LLCHD HS000068

A

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

Permit Number: 06380376801

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 14000 BENNET RD (no rural route) City BENNET NE, Zip 68317

Legal Description SE 1/4 (1/4) 4 (1/4) Section 8N (Township) 8E (Range) LOR 5882. 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 EMERY J VENIS Signature Emery J Venis

Address 14000 BENNET RD City/State/Zip BENNET, NE 68317

☐ Check if owner designed system Home Phone 782-2815 Work Phone 450-1669

C. Contractor

Name HAGER WELL Company Name HAGER WELL

Address P.O. Box 15 City/State/Zip DENIS 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 10/30/06 Date frwd 10/30/06 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/31/06 Date frwd 10/31/06 ACTION ☐ Approved ☑ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-30-06 Date frwd 10-30-06 ACTION ☒ Approved ☐ Disapproved Signature Jim Blouzek

*NOTE PERMIT EXPIRED

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 10/30/06

Amt Paid 296.00

Rec'd By CM Cash/Check No 4583

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

4.85

3-4-2008 12:27:38

LLCHD HS000068

A

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

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 14000 BENNET RD (no rural route) City BENNET NE, Zip 68317

Legal Description SE 1/4 (1/4) 4 (Section) 8 (Township) ~~E~~ 8 (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 EMERY J VENIS Signature Emery J. Venis

Address 14000 BENNET RD City/State/Zip BENNET, NE 68317

☐ Check if owner designed system Home Phone 782-2815 Work Phone 450-1669

C. Contractor

Name HARPER WELL Company Name HARPER WELL

Address POBox 15 City/State/Zip ADAMS NE 68301

☑ Check if contractor designed system Work Phone 431 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 10/30/06 Date frwd 10/30/06	**ACTION** ☑ Approved ☐ Disapproved Signature	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10/31/06 Date frwd 10/31/06	**ACTION** ☐ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 10-30-06 Date frwd 10-30-06	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Blouzek	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 10/20/06

Amt Paid 290.00

Rec'd By CW Cash/Check No 4583

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

4.85

3-4-2008 12:27:41

LLCHD HS000068

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 14100 BENNET RD (no rural route) City BENNET

Owner EMERY J. VEOUS Addresss SAME NE, Zip 68317

Soil Type (SCS): Percolation Rate: 18 min./inch

Date of Tests 10/12 to 10/12 Weather: Precipitation 1/5" Temperature

Percolation Test Data Table

A. Hole No.	B. Hole Depth (in)	C. Pre-Saturation Period Start Date (Mo/Da)	C. Pre-Saturation Period Start Time (Hr/Min)	D. Pre-Saturation Period End Date (Mo/Da)	D. Pre-Saturation Period End Time (Hr/Min)	G. Percolation Readings Start Date (Mo/Da)	G. Percolation Readings Start Time (Hr/Min)	H. Water Lev (in.)	I. Percolation Readings End Date (Mo/Da)	I. Percolation Readings End Time (Hr/Min)	L. Results Elapsed Time (Min)	M. Results Water Level Drop (in)	N. Results Percolation Rates (Min/in)
1	24"	10/12	9:00	10/12	4:00	10/		10"	10/12	2:00	15	1"	15 min
2											17	1"	17 min
3											15	1"	15 min
4											19	1"	19 min
5											20	1"	20 min
											17	1"	17 min

18 | 146.8

3-4-2008 12:28:29

B

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

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 14100 BENNET RD (no rural route) City BENNET NE, Zip 68317

Owner EMERY J. VENUS Addresss SAME

Soil Type (SCS): _____ Percolation Rate: 18 min./inch

Date of Tests 10/22 to 10/24 Weather: Precipitation 1/5" Temperature _____

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	24"	10/22	9:00	10/22	4:00	10/		10"	10/24	2:00	15	1"	15 min
2											17	1"	17 min
3											15	1"	15 min
4											19	1"	19 min
5											20	1"	20 min
6											17	1"	17 min

Sum of Percolation Rates: 18

Average of Rates: 88 - 5 ÷ 1.25 = 146.8

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: [illegible]

Phone: 432-3241

Address P.O. Box 15 Adams NE

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

3-4-2008 12:29:38

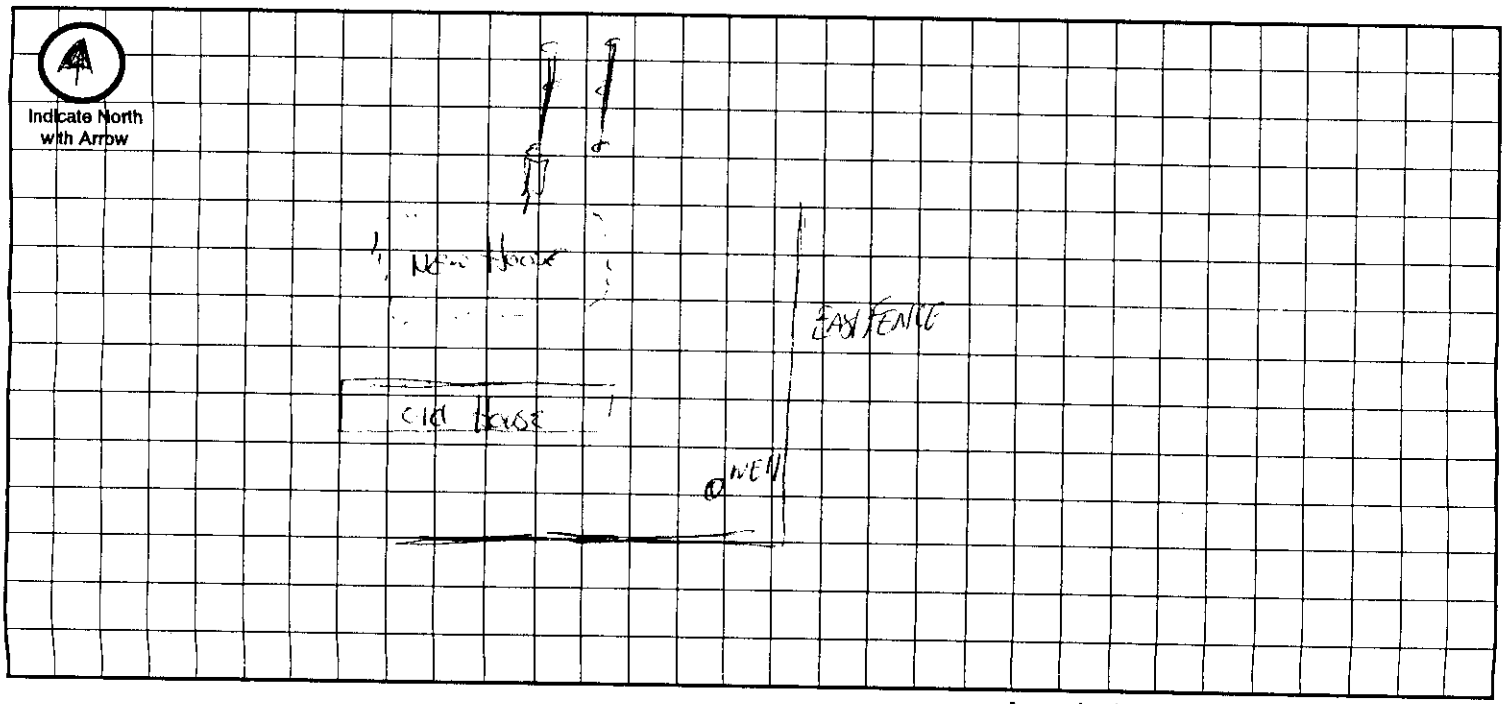
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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

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

Total Square Feet of Field Required: 140.5 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 140.5 ft. Number of Trenches 2 Trench Width 3

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 Emery J. Vens Date _____

Installer Lonnie Kaup Date 10/26/04

FORM 23-102 10-96

3-4-2008 12:29:42

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 14000 BENNET RD (no rural route) City BENNET NE, Zip 68317

Legal Description SE 1/4 (1/4) 4 (Section) 8 (Township) ~~E~~ 8 (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 EMERY J VENIS Signature Emery J. Venis

Address 14100 BENNET RD City/State/Zip BENNET, NE 68317

☐ Check if owner designed system Home Phone 782-2815 Work Phone 450-1669

C. Contractor

Name HARPER WELL Company Name HARPER WELL

Address P.O Box 15 ~~402~~ City/State/Zip ARLINGTON NE 68301

☑ Check if contractor designed system Work Phone 457 2264

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 10/30/06 Date frwd 10/30/06 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/31/06 Date frwd 10/31/06 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-30-06 Date frwd 10-30-06 ACTION ☒ Approved ☐ Disapproved Signature Jim Blonigh

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 10/30/06

Amt Paid 290.00

Rec'd By CW Cash/Check No 4583

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

4,85

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

SCANNED

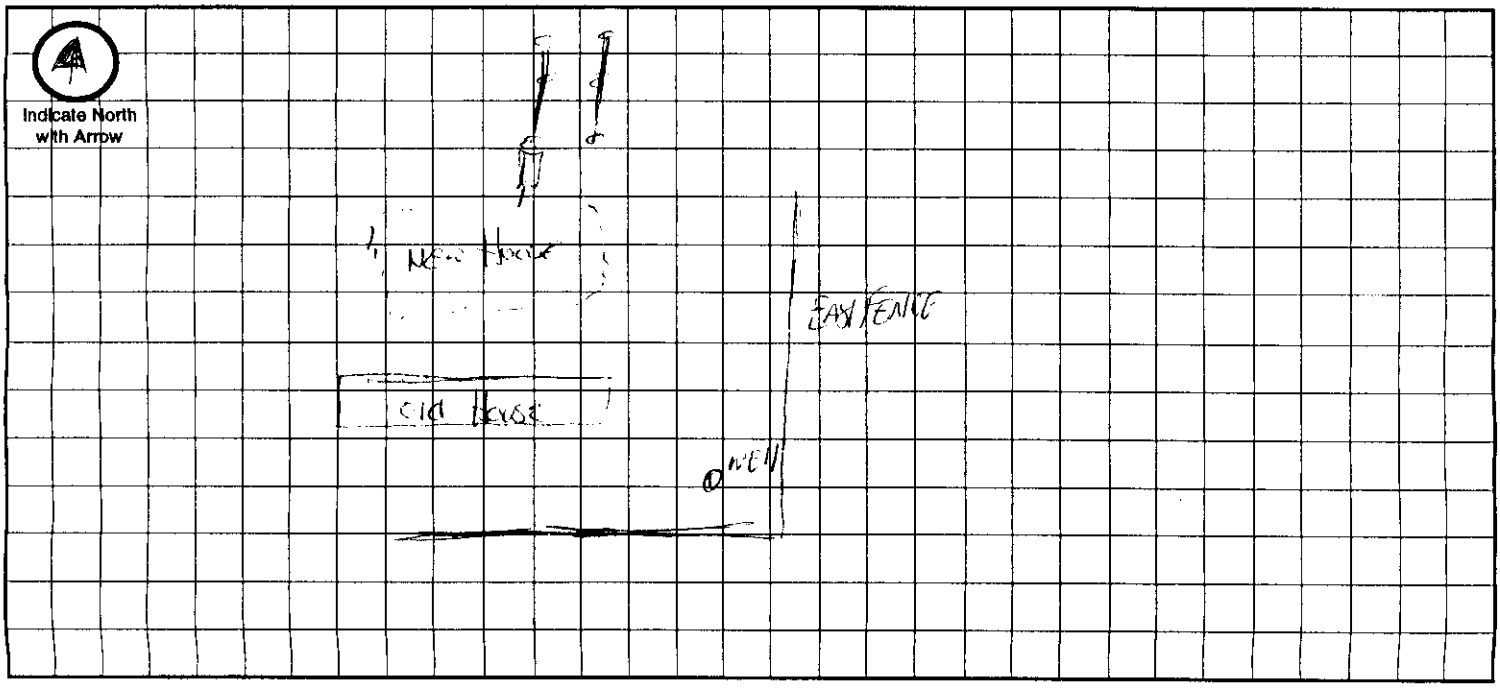
C

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

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

Total Square Feet of Field Required: 140.5 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 140.5 ft. Number of Trenches 2 Trench Width 3

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 ☐	☐

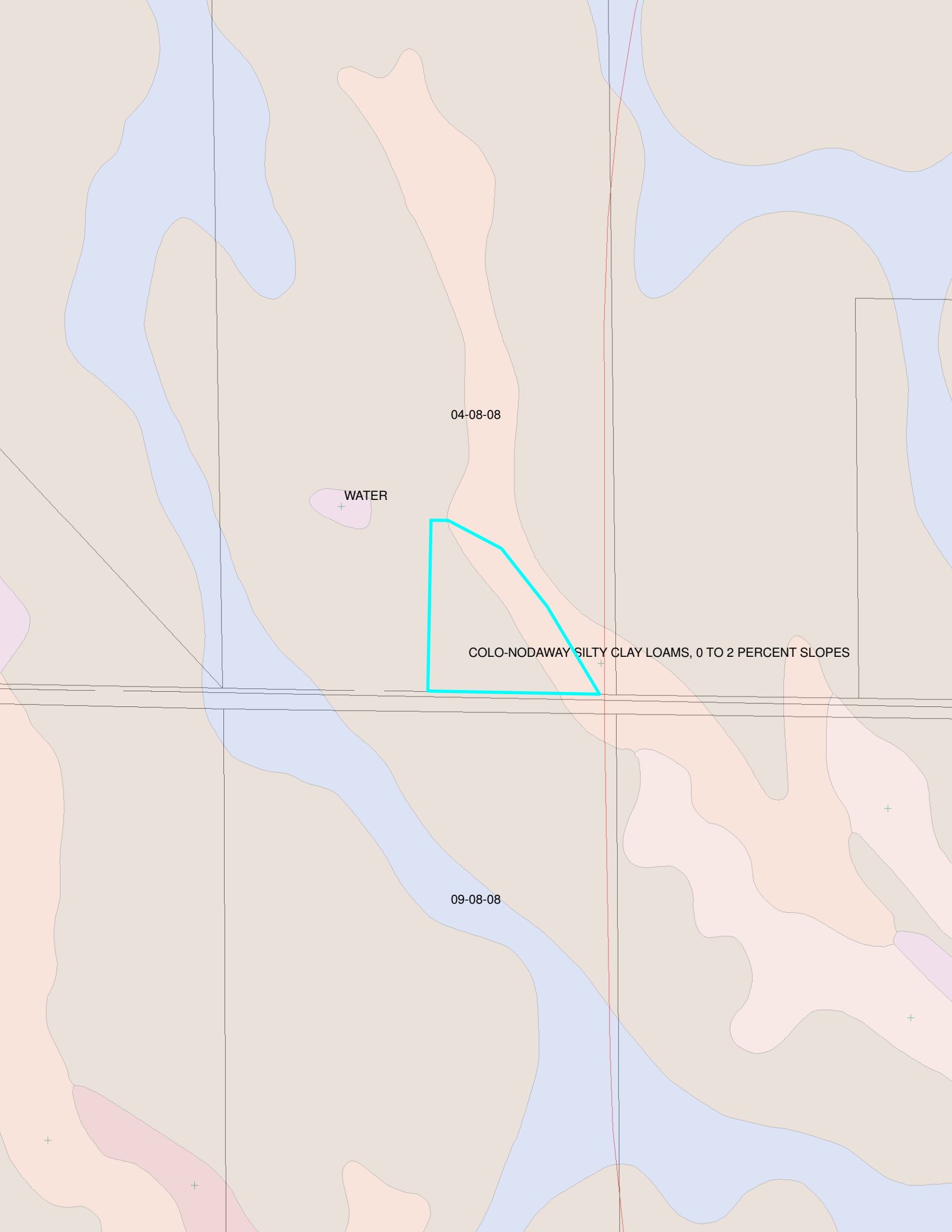
E. Required Signatures

Home Building Contractor Emery J. Vance Date _____

Installer Jerad Chapman Date 10/26/06

FORM 23-102 10-96

3-4-2008 12:39:42


04-08-08
WATER
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
09-08-08

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

SCANNED

A

Permit Number: 06.380326801 P.I.

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) New

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein: HS000068 #850 due

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 14000 BENNET RD (no rural route) City BENNET NE, Zip 68317

Legal Description SE 1/4 (1/4) 4 (Section) 8N (Township) 8E (Range) LCR 5882. 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 EMERY J VENIS Signature Emery J. Venis

Address 14100 BENNET RD City/State/Zip BENNET, NE 68317

☐ Check if owner designed system Home Phone 782-2815 Work Phone 450-1669

C. Contractor

Name HARPER WELL Company Name HARPER WELL

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

☑ Check if contractor designed system Work Phone 437-7704

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 10/30/06 Date frwd 10/30/06 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/31/06 Date frwd 10/31/06 ACTION ☐ Approved ☑ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-30-06 Date frwd 10-30-06 ACTION ☒ Approved ☐ Disapproved Signature _____

*NOTE PERMIT EXPIRED

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 10/30/06

Amt Paid 290.00

Rec'd By CW Cash/Check No 4583

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

4.85

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

SCANNED

A

Permit Number: 06380326801

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 14000 BENNET RD (no rural route) City BENNET NE, Zip 68317

Legal Description SE 1/4 (1/4) 4 (Section) 8N (Township) 8E (Range) LOR 5882 (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 EMERY J VENIS Signature Emery J. Venis

Address 14100 BENNET RD City/State/Zip BENNET, NE 68317

☐ Check if owner designed system Home Phone 782-2815 Work Phone 450-1669

C. Contractor

Name HARPER WELL Company Name HARPER WELL

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

☑ Check if contractor designed system Work Phone 437-2204

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 10/30/06 Date frwd 10/30/06 — ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/31/06 Date frwd 10/31/06 — ACTION ☐ Approved ☑ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-30-06 Date frwd 10-30-06 — ACTION ☒ Approved ☐ Disapproved Signature _____

*NOTE PERMIT EXPIRED

Installation Final Written Approval

By _____

Date 3/26/08

Business Office Use Only

Date Rec'd 10/20/06

Amt Paid 290.00

Rec'd By CW Cash/Check No 45-83

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

4.85

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

SCANNED

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

SCANNED

System Location (Indicate correct number and street)

Address 14100 BENNET RD (no rural route) City BENNET NE, Zip 68317

Owner EMERY J. VENIS Addresss SAME

Soil Type (SCS): _____ Percolation Rate: 18 min./inch

Date of Tests 10/22 to 10/26 Weather: Precipitation 1/8" Temperature _____

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	24"	10/22	9:00	10/22	4:00	10/		10"	10/26	2:00	15	1"	15 min
2											17	1"	17 min
3											15	1"	15 min
4											19	1"	19 min
5											20	1"	20 min
6											17	1"	17 min

Person Conducting Percolation Tests

Name: Donald Stoops

Phone: 432-226-1

Address PO Box 15 Adams NE

Sum of Percolation Rates: 18

Average of Rates: 880 ÷ 5 ÷ 1.25 = 140.8

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

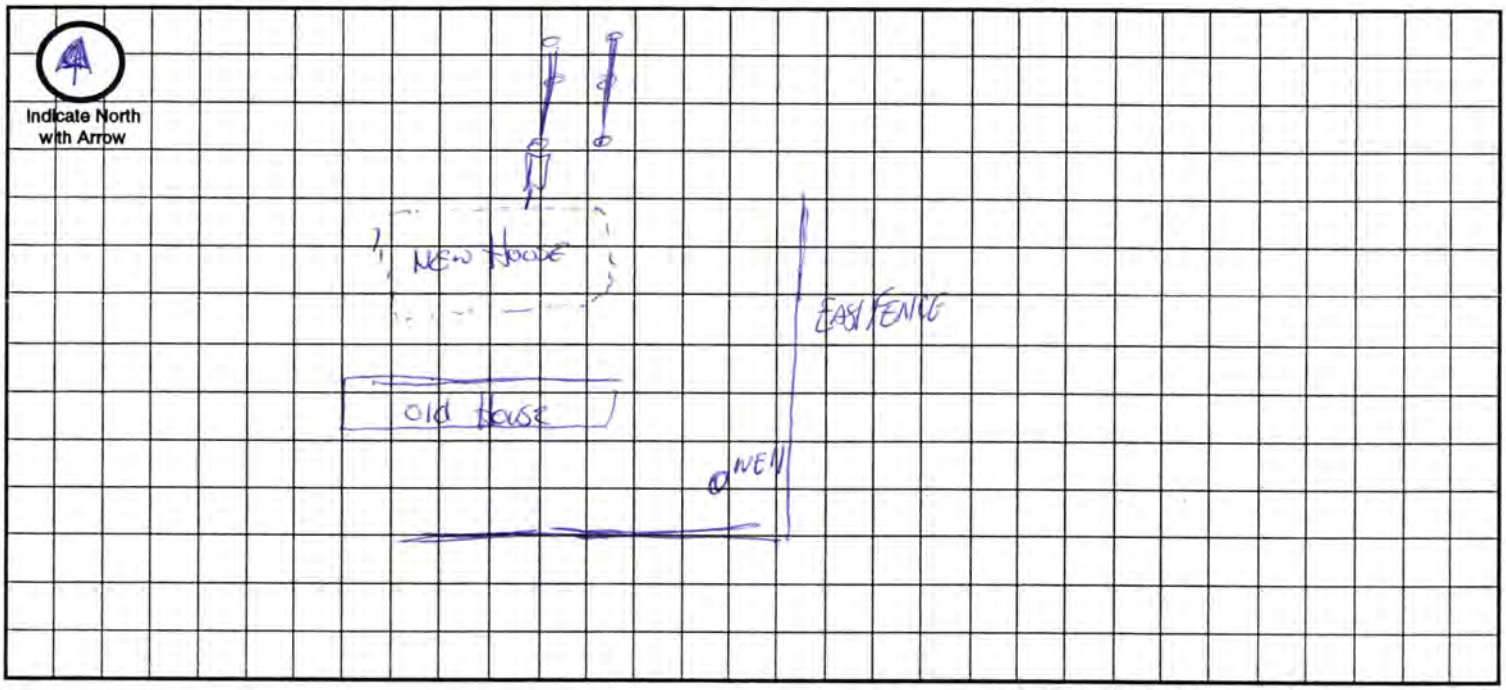
SCANNED

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

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

Total Square Feet of Field Required: 140.8 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 140.8 ft. Number of Trenches 2 Trench Width 3'

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 Emery J. Vems Date _____

Installer Leonard Johnson Date 10/26/06

FORM 23-102 10-96

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

GPS
N 40° 41.011'
W 96° 31.909

Date 3/25/08

System Location (Indicate correct number and street)
Address 14400 BENNET Rd. (no rural route) City BENNET NE, Zip 68317

A. Building Sewer
1. Material: PVC
   Diameter: 3 in.
2. Distance above basement floor: 48 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 17 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream N/A ft.
   pressure line OVER 50 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 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream N/A ft.
   Pressure line OVER 50 ft.
   Property line OVER 100 ft.

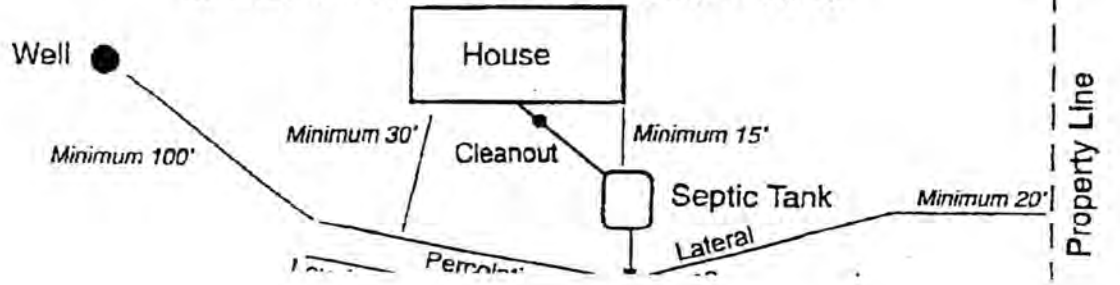
C. Distribution Box
1. Material: _____
   Number available outlets: 2
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 28 ft.

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: 99 ft. 99 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: N/A
   Depth of material _____ in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream N/A ft.
   Pressure line OVER 50 ft.
   Property line OVER 100 ft.

Indicate North with Arrow

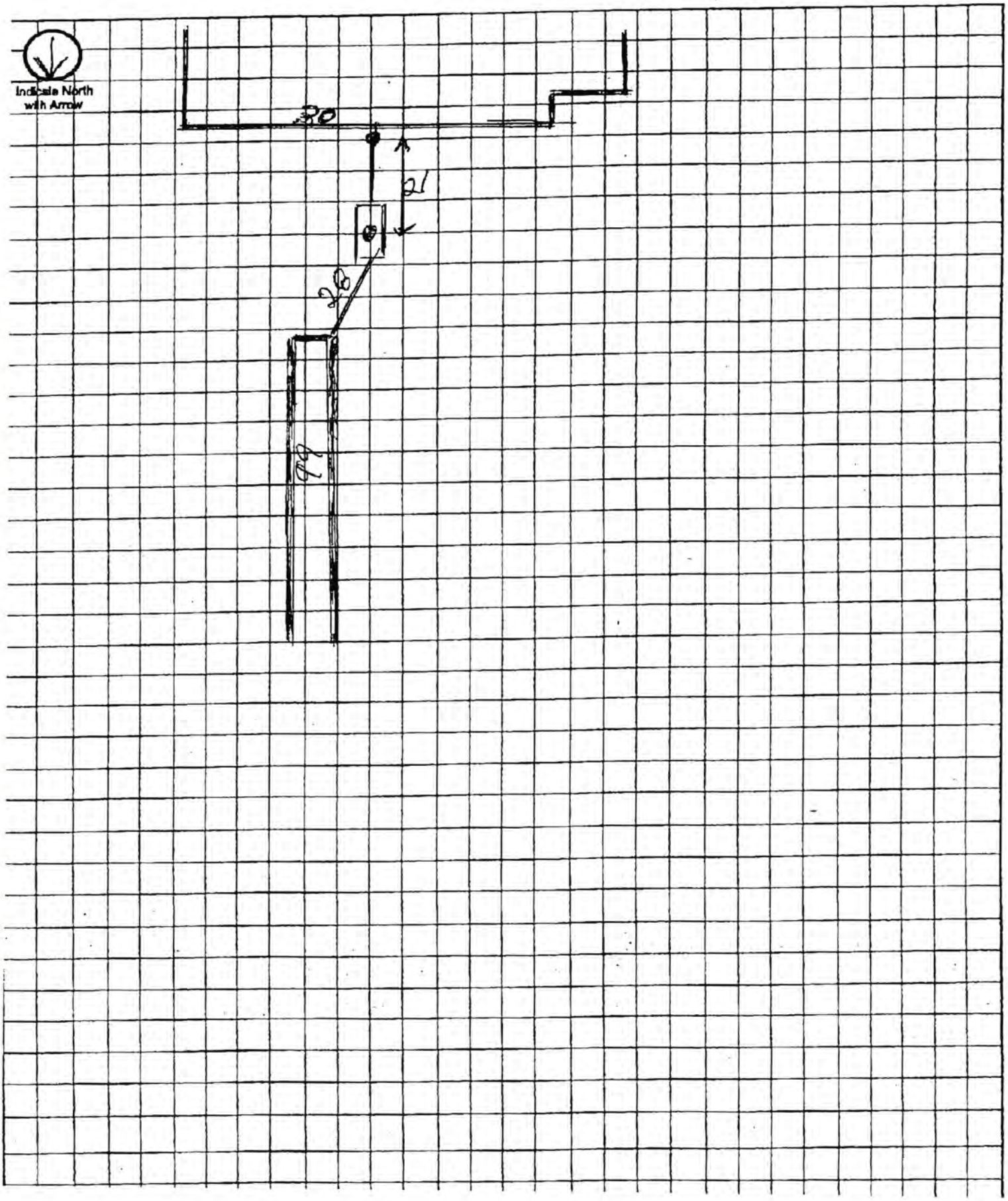
Complete "As Built" drawing on back of this form.

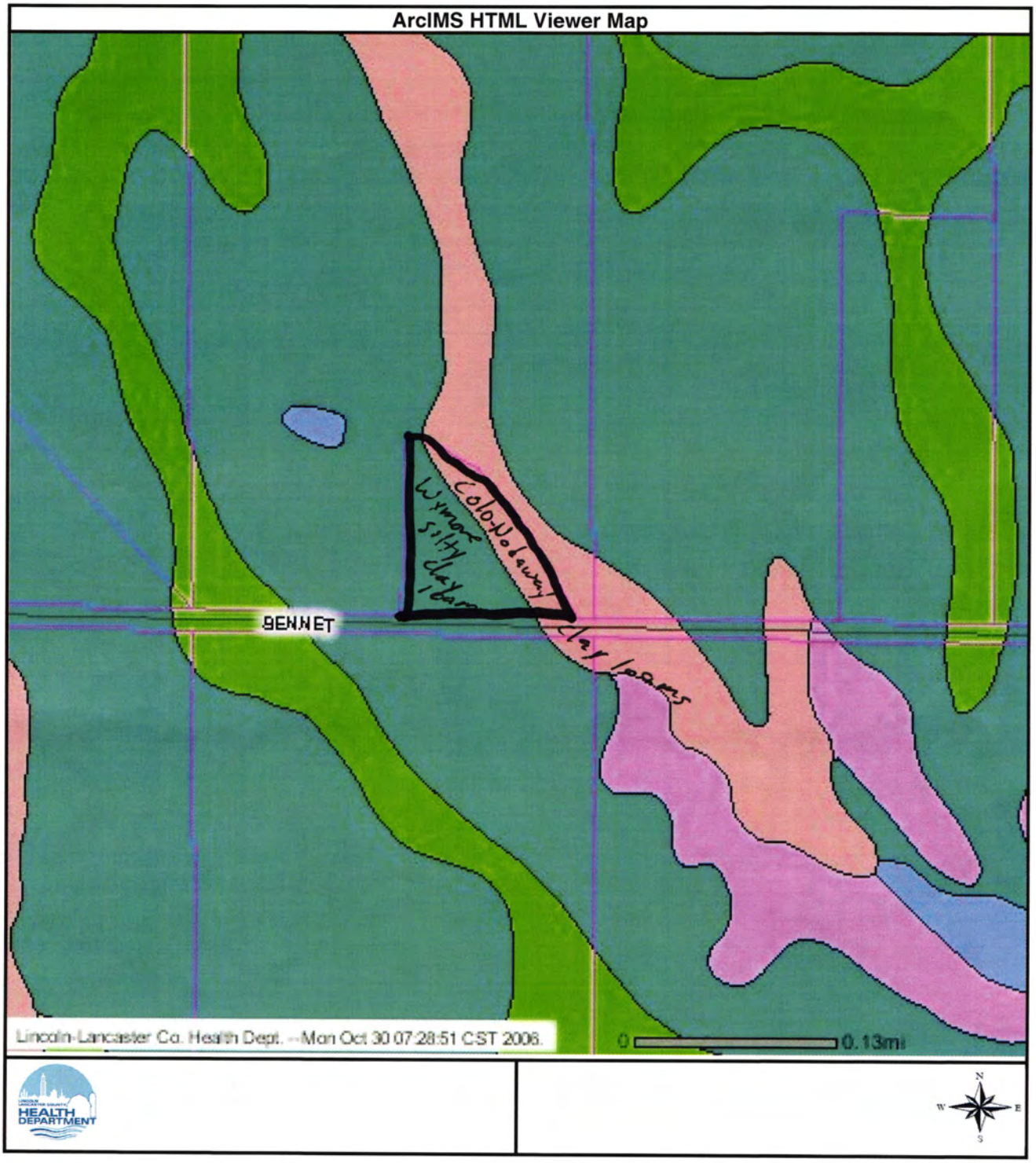
Individual Sewage System Design (Example)



As Built Drawing

14100 Bennet Rd.




ArcIMS HTML Viewer Map
Colo-Wabash
Wymore silty clay loam
BENNET
Clay loams
Lincoln-Lancaster Co. Health Dept. -- Mon Oct 30 07:28:51 CST 2006.
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HEALTH DEPARTMENT
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