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

JUN 09 2015

A

Permit Number
HS001079

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 8200 W Wittstruck Rd (no rural route) City Crete, NE Zip 68333

Legal Description 11 8 5 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 02-11-400-002-000 SB

B. Owner

Name Jim Haberlan Signature

Address 8200 W Wittstruck City/State/Zip Crete NE 68333

Home Phone Work Phone

C. Certified Installer

Name: Jason Kubik Signature Jason Kubik

Address 105 Locust St City/State/Zip Hickman NE 68372

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 3 Whirlpool Bathtub? ❑ Yes ☒ No Total Acres 5.21
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 6-9-15 Amount Paid $375
Received By SB Cash/Check No. 4757

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

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

JUN 09 2015

B

Permit Number: HS001079

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 8200 W Wittstruck (no rural route) City Crete NE, Zip 68333

Owner Jim Haberlan Address Same

Date of Tests 5/1/15 to 5/2/15 Weather: Precipitation Trace Temperature 60's

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	30	5/1	4:00p	5/2	10:00a	5/2	1:30	6	5/2	2:00	30	3/4	40
2	30	5/1	4:00	5/2	10:00a	5/2	1:30	6	5/2	2:00	30	3/4	40
3	30	5/1	4:00	5/2	10:00	5/2	1:30	6	5/2	2:00	30	3/4	40
4	30	5/1	4:00	5/2	10:00	5/2	1:30	6	5/2	2:00	30	5/8	48
5	30	5/1	4:00	5/2	10:00	5/2	1:30	6	5/2	2:00	30	3/4	40
6	30	5/1	4:00	5/2	10:00	5/2	1:30	6	5/2	2:00	30	3/4	40
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 440-7606
Address 105 Locust St
Hickman NE 68372

Soil type (NRCS Maps/Other) Wymore 7684

Groundwater Depth

Sum of Percolation Rates: 248
Average of Rates: 42
Rate Used for Calculation: 42

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 (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001079

System Type: Standard

Situs: 8200 W WITTSTRUCK RD, RURAL, NE

Issued: 6/9/2015

Expires: 6/9/2016

Description: S11, T8, R5, 6th Principal Meridian, LOT 3 SW

Owner: HABERLAN, JIM
RR 1 BOX 217B
CRETE, NE 68333

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

HARPER WELL & PLUMBING INC
P O BOX 15
ADAMS, NE 68301

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

JUN 0 9 2015

SCANNED

A

Permit Number
HS001079

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Home Phone Work Phone

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Site visits
Comments
Date rec'd 6/9/15
Date frwd 6/9/15
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 Doug Mark
Date 6/25/15

Business Office Use Only
Date Received 6-9-15 Amount Paid $375
Received By SB Cash/Check No. 4757

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

Onsite Wastewater Treatment System
As-Built Description and Drawing

HS001079
T8, R5, S11

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 02-11-400-002-000

Owner: JIM HABERLAN Address 8200 W WITTSTRUCK RD CRETE, NE 68333

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 190 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 2100 ft.
   Pressure line 2100 ft
   Property Line 2100 ft.
   Foundation 2100 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 10 ft. NE

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: INFILTRATOR QUICK 4 HIGH CAPACITY 29.2
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 150 ft. 125 ft. ____ ft. ____
4. Drainfield size: 990 sq. ft.
5. Distance to:
   Well 2100 ft.
   Pressure line 2100 ft.
   Property line 250 ft.
   Depth of Groundwater 212

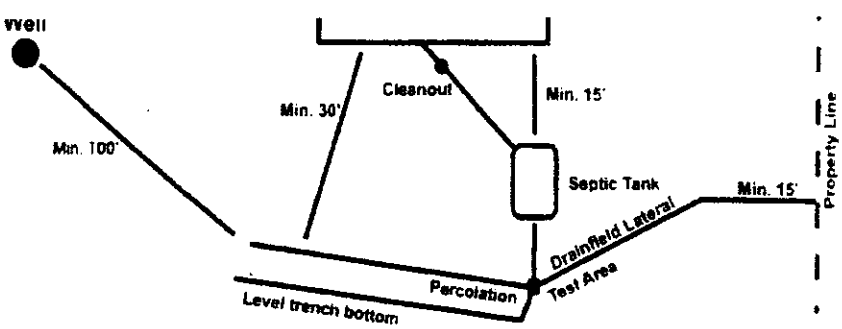
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

If Yes, the Certified Professional must sign below for final approval:

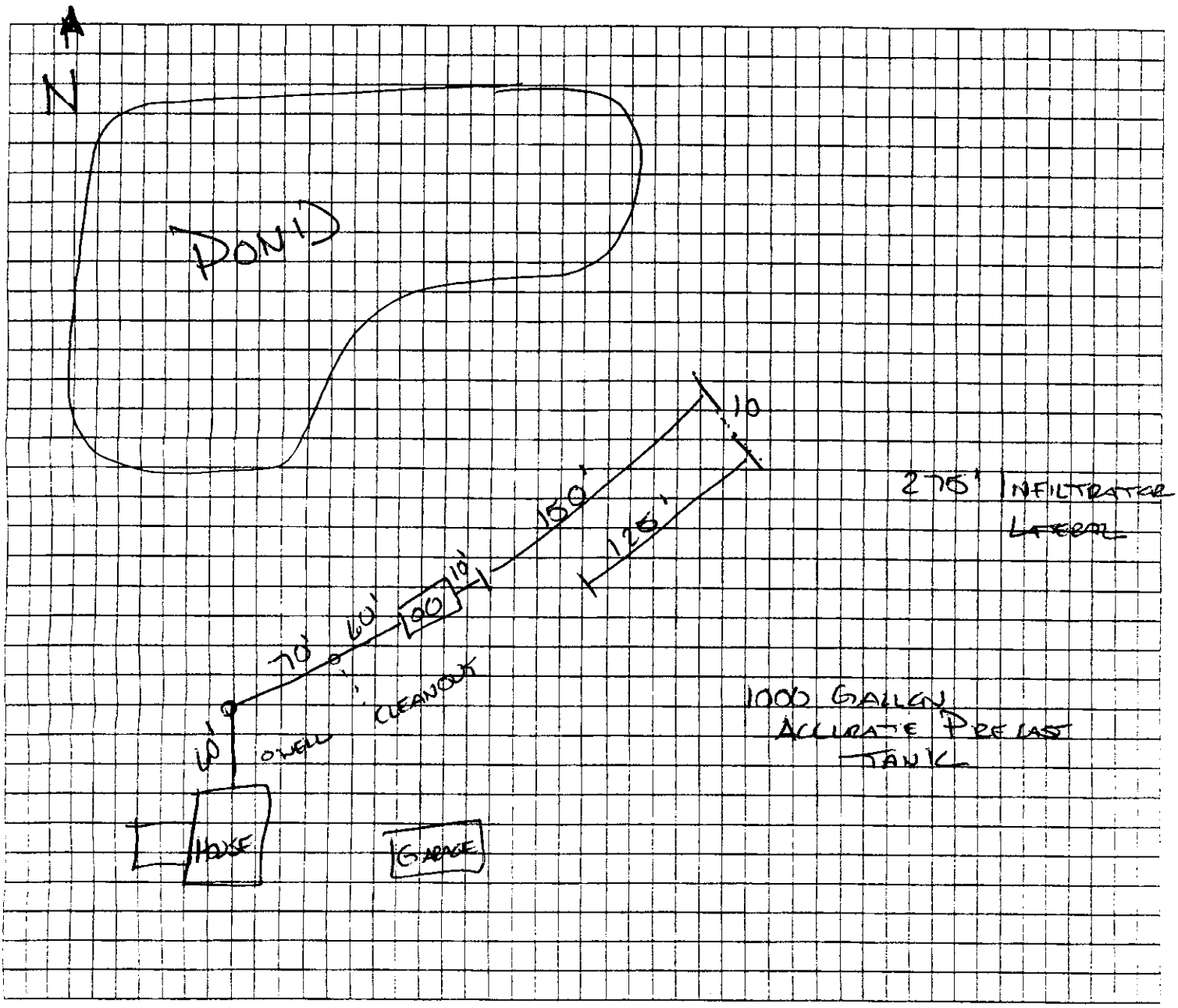
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 6-19-15

Complete As-Built drawing on the back of this form.



*Note-If Lagoon, show all applicable dimensions



8200 W Wittstruck Rd

HS 001079
T8, R5, S11

