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

A

Permit Number HS002431

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 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.

PLEASE PRINT OR TYPE

A. Onsite System Location

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

Legal Description ____ 8 12 8-E
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 Greenwood Ne 68366 Work Phone_____

C. Certified Installer

Name: Scott Schubert Signature Scott Schubert

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

Work Phone_____

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 House Design flow in gallons per day 400

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

1. Health Department
Site visits_____
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 7-6-22 Amount Paid $450
Received By JMO Cash/Check No cc0303

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

Form A Updated: 5/10

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name David Cavlovic Phone 402-306-1890

Address 21405 N 134th Greenwood NE 68366
City State Zip

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

__ __ 8 12 8-E Lancaster
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 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 (m ÷ l) (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.

Scott Sutton
Signature

Certificate or License # C1996

Address 1012 Co Rd M

City Mead St NE Zip 68041

Phone 402-443-6549

Sum of Percolation Rates = 65

Avg. of Percolation Rates* = 16.25
(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.

System Registration For Onsite Wastewater Treatment System - Septic System

Nebraska DEQ

Print or Type

David Caulovic — Initial — Last Name — 402-306-1890 Owner Phone Number

Owner First Name

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*

__ ¼ __ ¼ 9 Section 12 Township 8-E Range Lancaster County / Latitude Longitude

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 400 gal/day Depth to seasonal high groundwater 10+ feet

Septic tank capacity 1500 gallons Percolation rate 16.25 min/inch

Number of trenches 2 Width of trenches 54 inches

Total trench length 200 feet Total effective trench bottom area 900 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 3 x 12 in.) Four 1-foot
- ☐ 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.

Scott — J — Sybert — C1446

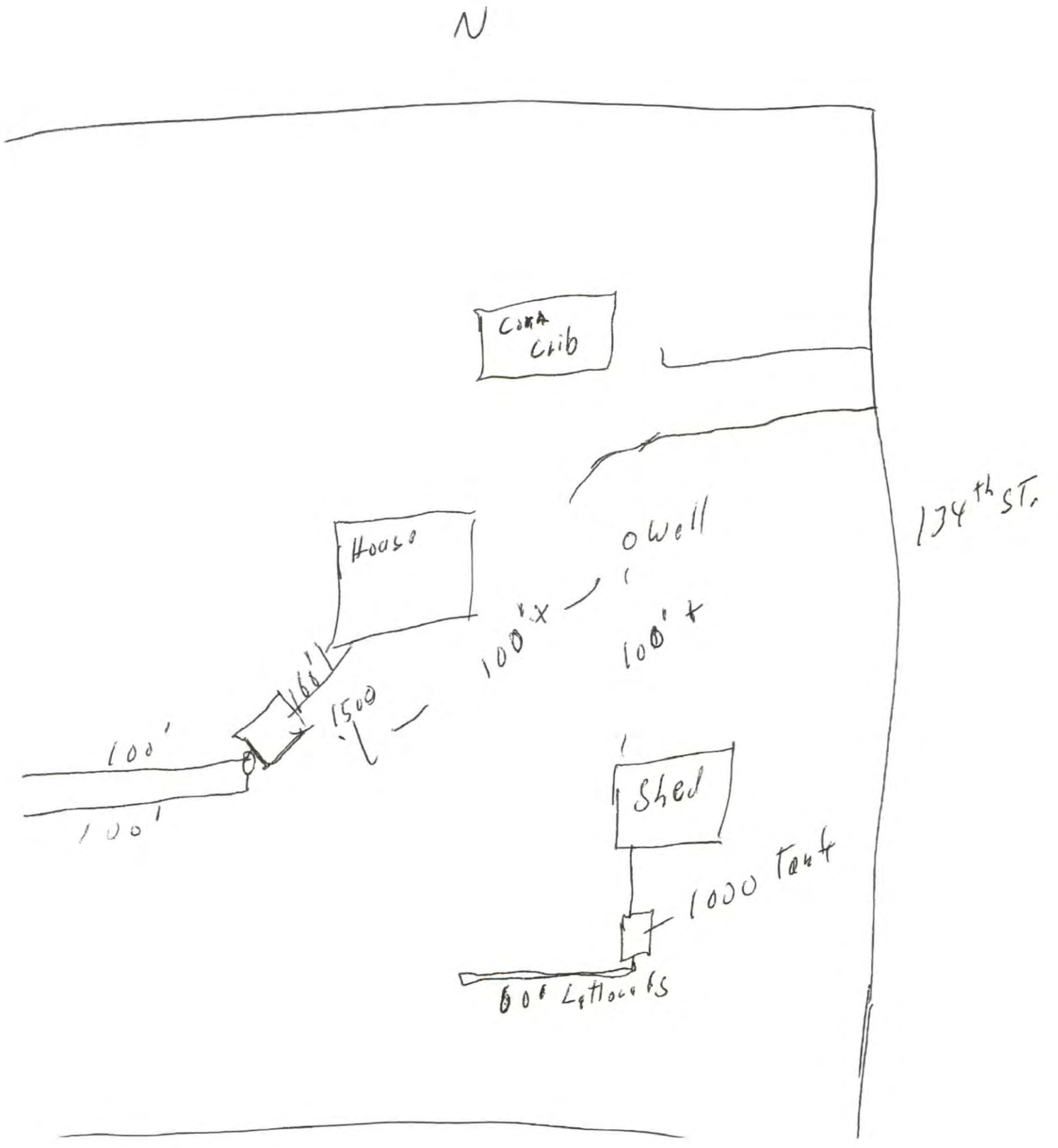
(Print or Type) First Name — Initial — Last Name — Certificate/License Number

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

21405 N/34th ST
David Carlovic



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. HS002431

System Type: Standard

Situs: No Site Address Specified

Issued: 7/7/2022

Expires: 7/7/2023

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, 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 COUNGTY 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
#500243 1

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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☐ 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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 19.59 24

☐ Commercial Establishment/Other Facility Specify HOUSE Design flow in gallons per day: 400

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

1. Health Department Date rec'd 7/7/22 **ACTION** ☒ Approved ☐ Disapproved
Site visits _____ Date frwd 7/7/22 Signature _____

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

3. City or County Engineer Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date 8/4/23

Business Office Use Only
Date Received 7-6-22 Amount Paid $450
Received By JMO Cash/Check No cc0303

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

Form Updated: 5/10

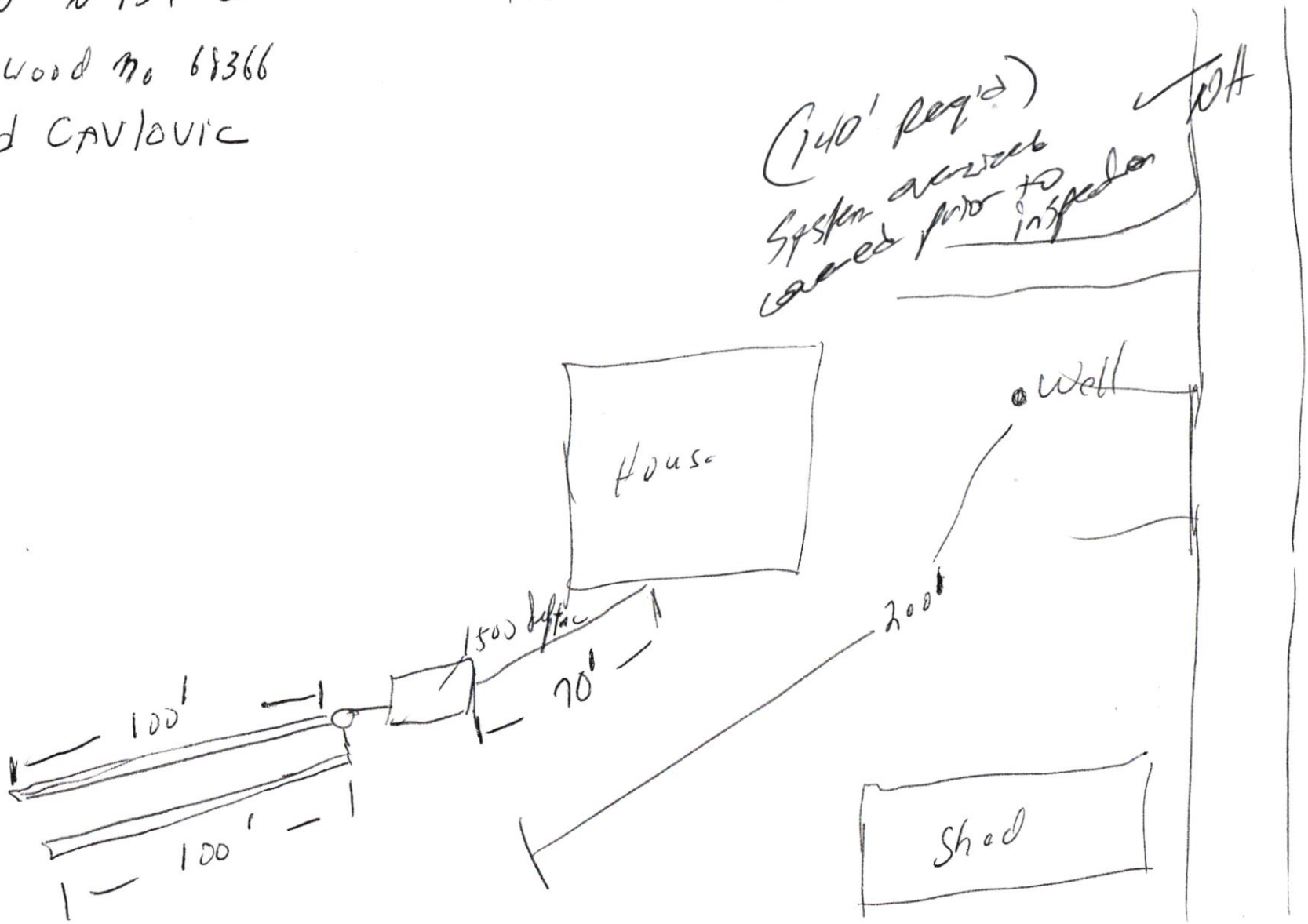
Demo'd old house, new house & new S/S

21405 N 134 St

Greenwood No 68366

David Cavlovic

Attn Nate



SCANNED

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

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SCANNED

Nebraska DEQ

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Business or Legal Entity Name (if applicable)

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21405 N 134th Greenwood Ne 68366

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Scott — J — Sybrant — C1496

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Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

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Version 5-2012

SCANNED

Nebraska DEQ

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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

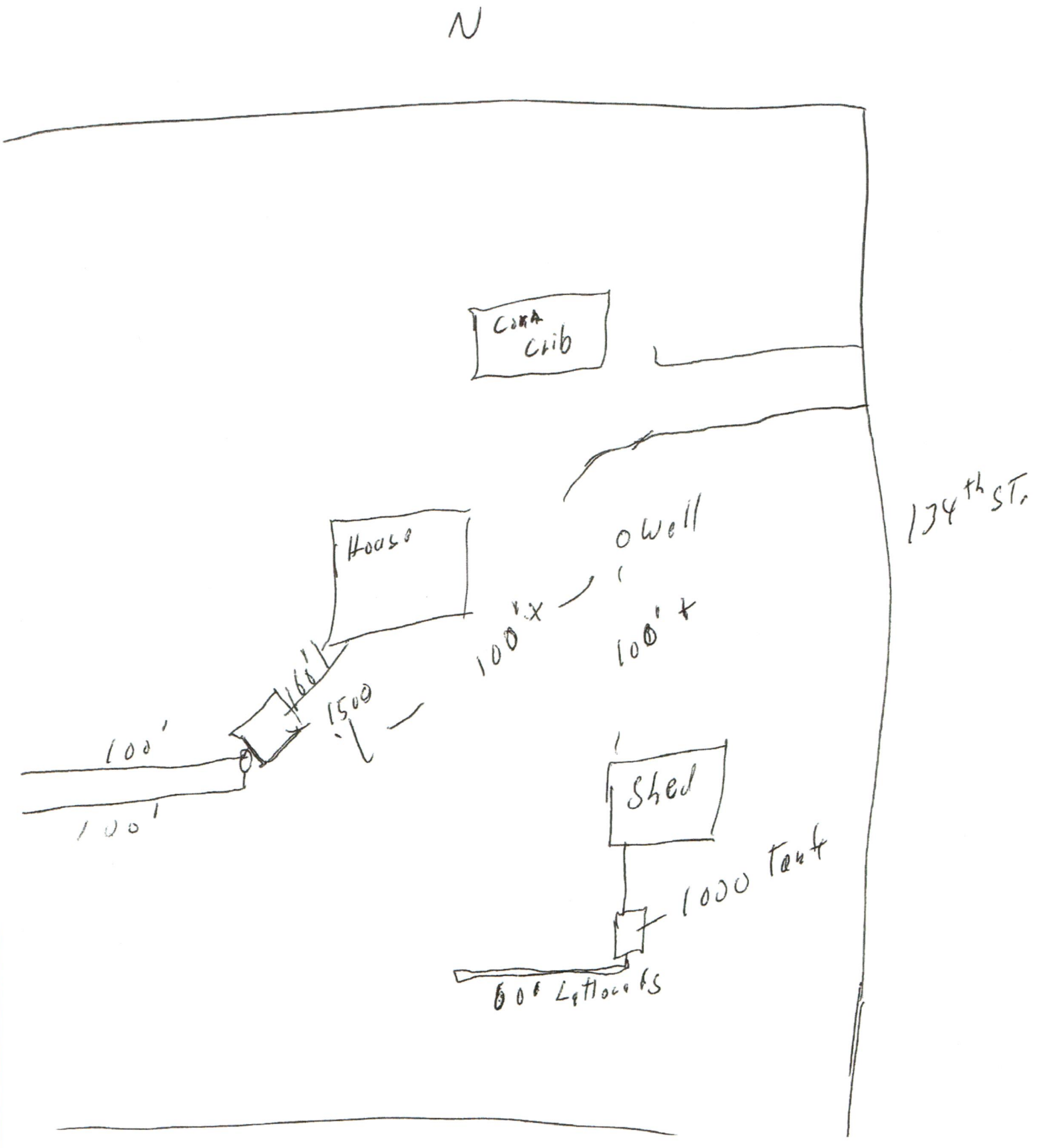
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* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Version 9-2014

21405 N 134th ST
David Carlovic

SCANNED

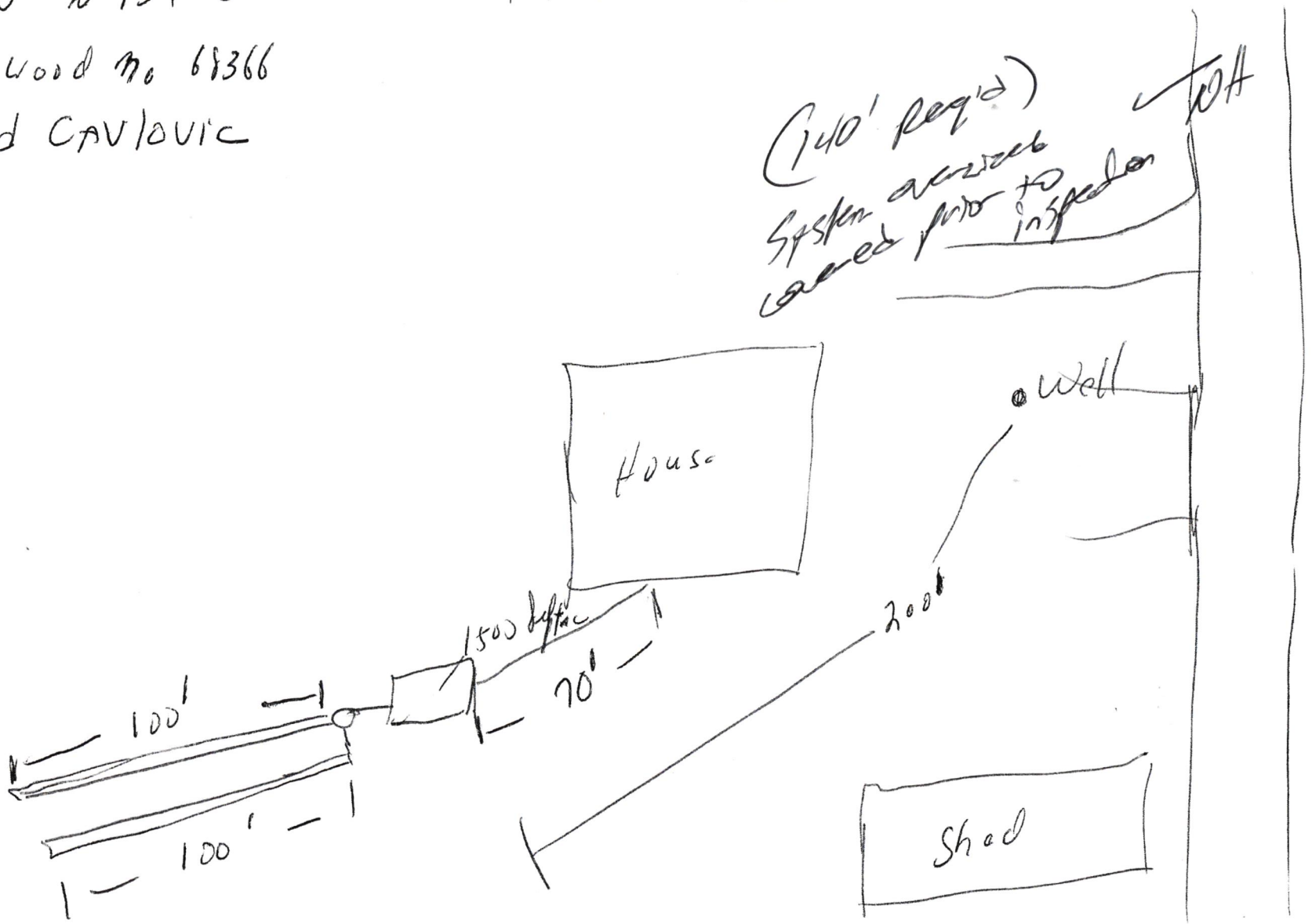


21405 N 134 St

Greenwood No 68366

David Cavlovic

Attn Nate



SCANNED