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

**A**

Permit Number
HS001150

# Onsite Wastewater Treatment System Permit Application

**Include Form B and C. Submit correct fee with this Application**

❑ Septic System ❑ Lagoon ❑ Other (Refer to Form C)

## PLEASE PRINT OR TYPE

### A. Onsite System Location

Address* 15060 Seneca Ridge Ct. City Bennett, NE Zip _____
(no rural route)

Legal Description _____ Pheasant Ridge _____ 12
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID _____ *Approx. Address (If to be determined) Jarrod Culver

### B. Owner

Name Patrick Alan Homes Signature _____
Address 9020 S 72nd St City/State/Zip Lincoln NE 6856
Home Phone _____ Work Phone 402 610 1652

### C. Certified Installer

Name: Kevin Lewis Signature _____
Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523
Work Phone 402 310 9160

### 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 5 Whirlpool Bathtub? ☒ Yes ❑ No Total Acres 3+ 3/4 of N
Garbage Grinder? ☒ Yes ❑ No

❑ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

Type of Wastewater ❑ Domestic ❑ Non-Domestic

***DO NOT WRITE BELOW THIS LINE***

**Approval Process**

**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 10-14-15 Amount Paid $385.00
Received By SB Cash/Check No. 1079

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

7681

Form A Updated: 4/15

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

**B**

Permit Number: HS001150

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PID # 21-10-101-012-00

PLEASE PRINT OR TYPE

**System Location** (Indicate correct number and street)

Address Pheasant Ridge Addition Lot #12 (no rural route) City Bennet NE, Zip 68317

Owner Fairview Investments Address 6003 Old Cheney Rd, Lincoln NE 68516

Soil Type (SCS): 7081 Wymore Percolation Rate: 55 min./inch

Date of Tests 5/1 to 5/2 Weather: Precipitation ½" rain on 5/1/14 Temperature 60's

## 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 | 30 | 5/1 | 10:00 | 5/2 | 9:30 | 5/2 | 10:00 | 3 7/8 | 5/2 | 10:30 | 30 | 1/2 | 60 |
| 2 | 30 | 5/1 | 10:00 | 5/2 | 9:30 | 5/2 | 10:00 | 3 | 5/2 | 10:30 | 30 | 1/2 | 60 |
| 3 | 30 | 5/1 | 10:00 | 5/2 | 9:30 | 5/2 | 10:00 | 4 1/4 | 5/2 | 10:30 | 30 | 5/8 | 48 |
| 4 | 30 | 5/1 | 10:00 | 5/2 | 9:30 | 5/2 | 10:00 | 5 1/4 | 5/2 | 10:30 | 30 | 1/2 | 60 |
| 5 | 30 | 5/1 | 10:00 | 5/2 | 9:30 | 5/2 | 10:00 | 4 1/2 | 5/2 | 10:30 | 30 | 5/8 | 48 |
| 6 | 30 | 5/1 | 10:00 | 5/2 | 9:30 | 5/2 | 10:00 | 5 1/8 | 5/2 | 10:30 | 30 | 5/8 | 48 |
| 7 | 30 | 5/1 | 10:00 | 5/2 | 9:30 | 5/2 | 10:00 | 6 1/2 | 5/2 | 10:30 | 30 | 1/2 | 60 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**Person Conducting Percolation Tests**

Name: Brad Southwick

Phone: 402-475-2462

Address 105 Locust St Hickman NE 68372

Sum of Percolation Rates: 384

Average of Rates: 55

Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

# Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

**PLEASE PRINT OR TYPE**

**A. Onsite System Location**

Address* 15060 Seneca Ridge Ct. City Bennet, NE Zip

(no rural route)

Legal Description Pheasant Ridge 12

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

PID *Approx. Address (If to be determined) Jarod Culver

**B. Owner**

Name Patrick Alan Heimes Signature

Address 10100 S 72nd St City/State/Zip Lincoln Ne 68516

Home Phone Work Phone 402 610 1652

**C. Certified Installer**

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

**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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3+ 3/4 of an

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

Type of Wastewater ☐ Domestic ☐ Non-Domestic

***DO NOT WRITE BELOW THIS LINE***

**Approval Process**

**1. Health Department**

Site visits Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

Comments

**2. Supt. Bldg. Insp. or Village Clerk**

Comments Pat Rude Date rec'd 10-14-2015 ACTION ☒ Approved ☐ Disapproved

Date frwd Signature Pat Rude

**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 Amount Paid

Received By Cash/Check No.

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

Form A Updated 4/15

**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. HS001150**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 10/19/2015

Expires: 10/19/2016

**Description:** PHEASANT RIDGE ADDITION, Lot 12

**Owner:** CALVER, JARED E & NICHOLE L
6811 N 16 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

PATRICK ALAN HOMES LLC
9020 S 72ND ST
LINCOLN, NE 68516

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

D Exhibit 4

Permit Number:

# Onsite Wastewater Treatment System
## As-Built Description and Drawing

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): 2

Owner: Patrick Allen Address: 15600 Seneca Ridge Ct.

**A. Wastewater Piping**

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 34 ft.

**B. Septic Tank**

1. Material: Conc.
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 10 in.
4. Distance to:
   Well N/A ft.
   Pressure line Over 100 ft.
   Property Line " " ft.
   Foundation 34 ft.

**C Distribution Box or Drop Box**

Distance and Direction from septic tank: 42 ft. N

**D. Drainfield/Absorption Field**

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Plus 29"
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 148 ft. 128 ft. 72 ft. 72 64
4. Drainfield size: 1754.5 sq. ft.
5. Distance to:
   Well N/A ft.
   Pressure line Over 100 ft.
   Property line " " ft.
   Depth of Groundwater Over 12

3.625 factor

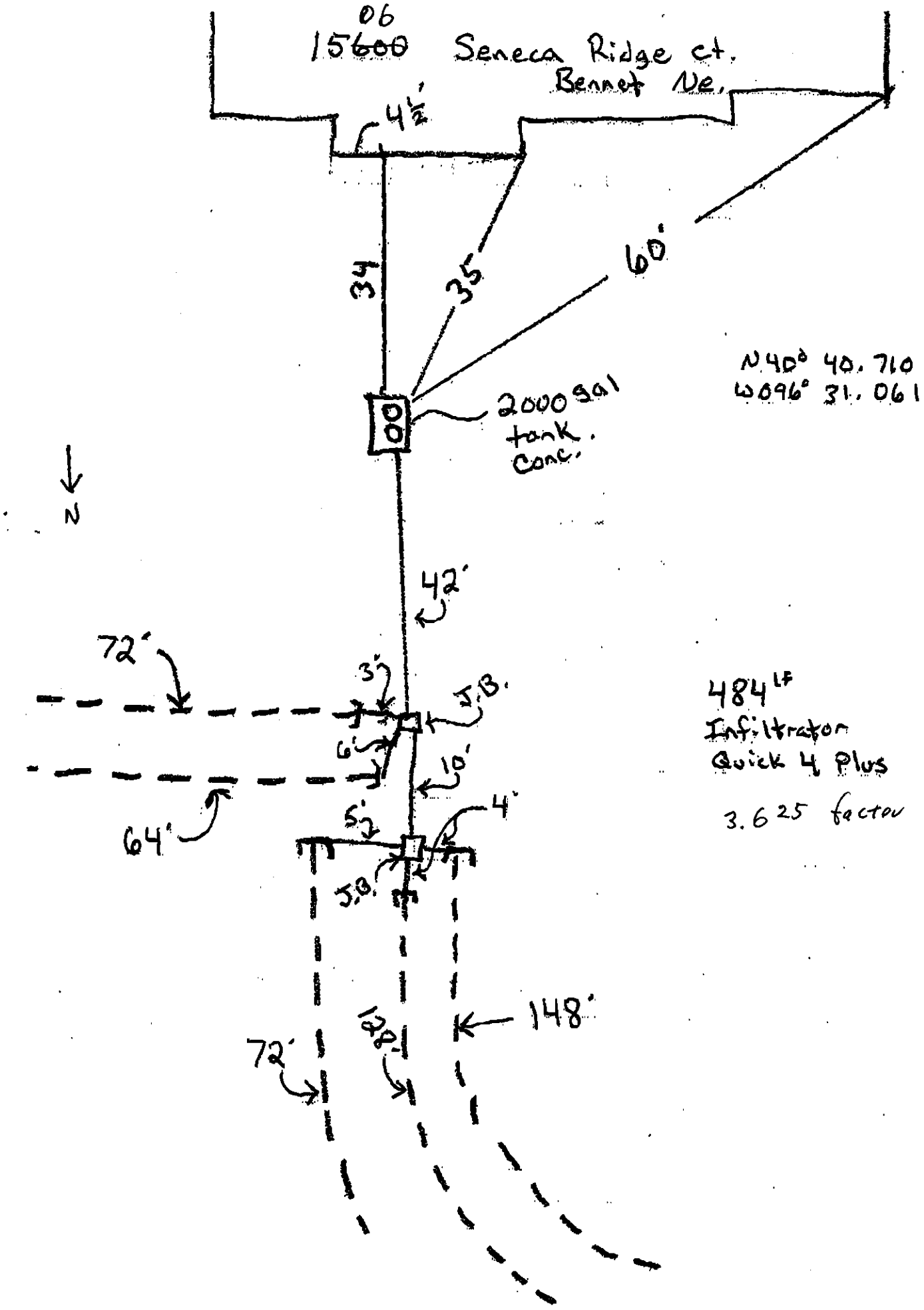
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

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: [signature] Date: 3-15-16

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


06
15600 Seneca Ridge ct.
Bennet Ne.
4½'
34'
35'
60'
N 40° 40.710
W 096° 31.061
2000 gal
tank.
Conc.
N
42'
72'
3'
J.B.
6'
10'
64'
5½'
4'
5.0'
148'
72'
484 LF
Infiltrator
Quick 4 Plus
3.625 factor

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

Exhibit 5

Permit Number: H5001150

# Onsite Wastewater Treatment System

## Inspection Sheet

Pheasant Ridge

Date 3/28/16 Legal Description ____ ¼ ____ ¼ 10 / 8 / 8 Section/Township/Range Lot 10

### Onsite System Location

Address (no rural route) 15060 Seneca Ridge City Bennet

Owner Patrick Miller Address ____

Mark One: ☐ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ____

### Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,754.5 Sq. Ft. Tank Size 2000 gals

Total length of laterals 484 - 3,625 factor Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 5 Width ____ No. of Drop Boxes — Distribution Box 2

Leveling Method Used Laser

### Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

| Distance From | Private Well | Public Well | Surface Water | Ground water | Pressure Water Lines | Property Lines |
|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☑ | 500 ☑ | 50 ☑ | NA ☑ | 10 ☑ | 5 ☑ |
| Field (ft) | 100 ☑ | 500 ☑ | 50 ☑ | 4 ☑ | 25 ☑ | 5 ☑ |

**Geographical Coordinates to 6 Decimals:**

Tank N.A.

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

**Comments:**

Inspections prior to Final Approval
Initial ____ Date 3/4/16

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Rowe
Date 3/15/16

**Field Note Drawing (See Reverse Side):**

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

SCANNED

**A**

Permit Number HS001150

# Onsite Wastewater Treatment System Permit Application

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☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

**PLEASE PRINT OR TYPE**

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Address* 15060 Seneca Ridge Ct. City Bennett, NE Zip _____
(no rural route)

Legal Description 10 ~~8~~ 8 8 Pheasant Ridge 12
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 21-10-101-012-000 SB *Approx. Address (If to be determined) Jarrod Culver

## B. Owner

Name Patrick Alan Homes Signature _____

Address 9020 S 72nd St City/State/Zip Lincoln NE 6856

Home Phone _____ Work Phone 402 610 1652

## C. Certified Installer

Name: Kevin Lewis Signature _____

Address 4810 W Claire Ave City/State/Zip Lincol NE 68523

Work Phone 402 310 9160

## 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 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3+ 3% of NW4
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 600

Type of Wastewater ☐ Domestic ☐ Non-Domestic

***DO NOT WRITE BELOW THIS LINE***

**Approval Process**

**1. Health Department**
Site visits 3/11/16 Tank & Intake Date rec'd _____
Date frwd _____
Comments _____

**ACTION** ☐ Approved ☐ Disapproved
Signature _____

**2. Supt. Bldg. Insp. or Village Clerk**
Comments _____ Date rec'd _____
Date frwd _____

**ACTION** ☐ Approved ☐ Disapproved
Signature see attached

**3. City or County Engineer**
Comments _____ Date rec'd _____
Date frwd _____

**ACTION** ☐ Approved ☐ Disapproved
Signature _____

**Installation Final Written Approval**
By _____
Date 3/15/16

***Business Office Use Only***
Date Received 10-14-15 Amount Paid $385.00
Received By SB Cash/Check No. 1079

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

7681

Form A Updated: 4/15