Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011074

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment: FIDENCIO VILLERREAL
T8N R5E SEC 17 QTR NE
LOT 45
15001 SW 114 ST

Permittee: FIDENCIO VILLERREAL
808 PINE AVE
CRETE NE 68333

Permit # 07380336501

Issued 07/25/07
Expires 07/25/08
Revenue Code 3157

FEES: $290.00

TOTAL: $290.00



Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number
07380336501 AM

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

20.01 Ac.

A. Onsite System Location

Address 15001 SW 114th St. (no rural route) City _____, NE Zip _____

Legal Description LOT 6010 17 8N 5E 45 NE
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID: 02-17-200-010-000

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name Villarreal, Fidencio & Perez, Angelica Signature _____

Address 808 Pine Ave City/State/Zip Crete, NE 68333

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: SCOTT HAES Company Name HAES CONTRACTING

Address 10600 S 40th City/State/Zip ROCA, NE 68430

☒ Check if contractor designed system Work Phone 402 423 3553

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

Designer Name Scott Haes Firm Haes Contracting Inc. Work Phone 402-499-11666

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☒ Yes ~~☒ No~~ AM

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

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 Very poor soil. Date rec'd 7/25/07 ACTION ☒ Approved ☐ Disapproved
Initially failed Inspection Date frwd 7/25/07 Signature _____
Contacted Contractor on 7/25 about X-tra material
Dept. will allow install NA

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd 7-25-07 ACTION ☒ Approved ☐ Disapproved
Date frwd 7-25-07 Signature _____

3. City or County Engineer
Comments _____ Date rec'd 7-25-07 ACTION ☒ Approved ☐ Disapproved
Date frwd 7-25-07 Signature Jim Ploeger

Installation Final Written Approval
By _____
Date 12/21/07

Business Office Use Only
Date Received 7/25/07 Amount Paid 290.00
Received By CW Cash/Check No. 1255

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

Form A Updated: 5-07

FORM 20105-0477
SOIL ABSORBTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPT.
Division of Environmental Health
3140 "N" Street
Lincoln, Nebraska 68510
Phone: (402) 441-8000

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Owner: Clint Goodrich
Address: 15001 SW 114th Street
Township: T8N
Range: R5E
Sect. & 1/4 Sect.: Section 8, Northeast 1/4
Dimensions (ft x ft): _____
Area (acres): 20
(Attach Sheet C with sketch of property)

TEST CONDITIONS
Weather:

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End			Start		End				
Perc. Hole No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Min.)	Water Level (in.)	Time Elapsed (Min.)	Water Level Drop (in.)	Percolation Rate (Min./in.)
1	36"	10/2	3:32	10/4	9:50	10/4	1:20	13.625	1:50	14.250	30	0.625	48
2	36"	10/2	3:35	10/4	12:20	10/4	1:25	19.125	1:55	19.750	30	0.625	48
3	36"	10/2	3:38	10/4	12:37	10/4	1:29	18.250	1:59	19.250	30	1.000	30
4	36"	10/2	3:41	10/4	12:38	10/4	1:34	21.875	2:04	22.500	30	0.625	48
5	36"	10/2	3:44	10/4	12:33	10/4	1:40	19.125	2:20	20.125	30	1.000	30
6	36"	10/2	3:47	10/4	12:28	10/4	1:42	24.875	2:12	25.875	30	1.000	30

Signature of Person Conducting Test

Sum of Percolation Rates: 234
Average of Rates: 39.0
Mean of Rates: 39.0

Address: 5701 North 58th Street, Lincoln Phone: 402-466-8154

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

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

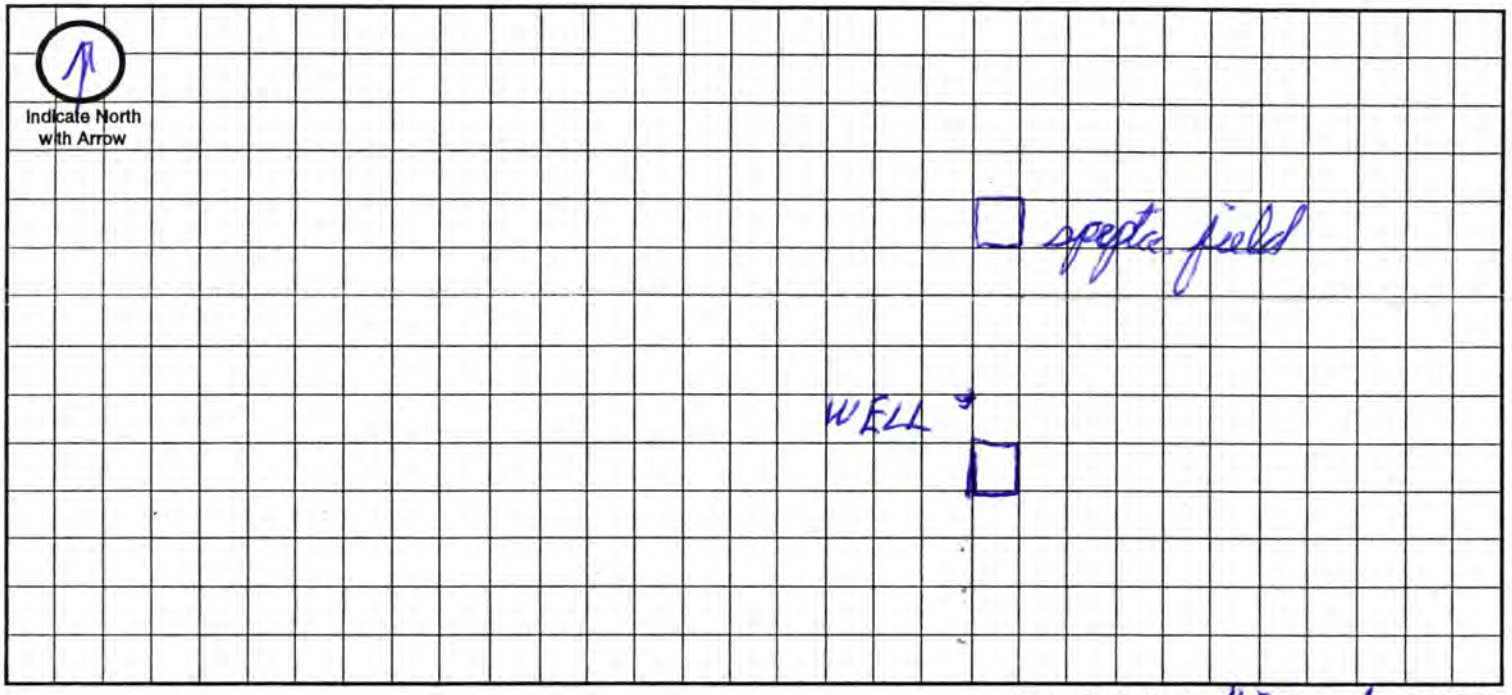
RECEIVED
JUL 10 2007
Engineering Inc.

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: 40 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

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 R Scott Jaap Date July 6, 2007

Installer [illegible] Date July 9, 2007

FORM 23-102 10-96

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

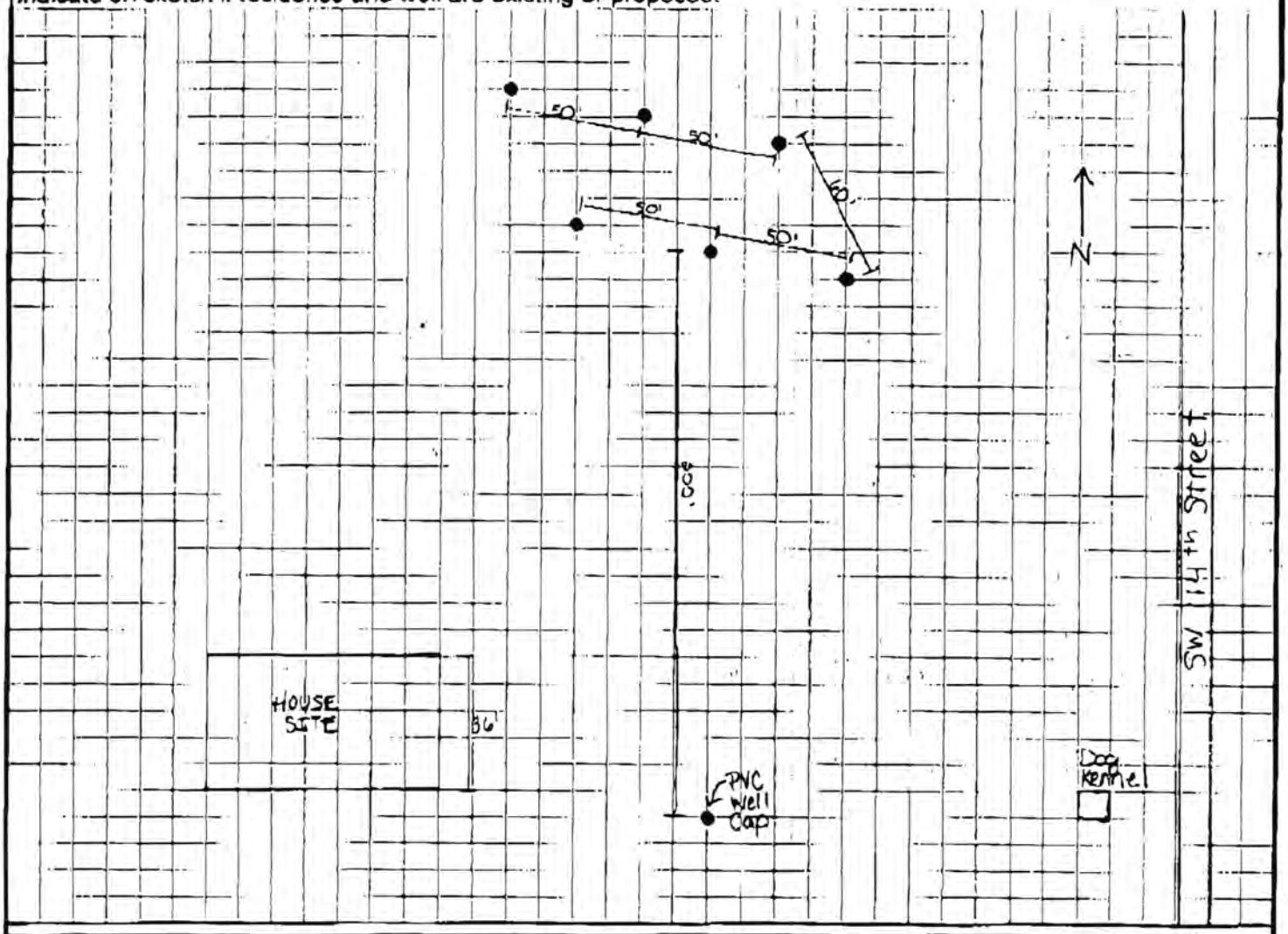
LINCOLN-LANCASTER COUNTY HEALTH DEPT.
Division of Environmental Health
3140 "N" Street
Lincoln, Nebraska 68510
Phone: (402) 441-8000

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are existing or proposed.



REVIEWING ACTION

Remarks: _____

Date: _____

Minimum design requirement

1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

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(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

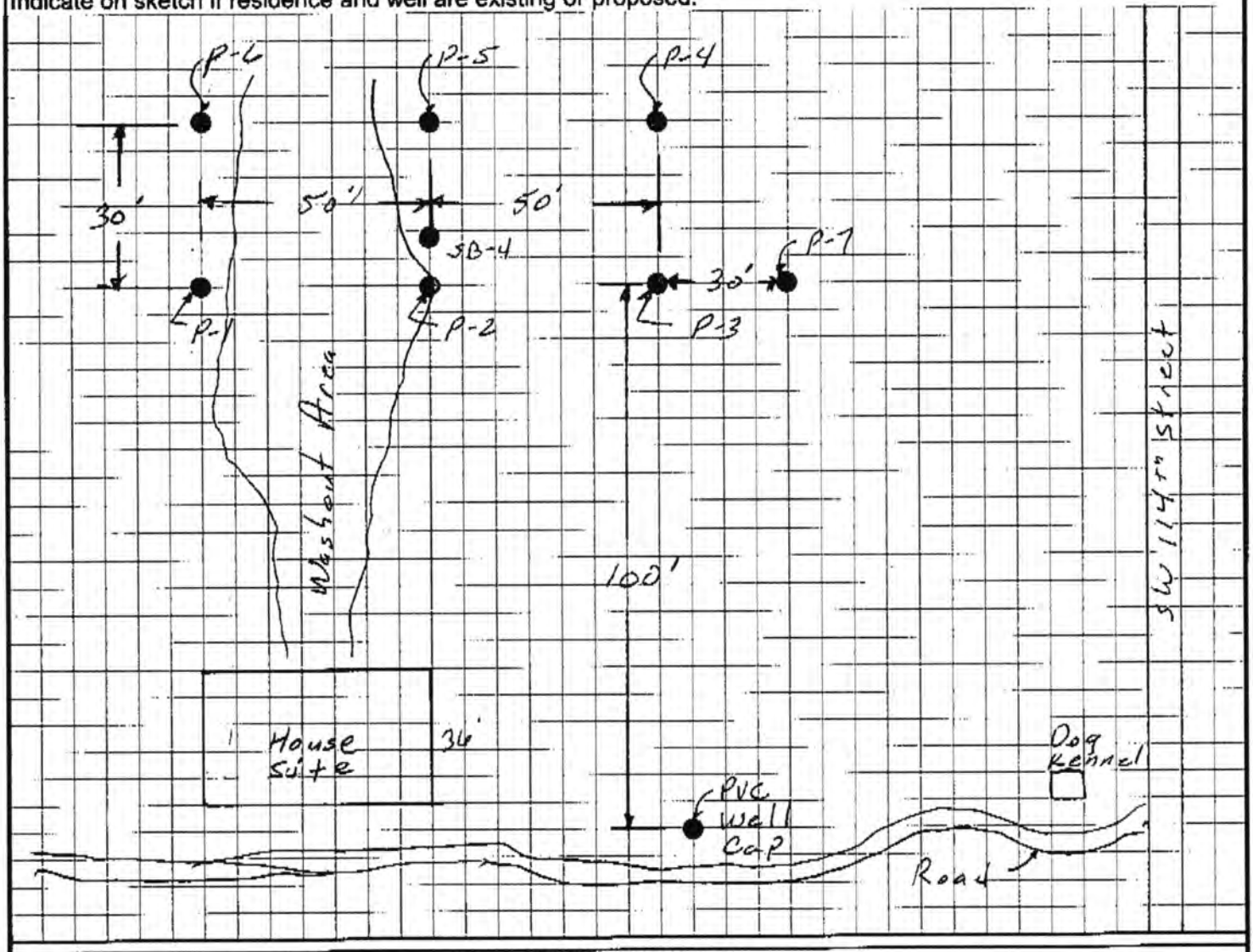
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REVIEWING ACTION

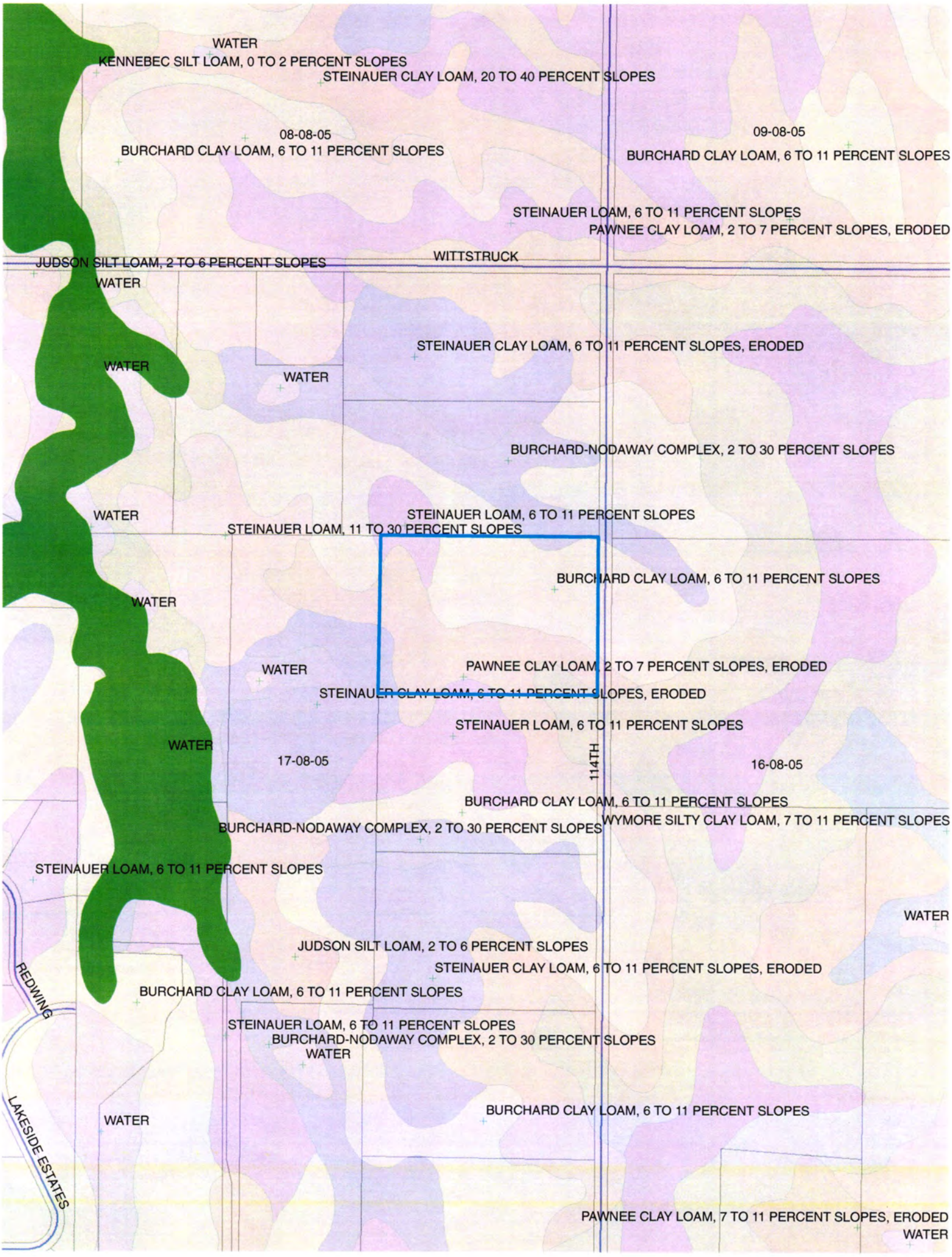
Remarks: _____

Date: _____

Minimum design requirement

1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official


WATER
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
08-08-05
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
09-08-05
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WITTSTRUCK
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WATER
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
WATER
WATER
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
WATER
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
WATER
WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
WATER
17-08-05
114TH
16-08-05
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
WATER
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
REDWING
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
WATER
LAKESIDE ESTATES
WATER
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER