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

**A**

Permit Number HS001374

# 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* 13501 Silver Fox Ln City Lincoln, NE Zip 68520
(no rural route)

Legal Description _____ Beaver Creek _____ 1

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

PID 23-28-102-001-000 *Approx. Address (If to be determined)_____

### B. Owner

Name Jonathan & Melissa Carpenter Signature_____

Address 1240 Beechcraft Rd City/State/Zip Lincoln NE 68527

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 402-440-7606

### 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 6 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.20
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**

**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 11-29-16 Amount Paid $395
Received By SB Cash/Check No. 4822

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

**B**

Permit Number: HS001374

# Onsite Wastewater Treatment System
## Soil Evaluation Report

PLEASE PRINT OR TYPE

### Onsite System Location

Address 13501 Silverfox Lane (no rural route) City Lincoln NE, Zip 68520

Owner Jordan Carpenter Address

Date of Tests 11/15/16 to 11/16/16 Weather: Precipitation 0 Temperature 70

### Percolation Test Data Table

| A. | B. | C. Saturation/Swelling Time Start | | D. Saturation/Swelling Time End | | E. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr Start | | F. | G. Water Level Drop End | | H. | I. | J. | K. Results |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 11/15 | 10am | 11/16 | 10am | 11/16 | 1:30 | 6 | 11/16 | 2:00 | 30 | 1 | 30 | |
| 2 | 30 | 11/15 | 10 | 11/16 | 10am | 11/16 | 1:30 | 6 | 11/16 | 2:00 | 30 | 1 1/2 | 20 | |
| 3 | 30 | 11/15 | 10 | 11/16 | 10 | 11/16 | 1:30 | 6 | 11/16 | 2:00 | 30 | 1 1/4 | 24 | |
| 4 | 30 | 11/15 | 10 | 11/16 | 10 | 11/16 | 1:30 | 6 | 11/16 | 2:00 | 30 | 1 1/4 | 24 | |
| | | | | | | | | 6 | | | | | | |
| | | | | | | | | 6 | | | | | | |
| | | | | | | | | 6 | | | | | | |
| | | | | | | | | 6 | | | | | | |

### Person Conducting Percolation Test

Name: Jason Kubik
Phone: 105 Locust St 402-440-7666
Address Hickman NE 68372

Soil type (NRCS Maps/Other) 7050 Wymore
Groundwater Depth +12

Sum of Percolation Rates: 98
Average of Rates: 25
Rate Used for Calculation: 29

**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. HS001374**

**System Type:** Standard

**Situs:** 13501 SILVERFOX LN, RURAL, NE

Issued: 11/30/2016

Expires: 11/30/2017

**Description:** BEAVER CREEK ADDITION, Lot 1

**Owner:** CARPENTER, JONATHAN W &
MELISSA L
13501 SILVERFOX LN
LINCOLN, NE 68520

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

JONATHAN CARPENTER
1240 BEECHCRAFT RD
LINCOLN, NE 68527

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

OK 5/10/17 JF

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) 23-28-102-001-000

Owner: Jonathan Carpenter Address 13501 Silverfox Ln

### A. Wastewater Piping

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

### B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well +100 ft.
   Pressure line +25 ft.
   Property Line +50 ft.
   Foundation 35 ft.

### C. Distribution Box or Drop Box

Distance and Direction from septic tank: 9 ft. SE

### 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: 4
3. Length of each lateral (linear): ft. 116 ft. 112 ft. 116 ft. 116
4. Drainfield size: 1667 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +25 ft.
   Property line +50 ft.
   Depth of Groundwater +12

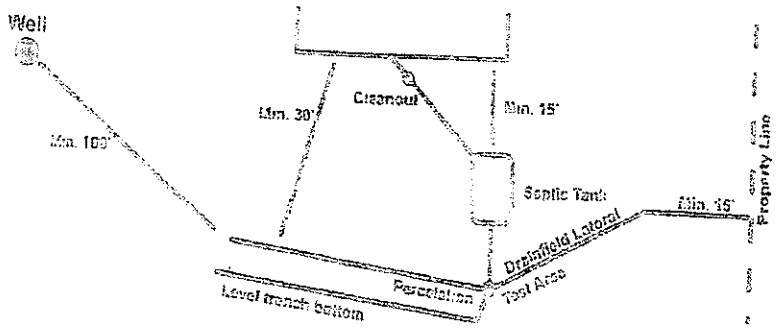
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: 4/12/17

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




*Note-If Lagoon, show all applicable dimensions

House

Well

70

2000 gallon Precast Concrete

Dist Box

water to surface

112

116

112

116

Infi Hator Quick 4 Plus

Graveless Chambers

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

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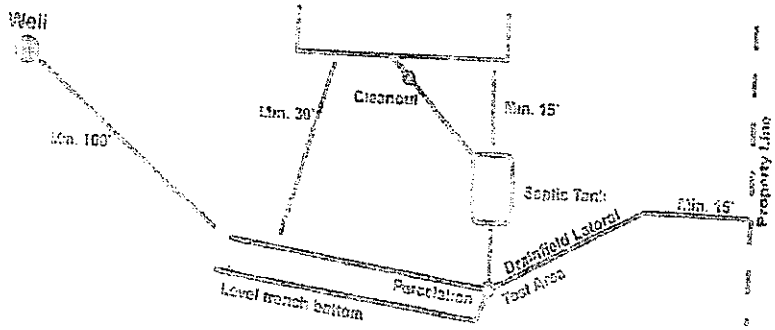
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Certified Professional Signature: [signature] Date: 4/12/17

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




*Note-If Lagoon, show all applicable dimensions

House

Well

70

10.0

2000 gallon Accurate Concrete

Rise Pipe near to Surface

112

116

112

116

Infi Hator Quick 4 Plus

Graveless Chambers

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

Exhibit 5

Permit Number: HS001374

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 5/9/17 Legal Description Beaver Creek Lot 1 28/10/8
¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 13501 Silverfox City

Owner 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 Sq. Ft. Tank Size gals

Total length of laterals Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals Width No. of Drop Boxes Distribution Box

Leveling Method Used

**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 ☐ |

Covered prior to inspection - see as built

**Geographical Coordinates to 6 Decimals:**

Tank N/A

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial Date
Follow-Up Date
Follow-Up Date
Installation Final Written Approval
By Doug Rauss
Date 5/9/17

Field Note Drawing (See Reverse Side):