MAY 14 2014

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

A

Permit Number
HS000899

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 NA (no rural route) City Bennet NE Zip 68317

Legal Description ____ 9 8 8 Lot 4 SW
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: ____ PID 21-09-300-002-000

B. Owner

Name Marilyn Wissel Signature NA

Address 14303 S 141 St City/State/Zip Bennet, Ne 68317

Home Phone Contact Mike Mcgill (builder) Work Phone 450-1440

C. Certified Installer

Name: Kurt T Virgil Signature

Address 4620 W Mary Louise LN City/State/Zip Lincoln, Ne, 68528

Work Phone 525-6681

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 5 Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 37.83

☐ 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 ____ 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 5-14-14 Amount Paid 365.00
Received By SB Cash/Check No. 1071

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

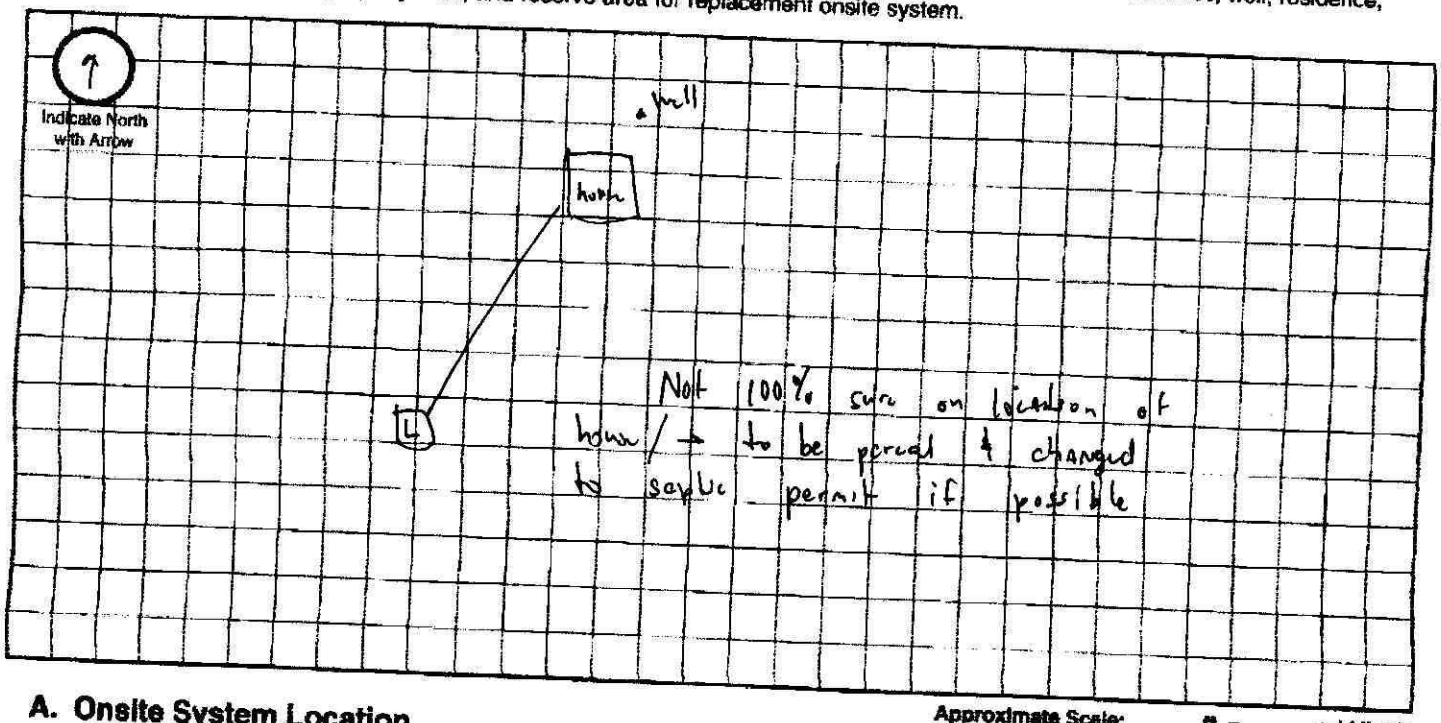
C

Permit Number: HS000899

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) NA City Bennet NE, Zip 68317

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 (percolation 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	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 5-10-14

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. HS000899

System Type: Lagoon

Situs: T8N; R8E; Sec. 9, Lot 4 SW, Rural

Issued: 5/19/2014

Expires: 5/19/2015

Description: S9, T8, R8, 6th Principal Meridian, LOT 4 SW

Owner: WISSEL, MARILYN
14303 S 141ST ST
BENNET, NE 68317

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

KURT VIRGIL EXCAVATING INC
4620 W MARY LOUISE LN
LINCOLN, NE 69528

8-8-9

NOV 26 2014

D

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

Permit Number: HS000899

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11-19-14 Legal Description 9 - T8N - R8E Lt 4 SW
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 13737 S 141 City Bennet NE, Zip 68317

Owner MARILYN Wissel Address 14303 S 141 Bennet, Nc 68317

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 46 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 7100 ft.
   stream 750 ft.
   pressure line 725 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: 30 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

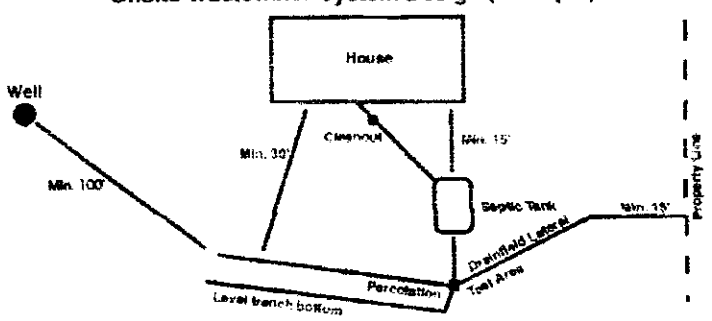
☑ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: 29.3"
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 136 ft. 140 ft.
   _____ ft. _____ ft. _____ ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 48 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 730 ft.
   Lake or Stream 750 ft.

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

Onsite Wastewater System Design (Example)

Indicate North with Arrow



Wissel
13737 S 141 St
Bennet, Ne 68317

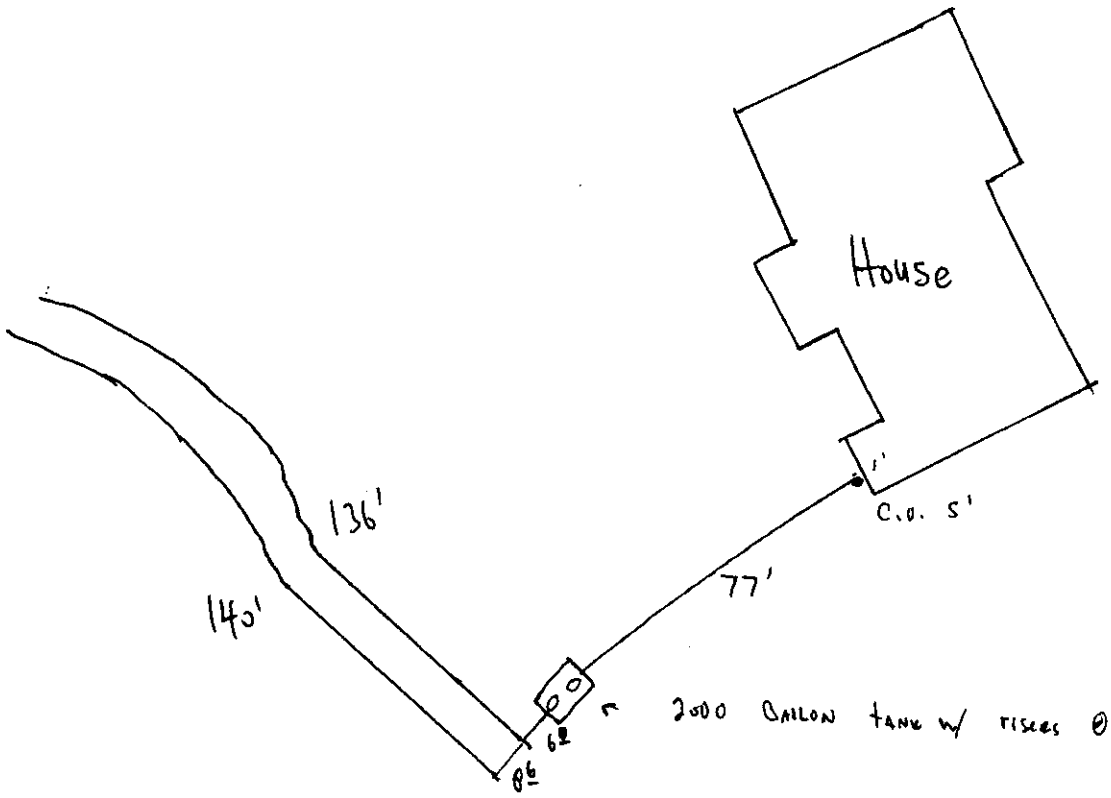
Septic Complete 11-19-14

N

⊢ = 10'

All setbacks met.

No Well



Property Line

total 276 feet lateral

~ 4' deep
~ 2' soil cover

SCANNED

MAY 14 2014

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

A

Permit Number
HS000899

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 NA (no rural route) City Bennet, NE Zip 68317

Legal Description: 1/4 1/4 Section 9 Township 8 Range ____ Subdivison ____ Addition ____ Block ____ Lot Lot 4 SW

Geographical Location (if known): Lat/Long: ____ PID 21-09-300-002-000

B. Owner

Name Marilyn Wissel Signature NA

Address 14303 S 141 St City/State/Zip Bennet, Ne 68317

Home Phone Contact Mike McGill (builder) Work Phone 450-1440

C. Certified Installer

Name: Kurt T Virgil Signature

Address 4620 W Mary Louise LN City/State/Zip Lincoln, Ne, 68528

Work Phone 525-6681

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 yr Is there a Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 37.83

☐ 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 Jim Newman 11/19/2014
Date rec'd 5/15/14
Date frwd 5/15/14
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 see attached

Installation Final Written Approval
By Jim Newman
Date 11/19/2014

Business Office Use Only
Date Received 5-14-14 Amount Paid 365.00
Received By SB Cash/Check No. 1071

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

Form A Updated: 5/10

NOV 14 2014

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 13737 S 141 (no rural route) City Bennet NE, Zip 68317

Owner MARILYN Wissel Address 14303 S 141 Bennet, Ne 68317

Date of Tests 11-8-14 to 11-10-14 Weather: Precipitation No Temperature 65° - 25°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	48	11/8	1030	11/8	230	11/10	550	6	11/10	620	30	1½	20
2	48	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1	30
3	48	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1	30
4	48	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	1⅛	27
5	48	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	3	10
6	48	↓	↓	↓	↓	↓	↓	6	↓	↓	↓	2.82	12
								6					
								6					

Person Conducting Percolation Test

Name: Kurt Virgil
Phone: 402-525-6681
Address 4620 W MARY LOUISE LN
LINCOLN, Ne 68528
Soil type (NRCS Maps/Other) Wymore
Groundwater Depth > 10'

Sum of Percolation Rates: 129
Average of Rates: 21.5
Rate Used for Calculation: 21.5

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

SCANNED

C

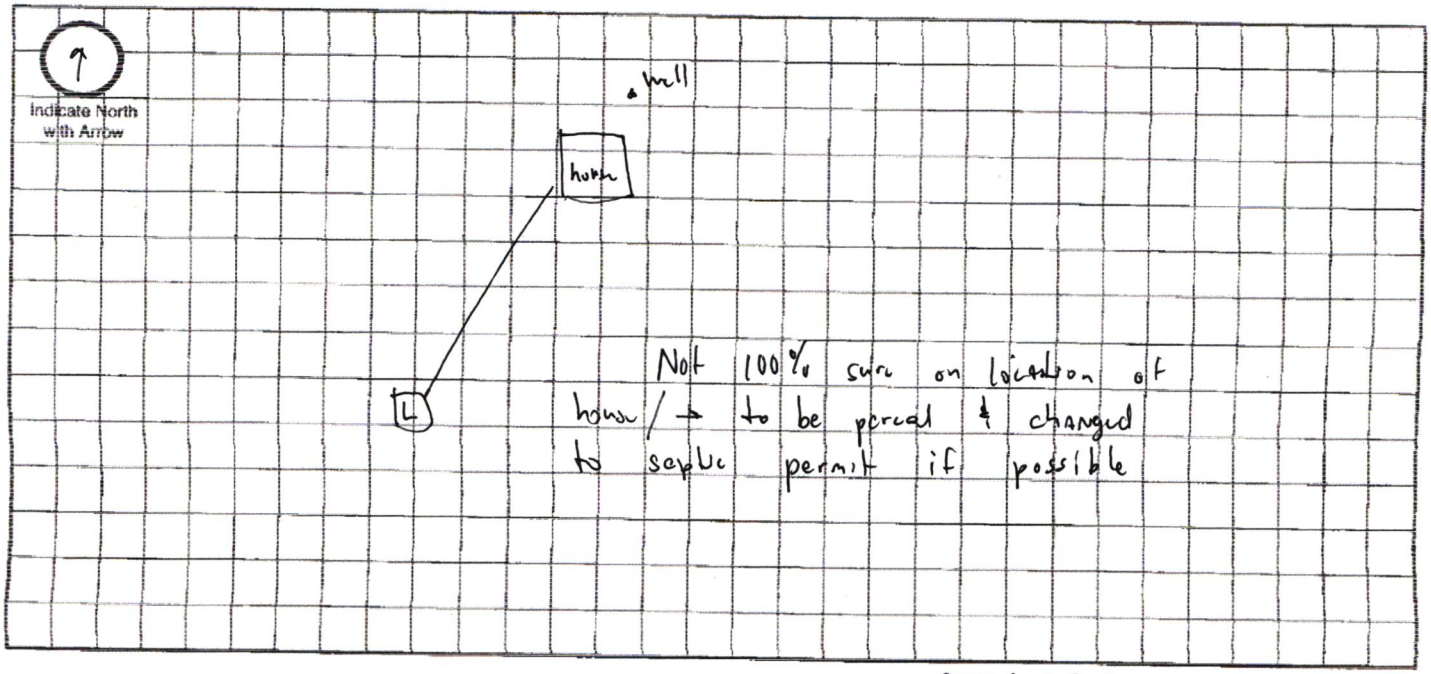
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000899

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) NA City Bennet NE, Zip 68317

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 (percolation 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 174 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 2 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 [signature] Date 5-10-14

SCANNED

8-8-9

NOV 26 2014

D

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

Permit Number: HS000899

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11-19-14 Legal Description 9 - T8N - R8E Lot 4 SW
(1/4 1/4 Section Township Range)

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Address (no rural route) 13737 S 141 City Benner NE, Zip 68317

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A. Sewer Pipe

1. Material: PVC
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3. Distance between dwelling and septic tank: 75 ft.
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5. Distances to: well or suction line 7100 ft.
   stream 750 ft.
   pressure line 725 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: 30 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

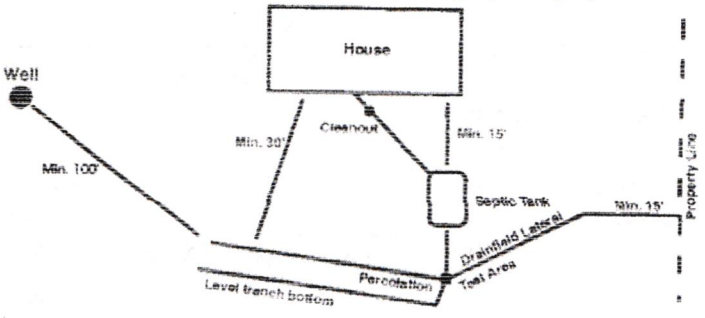
☑ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: 29.3"
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 2
   Length of each line: 136 ft. 140 ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 48 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 730 ft.
   Lake or Stream 750 ft.

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

Indicate North with Arrow

Onsite Wastewater System Design (Example)



Wissel
13737 S 141 St
Bennet, Ne 68317

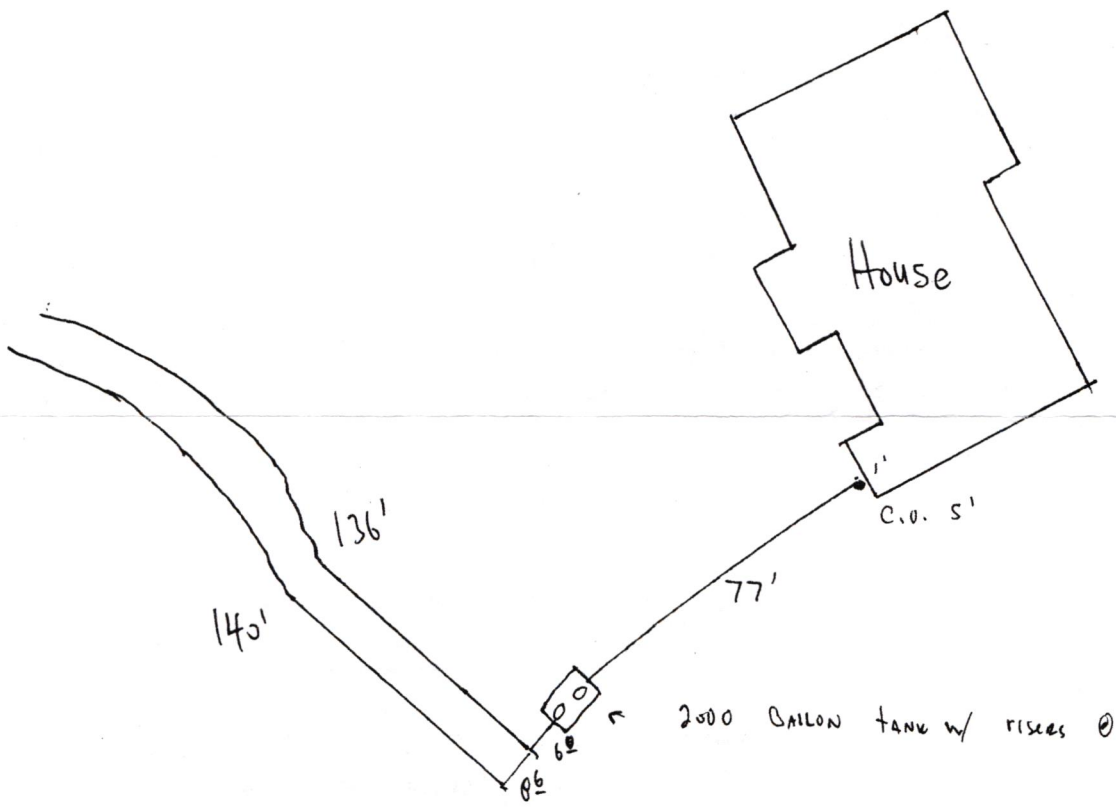
Septic Complete 11-19-14

N

⊢ = 10'

All setbacks met.

No Well

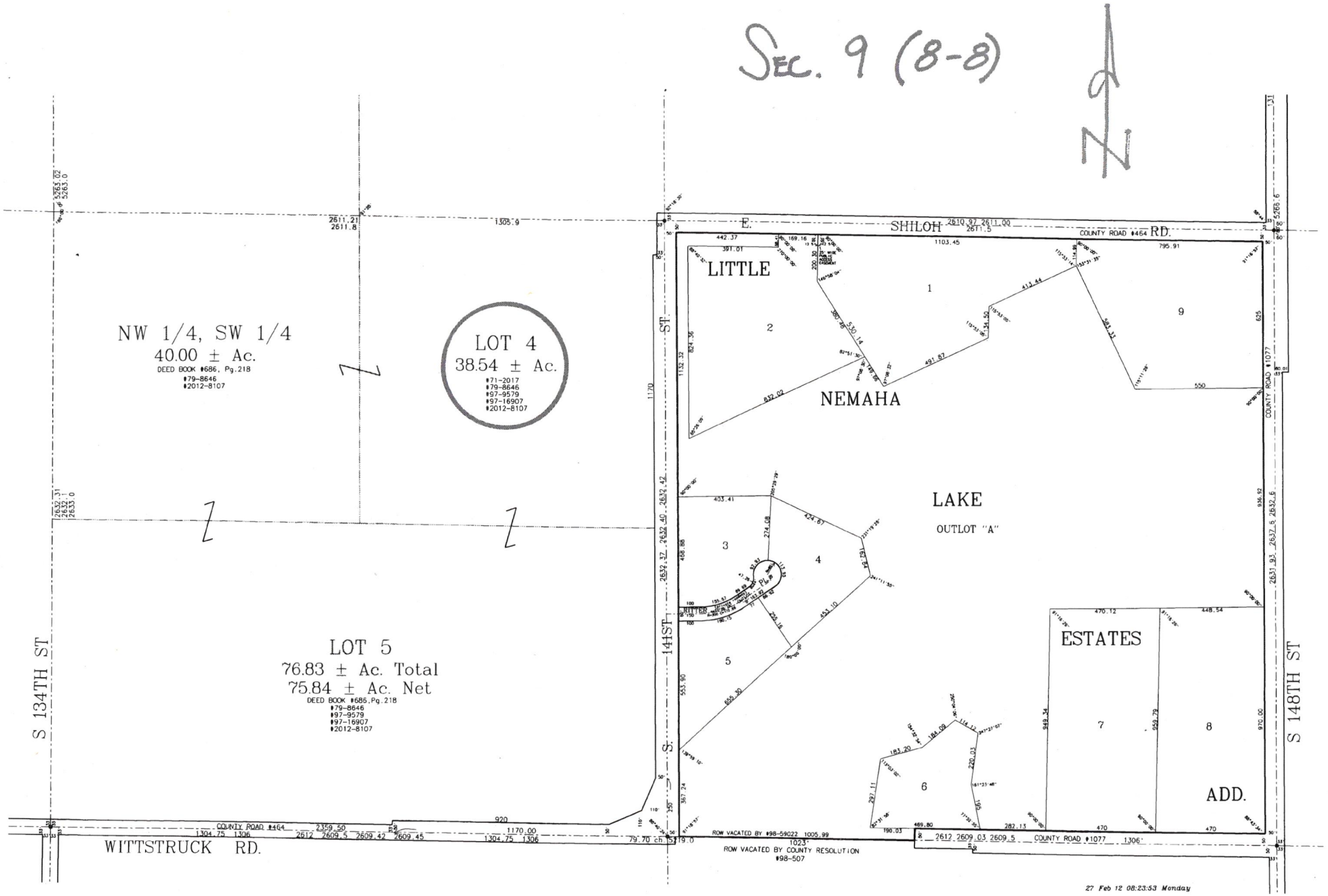


Property Line

total 276 feet lateral

~ 4' deep
~ 1' soil cover

SEC. 9 (8-8)


NW 1/4, SW 1/4
40.00 ± Ac.
DEED BOOK #686, Pg.218
#79-8646
#2012-8107
LOT 4
38.54 ± Ac.
#71-2017
#79-8646
#97-9579
#97-16907
#2012-8107
LOT 5
76.83 ± Ac. Total
75.84 ± Ac. Net
DEED BOOK #685, Pg.218
#79-8646
#97-9579
#97-16907
#2012-8107
E. SHILOH COUNTY ROAD #464 RD.
LITTLE
NEMAHA
LAKE
OUTLOT "A"
ESTATES
ADD.
S 134TH ST
S 148TH ST
141ST ST
COUNTY ROAD #1077
WITTSTRUCK RD.
COUNTY ROAD #464
ROW VACATED BY #98-59022
ROW VACATED BY COUNTY RESOLUTION #98-507
27 Feb 12 08:23:53 Monday