Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008679

(402) 441-8000

Permit: SEWAGE INSTALLATION

Permit # 06380316601

Issued 03/09/06
Expires 09/09/06
Revenue Code 3157

Establishment:
JARED HARTWEG
T11N R7E SEC 14
LOT 3
8600 LIANA LN

FEES: $275.00

Permittee:
JARED HARTWEG
6400 S 41 ST
LINCOLN NE 68516

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 06380316601

Sewage Disposal System

Request for Site Clearance and Permit

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

☒ CHANGE TO 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 8605 LIANA LN. (no rural route) City Waverly NE, Zip 68462

Legal Description 1/4 14 1/4 Section 11N Township 7E Range Finigan View Subdivision Addition Block 3 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Jared & Carol Hartwig Signature J Hartwig

Address 6400 54th City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 328-2824 Work Phone 416-4771

C. Contractor

Name John Hinton Company Name Hinton Trenching Inc

Address 13092 US Hwy 30 City/State/Zip Blair NE 68008

☑ Check if contractor designed system Work Phone 426-4580

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

Designer Name John Hinton Firm Hinton Trenching Inc Work Phone 402-426-4580

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 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 3/9/06 Date frwd 3/10/06 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/10/06 Date frwd 3/10/06 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3/10/06 Date frwd 3/10/06 **ACTION** ☒ Approved ☐ Disapproved Signature Chase Baker

6/9/06 sewer, tank & 1 lateral of 6th 2nd letter 6/9/06 DS

Installation Final Written Approval

By _____

Date 6/19/06

Business Office Use Only
Date Rec'd 03/09/06
Amt Paid 275.00
Rec'd By _____ ~~Cash~~/Check No. 2887

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

MAY 0 8 2006

B

Permit Number:

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

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Liana (no rural route) City LINCOLN NE, Zip 68517

Owner JED Jared Hartwig Addresss 6400 S. 41 LINCOLN 68516

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

Date of Tests 4/13 to 4/14/06 Weather: Precipitation — Temperature 70s

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	32	4/13	2:30	4/14	9:00	4/14	10/45	13	11/15	4/14	30	1	30
2			P		AM		A	13 1/4	A			1 1/4	24
3								14 3/4				1 3/8	21
4								19 1/8				3 1/8	10
5								15 1/2				1 1/4	24
6								19 5/8				2 7/8	11

Sum of Percolation Rates: 120

Average of Rates: 20

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brad Scattergood

Phone: 475-2462

Address 17201 So 72nd Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date 5/10/06

FORM 23-101 10-96

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

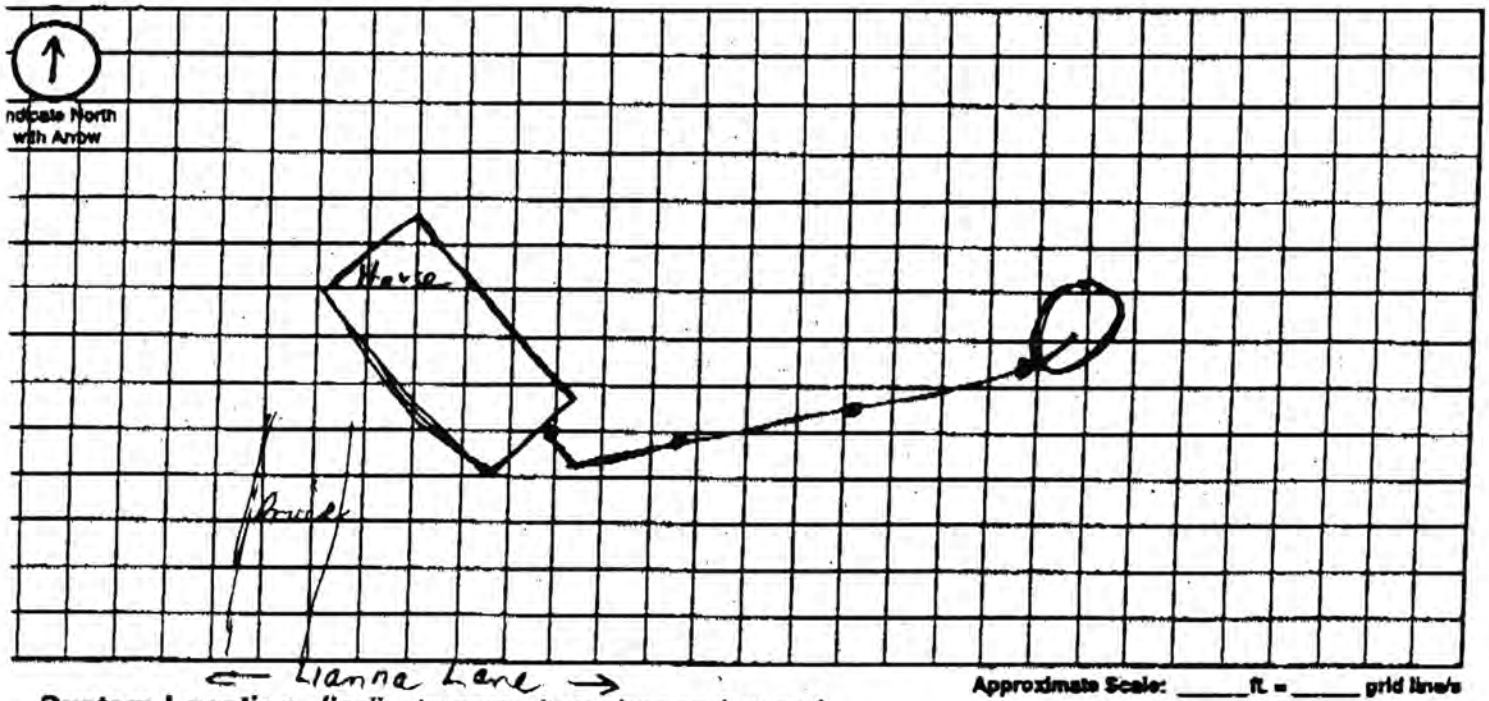
C

Permit Number: 06380316 6

Sewage Disposal System

Preliminary Plan Specifications

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



Approximate Scale: _____ ft. = _____ grid line/s

System Location (Indicate correct number and street)

ldress (no rural route) 8600 Liana Lane City Lincoln NE, Zip 68527

Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

Proposed Absorption System (See Form B for Percolation Information)

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

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

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

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

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

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

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
ank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
ield (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
oon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

Required Signatures

e Building Contractor _____ Date _____

uller Brad Southwick Date 2/28/02

3-102 10-96 Percolation Test will be Taken to see if Lagoon would be changed

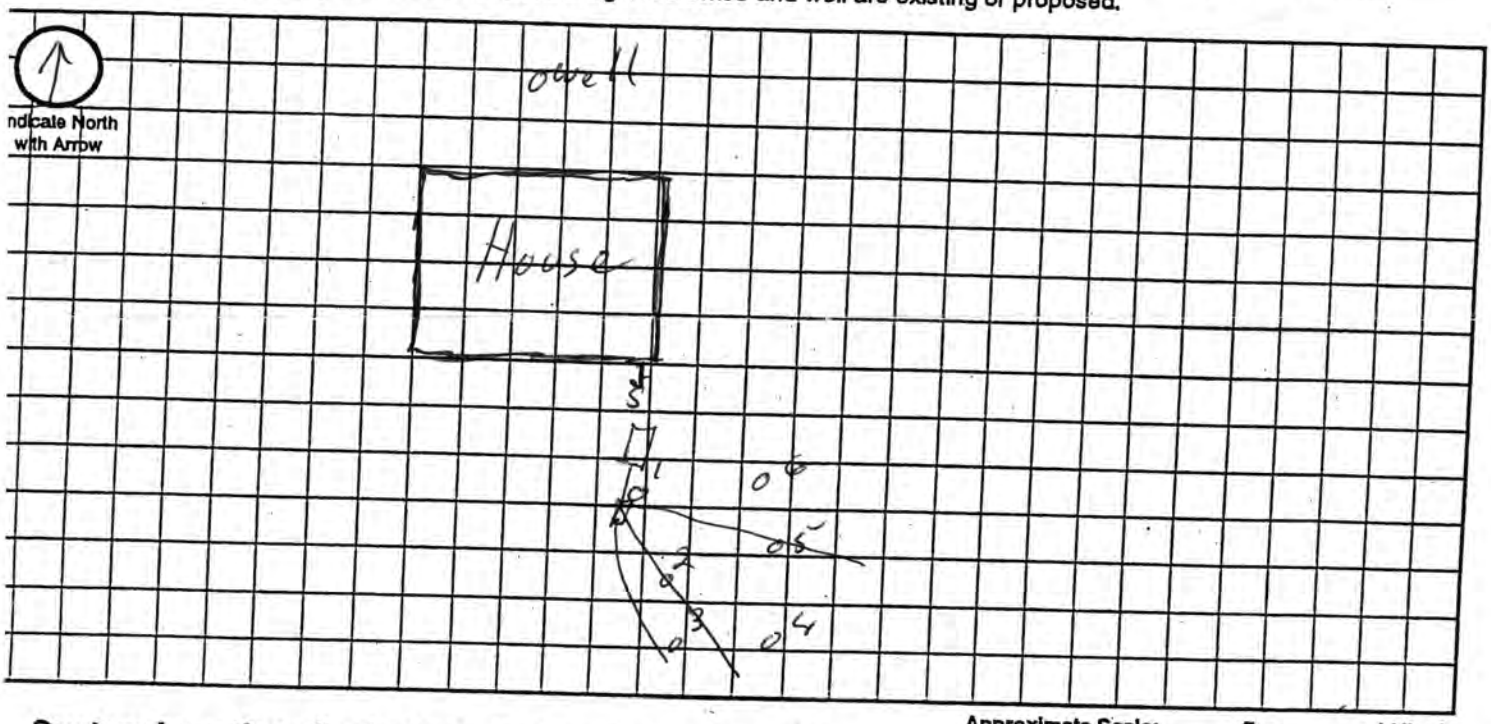
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

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



Approximate Scale: _____ ft. = _____ grid line/s

System Location (Indicate correct number and street)

ldress (no rural route) Liana LN City Lincoln NE, Zip 68517

Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

Proposed Absorption System (See Form B for Percolation Information)

rcolation Rate 20 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

al Square Feet of Field Required: 630 sq. ft.

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

pacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 158 ft. Number of Trenches _____ Trench Width 4'

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 ☐	☐

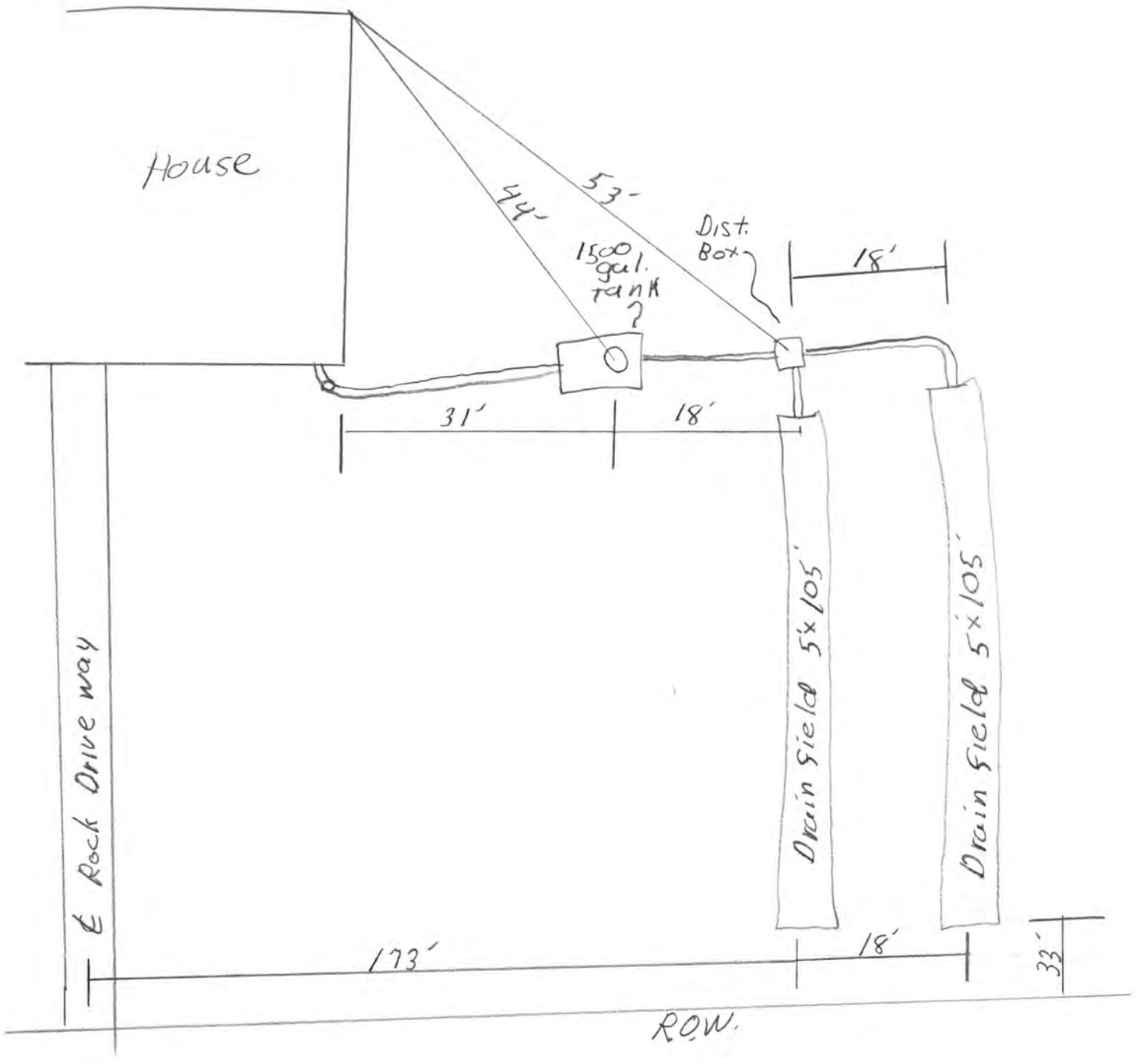
Required Signatures

ne Building Contractor _____ Date _____

uller [signature] Date 4/15/06

23-102 10-96

JUN 1 9 2006



N

Jared Hartweg
8600 Liana Lane
6-9-06
by Henton Trenching

Water House fire
Info for B+S permit question

Onsite Wastewater Treatment System
Property Transfer Inspection Report
Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

FOR OFFICE USE ONLY rev 5/08
APD No. HPT00 ___ ___ ___
Initialized ___/___/___ By _____
FO$ Rec'd ___/___/___ By _____
Amt _____ ck#_____
Posted ___/___/___ By _____
Return to Water Team Support Staff

Property Address: 6600 Liana Lane

Legal Description: T___ R___ S___ ¼___ Subdiv._____ Blk ____ Lot ____

Parcel ID: __-__-___-___-___

Owner Name: Dallas & Carmen Kime Phone #1: 308-380-2234 Phone #2: _____

Owner E-mail address: _____ Fax # _____

Authorized Agent*: Earnest Well Drilling Inc Phone #1: 402-761-2281 Phone #2: 402-641-6174

Agent Address (not required for PTI): 2796 W. Milford Rd P.O. Box H Milford, NE 68405

Agent E-mail address: office@earnestwell.com Fax # 402-761-4281

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.)

Onsite Water Supply System (check one)

- ☒ Private Well
- ☐ Shared Well
- ☐ Public Water

Onsite Wastewater Treatment System (check one)

- ☐ Lagoon
- ☒ Standard Septic
- ☐ Non-Standard (specify) _____
- ☐ Community System

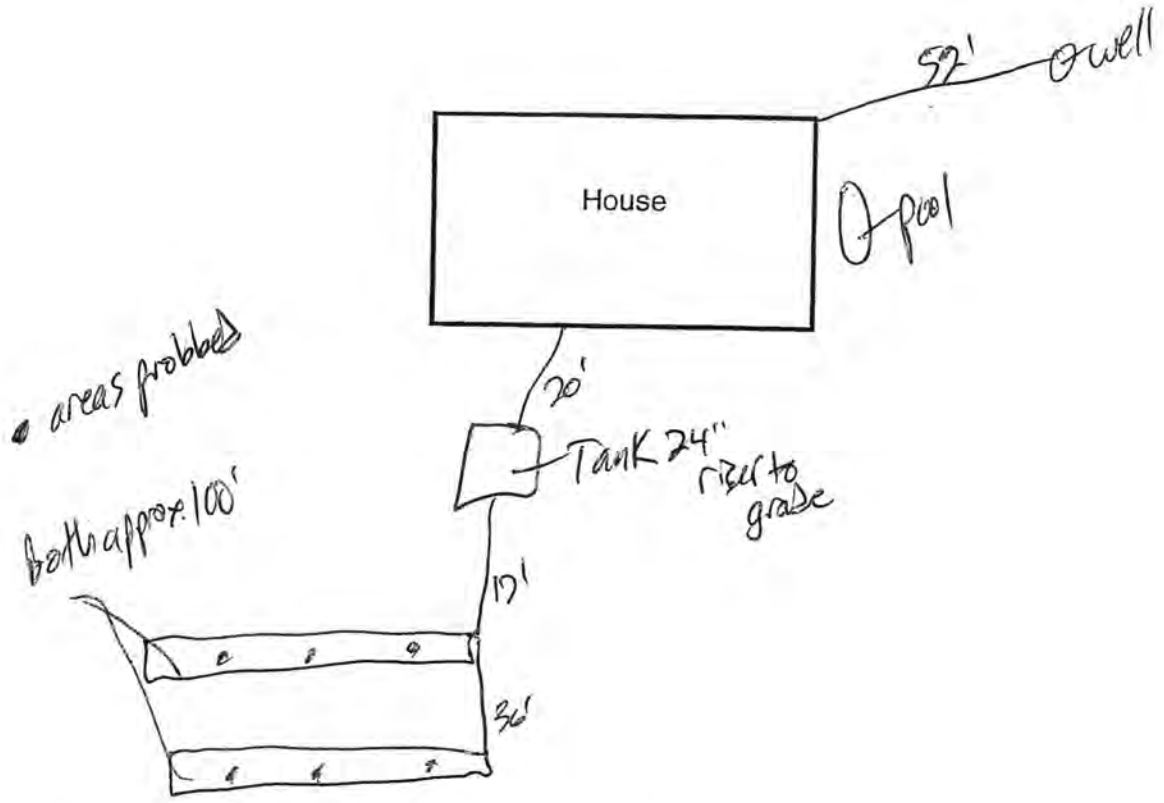
Required Information for Standard and Non-Standard Systems:

1. The septic tank shows indication of collapse or leakage	Yes	(No)
2 The sludge layer is less than 12 inches below the outlet baffle	Yes	(No)
3. The bottom of scum layer is less than 3 inches above the bottom of the outlet baffle	Yes	(No)
4. The location of laterals has been identified and a drawing has been completed	(Yes)	No
5. The laterals and surrounding areas show visible signs of failure	Yes	(No)
6. The laterals have been probed	(Yes)	No
7. The laterals show evidence of excess effluent	Yes	(No)
8. Has the system been modified, altered, or extended since the original permit was issued? If yes, please describe: _____	Yes	(No)
9. Other evidence the system is in failure or at increased risk of failure (describe) _____	Yes	(No)
10. Is the house vacant? If yes, for how long: Unknown	(Yes)	No

Required Information for Lagoons:

1. Evidence of damage to the dike due to animal burrows, damage, cracks, crevices	Yes	No
2. Evidence of wastewater overflow or encroachment within 1 foot of dike top	Yes	No
3. Evidence of over the ground surface water inflow	Yes	No
4. Presence of cattails, other emergent plants or trees that might damage the lagoon seal or dike construction	Yes	No
5. Other evidence the system is in failure or at increased risk of failure (describe)	Yes	No
6. A fence is present that meets standards	Yes	No
7. Is the house vacant? If yes, for how long: _____	Yes	No

Onsite Wastewater Treatment System Layout
Property Transfer Inspection Report
(Include distances)



1. Indicate location of septic tank (distance and direction from house).
2. Indicate location and distance of wastewater lagoon.
3. Indicate location and distance of closest building foundations.
4. Indicate location of well.
5. Indicate number of laterals. Indicate approximate areas of probing.
6. Age of system (if known) Unknown

General Comments:

Concrete Tank with 24" riser to grade, System meets setbacks, NO visable signs of failure.

(Attach additional sheets as necessary.)
Note: If the onsite wastewater system is not located on the described property an encroachment agreement or easement must be established and copies of the agreement or easement must be attached to this report.

Comments:

Additional inspection information is attached Yes (No)

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Signature: _____ Property Transfer Inspector Permit No.: HPTINS00 _____ Date: 9/21/14