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

A

Permit Number
HS001089

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 13477 S150 CRT (no rural route) City Bennet, NE Zip

Legal Description ____ Pheasant Ridge 1 3

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

PID

B. Owner

Name TYLER ANDERSON Signature

Address 13477 S150 CRT City/State/Zip Lincoln, NE

Home Phone Work Phone 310-3803

C. Certified Installer

Name: Haes Contracting Inc. Signature

Address 9800 Breagan Rd City/State/Zip Lincoln, NE 68526

Work Phone 402-499-1766

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 1/4

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
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 6-26-15
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 6-24-15 Amount Paid $375.00
Received By SB Cash/Check No. 1425

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

Form A Updated: 1/13

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

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Onsite Wastewater Treatment System
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Legal Description _____ Pheasant Ridge 1 3

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

PID

B. Owner

Name TYLER ANDERSON Signature

Address 13477 S150 CRT City/State/Zip Lincoln, NE

Home Phone Work Phone 310-3503

C. Certified Installer

Name: Haecs Contracting Inc. Signature

Address 1900 Norman VD City/State/Zip Lincoln, NE 68526

Work Phone 402-499-1166

D. Engineer

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

Designer Name Firm Work Phone

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3. City or County Engineer
Comments Date rec'd ACTION ☐ Approved ☐ Disapproved
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Installation Final Written Approval
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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: HS001089

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13427 S 150 CRT (no rural route) City Bennet NE, Zip _____

Owner Tyler Anderson Addresss _____

Soil Type (SCS): Pawnee clay loam / Wymore Percolation Rate: .50 min./inch

Date of Tests 6-22-15 to 6-23-15 Weather: Precipitation 6-22 1Rain 1/8 Temperature 93

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	24"	6-22	8am	6-23	2pm	6-23	2pm	17.5	6-23	6pm	30	.63	47
2								17				.63	47
3								17				.56	53
4								18				.63	47
5								17				.56	53
6								17.5				.56	53

Sum of Percolation Rates: 300
Average of Rates: .50
Rate Used for Calculation: .50

Person Conducting Percolation Tests

Name: Scott Haes
Phone: 402-499-1166
Address 9800 Breagan Rd

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

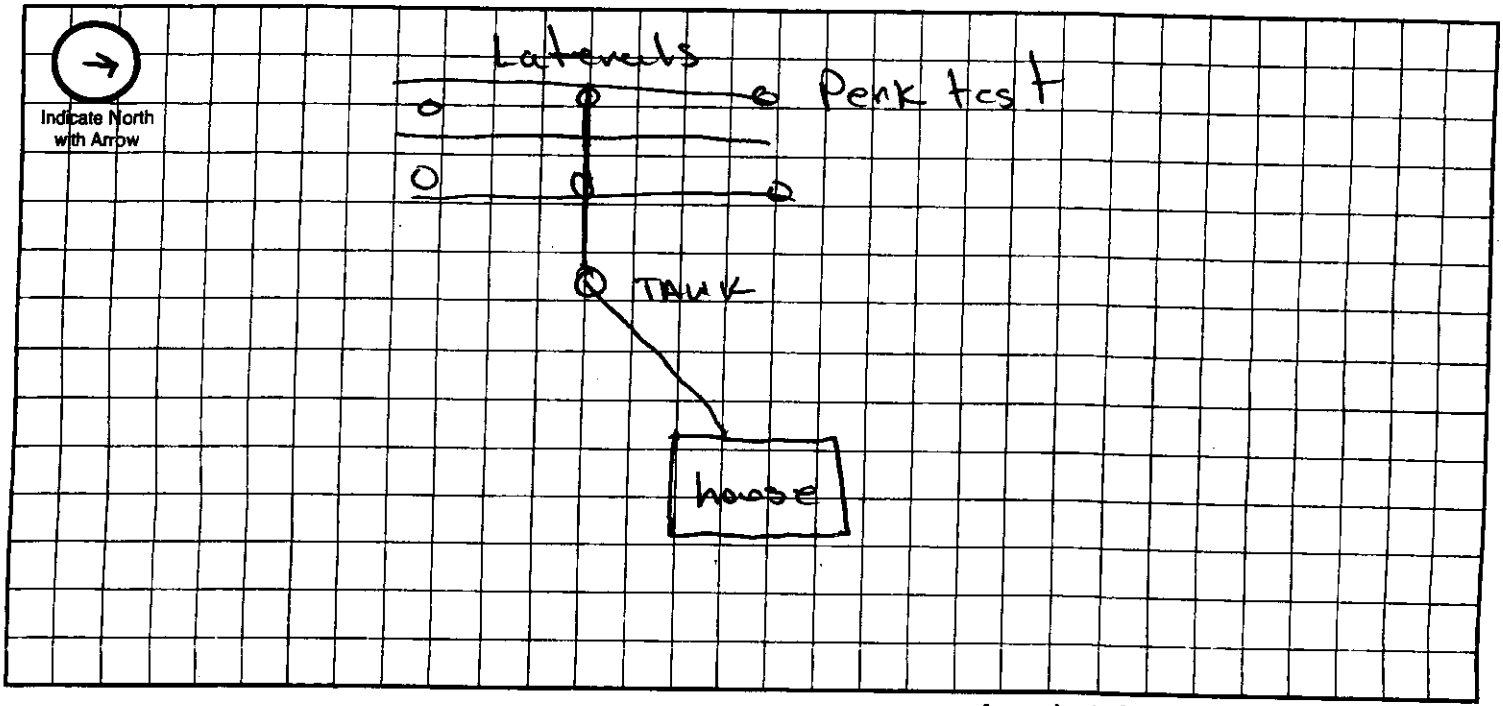
C

Permit Number: HS001089

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.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 13477 S 150 City Benet NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate____ (min/inch = mpi) No. of Bedrooms 4 Soil Type_____ Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor_____ Date_____

Installer Scott Haes Date 6-26-15

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. HS001089

System Type: Standard

Situs: 13477 S 150 CT, RURAL, NE

Issued: 6/29/2015

Expires: 6/29/2016

Description: PHEASANT RIDGE ADDITION, Lot 3

Owner: ANDERSON CUSTOM
CONSTRUCTION INC
4731 OLD CHENEY RD APT 19
LINCOLN, NE 68516

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

ANDERSON CUSTOM CONSTRUCTION INC
4731 OLD CHENEY RD #19
LINCOLN, NE 68516

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

A

Permit Number
HS001089

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 13477 S150 CRT City Bennet, NE Zip
(no rural route)

Legal Description 10 8 8 SB Pheasant Ridge 1 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID

B. Owner

Name TYLER ANDERSON Signature
Address 13477 S150 CRT City/State/Zip Lincoln, NE
Home Phone Work Phone 310-3803

C. Certified Installer

Name: Haes Contracting Inc. Signature
Address 9800 Breagan Rd City/State/Zip Lincoln, NE 68526
Work Phone 402-499-1766

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 1/4
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
Comments
Date rec'd 6/29/15
Date frwd 6/29/15
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 6-26-15
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 7/6/15

Business Office Use Only
Date Received 6-24-15 Amount Paid $375.00
Received By SB Cash/Check No. 1425

* Told contractor to make sure to add distribution box system 3 ft deep - NH 7/6/15

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

Form A Updated: 1/13

AUG 19 2015

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 8-12-15 Legal Description Pheasant Run BLK 1 LOT 3
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 13477 S150 CRT City Bennet NE, Zip 68317
Owner Tyler Anderson Address

A. Sewer Pipe

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: 131 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line 50 ft.

B. Septic Tank

☑ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 2000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 36 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 36 in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line 50 ft.

C. ☒ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 143 ft.

D. Drainfield Absorption

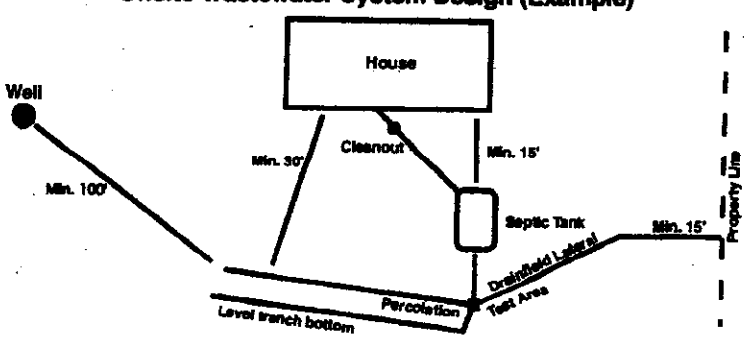
☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 30"
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 4
   Length of each line: 120 ft. 120 ft.
   120 ft. 120 ft., ____ ft.
3. Drainfield dimensions: Width ____ 3 ____ ft.
   Distribution Pipe Slope ____ in/100 ft.
   Average depth 36 in
4. Filter material: 47B Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line ____ ft.
   Pressure line 25 ft.
   Property line 6 ft.
   House or building 275 ft.
   Lake or Stream ____ ft.

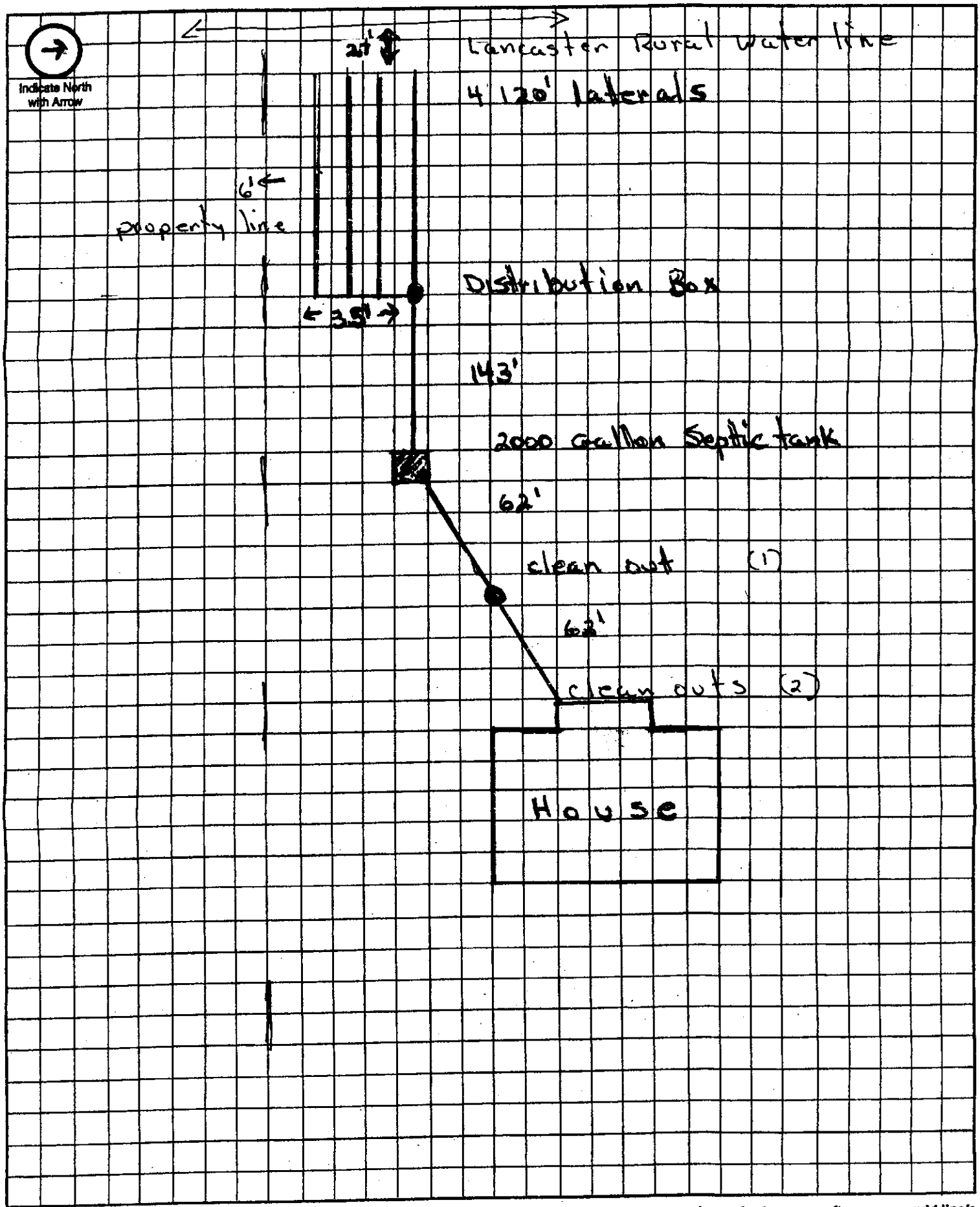
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow



As Built Drawing



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

Nebraska DEQ

Print or Type

System Registration For Onsite Wastewater Treatment System - Septic System

Tyler | Anderson | 402 310 3503
Owner First Name | Initial | Last Name | Owner Phone Number

Business or Legal Entity Name (if applicable)

13477 S 150 CRT | Bennet | NE | 68317
Owner Mailing Address | City | State | Zip

Physical address of system if different from owner's mailing address

Location Pheasant Run **Legal description** BLK 1 Lot 3 **OR** **Geographical coordinates to 4 decimal points**

___ ¼ ___ ¼ Section ___ Township ___ Range Lancaster County / ___ Latitude ___ Longitude

Mark One ☑ Dwelling ☐ Non-dwelling Previous system registration number (if applicable) TS_____

Mark One
☑ New system ☐ Modification of existing system [☐ Tank only ☐ Trench only] ☐ Inspection only
☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):_____

Design flow 600 gal/day # of Bedrooms* 5 Depth to seasonal high groundwater 74 feet

Percolation rate 50 min/inch Loamy sand liner installed* ☐ Yes ☑ No

Septic tank capacity 2000 gallons Septic tank Manufacture/ Model* Accurate Precast

☑ Garbage Grinder* ☐ Large capacity tub* Number of trenches 4 Width of trenches 36 inches

Total length of all trenches 480 feet Total effective trench bottom area 1728 sq. ft.

Soil Absorption System Description **(Select one of the following):**

☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
Make and Model of chambers installed _____
☑ Gravelless chambers with filter material (describe filter material 473 Gravel)
Make and Model of chambers installed Q4
☐ Pipe with filter material (describe filter material _____)
☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
☐ Gravelless pipe with filter material (describe filter material _____)
☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter _____ in.)
☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
☐ Other (describe) _____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Scott | Haes | 1361
(Print or Type) First Name | Initial | Last Name | Certificate/License Number

402-499-1166