Alteration

A

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

Permit Number H5002093

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* 10820 RAMONA CIRCLE City LINCOLN, NE Zip 68516
(no rural route)

Legal Description 32 09 07 BEECZY ACRES 1ST ADDITION 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 16-32-401-002-000 *Approx. Address (If to be determined)

B. Owner

Name RICHARD POE Signature

Address 10820 RAMONA CIRCLE City/State/Zip LINCOLN NE 68516

Home Phone Work Phone

C. Certified Installer

Name: TAYLOR BUSS Signature

Address 8770 WAVERLY RD City/State/Zip LINCOLN NE 68517

Work Phone 402-430-8380

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 2 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 2.57
Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 300

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 9-04-20 Amount Paid $230.00
Received By MAD Cash/Check No. DC-4033

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

Form A Updated 4/15

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name RICHARD PEE Phone

Address 10820 RAMONA CIR City LINCOLN State NE Zip 68516

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

__ __ 32 Section 09 Township 07 Range LANCASTER County

Lot # 2 Subdivision BREEZY ACRES 1ST ADDITION

Soil Type (Check one) Per GIS Viewer

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ___

Also Silty Clay Loam X Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 8/29 to End Date 8/29, 2020

Weather Conditions

Precipitation N/A Avg. Temp 75 °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 (min./1) (Minutes per inch)
1	35"	8/29	8:00	8/29	13:00	8/29	13:00	12	13:30	11 1/4"	30	3/4"	40
2	36"	"	"	"	"	"	13:32	11 3/4	13:32	11 1/4"	30	1/2"	60
3	35"	"	"	"	"	"	13:04	11 3/4	13:34	11 1/4"	30	1/2"	60

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

Signature

Certificate or License # 2655

Address 9770 WAVERLY RD

City LINCOLN S: NE Zip 68517

Phone 402-430-8580

Sum of Percolation Rates = 160

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 53.33

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

Version 9-2014

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

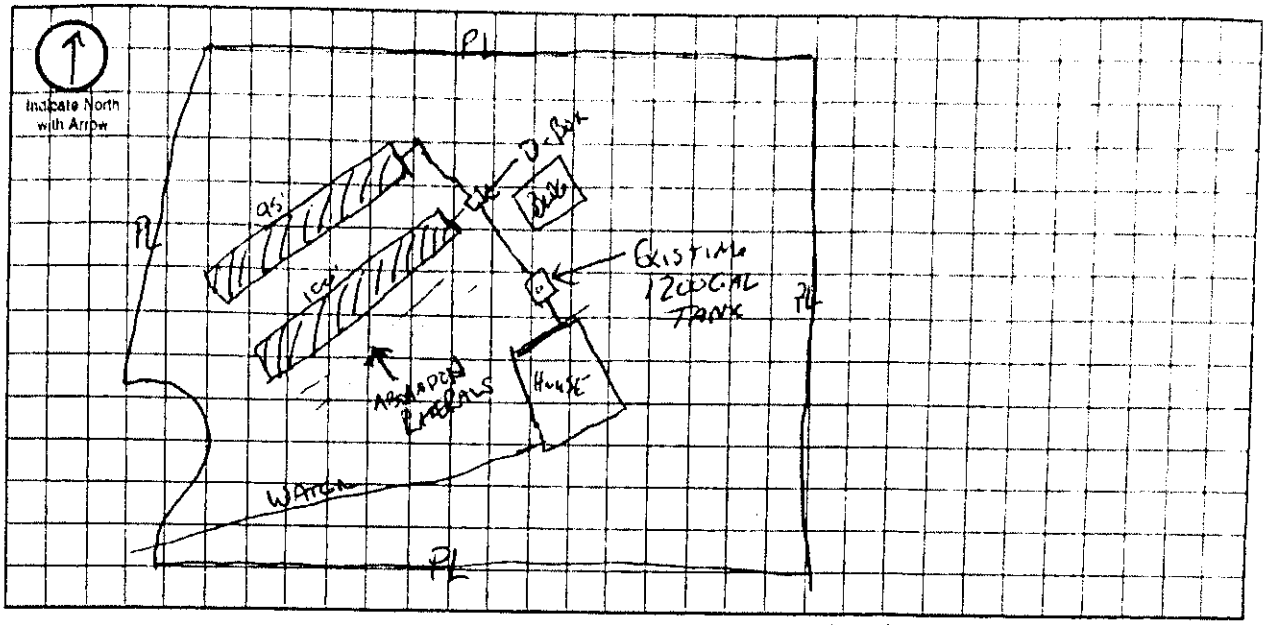
C

Permit Number

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) 10820 RAMONA CIRCLE City LINCOLN NE, Zip 68510

B. Proposed Septic Tank/s ← EXISTING TO REMAIN

Septic Tank Cap. 1200 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 53 (min/inch = mpi) No. of Bedrooms 2 Soil Type Aksarben Silty Clay Loam Land Slope 2-6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 700 sq.ft.

Total length of laterals 195' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 3.625' No. of drop boxes 1 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

Home Building Contractor N/A Date _____

Installer Ty Kuns NEBRASKA RURAL SEPTIC MI #2655 Date 9/1/2020

Onsite Form C 12_06