Cornhusker Hwy #5 City/State/Zip

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 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
Comments
Date rec'd
Date frwd
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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4/2/14 Amount Paid 365.00
Received By SB Cash/Check No. 4027

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

B

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

Permit Number: HS000883

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 486 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 None 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	12:00	30	5/8	48

Sum of Percolation Rates: 278
Average of Rates: 46
Rate Used for Calculation: 48

Person Conducting Percolation Tests

Name: Claude O. Ree PE-3939
Phone: 402-486-4444
Address 6645 S. 66th St.
Lincoln, Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

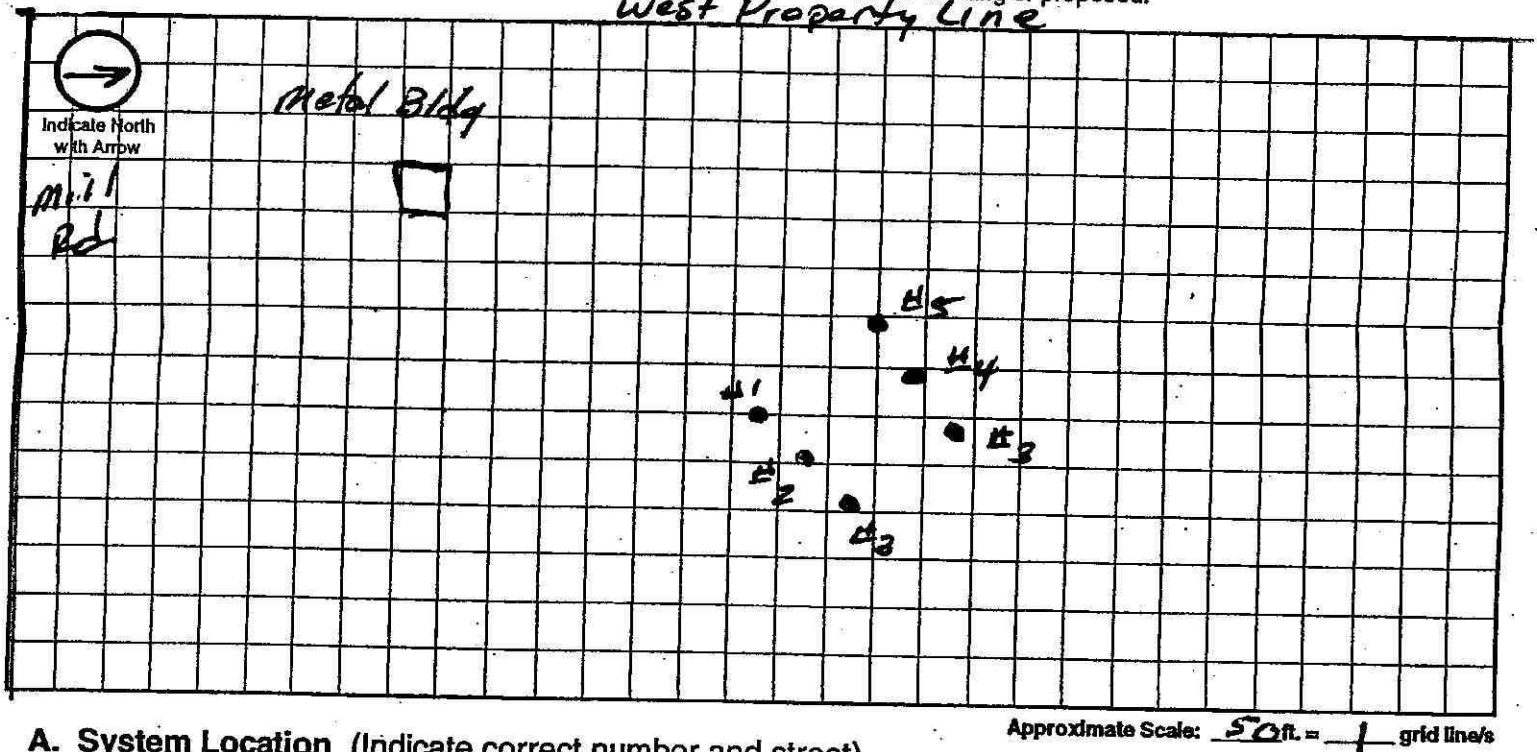
Lincoln-Lancaster County Health Department
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C

Permit Number: HS000883

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. HS000883

System Type: Standard

Situs: 486 W MILL RD., RURAL, NE

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

Issued: 4/4/2014

Expires: 4/4/2015

Owner: KRUSE, GRETCHEN M & SUHR, LE
ETTA L
PO BOX 83528
LINCOLN, NE 68501

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

NATHAN PETERSON
7701 CORNHUSKER HWY, #5
LINCOLN, NE