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

MAR 2 4 2015

A

Permit Number
HS001039

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 (Repair) ☐ 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 3000 Trudy Ann Dr. (no rural route) City Ramond , NE Zip

Legal Description

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

PID 13-32-401-023-000

B. Owner

Name Greg Thompson Signature

Address 3000 Trudy Ann Dr. City/State/Zip Ramond, NE

Home Phone Work Phone

C. Certified Installer

Name: Matt Taylor Signature

Address 2610 S. 11 St. City/State/Zip Lincoln NE 68502

Work Phone 402 450-6599

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

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 3-24-15 Amount Paid $205.00
Received By SB Cash/Check No. 376

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

MAR 2 4 2015

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

B

Permit Number: HS001039

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3000 Trudy Ann Dr (no rural route) City Ramond NE, Zip 68428

Owner Greg Thomson Address

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

Date of Tests to Weather: Precipitation Temperature

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		12/13 Start			End AM				
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	42	12/12	11 PM	12/13	8 AM	12/13	8 30	36	12/13	12 30	240	12	20 mpi
2	46	12/12	1105	12/13	805	12/13	8 35	36	12/13	12 35	240	8	30 mpi
3	40	12/12	1110	12/13	810	12/13	8 40	35	12/13	12 40	240	8	30 mpi
4	44	12/12	1115	12/13	815	12/13	8 45	37	12/13	12 45	240	8	30 mpi
5	48	12/12	1120	12/13	820	12/13	8 50	36	12/13	12 50	240	4.1	59 mpi
6	44	12/12	1125	12/13	825	12/13	8 55	38	12/13	12 55	240	4.25	57 mpi

Person Conducting Percolation Tests

Name: Matt Taylor

Phone: 402 450-6599

Address 2610 S 11 Lincoln NE 68502

Sum of Percolation Rates: 226 ÷ 6

Average of Rates: 37.67

Rate Used for Calculation: 59 mpi

Permit fee $205.00

3 Bed 400 GPD 1650 ft2

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks 36 wide

1050 ÷ 4.5 = 233 ft

(5' 47) 1440

(6' 39) 1320 PC

280 ft Lat → 1.5 x (Width 30") 95" = 3.95

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001039

System Type: Standard

Situs: 3000 TRUDY ANN DR, RURAL, NE

Issued: 3/24/2015

Expires: 3/24/2016

Description: WILLARD ESTATES, BLOCK 5, Lot 5

Owner: THOMPSON, GREGORY J & PAMELA J
3000 TRUDY ANN DR
RAYMOND, NE 68428

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

TAYLOR EXCAVATING
2610 S 11TH ST
LINCOLN, NE 68502

SCANNED

MAR 2 4 2015

A

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

Permit Number
HS001039

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 3000 Trudy Ann Dr. (no rural route) City SB Ramond, NE Zip

Legal Description 32 12 6

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

PID 13-32-401-023-000

B. Owner

Name Greg Thompson Signature

Address 3060 Trudy Ann Dr. City/State/Zip Ramond, NE

Home Phone Work Phone

C. Certified Installer

Name: Matt Taylor Signature

Address 2610 S. 11 St. City/State/Zip Lincoln NE 68502

Work Phone 402 450-6599

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

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. 02-20

1. Health Department

Site visits

Comments

Date rec'd 3/24/15
Date frwd 3/25/15

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

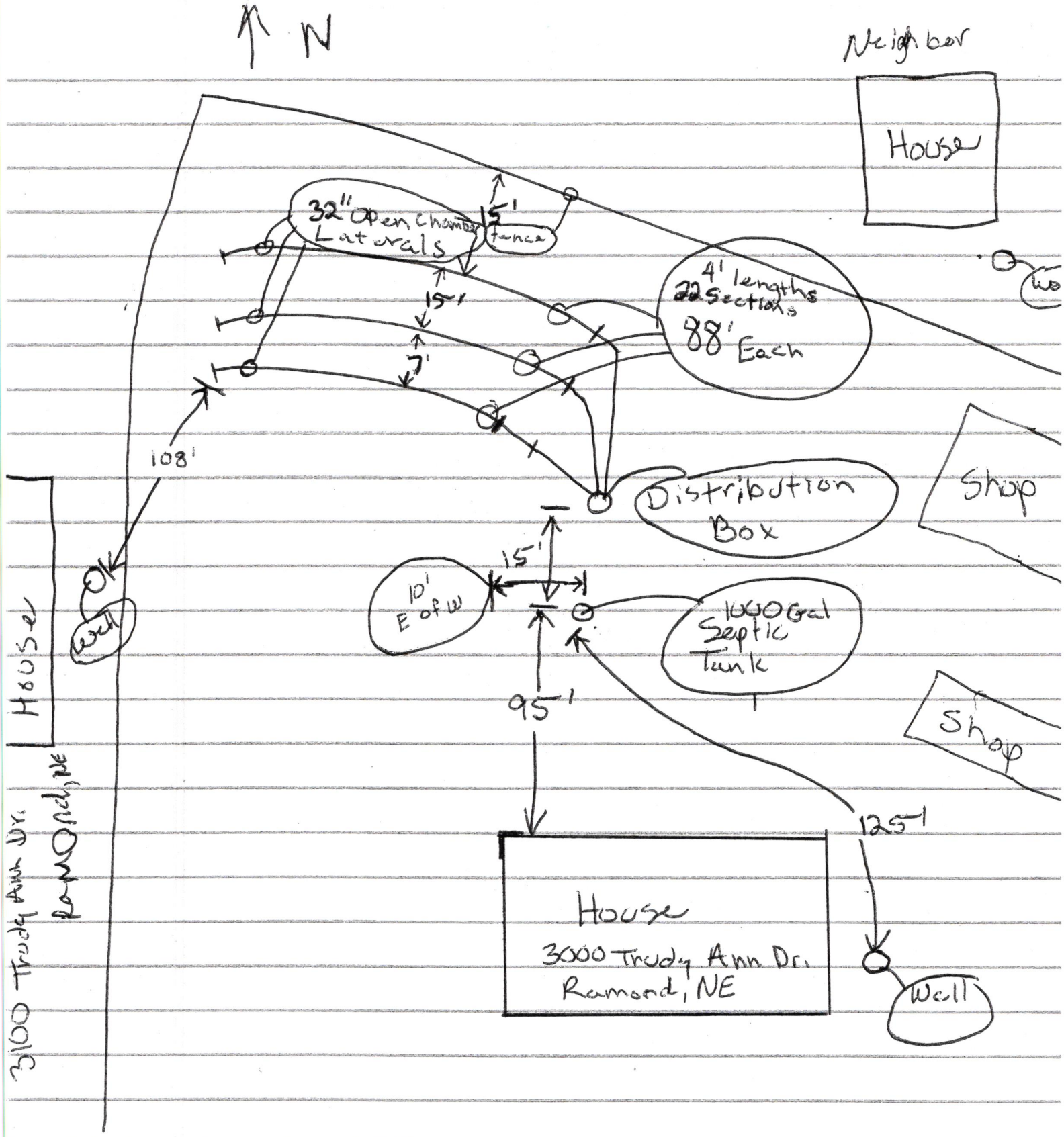
By

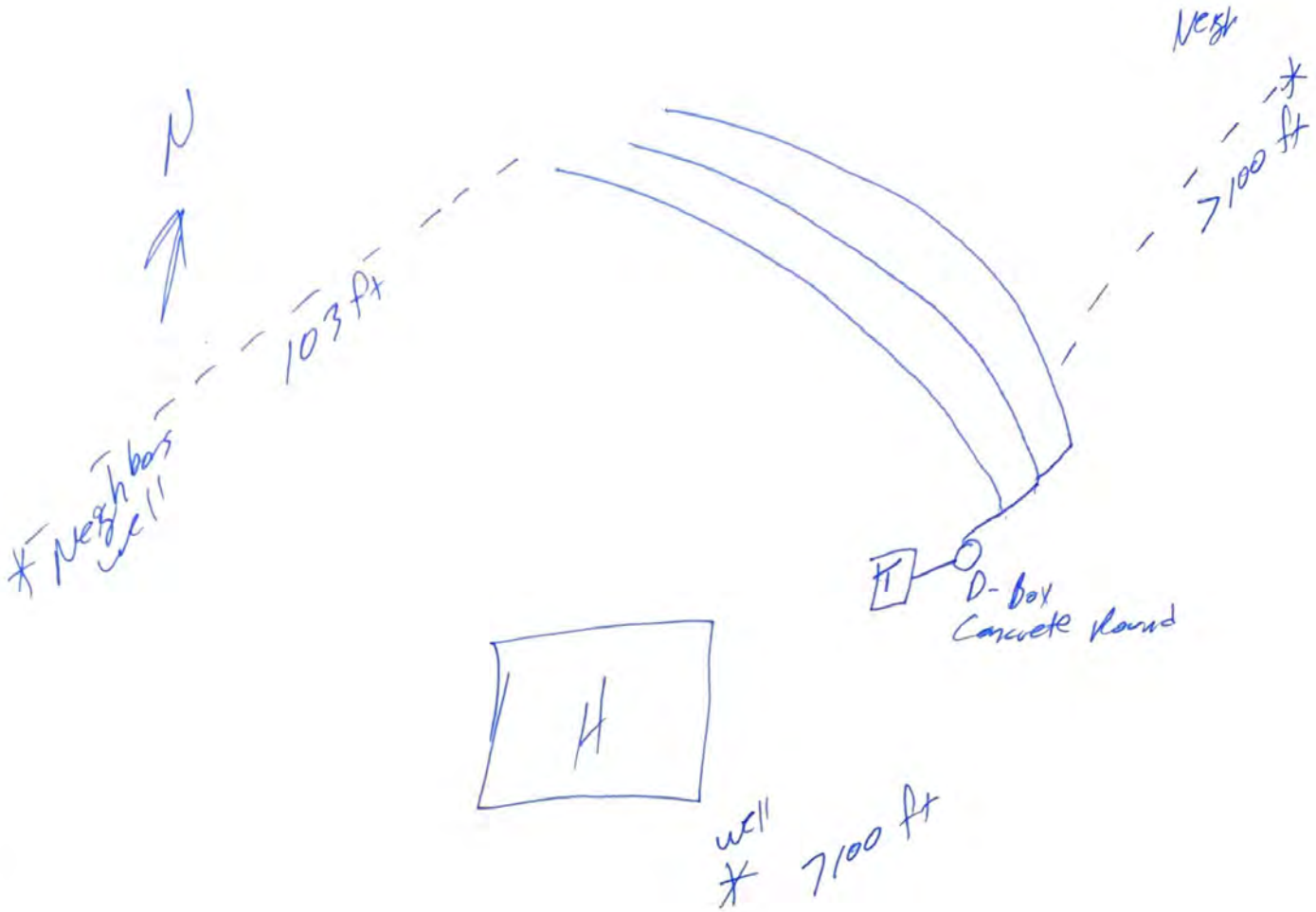
Date 4/1/15

Business Office Use Only
Date Received 3-24-15 Amount Paid $205.00
Received By SB Cash/Check No. 376

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

Form A Updated: 1/13


N
Neighbor
House
32" Open Chamber Laterals
15'
fence
15'
7'
4' lengths
22 Sections
88' Each
108'
Distribution Box
Shop
15'
10' E of W
1000 Gal Septic Tank
95'
Shop
House
3100 Trudy Ann Dr.
Ramond, NE
125'
House
3000 Trudy Ann Dr.
Ramond, NE
Well


N
103 ft
Neighbors well
Neighbors well
7100 ft
D-Box
Concrete Round
H
well
7100 ft