Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000038

System Type: STANDARD

Situs: 21101 N 27 ST

Legal Description: T12N-R06E-S12-Lot: 16

Owner: GARY GODKIN
2904 N 51 ST
LINCOLN NE
68504

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	11/07/2007
Expires:	11/06/2008

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

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.

Bruce D. Dart, PhD
Health Director

GARY GODKIN
2904 N 51 ST
LINCOLN NE 68504

A

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

SCANNED

OCT 31 2007

Permit Number: HS000038

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 2/101 N. 27th ST. (no rural route) City _____ NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 12 Section 6 Township 12 Range _____ Subdivision _____ 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 GARY FODKIN Signature Mary Fodkin

Address 2704 N 51 City/State/Zip LINCOLN, NE 68504

☐ Check if owner designed system Home Phone _____ Work Phone 464-5565

C. Contractor OWNER

Name ~~Bill Pomeroy~~ Company Name _____

Address ~~12880 W Parker Rd~~ City/State/Zip ~~Otoe, NE, 68333~~

☐ Check if contractor designed system Work Phone ~~402 / 476 9998~~

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

Designer Name Melvin Eagner Firm Eagner Const Work Phone 402-432-5698

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 11/6/07 Date frwd 11/6/07	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 11/06/07

Amt Paid 305.00 5583 5-

Rec'd By [illegible] Cash/Check No. 5581 300-

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

OCT 31 2007

B

Permit Number: HS000038

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2101 N 27th ST (no rural route) City _____ NE, Zip _____

Owner GARY Eodkin Addresss 2904 N 51 ST. Lincoln NE 68504
464-5505

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

Date of Tests 10-19-07 to 10-20-07 Weather: Precipitation 0 Temperature 70

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	30	10-19	4:20	10-20	11:10	10-20	11:10	6	10-20	11:40	30	3/4	40
2	32	"	"	"	"	"	"	"	"	"	"	5/8	48.
3	32	"	"	"	"	"	"	"	"	"	"	1	30
4	35	"	"	"	"	"	"	"	"	"	"	5/8	48
5	30	"	"	"	"	"	"	"	"	"	"	3/4	40
6	34	"	"	"	"	"	"	"	"	"	"	5/8	48

Person Conducting Percolation Tests

Name: Melvin Gagner
Phone: 432-5698
Address 4810 "W" Clare Ave
Lincoln NE 68523

Sum of Percolation Rates: 254
Average of Rates: 42.33
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000038

OCT 31 2007

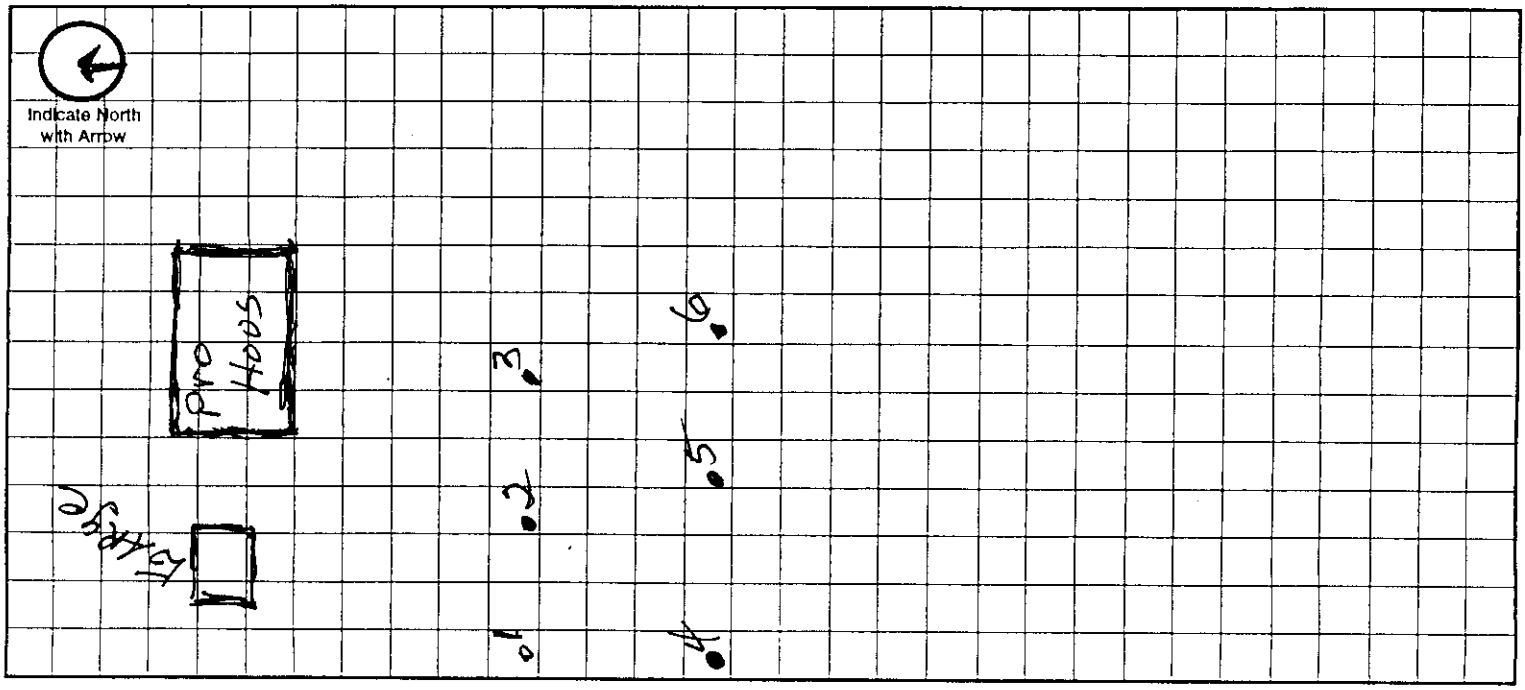
C

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

Permit Number: HS000038

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 line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2101 N 27th ST. 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 262 ft. Number of Trenches _____ Trench Width 4FT

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 _____ Date _____

Installer Melvin F Wagner (WAGNER CONST.) Date 10/29/07

11-7-2007 12:43:56

LLCHD HS000038

A

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

OCT 31 2007

Permit Number: HS000038

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 2110 N 27th ST. (no rural route) City _____ NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 12 Section 6 Township 12 Range _____ Subdivision _____ 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 GARY FODKIN Signature Gary Fodkin

Address 2704 N 51 City/State/Zip LINCOLN, NE 68504

☐ Check if owner designed system Home Phone _____ Work Phone 464-5565

C. Contractor OWNER

Name [illegible] Company Name _____

Address [illegible] City/State/Zip [illegible]

☐ Check if contractor designed system Work Phone [illegible]

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

Designer Name MELVIN FAGNER Firm FAGNER CONST Work Phone 402-432-5698

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 11/6/07 Date frwd 11/6/07 **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 _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

11-6-2007 12:21:15

A

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

OCT 31 2007

Permit Number: H5000038

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 2101 N. 27th ST. (no rural route) City _____ NE, Zip _____

Legal Description T12N, R6E Sec 12 _____ 16 IT
1/4 1/4 ~~Section~~ ~~Township~~ ~~Range~~ Subdivision 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 GARY FODKIN Signature Gary Fodkin

Address 2904 N 51 City/State/Zip LINCOLN, NE 68504

☐ Check if owner designed system Home Phone _____ Work Phone 464-5565

C. Contractor OWNER

Name ~~Bill Barclay~~ Company Name _____

Address ~~12800 W. Parker Rd~~ City/State/Zip ~~Otoe, NE. 68333~~

☐ Check if contractor designed system Work Phone ~~402-416-9998~~

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

Designer Name Melvin Eagner Firm Eagner Const Work Phone 402-432-5698

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 11/6/07 Date frwd 11/6/07 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-6-07 Date frwd 11-6-07 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☒ Approved * ☐ Disapproved Signature _____

* Approved Subject to System Protected From 100 Yr. Flood plain

~~Installation Final Written~~ Approval

By _____

Date 11/26/07

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

SCANNED

OCT 31 2007

A

Permit Number: H50000038

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 2110 N. 27th ST. (no rural route) City _____ NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 12 Section 6 Township 12 Range _____ Subdivision _____ 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 GARY GODKIN Signature Mary Godkin

Address 2904 N 51 City/State/Zip LINCOLN, NE 68504

☐ Check if owner designed system Home Phone _____ Work Phone 464-5565

C. Contractor OWNER

Name ~~Bill Barclay~~ Company Name _____

Address ~~12800 W Parker Rd~~ City/State/Zip ~~Crete, NE, 68333~~

☐ Check if contractor designed system Work Phone ~~402-416-9998~~

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

Designer Name Melvin Eagver Firm Eagver Const Work Phone 402-432-5698

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☐ 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 11/6/07 Date frwd 11/6/07 **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 11/26/07

Business Office Use Only

Date Rec'd 11/06/07

Amt Paid 305.00 5583 5-

Rec'd By _____ Cash/Check No. 5581 300-

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

EPS N 41° 01.056' W 096° 40.993'

Date Nov. 20, 07

System Location (Indicate correct number and street)

Address 21101 N 27TH ST. City AGNEW NE, Zip 68428

(no rural route) GARY GODKIN

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 44 in.
3. Distance between dwelling and septic tank: 142 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line NA ft.
   property line OVER 100 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line OVER 100 ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

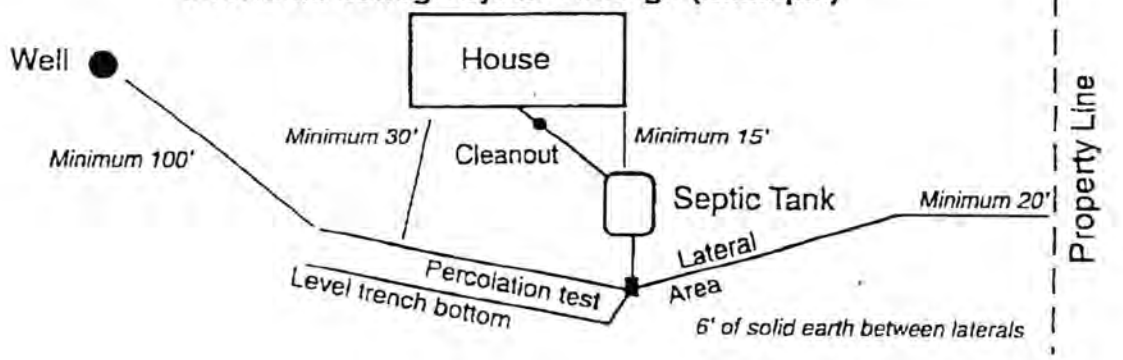
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 2
   Length of each line: 134 ft. 129 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line OVER 100 ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

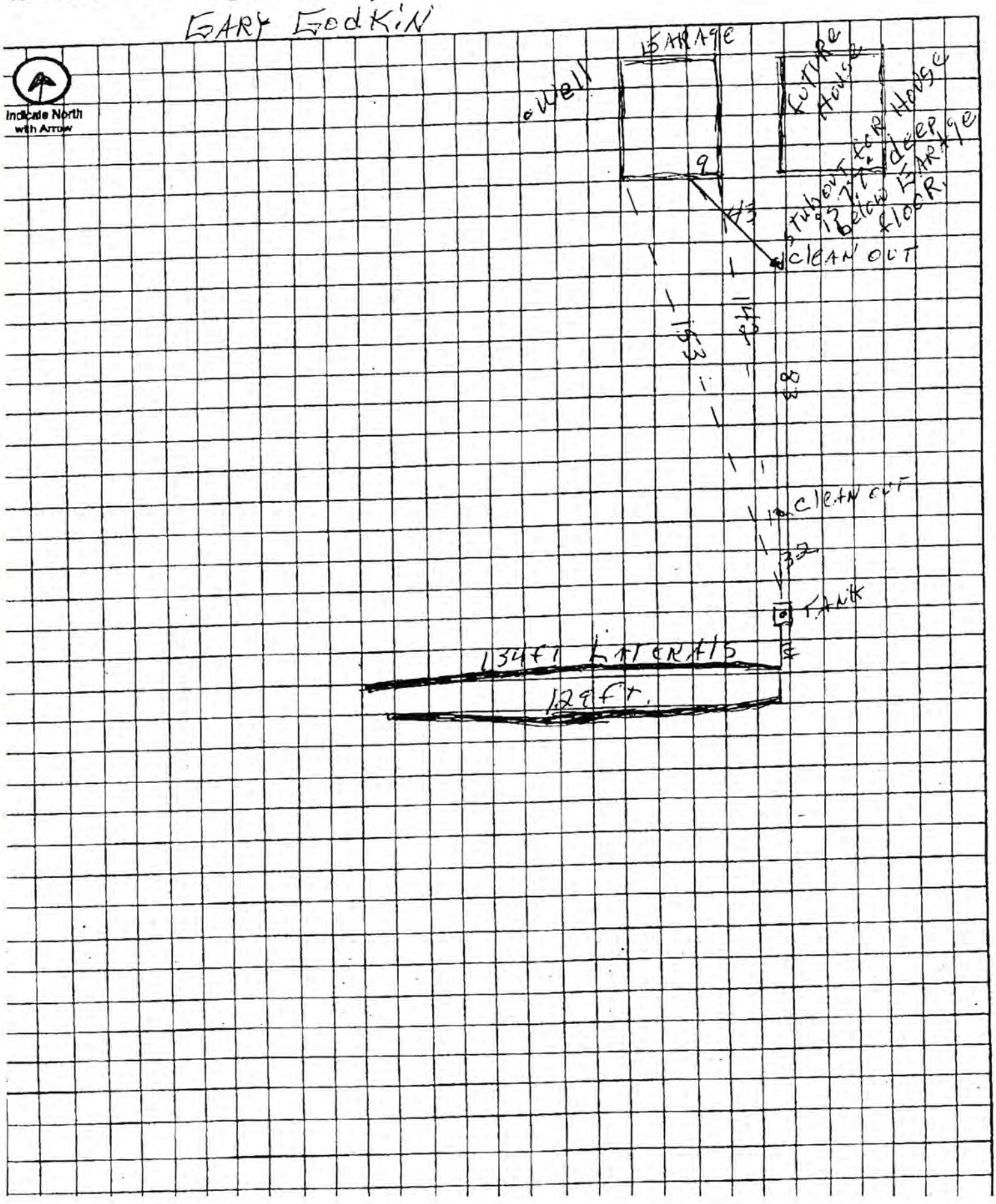


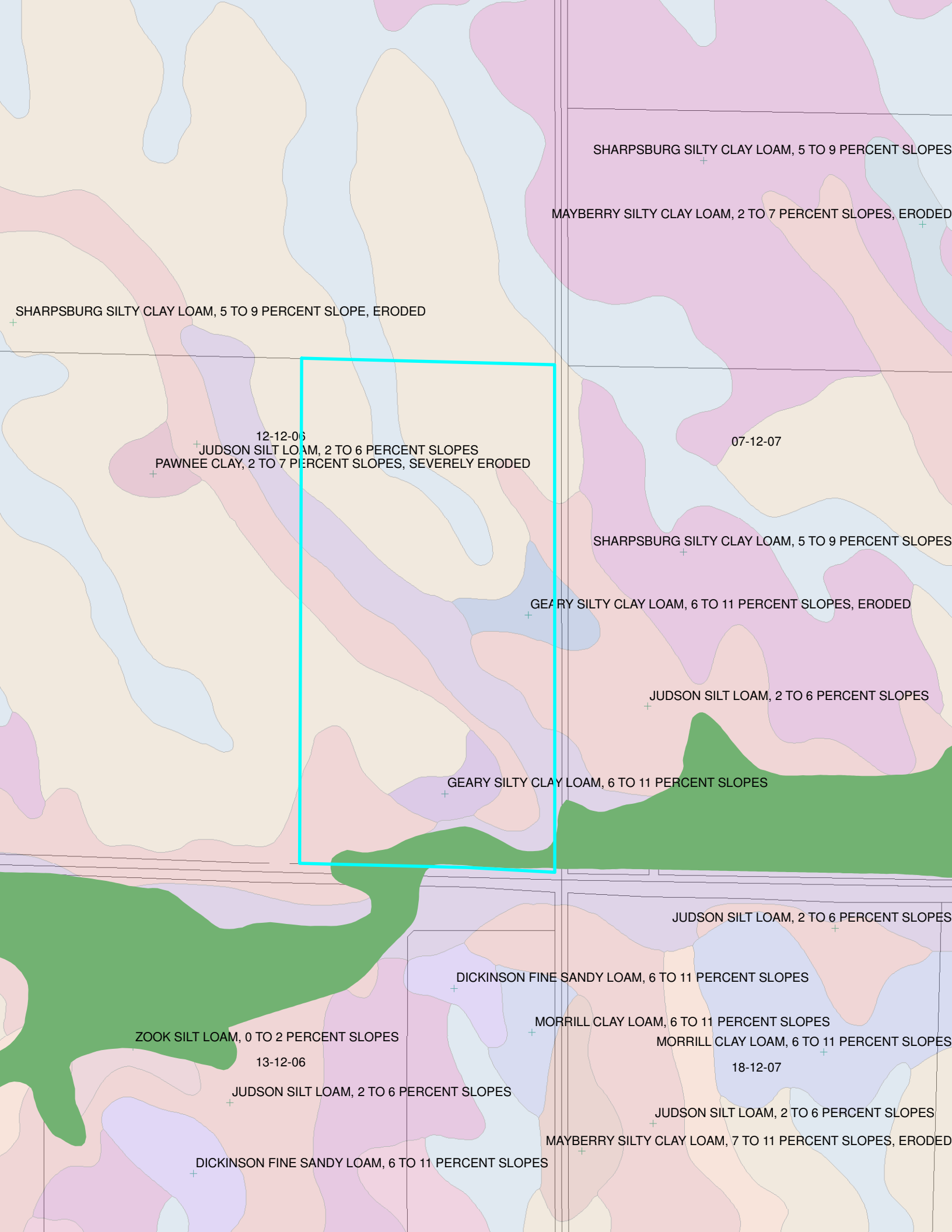
GPS
N 41° 01.056'
W 096° 40.993'

2/101 N 27th

As Built Drawing

GARY GODKIN




SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
12-12-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
07-12-07
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
ZOOK SILT LOAM, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
13-12-06
18-12-07
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES