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

A

Permit Number
HS000889

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 1430 N 170th CR (no rural route) City Lincoln, NE Zip 68507

Legal Description 14 10 8 Sagebrook Estates 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-14-402-003-000

B. Owner

Name Amy & Rubick Osorio Signature Amy Osorio

Address 1430 N 170th CR City/State/Zip Lincoln, NE 68507

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Haes Contracting Inc Signature _____

Address 4760 Union Hill RD City/State/Zip Lincoln, NE 68516

Work Phone 402-499-1166

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 6 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3
Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 700

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 _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 4-15-14 Amount Paid 345.00
Received By SB Cash/Check No. 5504

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: HS000889

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1430 N 170th CR (no rural route) City Lincoln NE, Zip 68507

Owner Amy & Rubick Osorio Addresss 1430 N 170th CR

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

Date of Tests 4-8-14 to 4-9-14 Weather: Precipitation -0- Temperature 77°

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	24	4-8	6 PM	4-9	4pm	4-9	4pm	16	4-9	8pm	30	3/4	40
2												1	30
3												1/2	60
4												1/2	60
5												1	30
6												3/4	40

Sum of Percolation Rates: 240

Average of Rates: 40 - Comp.

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Haes Contracting Inc.

Phone: 402-499-1166

Address 4760 Union Hill Rd
Lincoln, NE 68516
Scott Haes #1361

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

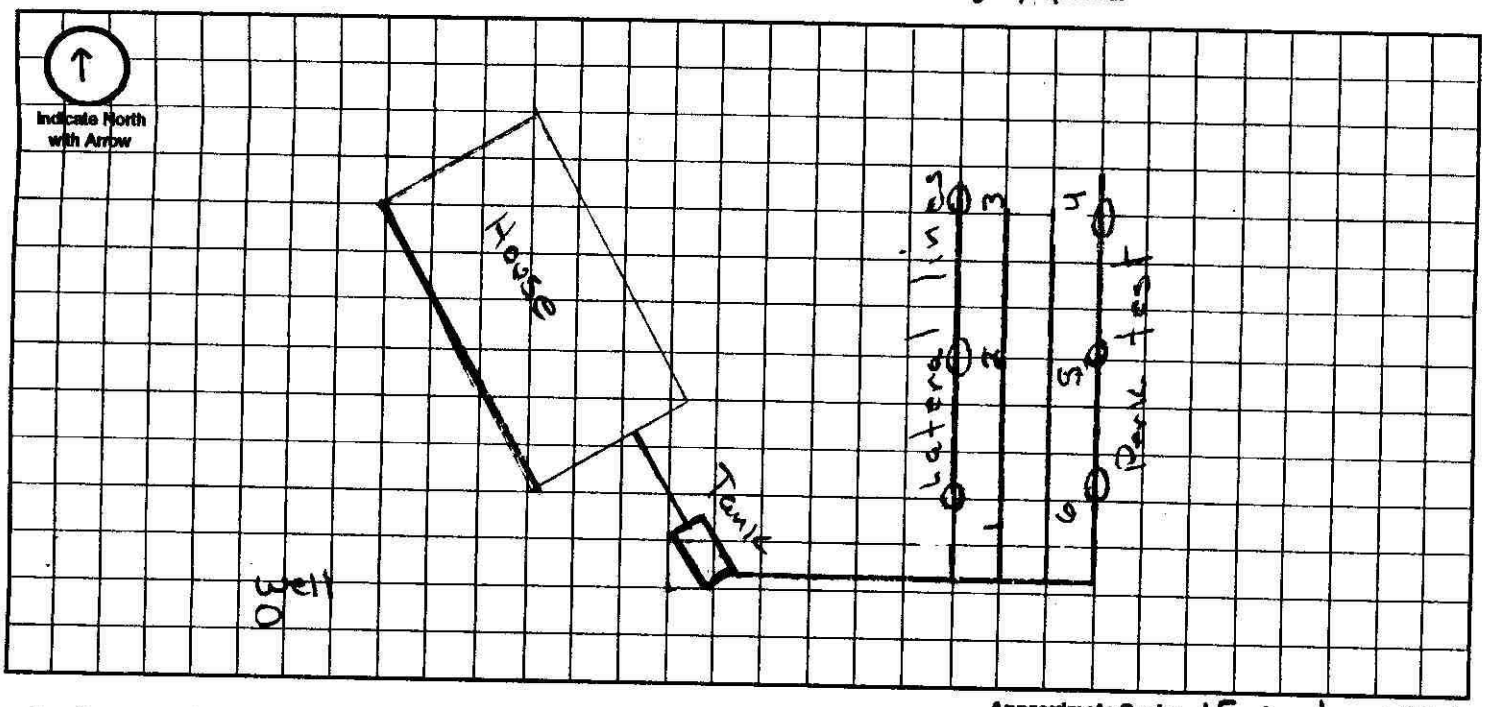
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000889

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1430 N 170th CR City Lincoln NE, Zip 68507

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 4-14-2014

FORM 23-102 10-96

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. HS000889

System Type: Standard

Situs: 1430 N 170TH CR, RURAL, NE

Issued: 4/15/2014

Expires: 4/15/2015

Description: SAGEBROOK ESTATES, BLOCK 2, Lot 3

Owner: OSORIO, RUBICK & AMY
5201 S 66 STREET CIR
LINCOLN, NE 68506

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

HAES CONTRACTING INC
4760 UNION HILL RD
LINCOLN, NE 68516

SCANNED

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

A

Permit Number
HS000889

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 1430 N 170th CR (no rural route) City Lincoln, NE Zip 68507

Legal Description 14 10 8 Sagebrook Estates 2 3
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 23-14-402-003-000

B. Owner

Name Amy & Rubick Osorio Signature Amy Osorio

Address 1430 N 170th CR City/State/Zip Lincoln, NE 68507

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Haes Contracting Inc Signature _____

Address 4760 Union Hill RD City/State/Zip Lincoln, NE 68516

Work Phone 402-499-1166

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 ~~4~~ 5 per contractor Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.97

Garbage Grinder? ☑ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day ~~700~~ 600

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 Jim Newman
Comments Met const. stds.
Date rec'd 4/15/14
Date frwd 4/15/14
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4/15/14
Date frwd 4/15/14
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 4-15-2014
Date frwd 4-15-2014
ACTION ☑ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date 10/15/2014

Business Office Use Only
Date Received 4-15-14 Amount Paid 345.00
Received By SB Cash/Check No. 5504

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

Form A Updated: 1/13