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

A

Permit Number
HS000994

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 28191 So. 96th St (no rural route) City Firth, NE Zip 68358

Legal Description 35 7 7 100

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

PID 14-35-200-011-000

B. Owner

Name Houfek - Kevin Signature

Address 302 May St City/State/Zip Firth NE 68358

Home Phone 402-499-4820 Work Phone

C. Certified Installer

Name: Paul Weber Weber Well Signature

Address 10133 Willow Cove Lane City/State/Zip Firth NE 68358

Work Phone (402) 580-8311

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 16.7
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

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 11-5-14 Amount Paid $375.00
Received By SB Cash/Check No. 8797

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: HS000994

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 28191 So. 96th St (no rural route) City Firth NE, Zip 68358

Owner Kevin Houfek Addresss

Soil Type (SCS): Percolation Rate: 30 min./inch

Date of Tests 9-2-14 to 9-3-14 Weather: Precipitation Dry Temperature 85°

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"	9-2-14	8:00 Am	9-2-14	8:15 Am	9-3-14	8:15 Am	18"	9-3-14	8:30 Am	30	1½	20
2	36"	9-2-14	8:00 Am	9-2-14	8:15 Am	9-3-14	8:15 Am	18"	9-3-14	8:30 Am	30	1½	20
3	36"	9-2-14	8:00 Am	9-2-14	8:15 Am	9-3-14	8:15 Am	18"	9-3-14	8:30 Am	30	1"	30
4	36"	9-2-14	8:00 Am	9-2-14	8:15 Am	9-3-14	8:15 Am	18"	9-3-14	8:30 Am	30	2"	15
5	36"	9-2-14	8:00 Am	9-2-14	8:15 Am	9-3-14	8:15 Am	18"	9-3-14	8:30 Am	30	1½	20
6	36"	9-2-14	8:00 Am	9-2-14	8:15 Am	9-3-14	8:15 Am	18"	9-3-14	8:30 Am	30	1"	30

Person Conducting Percolation Tests

Name: Paul Weber Weber Well

Phone: (402) 580-8311

Address 10133 Willow Cove Lane
Firth NE 68358

Sum of Percolation Rates: 135

Average of Rates: 22.5

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official 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. HS000994

System Type: Standard

Situs: 28191 S 96TH ST, RURAL NE

Issued: 11/7/2014

Expires: 11/7/2015

Description: S35, T7, R7, 6th Principal Meridian, LOT 100 NE

Owner: HOUFEK, KEVIN J
302 MAY ST
FIRTH, NE 68358

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

KARLA HOUFEK
302 MAY ST
FIRTH, NE 68358

SCANNED

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

A

Permit Number HS000994

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 28191 So. 96th St (no rural route) City Firth, NE Zip 68358

Legal Description: 35 (Section) 7 (Township) 7 (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 100 (Lot)

PID 14-35-200-011-000

B. Owner

Name Houfek - Kevin Signature [signature]

Address 302 May St City/State/Zip Firth NE 68358

Home Phone 402-499-4820 Work Phone ____

C. Certified Installer

Name: Paul Weber Weber Well Signature [signature]

Address 10133 Willow Cove Lane City/State/Zip Firth NE 68358

Work Phone (402) 580-8311

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 16.7

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day 400

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 11/3/14

Date frwd 11/3/14

Comments ____

ACTION ☒ Approved ☐ Disapproved

Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk

Comments ____ Date rec'd ____

Date frwd ____

ACTION ☐ Approved ☐ Disapproved

Signature [signature]

3. City or County Engineer

Comments ____ Date rec'd ____

Date frwd ____

ACTION ☐ Approved ☐ Disapproved

Signature ____

Installation Final Written Approval

By [signature]

Date 11/18/14

Business Office Use Only

Date Received 11-5-14 Amount Paid $375.00

Received By SB Cash/Check No. 8797

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