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. HS001038

System Type: Standard

Situs: 3747 SW 91 ST, RURAL, NE

Issued: 3/25/2015

Expires: 3/25/2016

Description: CONESTOGA LAKE ESTATES, BLOCK 1, Lot 3

Owner: DOMEIER, DAVID & TERESA
2101 BENTON ST
LINCOLN, NE 68521

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

WELLMANN PLUMBING
3130 S 6TH ST #100
LINCOLN, NE 68502

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

A

Permit Number
HS001038

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 3747 SW 91st St (no rural route) City Lincoln, NE Zip 68532

Legal Description 3 9 5 SB Conestoga Lake Estates 1 3

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

PID 03-03-301-003-000 SB

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Kelly Wolinski Signature Kelly Wolinski

Address 4211 Lathem Ln City/State/Zip Lincoln NE 68506

Work Phone _____

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+ 3.48

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. 02-301

1. Health Department
Site visits _____
Comments _____
Date rec'd 3/25/15
Date frwd 3/25/15
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 3-25-15
Date frwd 3-26-15
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 3-25-2015
Date frwd 3-25-2015
ACTION ☒ Approved ☐ Disapproved
Signature Ken Schroeder

Installation Final Written Approval
By _____
Date 4/10/15

Business Office Use Only
Date Received 3-23-15 Amount Paid $375.00
Received By SB Cash/Check No. 53294

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

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Goings Homes
Address: 3747 SW 91st
Conestoga Lake Estates

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 11-8-14 to 11-9-14 **Weather:** Precip. Ø Temp. 50's

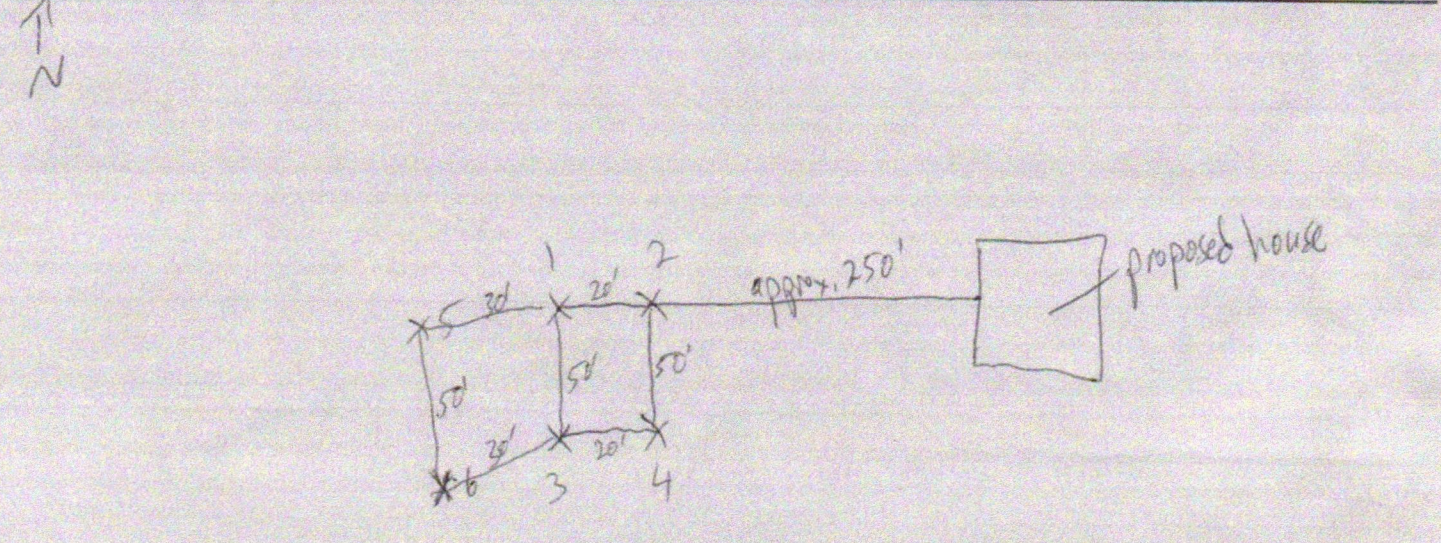
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	11-8	11:30am	11-8	3:30pm	11-9	10:35am	6	11:05am	5½	30	½
2	36	11-8	11:30am	11-8	3:30pm	11-9	10:35am	6	11:05am	5½	30	½
3	36	11-8	11:30am	11-8	3:30pm	11-9	10:35am	6	11:05am	5¼	30	¾
4	36	11-8	11:35am	11-8	3:35pm	11-9	10:40am	6	11:10am	5½	30	½
5	36	11-8	11:35am	11-8	3:35pm	11-9	10:40am	6	11:10am	5½	30	½
6	36	11-8	11:35am	11-8	3:35pm	11-9	10:40am	6	11:10am	5¼	30	¾

Sum of Water Level Drops (in.) [Column m]: 3.5
Average of Water Level Drops (in.) [Column m]: .58
~~Inches per Minute:~~ _____
51.72 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 327-238th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature: Justyn

Square Feet of Lateral per Bedroom: 350

SKETCH SHOWING HOLE LOCATION:



Official's Signature