COUNTY ADMINISTRATIVE SUBDIVISION PERMIT NO. 08007

APPLICATION FOR COUNTY ADMINISTRATIVE SUBDIVISION PERMIT
To the Lincoln City-Lancaster County Planning Department

The undersigned hereby applies for a permit to subdivide the following described parcel of land:

LEGAL DESCRIPTION OF PROPERTY: The W1/2 of the SW 1/4 of Section 6, Township 9 North, Range 5 East of the 6th P.M., Lancaster County, Nebraska, as recorded at the Lancaster County Register of Deeds.

DESCRIPTION OF PARCELS CREATED: "Tract 1", containing 3.21 acres, more or less, legal description attached, and "Tract 2" of about 76.79 acres, more or less, being the remaining portion of the W1/2 of the SW 1/4 of Section 6, all located in the W1/2 of the SW 1/4 of Section 6, Township 9 North, Range 5 East of the 6th P.M., Lancaster County, Nebraska.

NOTE:

This subdivision is approved under Section 4.017 and 17.029 of the Lancaster County Zoning Regulations.

SIGNATURE OF OWNERS:

I HEREBY CERTIFY THAT THE
ABOVE STATEMENTS ARE CORRECT:

Craig F. Anderson Katherine A. Anderson

Craig F. Anderson and Katherine A. Anderson,
husband and wife as joint tenants

LLCHD HS000121

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

JUN 2 3 2008

A

Permit Number
H5000121

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

A. Onsite System Location

Address 3870 SW 140th Street (no rural route) City Pleasant Dale, NE Zip 68423

Legal Description W1/2 SW1/4, 6, 9N, 5E of the 6th PM
(1/4, 1/4, Section, Township, Range, Subdivison, Addition, Block, Lot)

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 Craig Anderson Signature Craig J Anderson

Address 3878 SW 140th City/State/Zip Pleasant Dale NE 68423

☒ Check if owner designed system Home Phone (402) 785-5750 Work Phone (402) 479-46666

C. Contractor

Name: Ben Earnest Company Name Earnest Well Drilling Inc

Address 2796 W Milford Rd City/State/Zip Milford NE 68405

☐ Check if contractor designed system Work Phone (402) 475-3276

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

Designer Name Ben Earnest Firm Earnest Well Drill. Inc. Work Phone 4024753276

E. This system will serve ~~a~~ two * designed for gallons per day

☒ Residential Dwelling 5 Number of Bedrooms _____ Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 300

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 _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

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

3. City or County Engineer
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

6/23/08
CK # 1954
$305.00 REC

Business Office Use Only
Date Received 6/24/08 Amount Paid 305.00
Received By _____ Cash/Check No. 1954

White - Health Department Yellow - Engineer Pink - Building & Safety Form A Updated: 5-07

7-10-2008 14:10:57

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

JUN 2 3 2008

A

Permit Number
HS000121

Onsite Wastewater Treatment System
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Include Form B and C. Submit correct fee with this Application

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The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

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A. Onsite ~~System~~ Location

Address 3870 SW 140th Street (no rural route) City Pleasant Dale, NE Zip 68423

Legal Description W1/2 SW1/4, 6, 9N, 5E of the 6th PM
(1/4 / 1/4 / Section / Township / Range / Subdivison / Addition / Block / Lot)

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Name Craig Anderson Signature Craig J Anderson

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DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No 02-30

1. Health Department
Site visits _____
Date rec'd 7/7/08
Date frwd 7/8/08
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 7/9/08
Date frwd 7/9/08
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 7-9-08
Date frwd 7-9-08
ACTION ☑ Approved ☐ Disapproved
Signature Jim Plough

Installation Final Written Approval
By _____
Date _____

6/23/08
CK # 1954
DEL

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5-07

B

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

Permit Number: HS000121

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

This sheet not required for lagoon

PLEASE PRINT OR TYPE

— Existing lagoon to be used
— If altered in size, lagoon must be sealed

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ 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)

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____
Phone: _____
Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

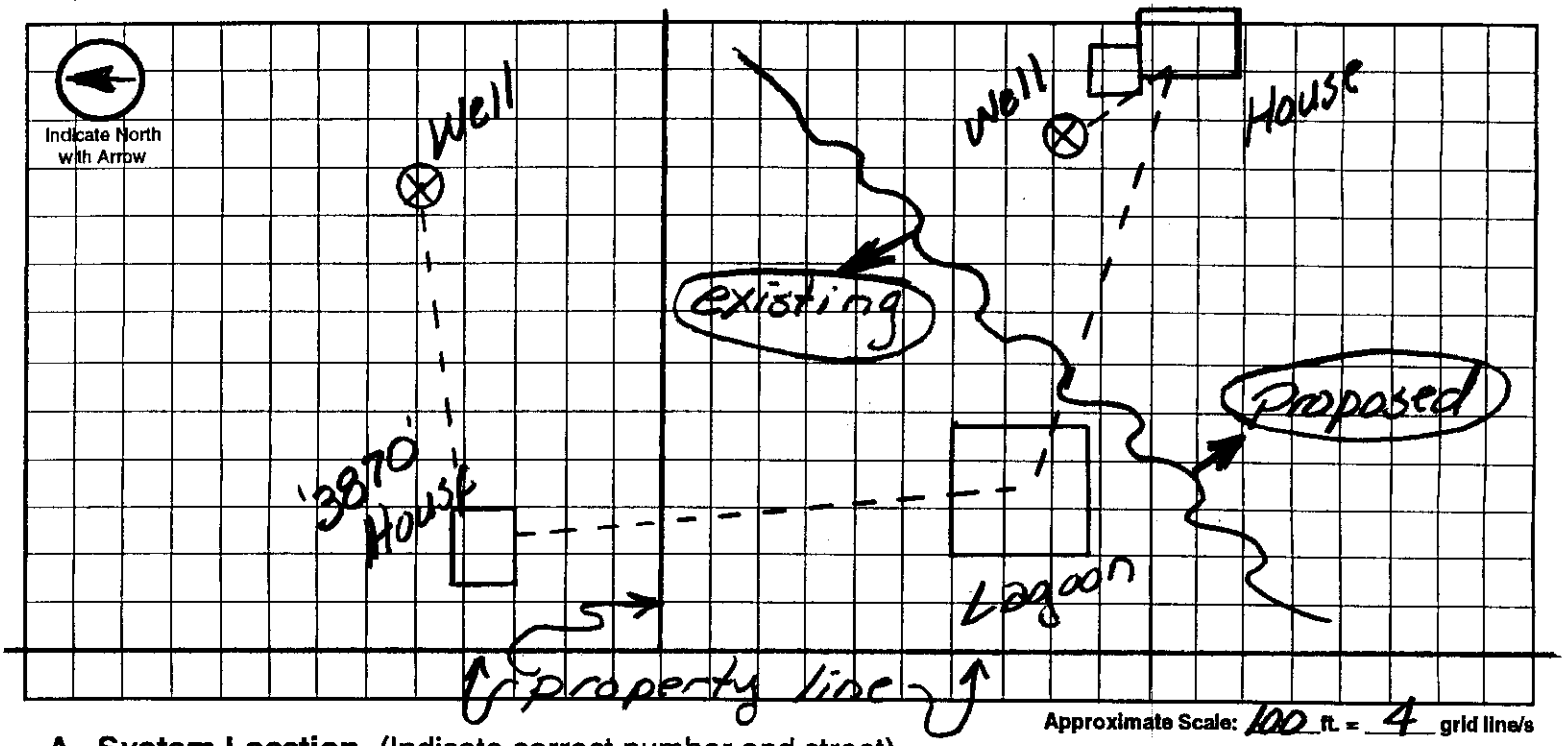
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000121

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: 100 ft. = 4 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3870 SW 140th street City Pleasant Dale NE, Zip 68423

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 Craig L Anderson Date 6/18/08

Installer _____ Date _____

FORM 23-102 10-96

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. HS000121

System Type: LAGOON

Situs:

Legal Description: T09N-R05E-S06-SW

Owner:

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00

Issued:	07/09/2008
Expires:	07/09/2009

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

CRAIG ANDERSON
1416 PIONEERS RD
PLEASANT DALE NE 68423

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

SCANNED

JUN 23 2008

A

Permit Number
H5000121

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

A. Onsite System Location ~~Earnest~~ 140th

Address 3870 SW 140th Street City Pleasant Dale, NE Zip 68423
(no rural route)

Legal Description W½ SW¼, 6, 9N, 5E of the 6th PM
1/4 1/4 Section Township Range Subdivison Addition Block Lot

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 Craig Anderson Signature Craig J Anderson

Address 3878 SW 140th City/State/Zip Pleasant Dale NE 68423

☒ Check if owner designed system Home Phone (402) 785-5750 Work Phone (402) 479-46666

C. Contractor

Name: Ben Earnest Company Name Earnest Well Drilling Inc

Address 2796 W Milford Rd City/State/Zip Milford NE 68405

☐ Check if contractor designed system Work Phone (402) 475-3276

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

Designer Name Ben Earnest Firm Earnest Well Drill. Inc Work Phone 402 475 3276

E. This system will serve ~~a~~ two * designed for gallons per day

☒ Residential Dwelling 5 Number of Bedrooms _____ Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 300

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 _____
Date rec'd 7/1/08
Date frwd 7/1/08
ACTION ☑ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 7/9/08
Date frwd 7/9/08
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 7-9-08
Date frwd 7-9-08
ACTION ☑ Approved ☐ Disapproved
Signature Jim Plough

Installation Final Written Approval
By _____
Date 10/2/08

6/23/08
CK # 1954
REC

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

Form A Updated: 5-07

* Will need easement for lagoon btwn parcels *

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

JUN 23 2008

SCANNED

A

Permit Number
H5000121

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

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PLEASE PRINT OR TYPE

A. Onsite System Location

Address 3870 SW 140th Street (no rural route) City Pleasant Dale, NE Zip 68423

Legal Description W½ SW¼, 6, 9N, 5E of the 6th PM
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

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 Craig Anderson Signature Craig J Anderson

Address 3878 SW 140th City/State/Zip Pleasant Dale NE 68423

☒ Check if owner designed system Home Phone (402) 785-5750 Work Phone (402) 479-4666

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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 _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

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

3. City or County Engineer
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

6/23/08
CK # 1954
$305.00 REC

Business Office Use Only
Date Received 6/24/08 Amount Paid 305.00
Received By [illegible] Cash/Check No. 1954

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

Form A Updated: 5-07

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

SCANNED

B

Permit Number: 45000121

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

— This sheet not required for lagoon
— Existing lagoon to be used
— If altered in size, lagoon must be sealed

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

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

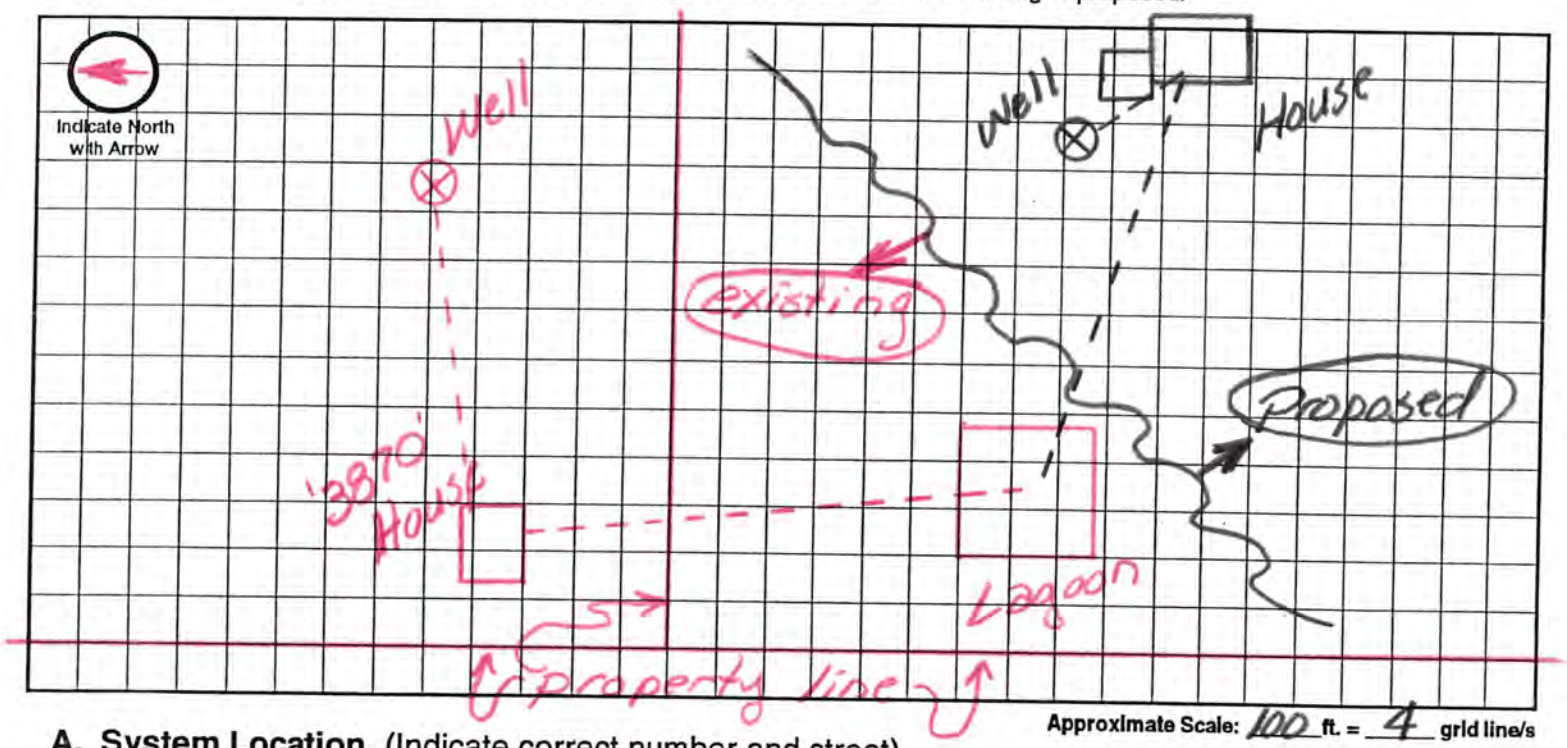
SCANNED

C

Permit Number: HS000121

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: 100 ft. = 4 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3870 SW 140th street City Pleasant Dale NE, Zip 68423

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 Craig L Anderson Date 6/18/08

Installer _____ Date _____

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

Date 9/25/08

System Location (Indicate correct number and street)

Address 3980 S.W. 140th (no rural route) City Pleasant Dale NE, Zip 68423

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 8 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 20+ ft.
   property line 50+ ft.

B. Septic Tank

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

C. Distribution Box

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

D. Absorption Field

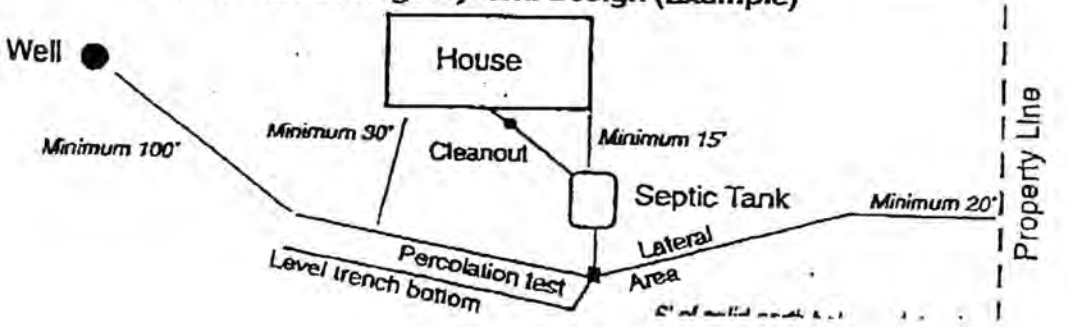
(Provide as-built drawings on back of this form)

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

Locate North with Arrow

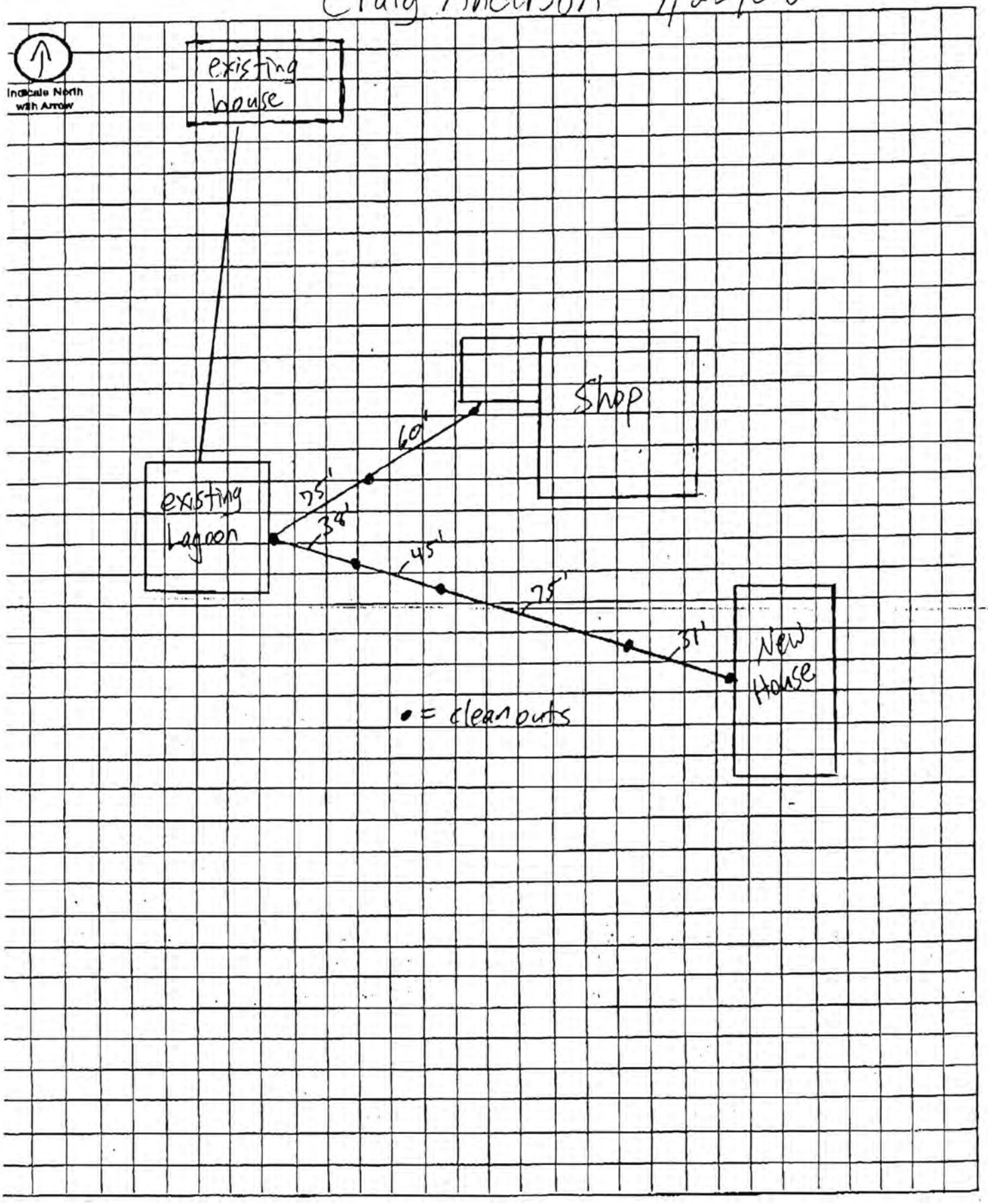
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

Craig Anderson 9/25/08



SCANNED

COUNTY ADMINISTRATIVE SUBDIVISION PERMIT NO. 08007

APPLICATION FOR COUNTY ADMINISTRATIVE SUBDIVISION PERMIT
To the Lincoln City-Lancaster County Planning Department

The undersigned hereby applies for a permit to subdivide the following described parcel of land:

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NOTE:

This subdivision is approved under Section 4.017 and 17.029 of the Lancaster County Zoning Regulations.

SIGNATURE OF OWNERS:

I HEREBY CERTIFY THAT THE
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Craig F. Anderson Katherine A. Anderson

Craig F. Anderson and Katherine A. Anderson,
husband and wife as joint tenants