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

A

Permit Number HS00 2252

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C.
Submit correct fee
with this Application

acres or more required for: ☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

LEASE PRINT OR TYPE

A. Onsite System Location

Address 21405 N 134 St (no rural route) City Bennington NE Zip 68366

Legal Description _____ 8 12 8-E _____ 15

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

Geographical Location (if known): Lat/Long:_____ PID_____

B. Owner

Name David Cavlovic Signature_____

Address 21405 N 134 Street City/State/Zip_____

Home Phone Bennington Ne 68366 Work Phone_____

C. Certified Installer

Name: Scott Stubbert Signature Scott Stubbert

Address 1012 C. Rd M City/State/Zip Mead Ne 68041

Work Phone 402 443 6549

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_____ Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 24

☐ Commercial Establishment/Other Facility Specify Shop - Shed Design flow in gallons per day 200

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

Health Department
Site visits _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature_____

Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature_____

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 6-30-21 Amount Paid $440.00
Received By JAO Cash/Check No. CC0303

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

Received Time Jun. 30. 2021 10:31AM No. 1931

Form A Updated: 5/10

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Septic System

Print or Type

David Caulovic — 402-306-1890

Owner First Name | Initial | Last Name | Owner Phone Number

Business or Legal Entity Name (if applicable)

Owner Mailing Address | City | State | Zip

21405 N 134th Greenwood Ne 68366

Physical address of system if different from owner's mailing address

Location — Legal description — OR — Geographical coordinates to 4 decimal points

__ __ 8 12 8-E Lancaster / Latitude Longitude

¼ ¼ Section Township Range County

Mark One ☐ Dwelling ☒ Non-dwelling

Mark One

☒ New system ☐ Modification, reconstruction or alteration of existing system ☐ System inspection only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow 200 gal/day Depth to seasonal high groundwater _____ feet

Septic tank capacity 1000 gallons Percolation rate 16.25 min/inch

Number of trenches 1 Width of trenches 54 inches

Total trench length 60 feet Total effective trench bottom area 270 sq. ft.

Soil Absorption System Description (Select one of the following):

- ☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
- ☐ Gravelless chambers with filter material (describe filter material _____)
- ☐ Pipe with filter material (describe filter material _____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
- ☐ Gravelless pipe with filter material (describe filter material _____)
- ☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter _____ in.)
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
- ☐ Other (describe) _____

Previous system registration number (if applicable) TS_____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

(Print or Type) First Name | Initial | Last Name | Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist | Date of Inspection or completion of construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

Version 5-2012

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name David Caulovic Phone 402-306-1890

Address 21405 N 134th Crescent Woods NE 68366
City State Zip

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

__ ¼ 8 Section 12 Township 8-E Range Lancaster 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 6-27 to End Date 6-28, 2021

Weather Conditions

Precipitation 0 Avg. Temp 90 °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 (in ÷ 1) (Minutes per inch)
1	30	6/27	1:00	6/28	1:30	6/28	2:00	10	2:30	8	30	2	15
2	32	"	"	"	"	2:00	"	8	"	"	"	1.5	20
3	30	"	"	"	"	"	"	9	"	7	"	2	15
4	28	"	"	"	"	"	"	11	"	9	"	2	15

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

Signature

Certificate or License # C1996

Address 1012 Co Rd 11

City Mead St NE Zip 68041

Phone 402-443-6549

Sum of Percolation Rates = 65

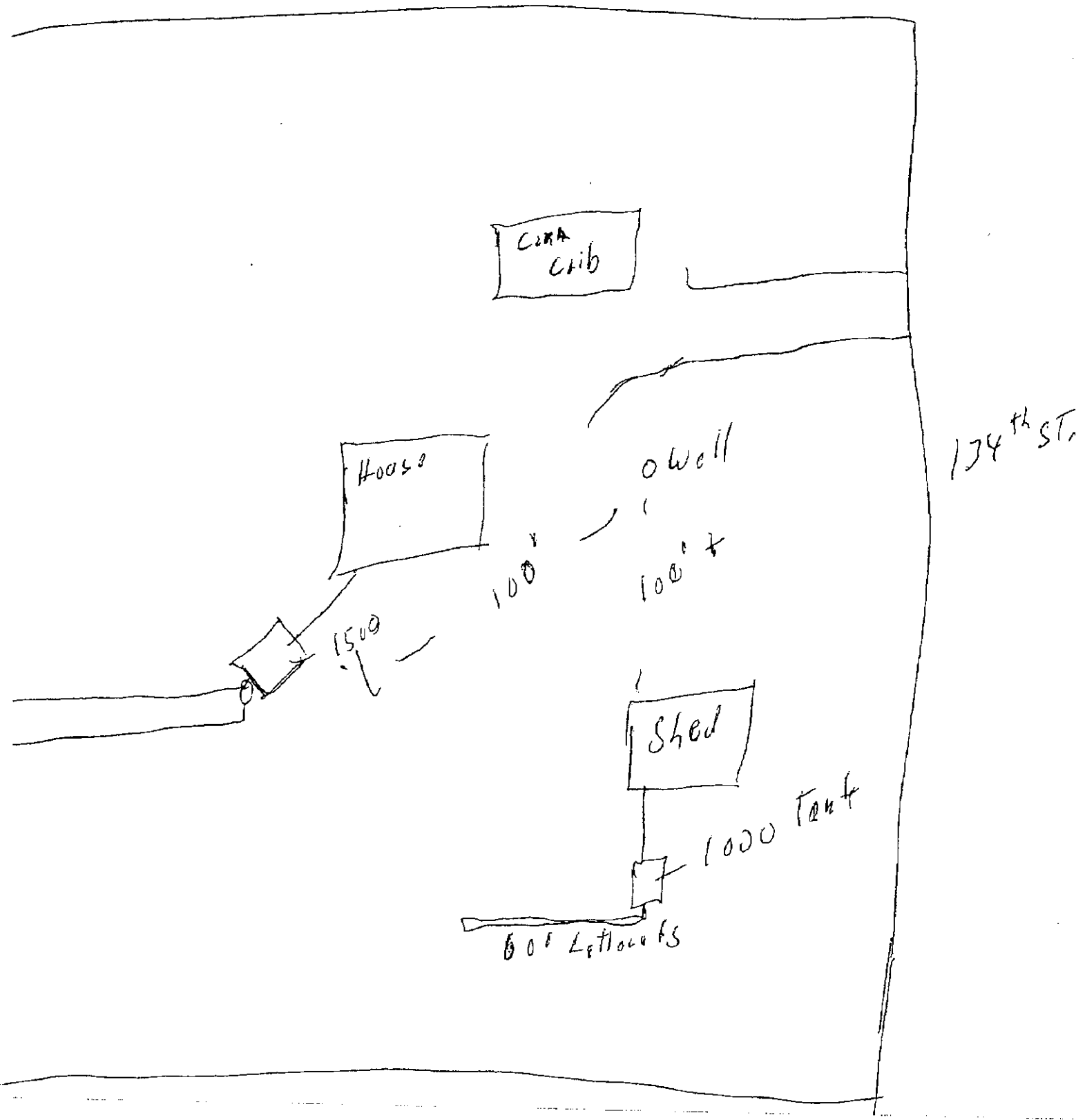
Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 16.25

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

21405 N/34th ST
David Cavlovic

attic Note

N



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

Received Time Jun. 30. 2021 7:41AM No. 1929

Form A Updated: 5/10

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. HS002250

System Type: Standard

Situs: No Site Address Specified

Issued: 7/6/2021

Expires: 7/6/2022

Description: S8, T12, R8, 6th Principal Meridian, LOT 15 SE

Owner: CAVLOVIC, DAVID & KERRI
21405 N 134TH ST
GREENWOOD, NE 68366

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

SCOTT SUBBERT
1012 COUNTY RD M
MEAD, NE 68041

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

SCANNED

A

Permit Number HS00 22 52

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

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Legal Description ____ 8 12 8-E ____ 15

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

Geographical Location (if known): Lat/Long: ____ PID ____

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Name David Cavlovic Signature ____

Address 21405 N 134 Street City/State/Zip ____

Home Phone Greenwood Ne 68366 Work Phone ____

C. Certified Installer

Name: Scott Sabbatt Signature Scott Sabbatt

Address 1012 C Rd City/State/Zip Mead Ne 68041

Work Phone 402-443-6549

D. Engineer

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Designer Name ____ Firm ____ Work Phone ____

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Health Department
Site visits ____
Date rec'd 7/6/21
Date frwd 7/7/21
ACTION ☒ Approved ☐ Disapproved
Signature ____

Supt. Bldg. Insp. or Village Clerk
Comments ____
Date rec'd ____
Date frwd ____
ACTION ☐ Approved ☐ Disapproved
Signature ____

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

Installation Final Written Approval
Date ____

See proposed system drawing

Business Office Use Only
Date Received 6-30-21 Amount Paid $440.00
Received By JAC Cash/Check No. 10303

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

Received Time Jun. 30. 2021 10:31AM No. 1931

+ Bathroom for Shed