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

A

Permit Number
HS0022209

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* 14100 Havelock Ave (no rural route) City Lincoln, NE Zip 68527

Legal Description SE SW 4 10 8E Rural Mrkt Area Hall Family 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-04-304-001-000 *Approx. Address (If to be determined)

B. Owner

Name Travis Jones Signature

Address 14100 Havelock Ave City/State/Zip Lincoln, NE 68527

Home Phone 402-430-3310 Work Phone 402-420-3310

C. Certified Installer

Name: AWS Well Company, Inc Signature

Address PO Box 246 City/State/Zip Mead, NE 68041

Work Phone 4026243895

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
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
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 5-03-21 Amount Paid $140.00
Received By JAO Cash/Check No. 1029

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 Travis Jones Phone 402-430-3310

Address 14100 Havelock Ave Lincoln NE 68527
City State Zip

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

SE SW 4 10 8E Lancaster
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

Soil Type (Check one)

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

Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date 4/20 to End Date 4/21, 2021

Weather Conditions

Precipitation 0 Avg. Temp 45 °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 ÷ l) (Minutes per inch)
1	32"	4/20	10:00	4/21	10:00	4/21	10:05	28	10:05	27.00	30	1	30.0
2	32"	4/20	10:00	4/21	10:00	4/21	10:05	28	10:05	27.00	30	1	30.0
3	32"	4/20	10:00	4/21	10:00	4/21	10:05	28	10:05	26.70	30	1.3	23.10

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

Signature Steve Ware AWS Well Co.

Certificate or License # C-1981

Address AWS WELL CO., INC.

City 1597 Co. Rd. 10 Box 246 Zip

Phone MEAD, NE 68041

Sum of Percolation Rates = 83.10

Avg. of Percolation Rates* = 20.8
(sum of rates ÷ number of tests)
(minutes per inch)

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

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002209

System Type: Standard

Situs: No Site Address Specified

Issued: 5/3/2021

Expires: 5/3/2022

Description: HALL FAMILY ADDITION, LOT 1

Owner: JONES, TRAVIS T & MAISIE C
14100 HAVELOCK AVE
LINCOLN, NE 68527

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

TRAVIS JONES
14100 HAVELOCK AVE
LINCOLN, NE 68527

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

A

Permit Number
HS0022209

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* 14100 Havelock Ave (no rural route) City Lincoln, NE Zip 68527

Legal Description SE SW 4 10 8E Rural Mrkt Area Hall Family 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 23-04-301-001-000 *Approx. Address (If to be determined)

B. Owner

Name Travis Jones Signature

Address 14100 Havelock Ave City/State/Zip Lincoln, NE 68527

Home Phone 402-430-3310 Work Phone 402-430-3310

C. Certified Installer

Name: AWS Well Company, Inc Signature

Address PO Box 246 City/State/Zip Mead, NE 68041

Work Phone 402 624 3895

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 3 as per GIS Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.24
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 5/3/21
Date frwd 5/3/21
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 4/12/22

Business Office Use Only
Date Received 5-03-21 Amount Paid $440.00
Received By JAO Cash/Check No 1029

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

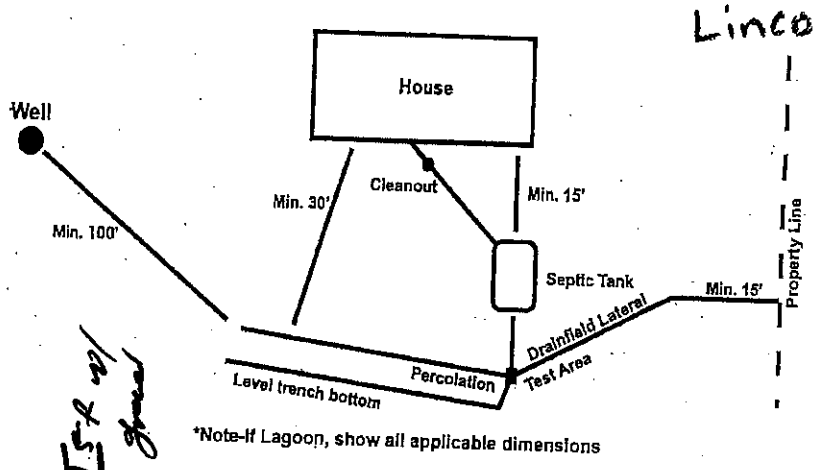
Form A Updated: 4/15

* System drawn fully & scanned
* Pre-approval cover, as-built provided VH

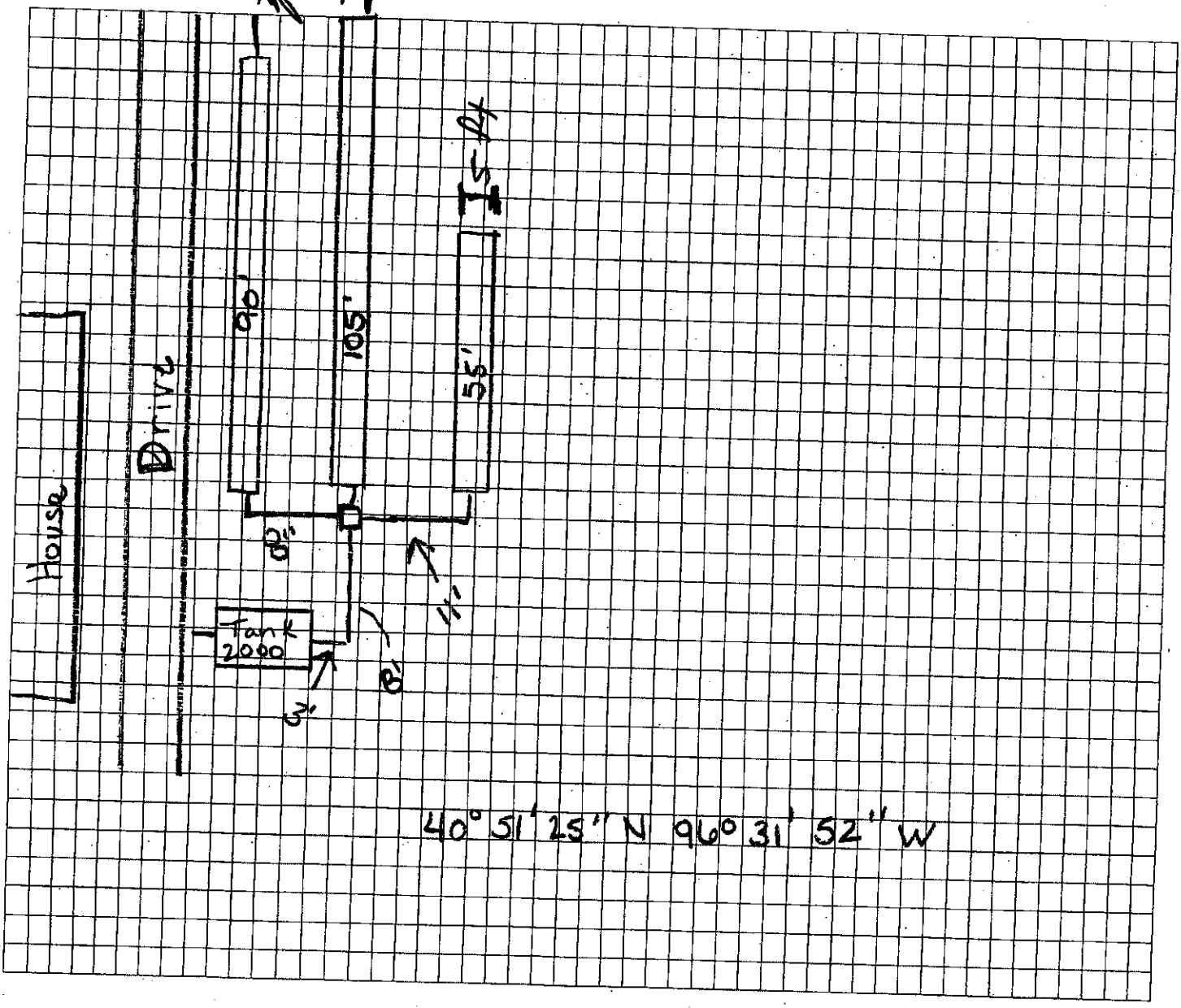
Travis Jones Prarie Home
14100 Havelock Ave
Lincoln, NE 68527

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

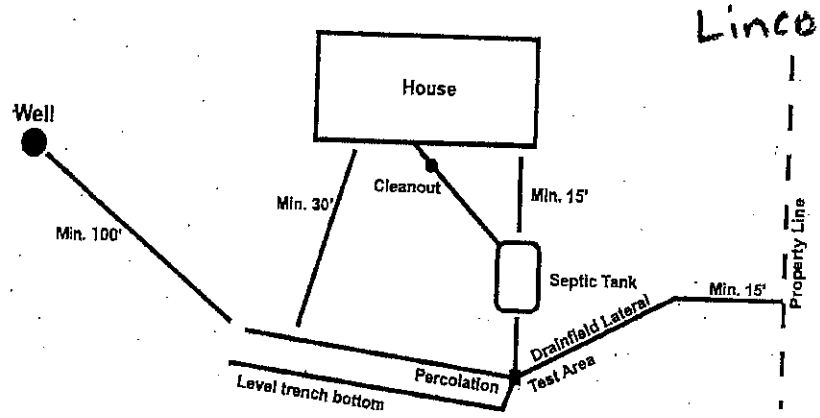


Travis Jones Prarie Home

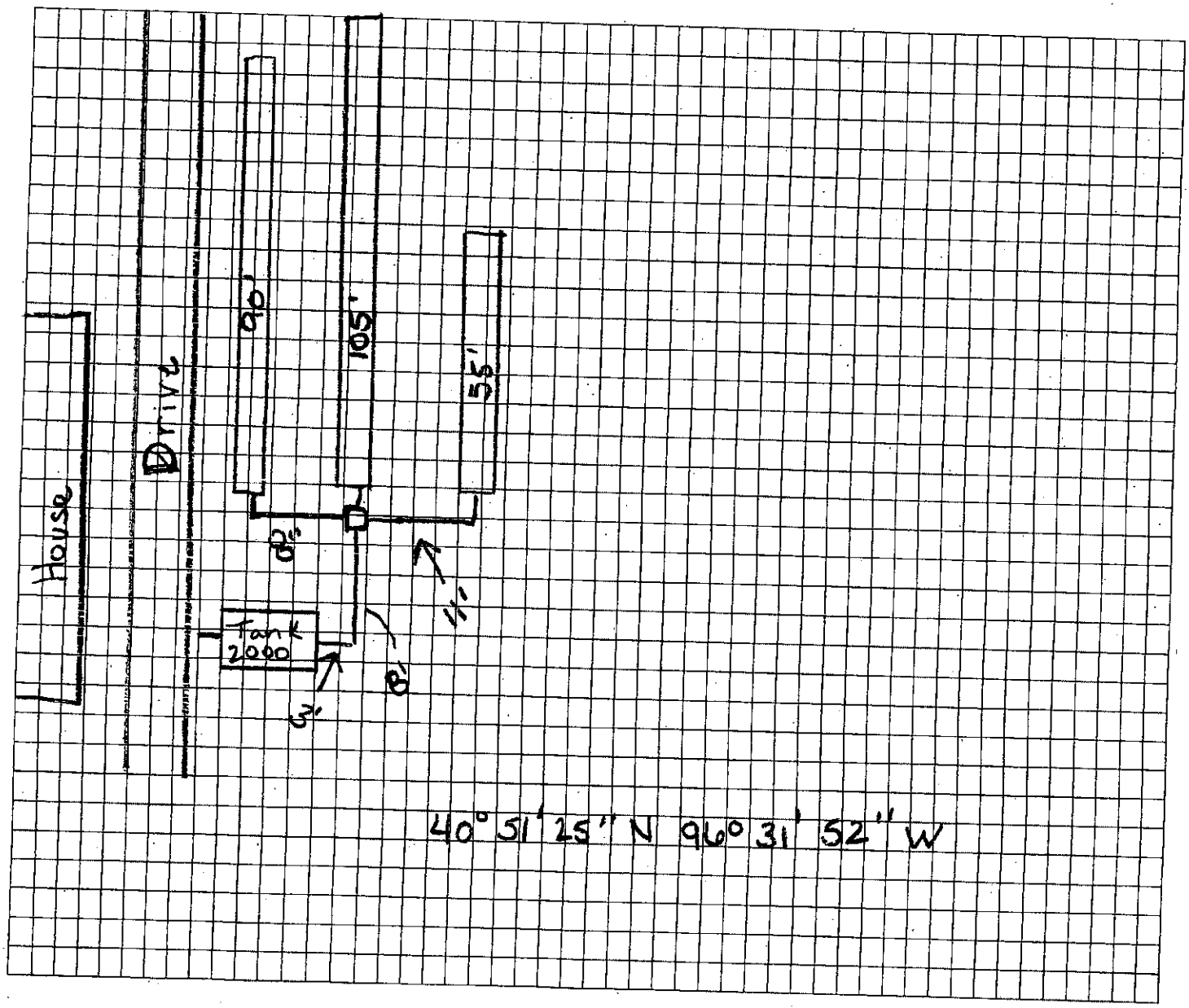
14100 Havelock Ave
Lincoln, NE 68527

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 831-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

November 22, 1976 — THIS PERMIT EXPIRES

Marvin L. Hall — ISSUED TO

Rural Route 3; Lincoln, Nebraska — ADDRESS

T10N; R8E; E 1/2 of SW 1/4 of Section 4; EXTENSION — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH DEPARTMENT
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 831-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 5-12-76

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N; Range 8E; Section E½ of SW¼ 4;
Block ____; Lot ____; Addition ____
Street Address RR #3

2. Property Use: Residential X ☐; Commercial ____ ☐
No. Bedrooms 3
Describe ____
Other Use ☐
Describe farm

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair:
1- 1,000 gal. concrete septic tank
100' Lateral concrete with 30 ton gravel

5. Work to be done by: Owner ☒; or Contractor ☐, ____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	410.00
b. Labor	$	
c. Other	$	140.00 digging
TOTAL	$	550.00

Marvin L. Hall
Signature of Applicant (owner or lessee)

Lincoln, Nebr. RR #3 68507
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 15.00

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/21/76 by: J. C. Hood

SOUTH

MARVIN HALL
5-76

