Permit Application

with this Application

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C) HS001337

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 6450 Hitching Post Lane City Lincoln NE Zip 68523
(no rural route)

Legal Description Twin Pines 6 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-17-406-001-000 SB *Approx. Address (If to be determined)

B. Owner

Name Ryan Paul Cunningham Signature

Address 6020 Thornton Dr Apt 101 City/State/Zip Lincoln NE 68512

Home Phone 402 525-4800 Work Phone

C. Certified Installer

Name: Justin L. Peterson Signature

Address P.O. Box H City/State/Zip Milford, NE 68405

Work Phone 402-761-2281

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
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

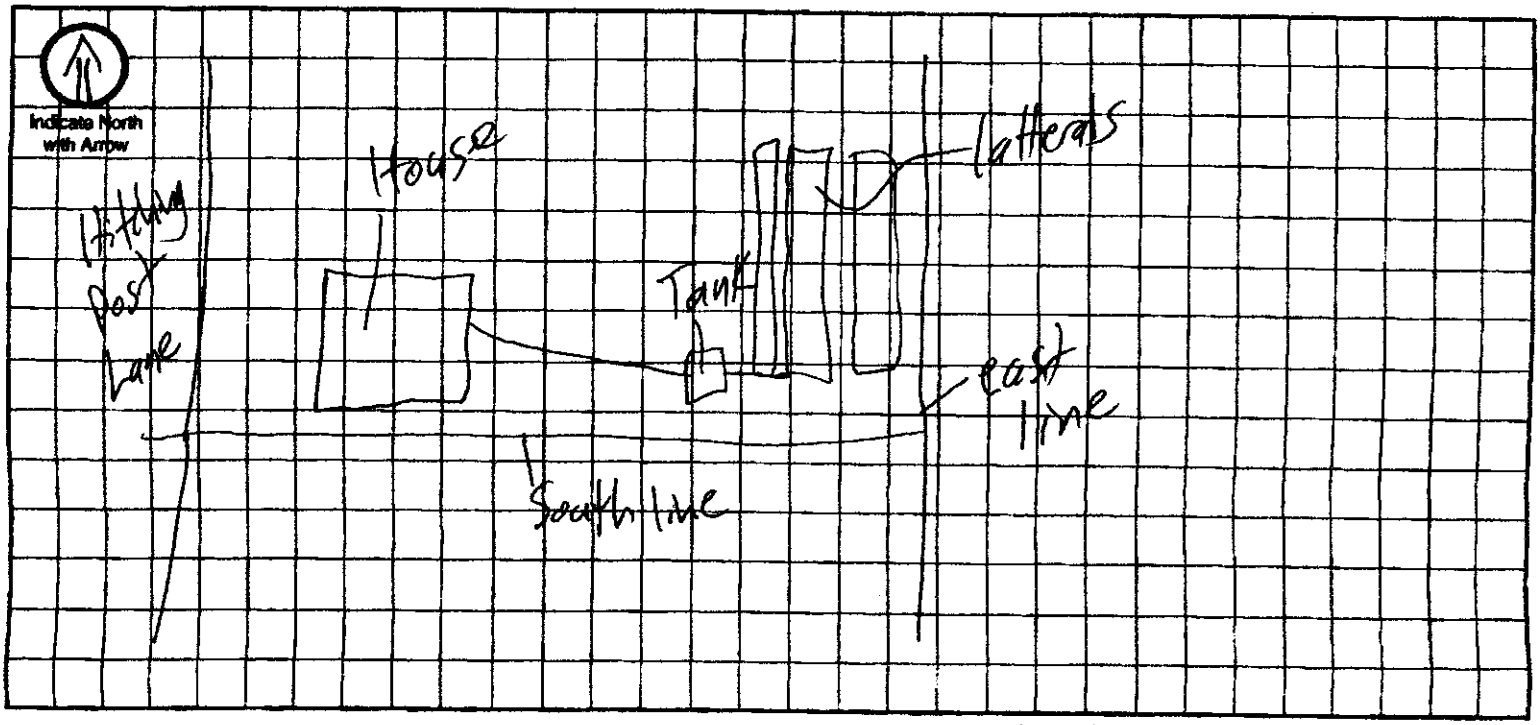
Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 9-6-16 Amount Paid $395
Received By SB Cash/Check No. 2019

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

Form A Updated: 4/15

Draw a plot plan showing onsite system sewer lines, drop or 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) 6450 Hitching Post Lane City _____ 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 (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 51.72 (min/inch = mpi) No. of Bedrooms 4 Soil Type Clay Loam Land Slope .5 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,400 sq.ft.

Total length of laterals 415' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 36" No. of drop boxes _____ Distrubtion Box 1

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

[redacted] Date 9/6/16

Installer _____ Date 9/6/16

Onsite Form C 12 06

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. HS001337

System Type: Standard

Situs: No Site Address Specified

Issued: 9/7/2016

Expires: 9/7/2017

Description: TWIN PINES ADDITION, BLOCK 6, Lot 1

Owner: SIBU PROPERTIES LLC
122 W O ST
LINCOLN, NE 68528

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

RYAN PAUL CUNNINGHAM
6020 THORNTON DR APT 1016
LINCOLN, NE 68512

SCANNED

Permit Application

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

with this Application HS00 1337

PLEASE PRINT OR TYPE

SEP 06 2016

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*NOTE PERMIT EXPIRED

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Form A Updated: 4/15

- Shane's Lagoon!

SOIL ABSORPTION TEST DATA REPORT

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

Owner: [redacted] (Paul Cunningham)
Address: 6450 Hitching Post Lane

Property Dimensions: _____ acres

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

Dates of Tests: 9-3-16 to 9-4-16. **Weather:** Precip. .25 Temp. 70's

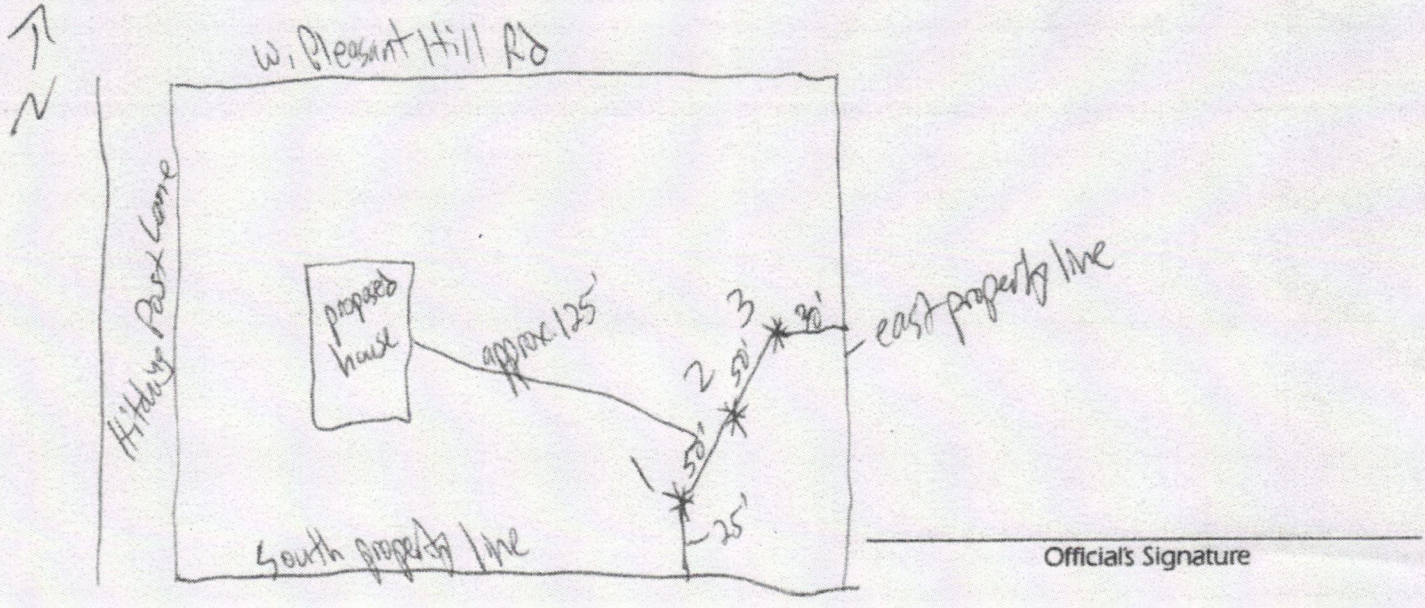
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(In.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	9/3	2:00pm	9/3	6:00pm	9/4	9:35am	6	10:05am	5½	30	½
2	36	9/3	2:00pm	9/3	6:00pm	9/4	9:35am	6	10:05am	5½	30	½
3	36	9/3	2:00pm	9/3	6:00pm	9/4	9:35am	6	10:05am	5¼	30	¾

Sum of Water Level Drops (in.) [Column m]: 1¾
Average of Water Level Drops (in.) [Column m]: .58
~~Inches per Minute:~~ 51.72 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 322-238th Rd
Milford, NE 68405
Phone: 402-641-6174
Signature: [signature]

Square Feet of Lateral per Bedroom: 350

SKETCH SHOWING HOLE LOCATION:



Official's Signature