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

AUG 05 2014

A

Permit Number
HS000944

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

Legal Description 27 9 8 SB Fox Run 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-27-202-003-000

B. Owner

Name Brandon Green Signature _____

Address 5017 S 78th City/State/Zip Lincoln NE 68516

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature _____

Address 105 Court City/State/Zip Dickman NE 68372

Work Phone 440-7606

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.36
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 _____ 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 8-5-14 Amount Paid 365.00
Received By SB Cash/Check No. Ck. 2120

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

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name KAREN FLETCHER TRUST Phone 402 450-3863

Address 5330 S. 67th ST. LINCOLN NE 68516
(City) (State) (Zip)

Location (Attach a sketch of the property showing test hole locations)

SE NE 27 9N 8E LANCASTER
(¼ ¼ Section) (Township) (Range) (County)

Lot # 3 BLK 2 Subdivision FOX RUN

Soil Type (Check one)

Sand ___ Silt ___ Clay X Sandy Clay ___ Loamy Sand ___ Silty Clay ___

Silty Clay Loam ___ Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 3-25 to End Date 3-26 20 14

Weather Conditions

Precipitation -0- Avg. Temp 52 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo. Day)	Pre-saturation Period: Start Time (Hr. Min)	Pre-saturation Period: End Date (Mo. Day)	Pre-saturation Period: End Time (Hr. Min)	Percolation Readings (last period): Start Date (Mo. Day)	Percolation Readings (last period): Start Time (Hr. Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr. Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (t / m) (Minutes per inch)
1	36	3/25	1:05	3/26	9:15	3/26	9:15	26	10:15	312	10	.312	32
2	36	3/25	1:08	3/26	9:15	3/26	9:15	26	10:15	.375	10	.375	27
3	36	3/25	1:14	3/26	9:15	3/26	9:15	26	10:15	.375	10	.375	27
4	36	3/25	1:17	3/26	9:15	3/26	9:15	26	10:15	.25	10	.25	40
5	36	3/25	1:21	3/26	9:15	3/26	9:15	26	10:15	.125	10	.125	80
6	36	3/25	1:23	3/26	9:15	3/26	9:15	26	10:15	.125	10	.125	80

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature

Certificate or License # C1251

Address 342 N 13th

City Tecumseh St NE Zip 68450

Phone 402-335-3406

Sum of Percolation Rates = 286

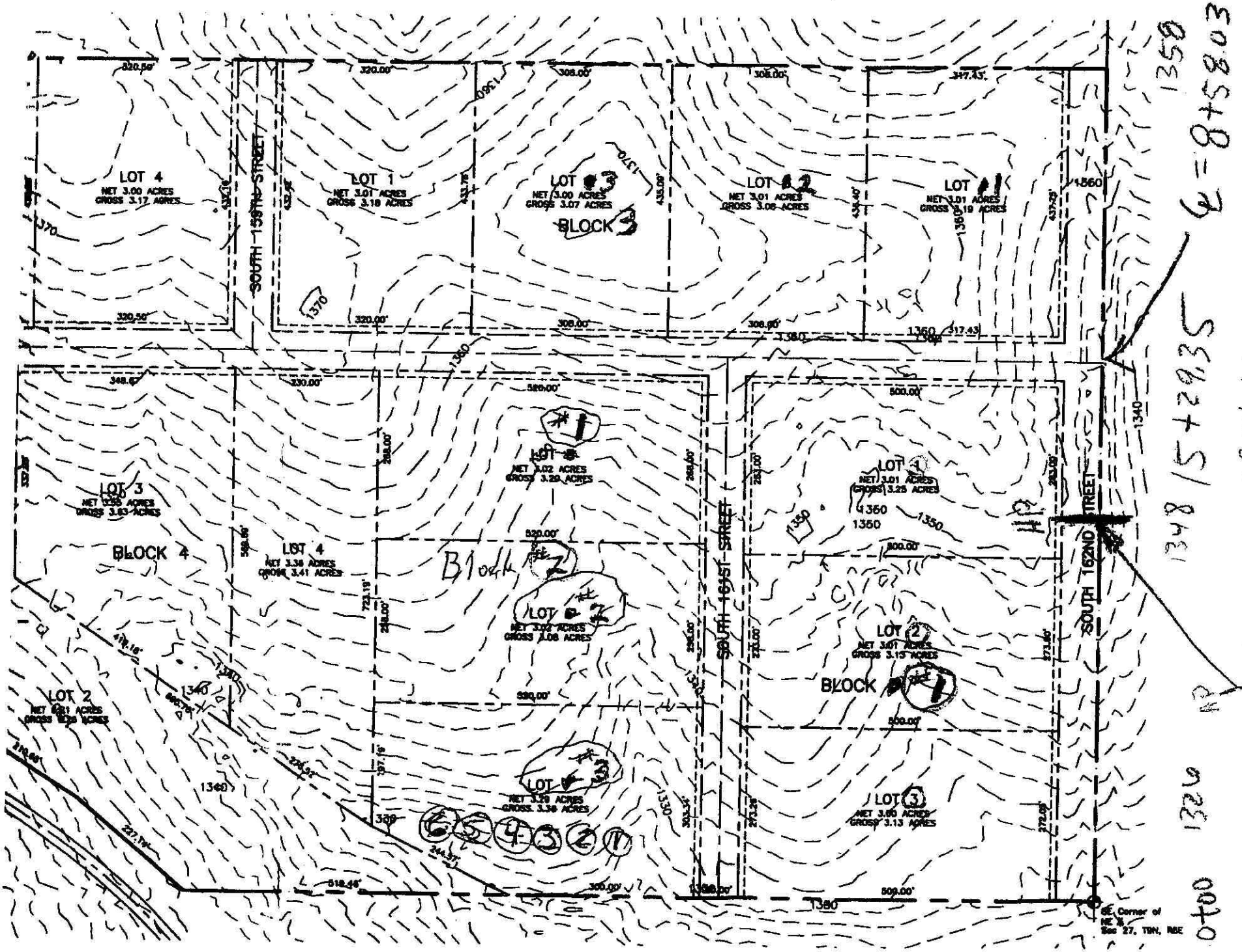
Avg. of Percolation Rates* = (sum of rates ÷ number of tests; minutes per inch) 48

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 8-2012

Brandon & Claire Green
5017 South 78th
Lincoln NE 68516

~~402~~ 308-627-3198


LOT 4
NET 3.00 ACRES
GROSS 3.17 ACRES
SOUTH 159TH STREET
LOT 1
NET 3.01 ACRES
GROSS 3.18 ACRES
LOT 3
NET 3.00 ACRES
GROSS 3.07 ACRES
BLOCK 3
LOT 2
NET 3.01 ACRES
GROSS 3.08 ACRES
LOT 1
NET 3.01 ACRES
GROSS 3.19 ACRES
LOT 3
NET 3.35 ACRES
GROSS 3.63 ACRES
BLOCK 4
LOT 4
NET 3.36 ACRES
GROSS 3.41 ACRES
LOT 1
NET 3.02 ACRES
GROSS 3.20 ACRES
Block 2
LOT 2
NET 3.02 ACRES
GROSS 3.08 ACRES
SOUTH 161ST STREET
LOT 1
NET 3.01 ACRES
GROSS 3.25 ACRES
LOT 2
NET 3.01 ACRES
GROSS 3.15 ACRES
BLOCK 1
SOUTH 162ND STREET
LOT 2
NET 3.01 ACRES
GROSS 3.20 ACRES
LOT 3
NET 3.00 ACRES
GROSS 3.13 ACRES
SE Corner of
Sec 27, T9N, R8E

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. HS000944

System Type: Lagoon

Situs: FOX RUN, BLOCK 2, LOT 3, RURAL, NE

Issued: 8/8/2014

Expires: 8/8/2015

Description: FOX RUN, BLOCK 2, Lot 3

Owner: GREEN, BRANDON K & CLAIRE M
5017 S 78 ST
LINCOLN, NE 68516

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

SOUTHWICK LIQUID WASTE INC
105 LOCUST STREET
HICKMAN, NE 68372

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

SCANNED
AUG 05 2014

A

Permit Number
HS000944

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Address 5017 S 78th City/State/Zip Lincoln NE 68516

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Jason Kubik Signature _____

Address 105 Court City/State/Zip Dickman NE 68372

Work Phone 440-7606

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Garbage Grinder? ☐ Yes ☐ No

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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 1/29/15
Date frwd 1/29/15
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 8-7-14
Date frwd 8-7-14
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 8-7-14
Date frwd 8-7-14
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plowgh

Installation First Written Approval
By _____
Date 1/30/15

Business Office Use Only
Date Received 8-5-14 Amount Paid 365.00
Received By SB Cash/Check No. Ck. 2120

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 2/1/15

System Location (indicate correct number and street)
Address 9177 South 160th (no rural route) City Bennett NE, Zip

A. Building Sewer

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

B. Septic Tank

1. Material: Concrete
   Number of compartments: ____
2. Capacity: 2000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: ____ in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

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

D. Absorption Field

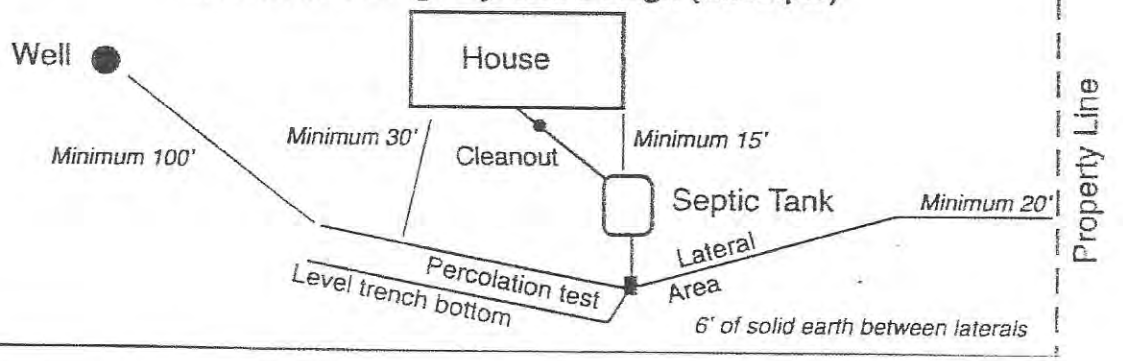
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: 3 Number 375
   Length of each line: 1 ft. 150 ft.
   150 ft. 300 ft., 75 ft.
3. Trench dimensions: Width 36" ft.
   Slope ____ in/100 ft.
   Average depth ____ in
4. Filter material: ____
   Depth of material ____ in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

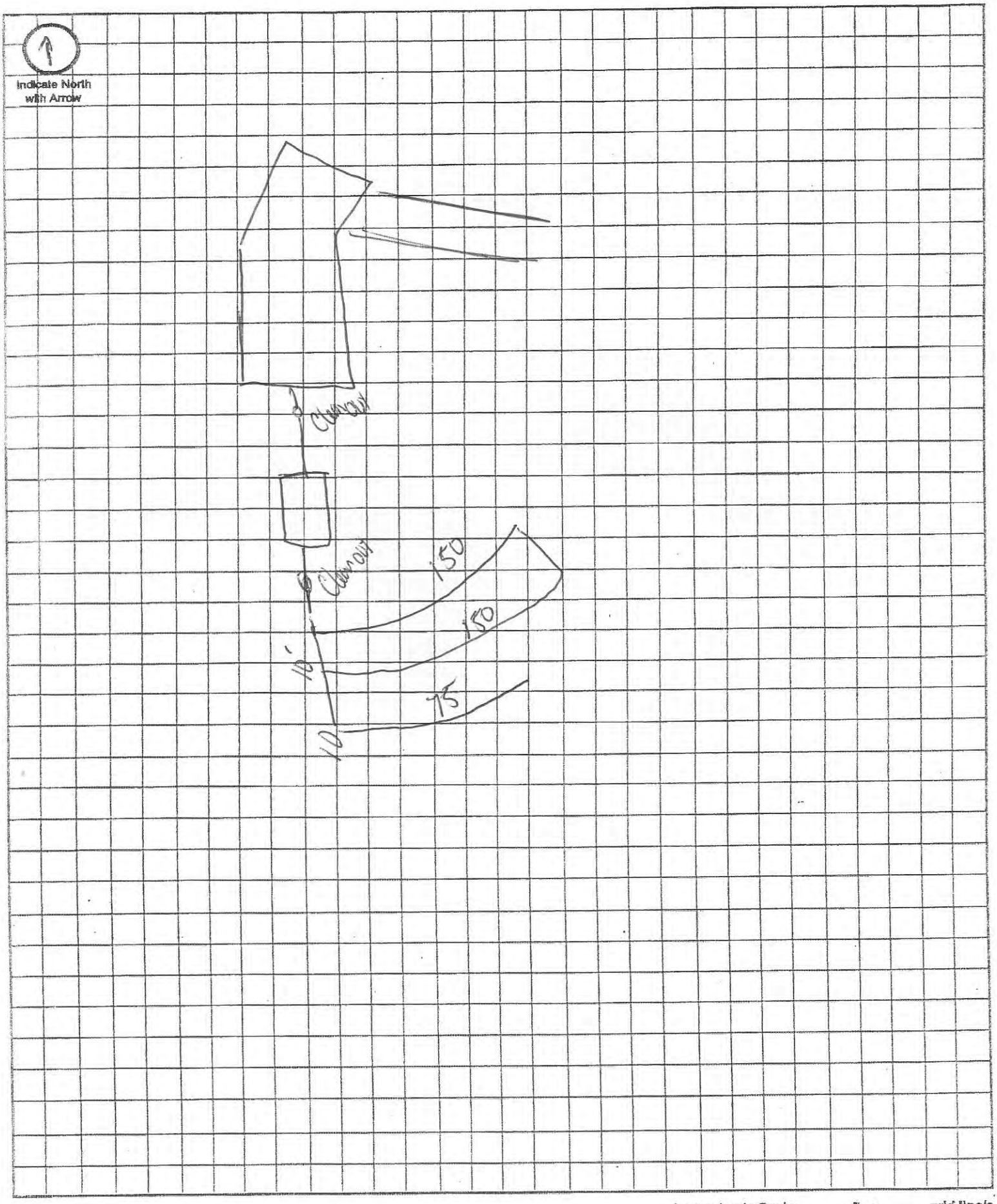
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

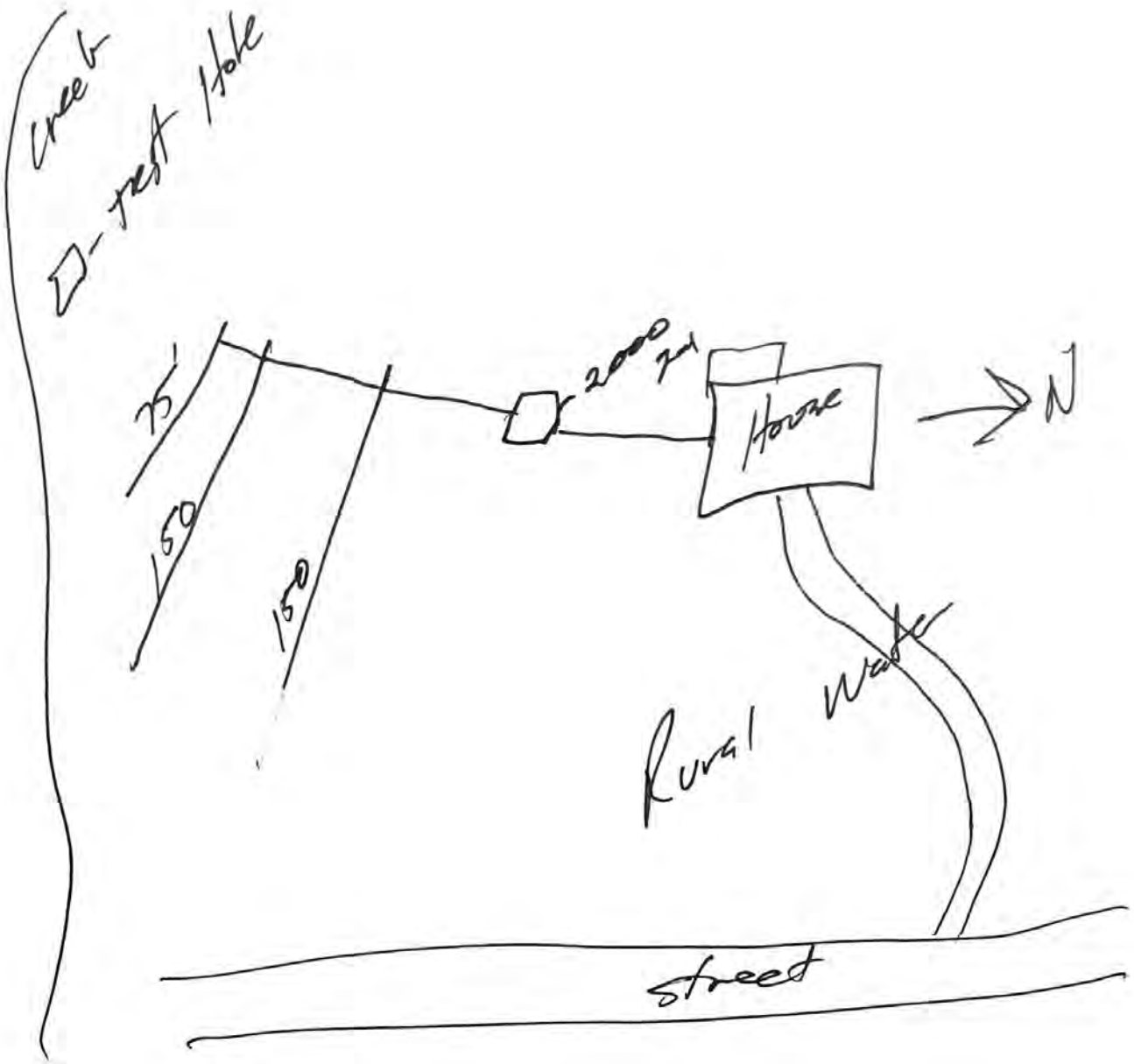


FORM 23-103 10-96

As Built Drawing



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


Creek
D-test Hole
75'
150
150
2000 ft
House
N
Rural Water
Street