Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
OTHER

Permit # 01380237401

Issued 10/08/01
Expires 04/08/02
Revenue Code 3157

Establishment

LONNIE HOUCHIN
T8N R5E SEC 17
ELSNER LAKESIDE ESTS BLK 1 LOT 5
15455 BOBWHITE TRL-CRETE

FEES: $200.00

Permittee

LONNIE & BECKY HOUCHIN
2147 WESTWOOD DR
CRETE NE 68333

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000157

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☐ Lagoon ☒ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 15455 BOBWHITE TRAIL (no rural route) City Crete NE, Zip 68333

Legal Description Elsner Lakeside Estates 1st Addition, Block 1, Lot 5 CLCN
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 17 8N 5E Latitude

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Lonnie & Becky Houchin Signature Lonnie Houchin

Address 2147 Westwood Drive City/State/Zip Crete, NE 68333

☐ Check if owner designed system Home Phone 826-2351 Work Phone 890-3120

C. Contractor

Name Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

D. Engineer/Installer ☒ Check and complete if engineer designed system

Designer Name Design Associates Firm Work Phone

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub 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 ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department**	Date rec'd 10/8/01 Date frwd 10/8/01	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10-8-01 Date frwd 10-8-01	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 10/8/01 Date frwd 10/8/01	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Doug Amick

Date 4/9/02

Business Office Use Only

Date Rec'd 10/08/01

Amt Paid 200.00

Rec'd By lo ~~Cash~~/Check No. 1437

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15455 Bobwhite Trail (no rural route) City Crete NE, Zip 68333

Owner Becky & Lonnie Houchin Addresss 2147 Westwood Dr. Crete, NE 68333

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 7-28-01 to 7-29-01 Weather: Precipitation Clear Temperature 90

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	7/28	1:00pm	7/29	12:30pm	7/29	12:45	16 3/8	7/29	4:45	240		
2	"	"	"	"	"	"	"	15 1/8	"	"	"		
3	"	"	"	"	"	"	"	14 1/4	"	"	"		
4	"	"	"	"	"	"	"	13 7/8	"	"	"		
5	"	"	"	"	"	"	"	14 7/8	"	"	"		
6	"	"	"	"	"	"	"	14 1/8	"	"	"		
7	"	"	"	"	"	"	"	15	"	"	"		

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

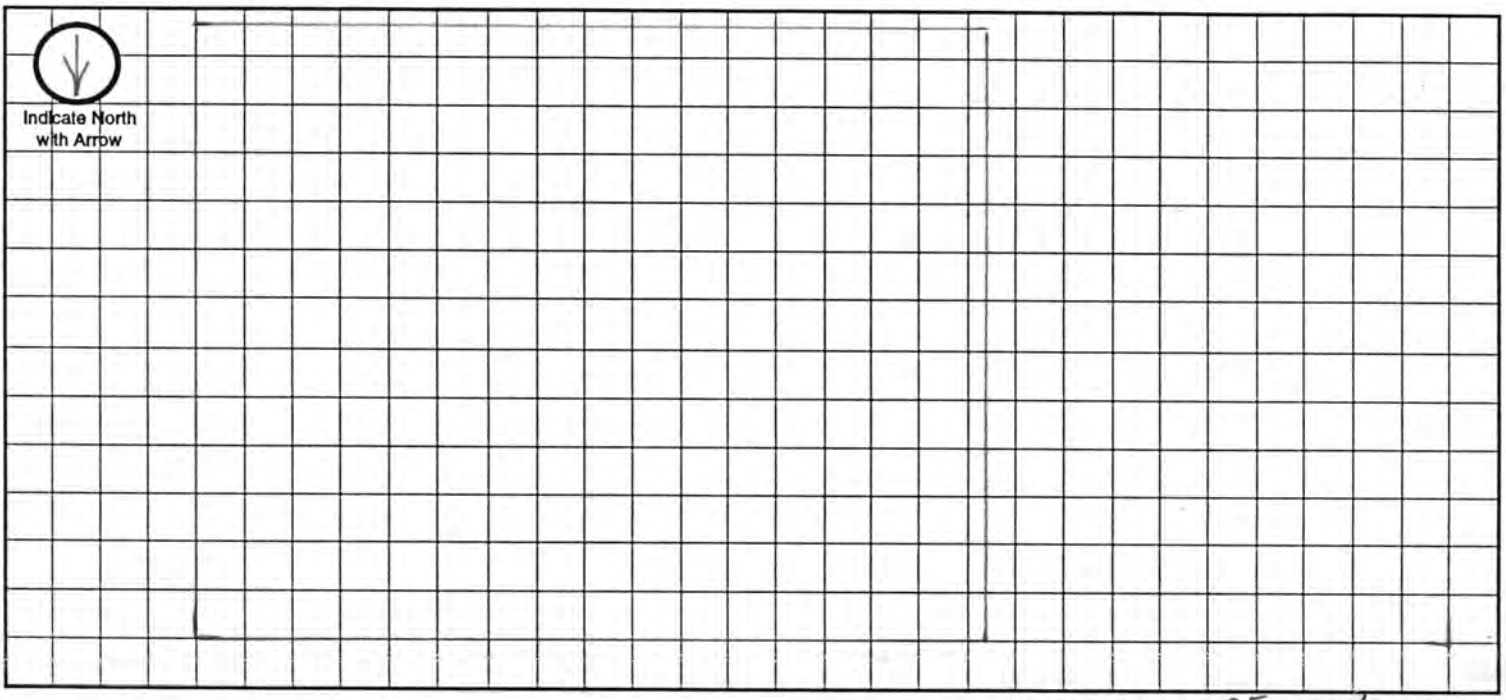
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 15455 Bobwhite Trail City Crete NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. 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 ☐	☐

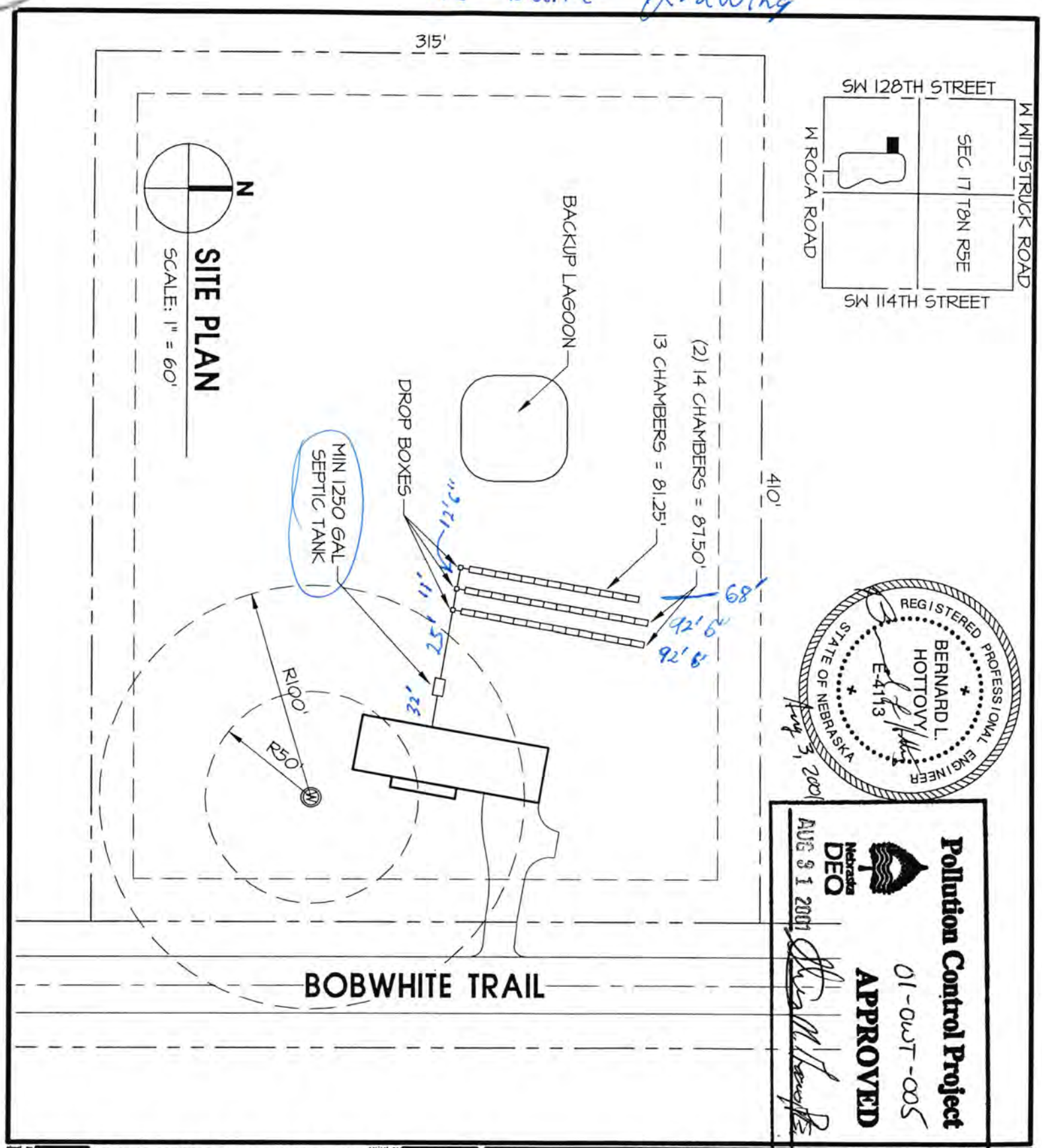
E. Required Signatures

Home Building Contractor Tommie Howell Date 10-8-01

Installer Matt Mahlin Date 10-8-01

FORM 23-102 10-96

As built drawing



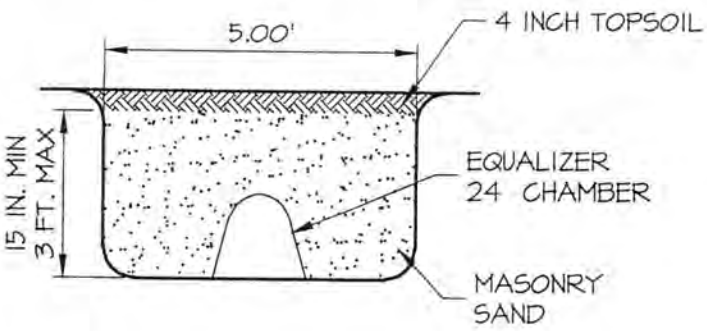
1 OF 2

DESIGN ASSOCIATES OF LINCOLN, INC.
1609 "N" STREET
LINCOLN, NEBRASKA 68508
PHONE:(402) 474-3000
FAX:(402) 474-4045
desassoc@inebraska.com

HOUCHIN SEPTIC

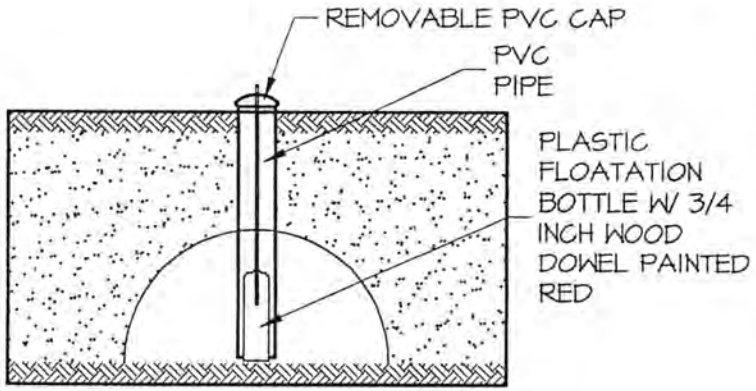
ELSNER LAKESIDE ESTATE 1ST ADDITION BLOCK 1 LOT 5
LANCASTER COUNTY, NEBRASKA

AUG 2001



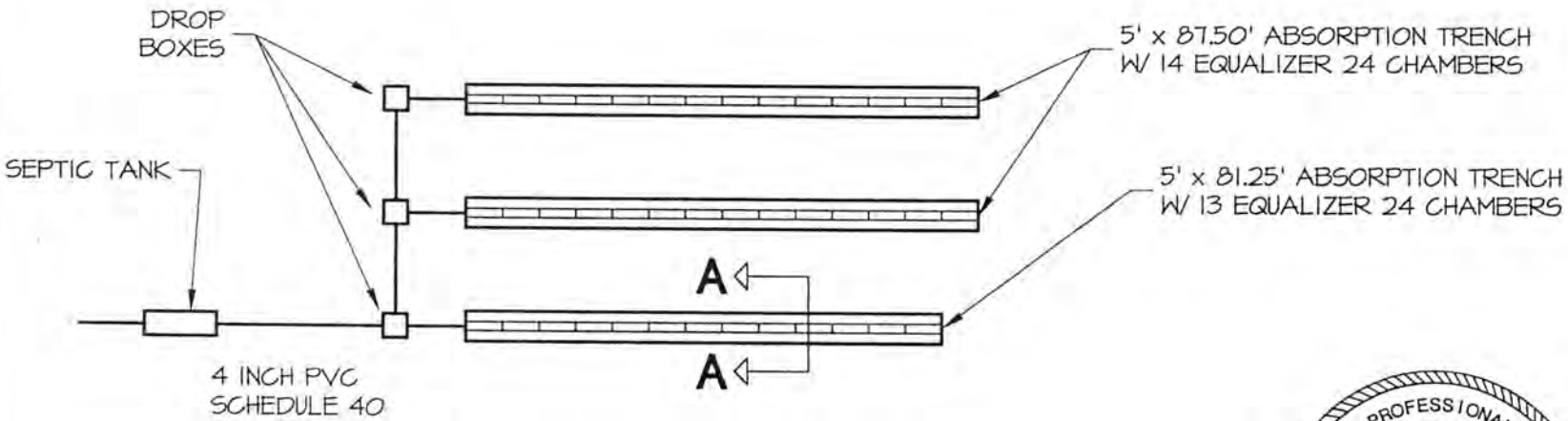
SECTION A-A

NO SCALE



HIGH WATER INDICATOR

NO SCALE (REQUIRED)



ABSORPTION TRENCH PLAN

NO SCALE

REGISTERED PROFESSIONAL ENGINEER
BERNARD L. HOTTOVY
E-4113
STATE OF NEBRASKA
2001

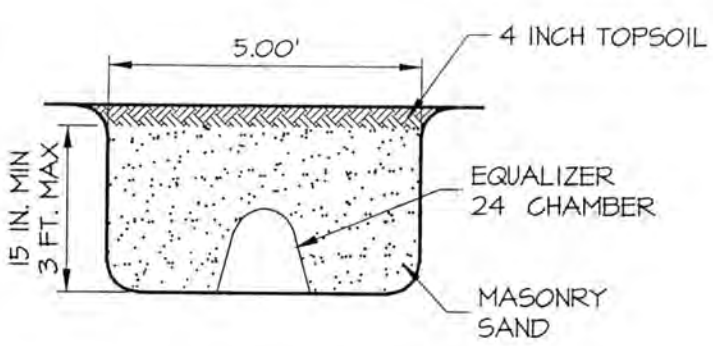
03 AUG 2001

HOUCHIN SEPTIC
ELSNER LAKESIDE ESTATE 1ST ADDITION BLOCK 1 LOT 5
LANCASTER COUNTY, NEBRASKA

SEPTIC SYSTEM

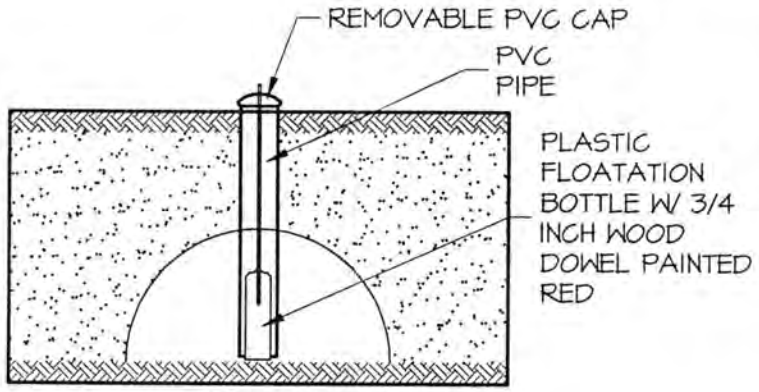
DESIGN ASSOCIATES OF LINCOLN, INC.
1609 "N" STREET
LINCOLN, NEBRASKA 68508
PHONE:(402) 474-3000
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OF 2



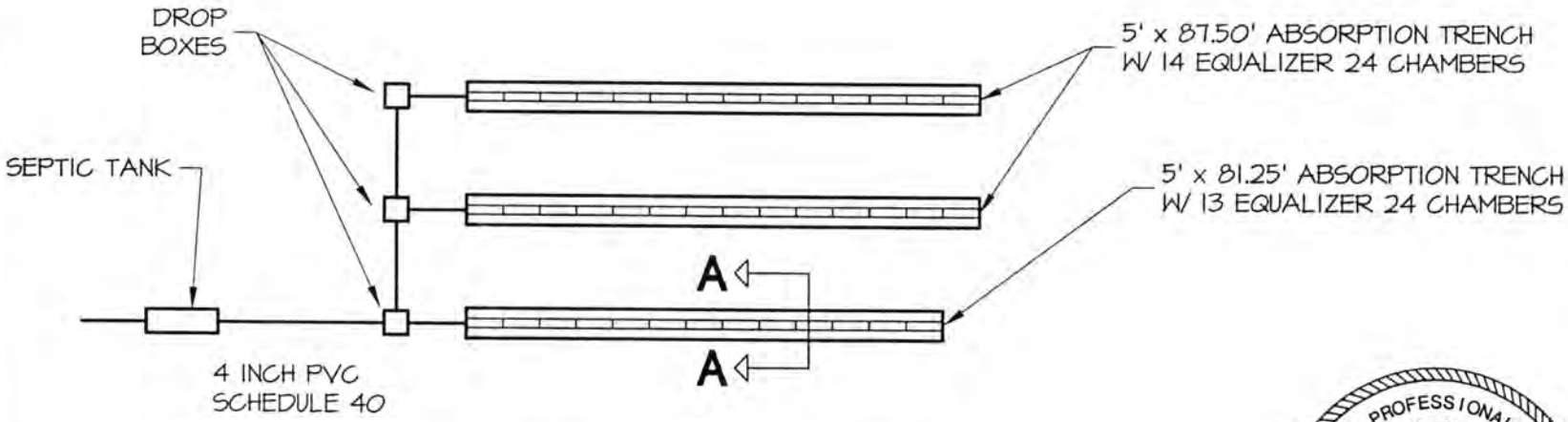
SECTION A-A

NO SCALE



HIGH WATER INDICATOR

NO SCALE (REQUIRED)



ABSORPTION TRENCH PLAN

NO SCALE

REGISTERED PROFESSIONAL ENGINEER
BERNARD L. HOTTOVY
E-4113
STATE OF NEBRASKA
May 3, 2001

03 AUG 2001

HOUCHIN SEPTIC

ELSNER LAKESIDE ESTATE 1ST ADDITION BLOCK 1 LOT 5
LANCASTER COUNTY, NEBRASKA

SEPTIC SYSTEM

DESIGN ASSOCIATES OF LINCOLN, INC.
ARCHITECTS-ENGINEERS-PLANNERS
1609 "N" STREET
LINCOLN, NEBRASKA 68508
PHONE:(402) 474-3000
FAX:(402) 474-4045
desassoc@inebraska.com

2 OF 2

EVAPOTRANSPIRATION/ABSORPTION SYSTEM DESIGN

Owner:	Lonnie Houchin
Legal:	Elsner Lakeside Estate 1st Addition Block 1 Lot 5, SW 1/4 Sec. 17-T8N-R5E
Designer:	JJW

Step #	Function	Description	Value
1	***Enter Value***	Number of Bedrooms	4
		Design Flow (gpd)	600
2	***Enter Value***	Percolation Rate (min/inch)	120
		Evaporation Loss (gal/ft^2/day) constant = 0.0135	0.0135
		Allowable Absorption (gal/ft^2/day)	0.4564
		Total Losses (gal/ft^2/day)	0.4699
		Required Area (ft^2)	1277
		Infiltrator Base Area (ft^2)	724
		Required # of Chambers	40.9
3	***Enter Value***	Number of Trenches	3
		Number of Chambers per Trench	13.62
		Length of Trenches (ft)	85.12
		Total Storage Volume (gal)	1048.65

NOTES:

1. The Contractor shall excavate an inspection pit to confirm that a 4 feet separation can be maintained from any seasonal water table or impermeable clay or rock layer.

2. It is recommended that a water meter be installed on the water supply so that the owner can monitor their water use and ensure that no more than 600 gallons per day are being used.

3. It may be necessary to adjust the orientation of the trenches so that the minimum (1.5 foot) and maximum (3 feet) depths are not exceeded.



Copy – DS

Nebraska Department of Environmental Quality

Construction Permit No. 01OWT027

is hereby issued to

Lonnie Houchin

for the

On-site Wastewater Treatment System

located at

Elsner Lakeside Estates, 1st Addition, Block 1, Lot 5
SW 1/4, Section 17, Township 8 N, Range 5 E
Lancaster County, NE.

Pursuant to a Delegation Memorandum dated January 12, 1999, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed September 6, 2001

Patrick W. Rice

Patrick W. Rice, Assistant Director

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186, Fax (402) 471-2909, e-mail Pubinfo@mail.deq.state.ne.us