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

A

Permit Number: HS000014

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)

80 acres - 120, 14

Address 17100 Yankee Hill RD (no rural route) City Denton NE, Zip 68317

Legal Description 23 (1/4) 9 (1/4) 8 (Section, Township, Range) East 1/2 SW 1/4 SE 1/4 (Subdivision) 7, 8, 9, 10, 11, 12 (Addition, Block, Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Tom Runge Signature Thomas L Runge

Address 5401 W. Heritage View City/State/Zip Lincoln Ne 68512

☐ Check if owner designed system Home Phone _____ Work Phone 310-4036

C. Contractor

Name Leonard Harper Company Name Harper Well

Address P.O Box 15 City/State/Zip Adams NE 68301

☐ Check if contractor designed system Work Phone 432-2204

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

Designer Name _____ Firm _____ Work Phone _____

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

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 09/19/07

Amt Paid 305.00

Rec'd By _____ ~~Cash~~/Check No. 1028

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

SCANNED

A

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

Permit Number: HS000014

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)

80 acres - 120, 14

Address 17100 Yankee Hill RD (no rural route) City Denton NE, Zip 68317

Legal Description 23 (1/4) 9 (1/4) 8 Section Township Range East 1/2 SW 1/4 SE 1/4 Subdivision 2, 9, 10, 11, 12 Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Tom Runge Signature Thomas L Runge

Address 5401 Wilderness View City/State/Zip Lincoln Ne 68512

☐ Check if owner designed system Home Phone _____ Work Phone 310-4036

C. Contractor

Name Leonard Harper Company Name Harper Well

Address P.O Box 15 City/State/Zip Adams NE 68301

☐ Check if contractor designed system Work Phone 432-2204

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

Designer Name _____ Firm _____ Work Phone _____

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

Installation Final Written Approval

- Installation inspected by Leon Marquart - fence complete

By Doug Ansel

Date 10/8/08

Business Office Use Only
Date Rec'd 09/19/07
Amt Paid 305.00
Rec'd By _____ ~~Cash~~/Check No. 1028

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

A

Permit Number: HS000014

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)

80 acres - 120, 14

Address 17100 Yankee Hill RD (no rural route) City Bennet NE, Zip 68317

Legal Description 23 (1/4) 9 (1/4) 8 Section Township Range; East 1/2 SW 1/4 SE 1/4 Subdivision; 7, 9, 10, 11, 12 Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Tom Runge Signature Thomas L Runge

Address 5401 Wilderness View City/State/Zip Lincoln Ne 68512

☐ Check if owner designed system Home Phone _____ Work Phone 310-4036

C. Contractor

Name Leonard Harper Company Name Harper Well

Address P.O Box 15 City/State/Zip Adams NE 68301

☐ Check if contractor designed system Work Phone 432-2204

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

Designer Name _____ Firm _____ Work Phone _____

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 9/19/07 Date frwd 9/19/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/20/07 Date frwd 9/20/07 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-20-07 Date frwd 9-20-07 ACTION ☑ Approved ☐ Disapproved Signature Jim Blazek

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

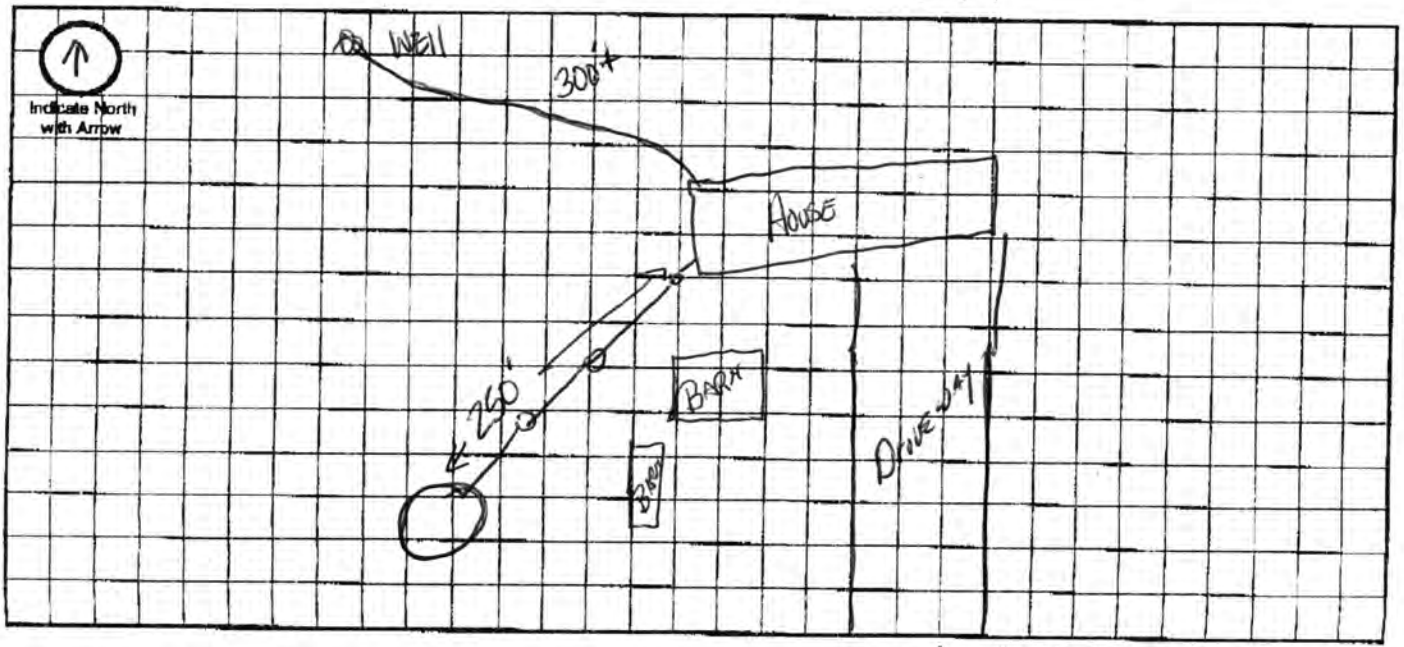
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 17100 Jackie Hill RD City Bennet NE, Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate NONE (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

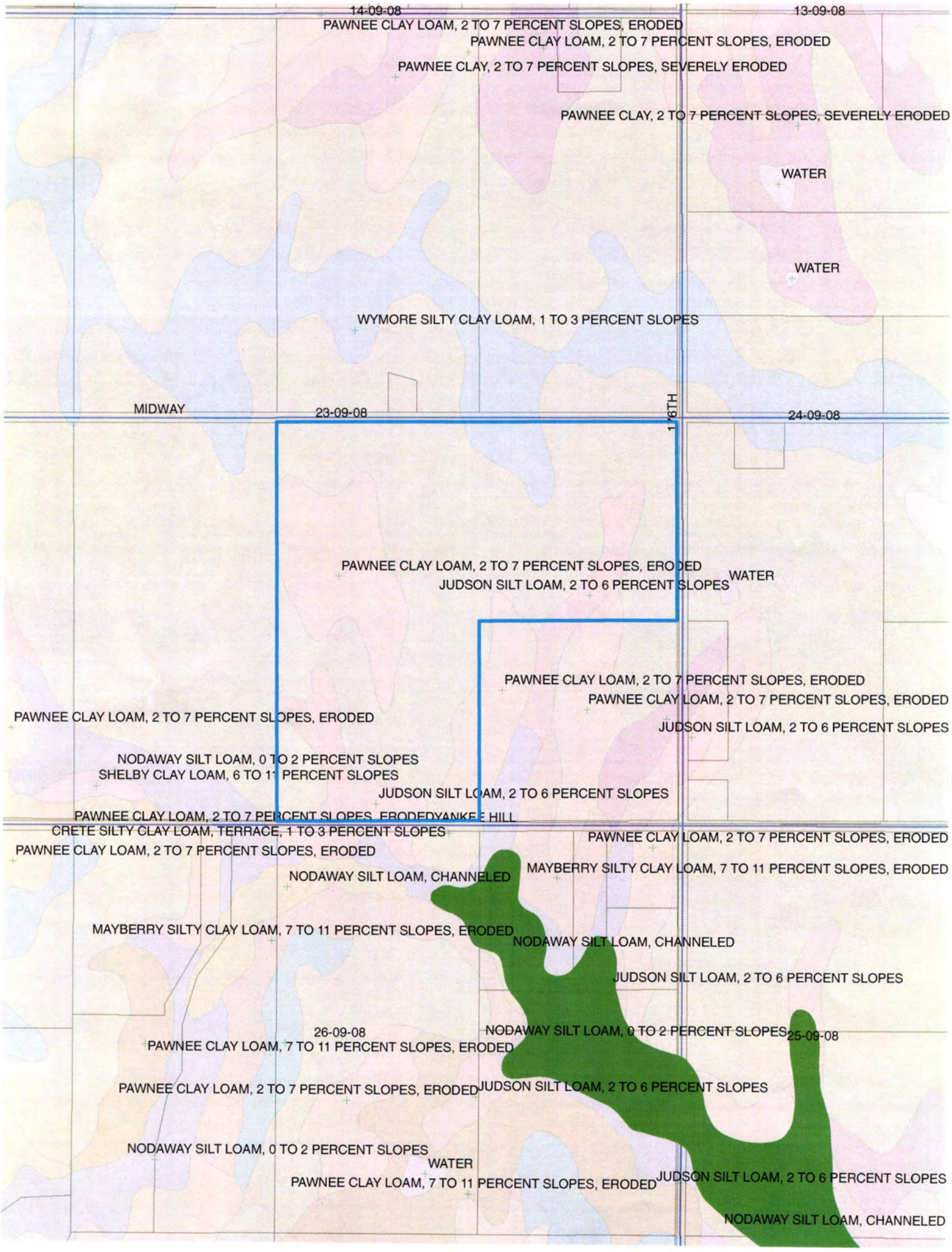
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Thomas L Runge Date 9-18-07

Installer _____ Date 9-18-07

FORM 23-102 10-95


14-09-08
13-09-08
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
WATER
WATER
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
MIDWAY
23-09-08
176TH
24-09-08
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
YANKEE HILL
CRETE SILTY CLAY LOAM, TERRACE, 1 TO 3 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, CHANNELED
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, CHANNELED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
26-09-08
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
25-09-08
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
WATER
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED