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

A

Permit Number
HS001398

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* _____ City LINCOLN, NE Zip 68512
(no rural route)

Legal Description SW 17 9N 6E TWIN PINES 4 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-17-404-003-000 *Approx. Address (If to be determined) (SW 32ND - TWIN PINES RD.)

B. Owner

Name BRIAN M BARCROFT Signature _____
Address 13415 JAMESTOWN ST. City/State/Zip Waverly NE 68462
Home Phone 402-202-4586 Work Phone 402-202-4586

C. Certified Installer

Name: Joey Stenger Signature _____
Address 858 33 AVE City/State/Zip Columbus NE 68601
Work Phone 402-562-5585 # 2506

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
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 2-27-17 Amount Paid $395.00
Received By CB Cash/Check No. 3532

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

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. HS001398

System Type: Lagoon

Situs: No Site Address Specified

Issued: 2/28/2017

Expires: 2/28/2018

Description: TWIN PINES ADDITION, BLOCK 4, Lot 3

Owner: BARCROFT, BRIAN & AMY
13415 JAMESTOWN ST
WAVERLY, NE 68462

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

BANCROFT BUILDING INC
13415 JAMESTON
WAVERLY, NE 68462

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCT/ INSTALL EXTENSION
PERMIT

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/1/2018

Expires: 8/28/2018

Description: TWIN PINES ADDITION, BLOCK 4, Lot 3

Owner: BARCROFT, BRIAN & AMY
13415 JAMESTOWN ST
WAVERLY, NE 68462

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

BANCROFT BUILDING INC
13415 JAMESTON
WAVERLY, NE 68462

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

SCANNED

A

Permit Number
HS001398

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* 3150 TWIN PINES Rd City LINCOLN, NE Zip ~~68512~~ 68523
(no rural route)

Legal Description SW 17 9N 6E TWIN PINES 4 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-17-404-003-000 *Approx. Address (If to be determined) (SW 32ST - TWIN PINES RD.)

B. Owner

Name BRIAN M BARNOFT Signature
Address 13415 JAMESTOWN ST. City/State/Zip Waverly NE 68462
Home Phone 402-202-4586 Work Phone 402-202-4586

C. Certified Installer

Name: Joey Steager Signature
Address 858 33 AVE City/State/Zip Columbus NE 68601
Work Phone 402-562-5585 #2506

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:
Designer Name 525-1095 Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3
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
Comments
Date rec'd 2/27/17
Date frwd 2/28/17
ACTION ☒ Approved ☐ Disapproved
Signature

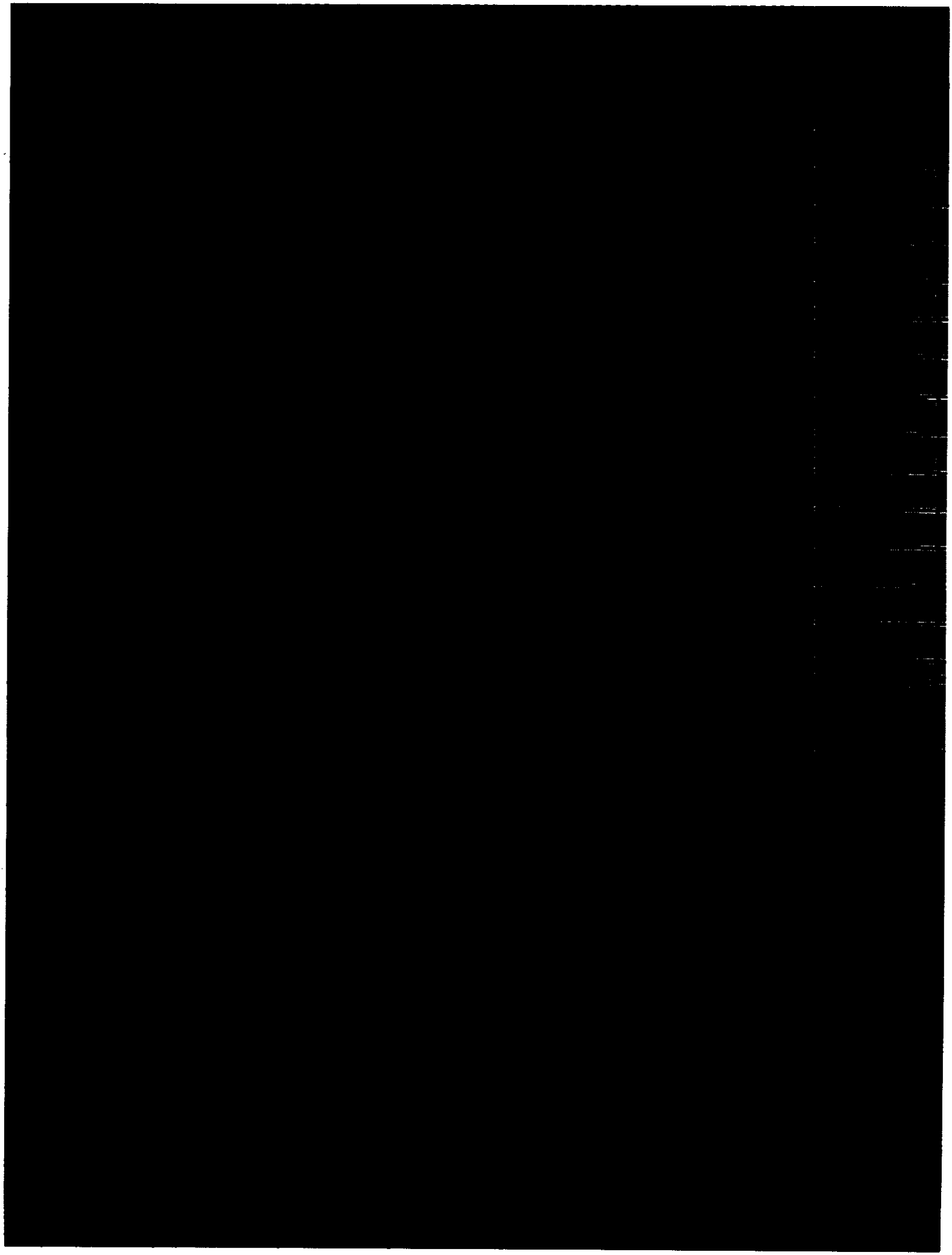
2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 2/27/17
Date frwd
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 2-27-17
Date frwd 2-27-17
ACTION ☒ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

Installation Final Written Approval
By
Date 8/2/18

Business Office Use Only
Date Received 2-27-17 Amount Paid $395.00
Received By CB Cash/Check No. 3522

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



Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS001398

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/2/18 Legal Description Twin Pines Blk 4, Lot 3

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) _____ 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 231 Sq. Ft. 250 sq ft Tank Size 1500 gals

Total length of laterals 240 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 Distribution Box 1

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_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial DH Date 5/9/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 8/2/18

Field Note Drawing (See Reverse Side):

Nate C. Hartman

From: Stenger Plumbing <stengerplumbing@gmail.com>
Sent: Monday, June 18, 2018 11:49 AM
To: Nate C. Hartman
Subject: Fwd: output.jpg
Attachments: output.jpg

Stenger Plumbing, Inc.
3014 E 23rd St
PO Box 1113
Columbus, NE 68602
Office 402-562-5585

---------- Forwarded message ----------
From: **Joey Stenger** <stengerplumbing@gmail.com>
Date: Mon, Jun 18, 2018 at 10:49 AM
Subject: output.jpg
To: Joey Stenger <stengerplumbing@gmail.com>

Sent from my iPhone

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCT/ INSTALL EXTENSION
PERMIT

System Type: Lagoon

Situs: No Site Address Specified

Description: TWIN PINES ADDITION, BLOCK 2, LOT 3

LINCOLN
LANCASTER COUNTY
HEALTH
DEPARTMENT

Issued: 3/1/2018
Expires: 8/28/2018

Owner: BARCROFT, BRIAN & AMY
13415 JAMESTOWN ST
WAVERLY, NE 68462

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

COPY

BANCROFT BUILDING INC
13415 JAMESTON
WAVERLY, NE 68462

Nate C. Hartman

From: Joey Stenger <stengerplumbing@gmail.com>
Sent: Tuesday, May 01, 2018 2:47 PM
To: Nate C. Hartman
Subject: 54689664440__CF57F29E-DECC-431A-BA0A-4EB396E83223.jpeg

Wastewater Treatment System
Soil Absorption Test Data Sheet

Phone _____

State _____ Zip _____

Loamy Sand ____ Silty Clay ____

Weather Conditions

Precipitation _____ Avg. Temp _____ °F

Percolation Readings (last period)

Hole No.	Depth to Bottom (inches)	Depth to Gravel (inches)	Water Level (inches)	Time (Hr./Min)	Water Level Drop (inches)	Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (Time ÷ Drop) (Minutes per inch)
					2½	4		12
					1½	3		20
					2	4		15
					3½	6		8
					3	5		10
					3	5		10
					2	4		15

Sum of Percolation Rates = 90

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 12.85

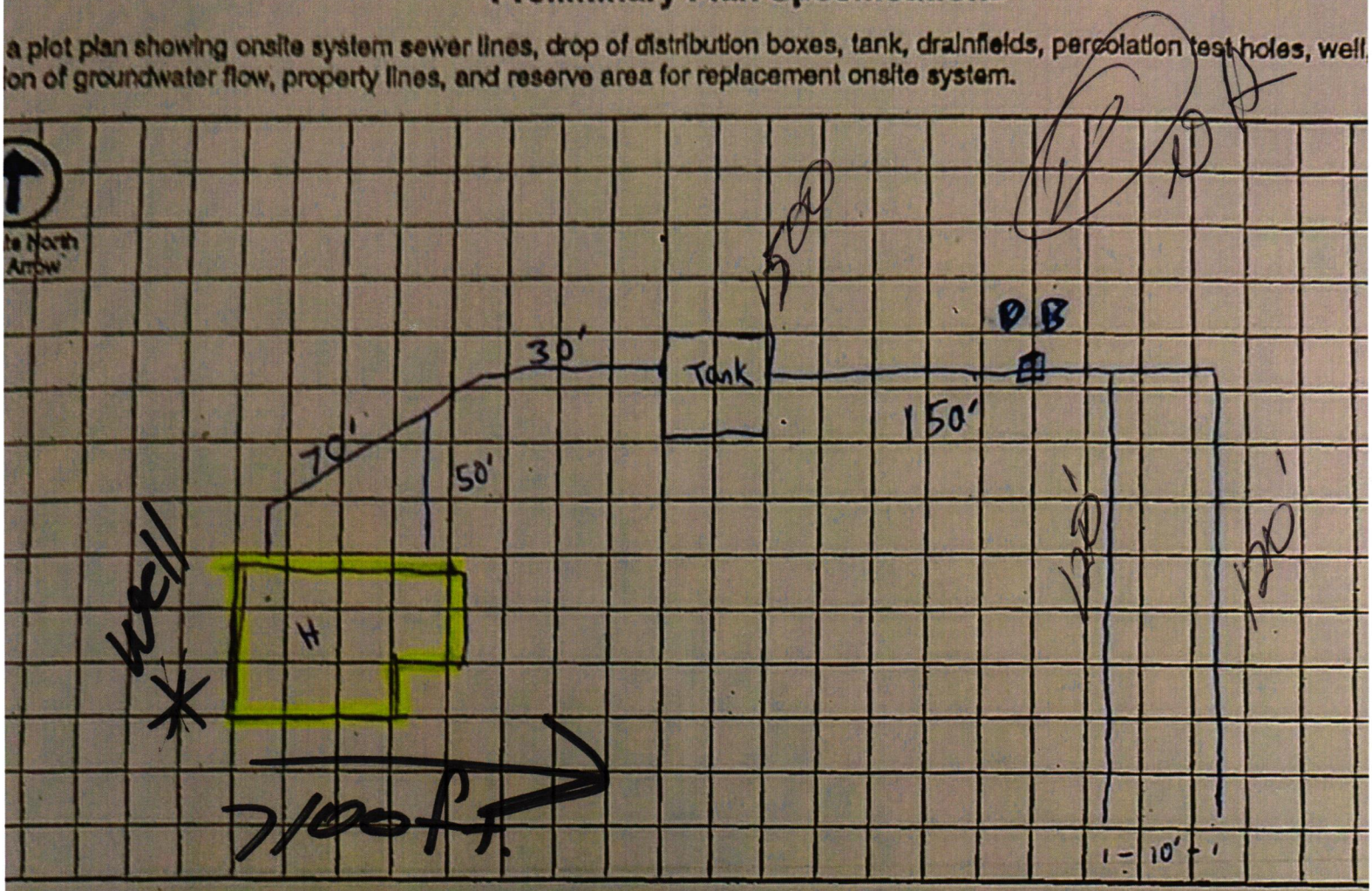
* If rates vary by more than 20 min/in, do not average. Use slowest rate measured for sizing soil absorption area.

Version 9-2014

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Preliminary Plan Specifications

a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, ion of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ ft. =

Onsite System Location

s (no rural route) _____ City _____ NE, Zip ____

Proposed Septic Tank/s

Tank Cap_____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max.

Reserve Area for Replacement Onsite System

ainfield Absorption Area (percolation test required) ☐ Lagoon

Drainfield Absorption System

ation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land S

nch ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____

ngth of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐

bsorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

bsorption beds_____ Width_____ No of Distribution lines per bed_____

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

ce	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Neighb

SCANNED

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name _____ Phone _____

Address 3150 Twin Pines
City State Zip

Location (Attach a sketch of the property showing test hole locations)

___ ___ ____ ____ ____ _____
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay ____

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date _____ to End Date _____, 20___

Weather Conditions

Precipitation _____ Avg. Temp _____ °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ i) (Minutes per inch)
1										2½	4		12
2										1½	3		20
3										2	4		15
4										3½	6		8
5										3	5		10
6										3	5		10
7										2	4		15

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature _____

Certificate or License # _____

Address _____

City _____ St. ____ Zip _____

Phone _____

Sum of Percolation Rates = 90

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 12.85

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 9-2014