OCT 22 2014

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

**A**

Permit Number
HS000989

# 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 12311 Emmawalter Rd (no rural route) City Lincoln, NE Zip 68517

Legal Description View Point North 1st 1

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

PID 18-09-403-001-000

## B. Owner

Name Jason + Courtney VanScoy Signature

Address City/State/Zip

Home Phone Work Phone

## C. Certified Installer

Name: Michael P. Dietze Waverly Plumbing + Well Signature

Address Po Box 116 City/State/Zip Waverly NE 68462

Work Phone 402 786 5620

## 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 12

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
Date frwd
Comments
**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 10-27-14 Amount Paid $375.00
Received By SB Cash/Check No. 31189, Cash

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

OCT 27 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: HS000989

# Onsite Wastewater Treatment System

## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address 12311 Emanawalter (no rural route) City Lincoln NE, Zip _____

Owner Vanscoy Address _____

Date of Tests 10/3/14 to 10/4/13 Weather: Precipitation N.A. Temperature 70+

### 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 | 36 | 10/3 | 3:00 | 10/4 | 8:00 | 10/4 | 11:30 | 6 | 10/4 | 12:00 | 30 | ½ | 60 |
| 2 | 36 | 10/3 | 3:00 | 10/4 | 8:00 | 10/4 | 11:30 | 6 | 10/4 | 12:00 | 30 | ½ | 60 |
| 3 | 36 | 10/3 | 3:00 | 10/4 | 8:00 | 10/4 | 11:30 | 6 | 10/4 | 12:00 | 30 | 5/8 | 48 |
| 4 | 36 | 10/3 | 3:00 | 10/4 | 8:00 | 10/4 | 11:30 | 6 | 10/4 | 12:00 | 30 | ½ | 60 |
| 5 | 36 | 10/3 | 3:00 | 10/4 | 8:00 | 10/4 | 11:30 | 6 | 10/4 | 12:00 | 30 | ½ | 60 |
| 6 | 36 | 10/3 | 3:00 | 10/4 | 8:00 | 10/4 | 11:30 | 6 | 10/4 | 12:00 | 30 | ½ | 60 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Claude Oie PE-3939

Phone: 402-486-444 Home - 4024990670 Cell

Address 6645 S. 66th St.

Lincoln, Ne. 68516

Soil type (NRCS Maps/Other) _____

Groundwater Depth N.A @ 7'

| | |
|---|---|
| Sum of Percolation Rates: | 348 |
| Average of Rates: | 58 |
| Rate Used for Calculation: | 60 |

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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

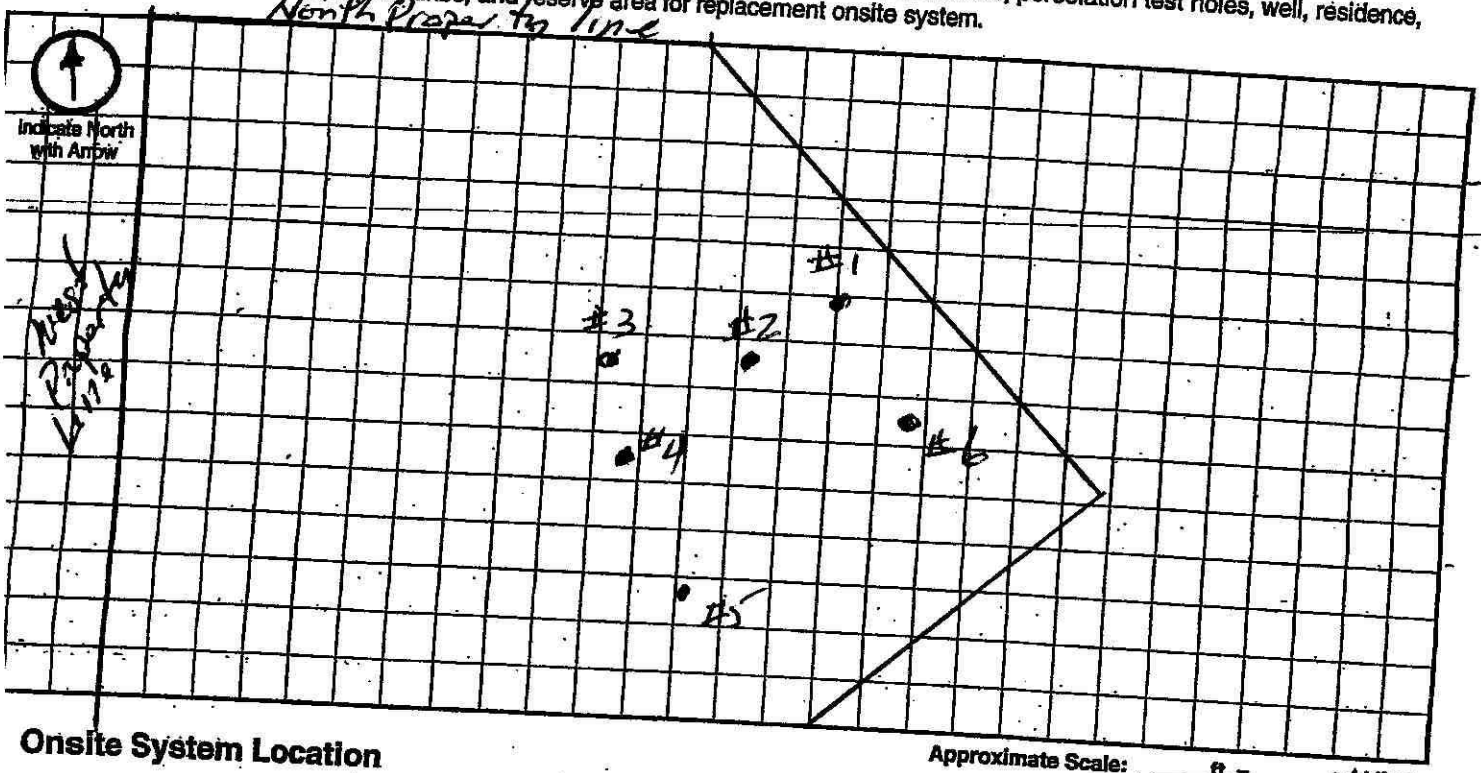
C

Permit Number: HS000989

# 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.




## Onsite System Location

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

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

## Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

## Reserve Area for Replacement Onsite System

Drainfield Absorption Area (percolation test required) ☐ Lagoon

## 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.

Length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

Absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

Absorption beds_____ Width_____ No of Distribution lines per bed_____

## Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| ce | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| ft) | 50 ☐ | 500 ☐ | 50 ☐ | NA ☐ | 25 ☐ | 20 ☐ | 15 ☐ | 25 ☐ | ☐ |
| t) | 100 ☐ | 500 ☐ | 50 ☐ | 4 ☐ | 30 ☐ | 20 ☐ | 30 ☐ | 40 ☐ | ☐ |
| (ft) | 100 ☐ | 500 ☐ | 50 ☐ | N/A ☐ | 30 ☐ | 50 ☐ | 100 ☐ | 200 ☐ | ☐ |

## Required Signatures

Building Contractor _____ Date _____

_____ Date _____

12_06



Google earth

feet 300
meters 100

**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. HS000989**

**System Type:** Standard

**Situs:** 12311 EMMAWALTER RD, RURAL, NE

Issued: 10/30/2014

Expires: 10/30/2015

**Description:** VIEW POINTE NORTH 1ST ADDITION, Lot 1

**Owner:** VANSCOY, JASON & COURTNEY
7850 S 24 CT
LINCOLN, NE 68512

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

WAVERLY PLUMBING & WELL CO.
P O BOX 116
14150 LANCASHIRE
WAVERLY, NE 68462

SCANNED OCT 22 2014

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

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Work Phone 402 786 5620

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☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

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☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres ~~1/2~~ 4.04 NA
Garbage Grinder? ☒ Yes ☐ No

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

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**ACTION** ☑ Approved ☐ Disapproved
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**2. Supt. Bldg. Insp. or Village Clerk**
Comments
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Signature

**3. City or County Engineer**
Comments
Date rec'd 10-30-2014
Date frwd 10-30-2014
**ACTION** ☑ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

**Installation Final Written Approval**
By
Date 6/2/15

1507
1644

***Business Office Use Only***
Date Received 10-27-14 Amount Paid $375.00
Received By SB Cash/Check No. 31189, 35 cash

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

Form A Updated: 1/13

SCANNED




Google earth

feet 300
meters 100