LLCHD HS000194

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

A

SCANNED

Permit Number HS000194

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 18805 Hwy 6 (no rural route) City Greenwood, NE Zip _____

Legal Description 1 , 11 , 8 _____ 27128

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: 3

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: ~~Contractor~~ Dave Vogt Company Name Vogt T & T Excavating

Address P.O. Box 22753 City/State/Zip Lincoln NE 68542

☒ Check if contractor designed system Work Phone 402-477-2227

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 _____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify office Design flow in gallons per day _____

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 12/4/08
Date frwd 12/9/08
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 _____

Business Office Use Only
Date Received 12-9-08 Amount Paid $315.00
Received By AL Cash/Check No. 4985

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

Form A Updated: 5-07

+ Existing property

12-11-2008 15:24:15

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. HS000194

System Type:	STANDARD
Situs:	18805 U S HIGHWAY 6 LC
Legal Description:	T11N-R08E-S01-Lot 27@28
Owner:	ENTERPRISE TERMINALS & STORAGE
	HOUSTON TX 77210-4324

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	12/09/2008
Expires:	12/09/2009

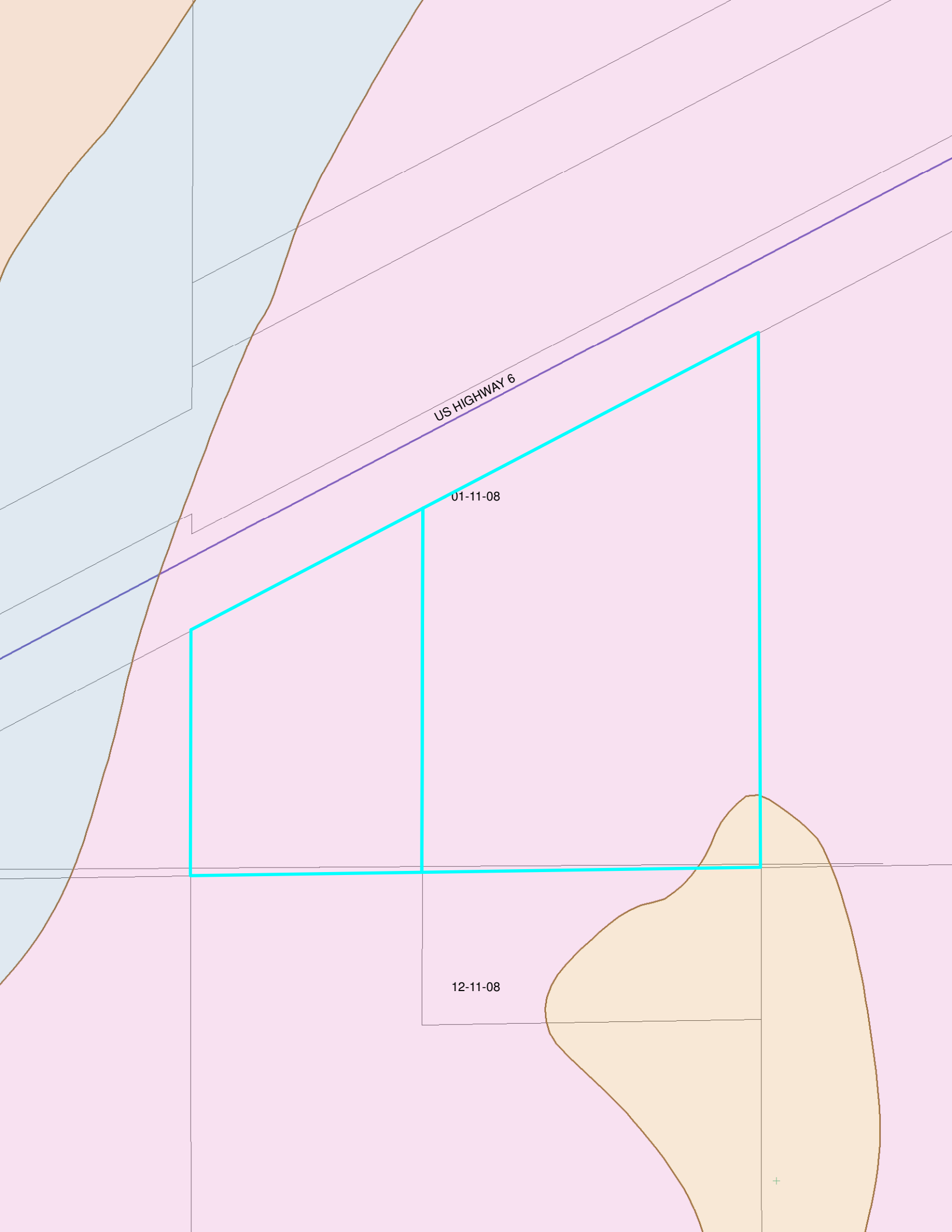
Bruce D. Dart, PhD, Health Director

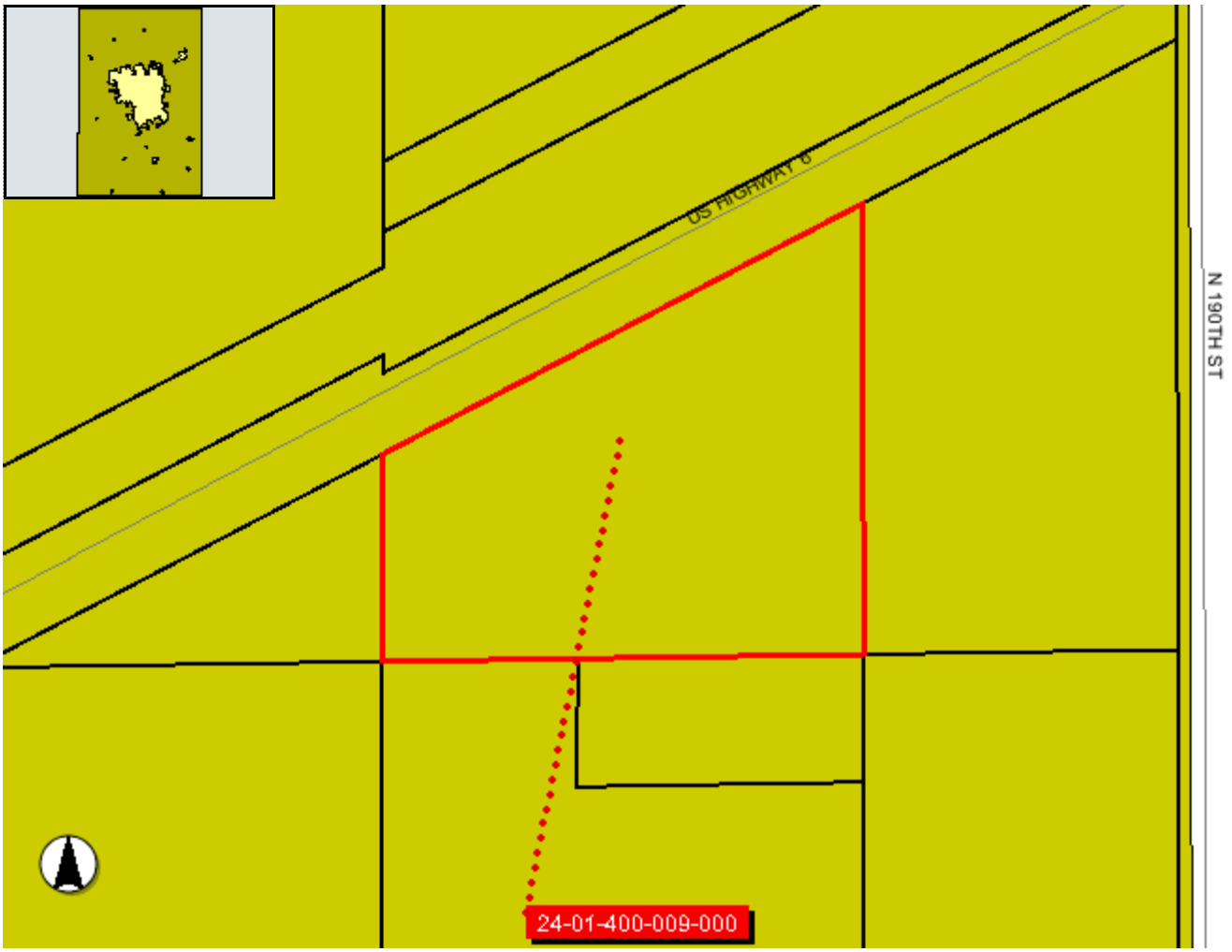
On-site Waste System Permit Holder:

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

VOGT EXCAVATING
PO BOX 22753
LINCOLN NE 68542


US HIGHWAY 6
01-11-08
12-11-08


US HIGHWAY 6
N 190TH ST
24-01-400-009-000

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 11N Range 8E 1/4 NE 1/4 NE Section 12
   Block ____ Lot ____ Addition 29
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 18805 Hwy 6 Greenwood NE 68366

2. **Property use:** ☐ residential ☐ commercial ☒ other use
   Number of bedrooms ____ Describe ____

3. **Type of Present Individual Disposal System** ☐ septic system ☐ lagoon ☒ other Holding tank

4. **Description of proposed alteration, extension or repair** Dig existing tank up and either repair or replace depending on damage that is found.

5. **Work to be done by:** ☐ owner ☒ contractor's name Utility Contractors Doug Lottus/Lottus Septic certified Inspector

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Clint Buss Address 18805 Hwy 6 Greenwood NE 68366 Phone: 402-521-0130

Applicant Signature (owner or lessee) Clint B

Please include the permit fee ($170) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

HEALTH DEPARTMENT USE ONLY

Date received 3/4/-8 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 3/25/08 By [signature]

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 3/4/08 Amount 170.00 Check No. 1269 Initials WH

White - Division Copy Pink - Business Office Revised 9-07

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009835

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
OTHER SEPTIC SYSTEM

Establishment: UTILITY CONTRACTORS
T11N R8E SEC 12
LOT 29IT
18686 MILL RD-WAVERLY

Permittee: UTILITY CONTRACTORS
BOX 2079
WICHITA KS 67201

Permit # 06380328501

Issued 12/08/06
Expires 12/08/07
Revenue Code 3157

FEES: $290.00

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE

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

A

Permit Number: 06380328501

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) Holding Tank

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 ~~18805 Hwy 6~~ 18686 (no rural route) MILL ROAD City Rural Lan Co NE, Zip 68366

Legal Description Nate Has: 12 (1/4) 11 (1/4) 8 (Section) (Township) (Range) Subdivision IT ~~28~~ 29 (Addition) , ~~30~~ (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 Utility Contractors * Signature Doug Klamyne Clint Buss - 521-0130

Address 659 N. Market POB 2029 City/State/Zip Wichita KS 67201

☐ Check if owner designed system Home Phone _____ Work Phone Dave - 316-641-1264

C. Contractor

Name Steve Damkroger Company Name Dirt Works Plus, INC.

Address 6667 N. W48 #1 City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 325-0529

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 _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment / Other Facility Specify 1750 Gal Tank - Temporary - For Job Shack

Design flow in gallons per day 30 * 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 12-8-06 Date frwd 12-11-06	ACTION ☒ Approved ☐ Disapproved Signature _____	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 12/12/06 Date frwd 12/12/06	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 12-12-06 Date frwd 12-12-06	ACTION ☒ Approved ☐ Disapproved Signature Jim Ploeger	

Installation Final Written Approval

By _____

Date 12/14/06

Business Office Use Only

Date Rec'd 12-08-06
Amt Paid 290.00
Rec'd By ILH Cash/Check No. 9170

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

325-0530

A

Permit Number: 06380328501

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:

FAXED

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address ~~18805 Hwy 6~~ 18686 (no rural route) MILL ROAD City Rural Lan Co NE, Zip 68366

Legal Description Note Has: 12 (1/4) 11 (1/4) 8 (Section) (Township) (Range) IT ~~28~~ 29, ~~32~~ (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 Utility Contractors * Signature _____ Clint Buss - 521-0130

Address 659 N. Market POB 2029 City/State/Zip Wichita KS 67201

☐ Check if owner designed system Home Phone _____ Work Phone Dave - 316-641-1264

C. Contractor

Name Steve Damkroger Company Name Dirt Works Plus, INC

Address 6667 N. W48th City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 325-0529

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 1500 Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment (Other Facility) Specify ~~1250~~ 600 Tank - Temporary - For Job Shack

Design flow in gallons per day 300 * 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 12-8-06 Date frwd 12-11-06 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/12/06 Date frwd 12/12/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-12-06 Date frwd 12-12-06 ACTION ☑ Approved ☐ Disapproved Signature Jim Ploeger

Installation Final Written Approval

By _____

Date 12/14/06

Business Office Use Only

Date Rec'd 12-08-06
Amt Paid 290.00
Rec'd By ILH Cash/Check No. 9170

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: 06380328501

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 18805 N Hwy 6 ~~18686 Mill Rd~~ (no rural route) City Rural Lan Co NE, Zip 68366

Legal Description NCR 5906 Nate Has: 12 (1/4) (1/4) Section 11N Township 8E Range Waverly Subdivision Addition 29 IT 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 Utility Contractors Signature _____

Address 659 N. Market POB 2029 City/State/Zip Wichita KS 67201

☐ Check if owner designed system Home Phone NCR 97328. Work Phone Dave - 316-641-1244

C. Contractor

Name Steve Damkroger Company Name Dirt Works Plus, Inc.

Address 6667 N. W 48th #1 City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 325-0529

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 ____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment (Other Facility) Specify 1250 Gal Tank - Temporary - For JOB Shack

Design flow in gallons per day 30 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 12-08-06

Amt Paid 290.00

Rec'd By TLH Cash/Check No. 9170

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

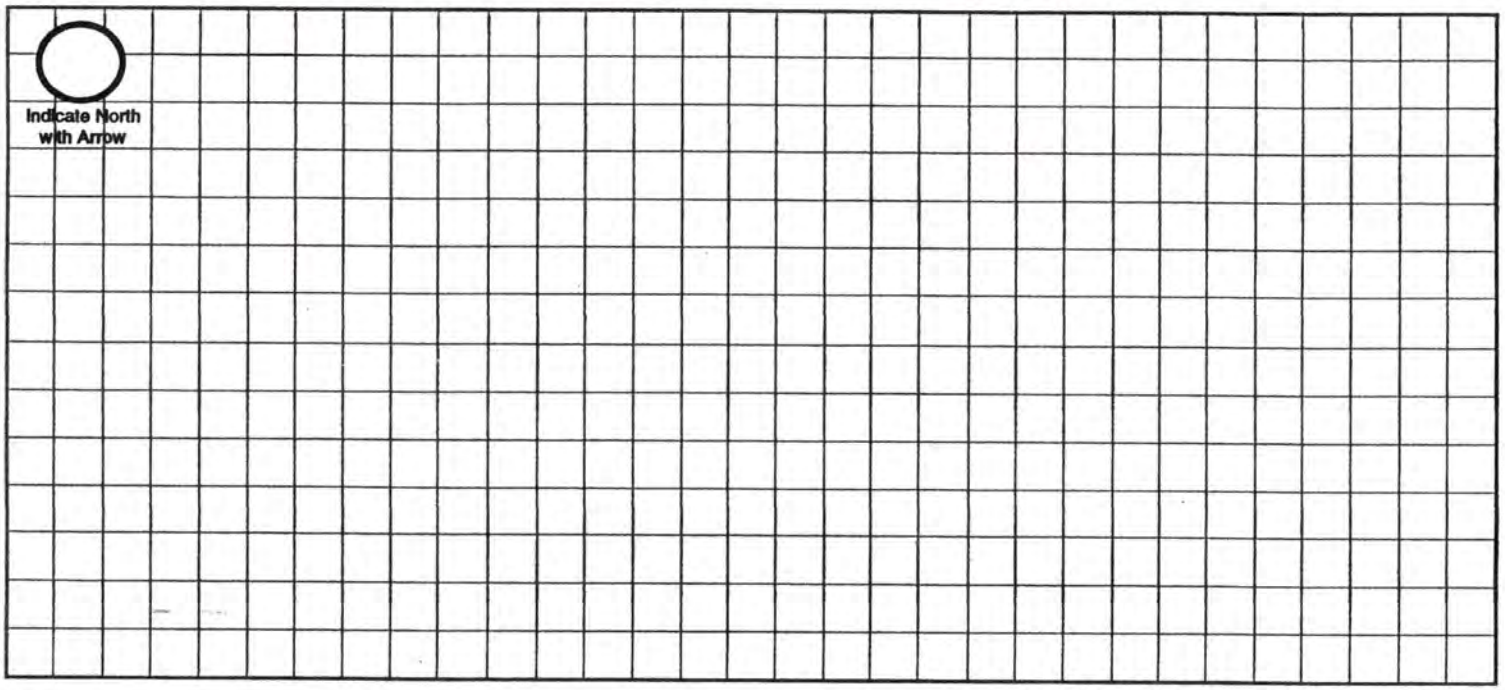
C

Permit Number: 06380328S

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) 18805 Highway 6 City Rural NE NE, Zip 68366.
Lancaster County

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: None - Temporary Tank for JOB shack

Capacity of Septic Tank 1050 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

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

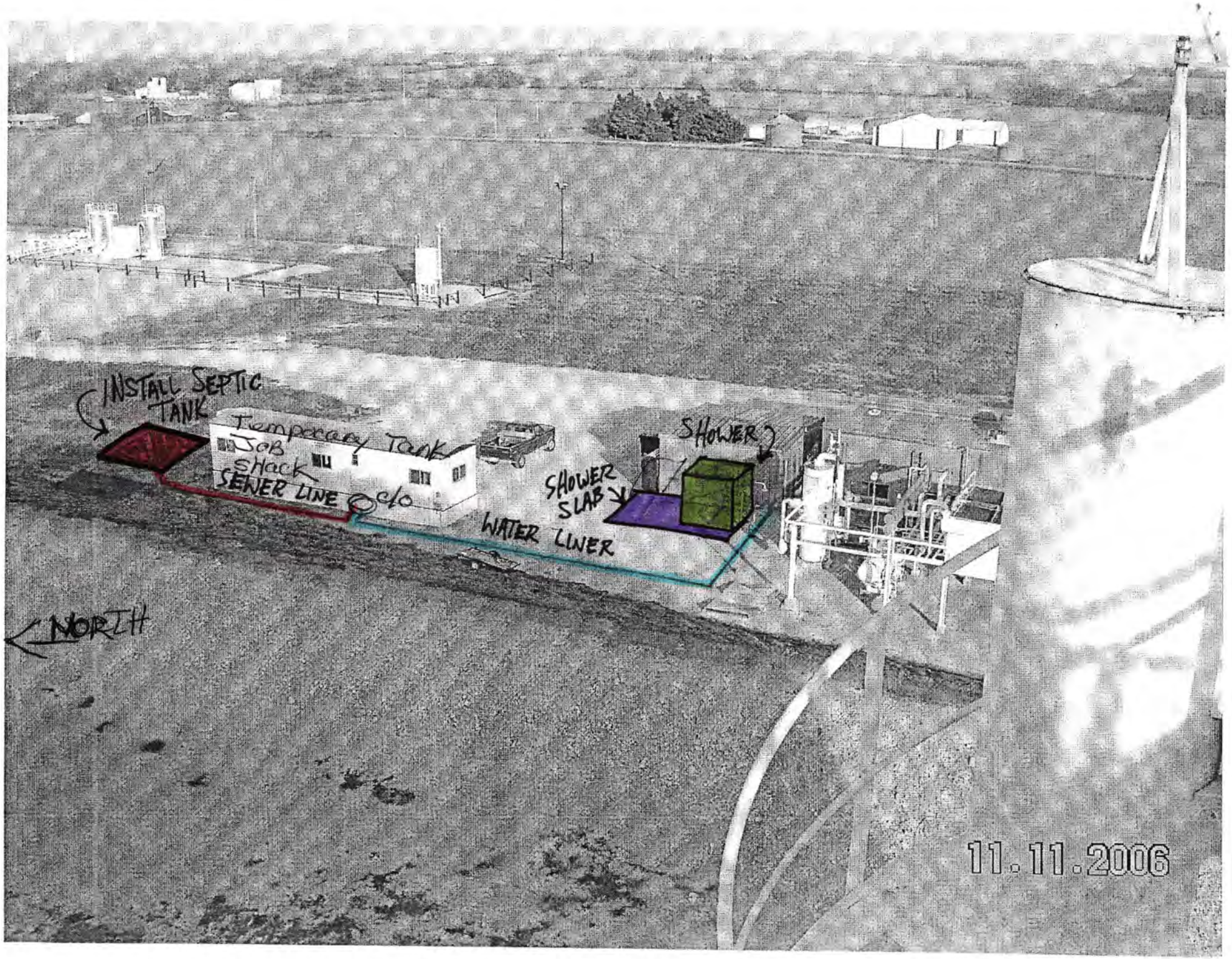
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 ☐	☐

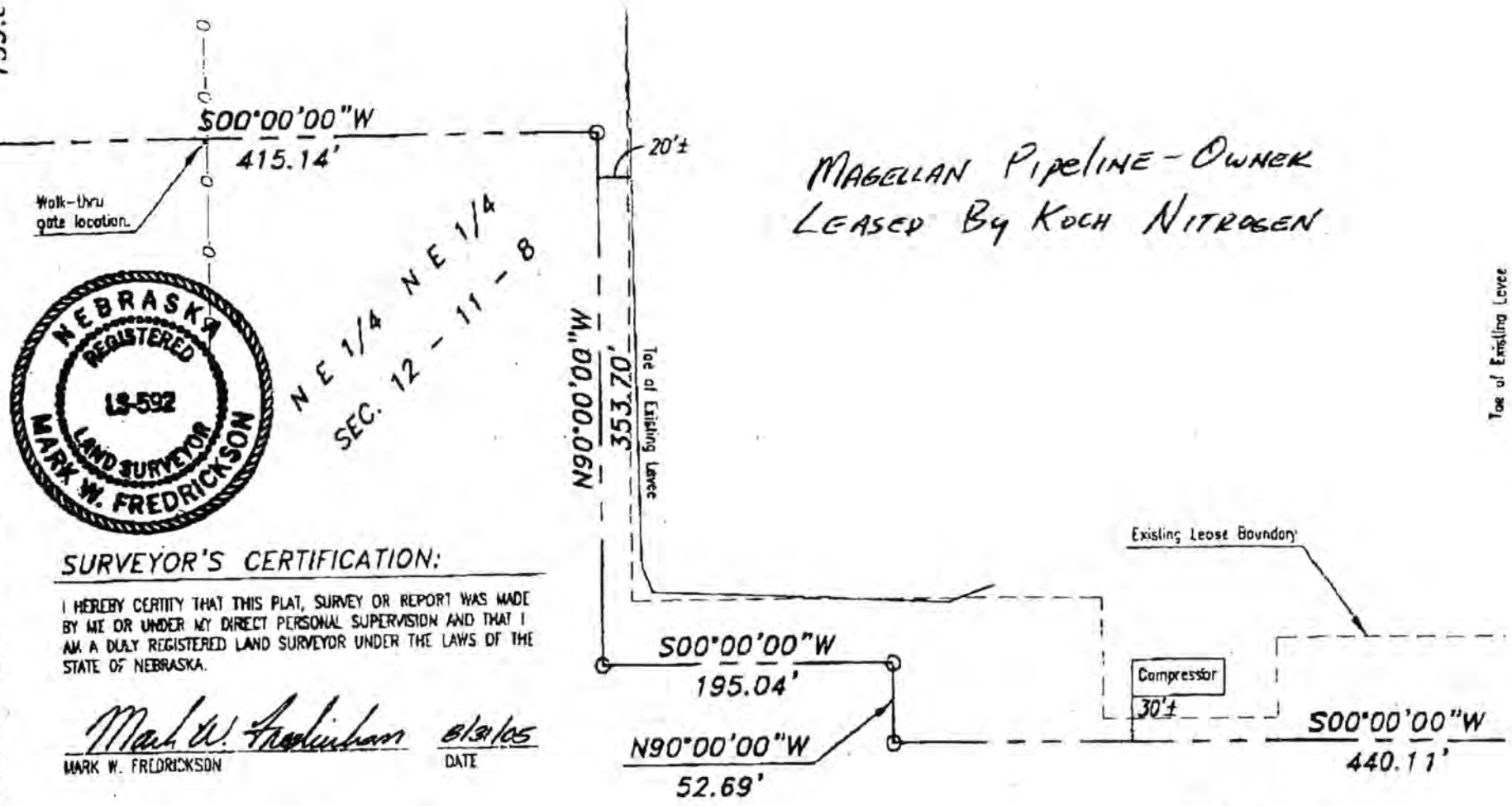
E. Required Signatures

Home Building Contractor Dave Hamzaee Date 12/7/06

Installer Steve Dambroger Date _____


INSTALL SEPTIC TANK
Temporary Tank
JOB SHACK
SEWER LINE
c/o
SHOWER
SHOWER SLAB
WATER LINER
NORTH
11.11.2006

Dec 12 06 08:27a Jean Scali 402-325-0530 p.2



SURVEYOR'S CERTIFICATION:

I HEREBY CERTIFY THAT THIS PLAT, SURVEY OR REPORT WAS MADE BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY REGISTERED LAND SURVEYOR UNDER THE LAWS OF THE STATE OF NEBRASKA.

Mark W. Fredrickson 8/31/05

MARK W. FREDRICKSON DATE

LEASE LEGAL DESCRIPTION:

A PORTION OF LOTS 28, 29, AND 30, IRREGULAR TRACTS, LOCATED IN THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER (NE 1/4 NE 1/4) OF SECTION 12, TOWNSHIP 11 NORTH, RANGE 8 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHWEST CORNER OF SAID NORTHEAST QUARTER OF THE NORTHEAST QUARTER; THENCE N 00°00'00" E (ASSUMED BEARING) ALONG THE WEST LINE OF SAID NORTHEAST QUARTER OF THE NORTHEAST QUARTER A DISTANCE OF 33.00 FEET TO THE NORTH LINE OF MILL ROAD RIGHT-OF-WAY AND THE POINT OF BEGINNING; THENCE CONTINUING NORTH 00°00'00" EAST ALONG SAID WEST LINE A DISTANCE OF 1052.11 FEET; THENCE SOUTH 90°00'00" EAST A DISTANCE OF 566.27 FEET; THENCE SOUTH 00°00'00" WEST A DISTANCE OF 440.11 FEET; THENCE NORTH 90°00'00" WEST A DISTANCE OF 52.69 FEET; THENCE SOUTH 00°00'00" WEST A DISTANCE OF 195.04 FEET; THENCE NORTH 90°00'00" WEST A DISTANCE OF 353.70 FEET; THENCE SOUTH 00°00'00" WEST A DISTANCE OF 415.14 FEET TO THE NORTH LINE OF MILL ROAD RIGHT-OF-WAY; THENCE SOUTH 89°21'00" WEST ALONG THE NORTH LINE OF MILL ROAD RIGHT-OF-WAY A DISTANCE OF 159.89 FEET TO THE POINT OF BEGINNING, CONTAINING 9.5 ACRES MORE OR LESS.

LEGEND:

- ○ - CORNERS SET (5/8" REBAR)
- ◔ - SECTION CORNERS FOUND
- POB - POINT OF BEGINNING

NOTE:

THIS SURVEY IS FOR LEASE PURPOSES. IT SHOULD NOT BE USED FOR BOUNDARY RETRACEMENT OF THE SUBJECT PROPERTY OR ADJACENT PARCELS.

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

A

SCANNED

Permit Number H5000194

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 18805 Hwy 6 (no rural route) City Greenwood, NE Zip _____

Legal Description _____ 1 / 11 / 8 _____ 27+28

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: 3

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: ~~Dan Ogg~~ Dave Vogt Company Name Vogt T & T Excavating

Address P.O. Box 22753 City/State/Zip Lincoln NE 68542

☑ Check if contractor designed system Work Phone 402-477-2227

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 _____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No

☑ Commercial Establishment/Other Facility Specify office Design flow in gallons per day _____

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 12/9/08
Date frwd 12/9/08
ACTION ☑ Approved ☐ Disapproved
Signature _____

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

SCANNED

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

Installation Final Written Approval
By _____
Date 12/12/08

Business Office Use Only
Date Received 12-9-08 Amount Paid 315.00
Received By _____ Cash/Check No. 4985

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

Form A Updated: 5-07

* Existing property

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

SCANNED

B

Permit Number: #5000194

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 18805 Hwy 6 (no rural route) City Greenwood NE, Zip _____

Owner _____ Address _____

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

Date of Tests 3-24-08 to 3-25-08 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)
1	30	3-24	3:30pm	3-25	11:Am	3:25	11:Am	6	3-25	11:30Am	30	.0750	40.00
2	30	3-24	3:30pm	3-25	11:Am	3:25	11:Am	6	3-25	11:30Am	30	0.875	34.29
3	30	3-24	3:30pm	3-25	11:Am	3:25	11:Am	6	3-25	11:30Am	30	0.625	48.00
4	30	3-24	3:30pm	3-25	11:Am	3:25	11:Am	6	3-25	11:30Am	30	0.875	34.29
5	30	3-24	3:30pm	3-25	11:Am	3:25	11:Am	6	3:25	11:30Am	30	0.625	48.00
6	30	3-24	3:30pm	3-25	11:Am	3:25	11:Am	6	3:25	11:30Am	30	0.875	34.29

Sum of Percolation Rates: 238.86
Average of Rates: 39.81
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 402 477-2227
Address P.O. Box 22753

Donna Ainsley-

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

HS000194

SCANNED

VOGT T&T Excavating

Note

I used 150 gal per day

They have 4 employees 5 days a week

2 Days a month they have 25 people

25 x 6 gallons 150 gal

$150 \div [5 \div \sqrt{40 \text{ min per in}} = .7905$

6.3245

~~$150 \div 6.3245 = .7905$~~

$150 \div .7905 = 189.75$ sq ft.

150 gpd

$190 \div 4 = 47.5'$

4' wide 48' of Lateral

Dave

Vogt T&T

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

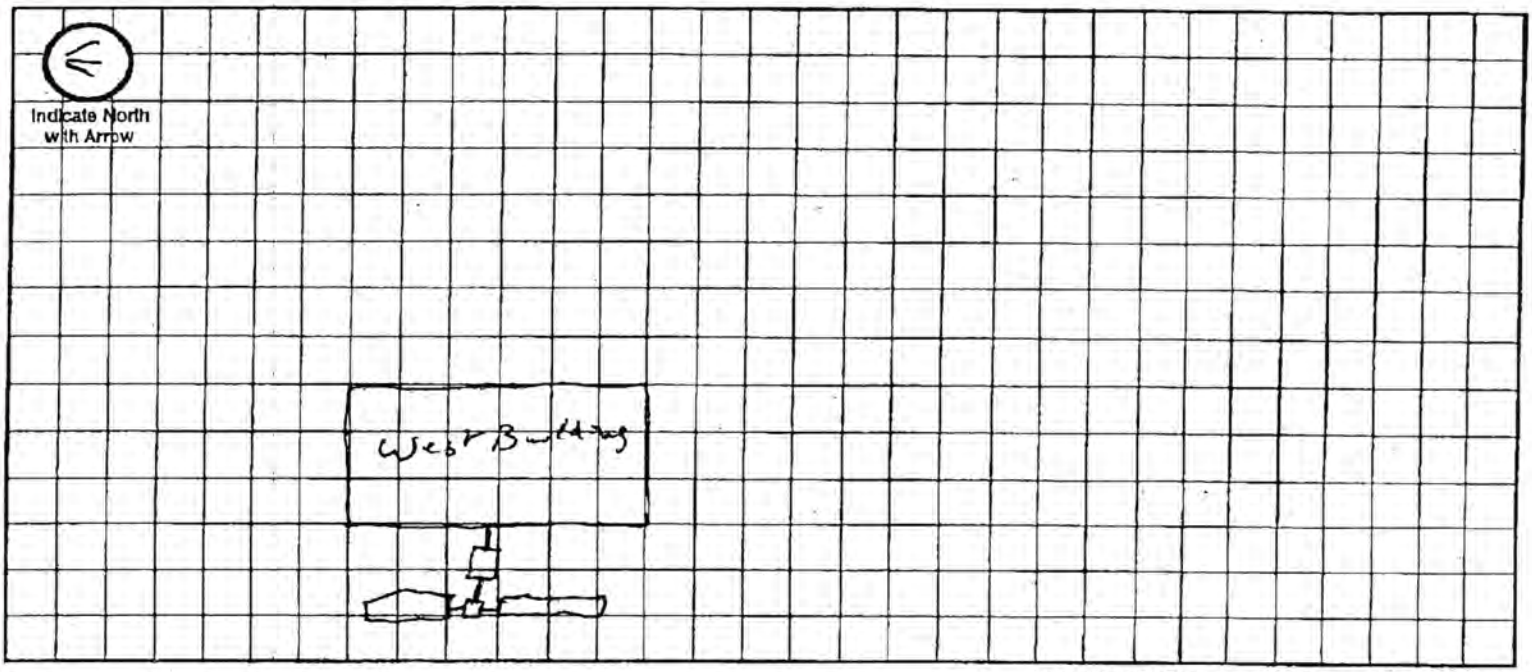
SCANNED

C

Permit Number: #5000194

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: 20 ft. = 1 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 40 (min. per inch) Soil Type: Clay Land Slope: 1 %

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

Total Square Feet of Field Required: 192 sq. ft.

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

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

Total Length of Laterals 48 ft. Number of Trenches _____ Trench Width 4

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 ☒	600 ☒	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 _____ Date 12-9-08

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 12-10-08

System Location (Indicate correct number and street)

Address 18805 Hwy 6 (no rural route) City Waverly NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 27' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line 50+ ft.
   property line 40+ 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 24" in.
   Over outlet, diameter 24" in.
   Riser: ☒ above ☐ below grade 1" 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 NA ft.
   Stream NA ft.
   Pressure line 50+ ft.
   Property line 40+ ft.

C. Distribution Box

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

D. Absorption Field

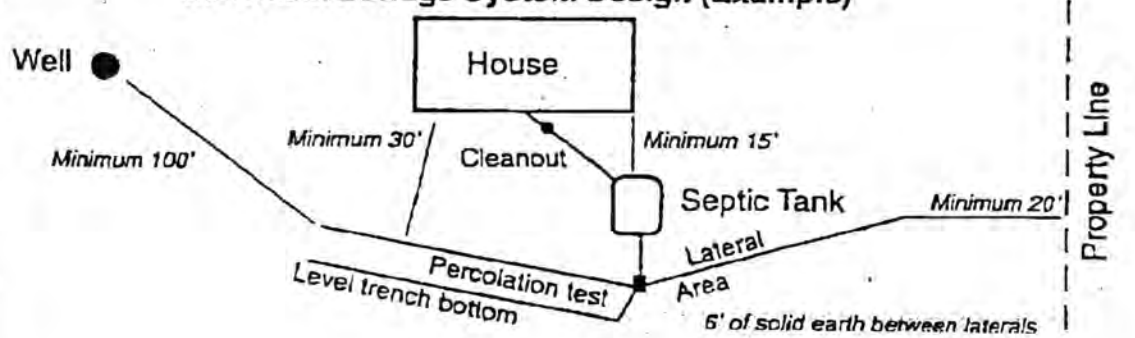
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Plastic Infiltrator
   or perforated pipe: 48'
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 1
   Length of each line: 48' ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 1" in/100 ft.
   Average depth 3½' in
4. Filter material: Dirt
   Depth of material 3½' in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line 50+ ft.
   Property line 40+ ft.

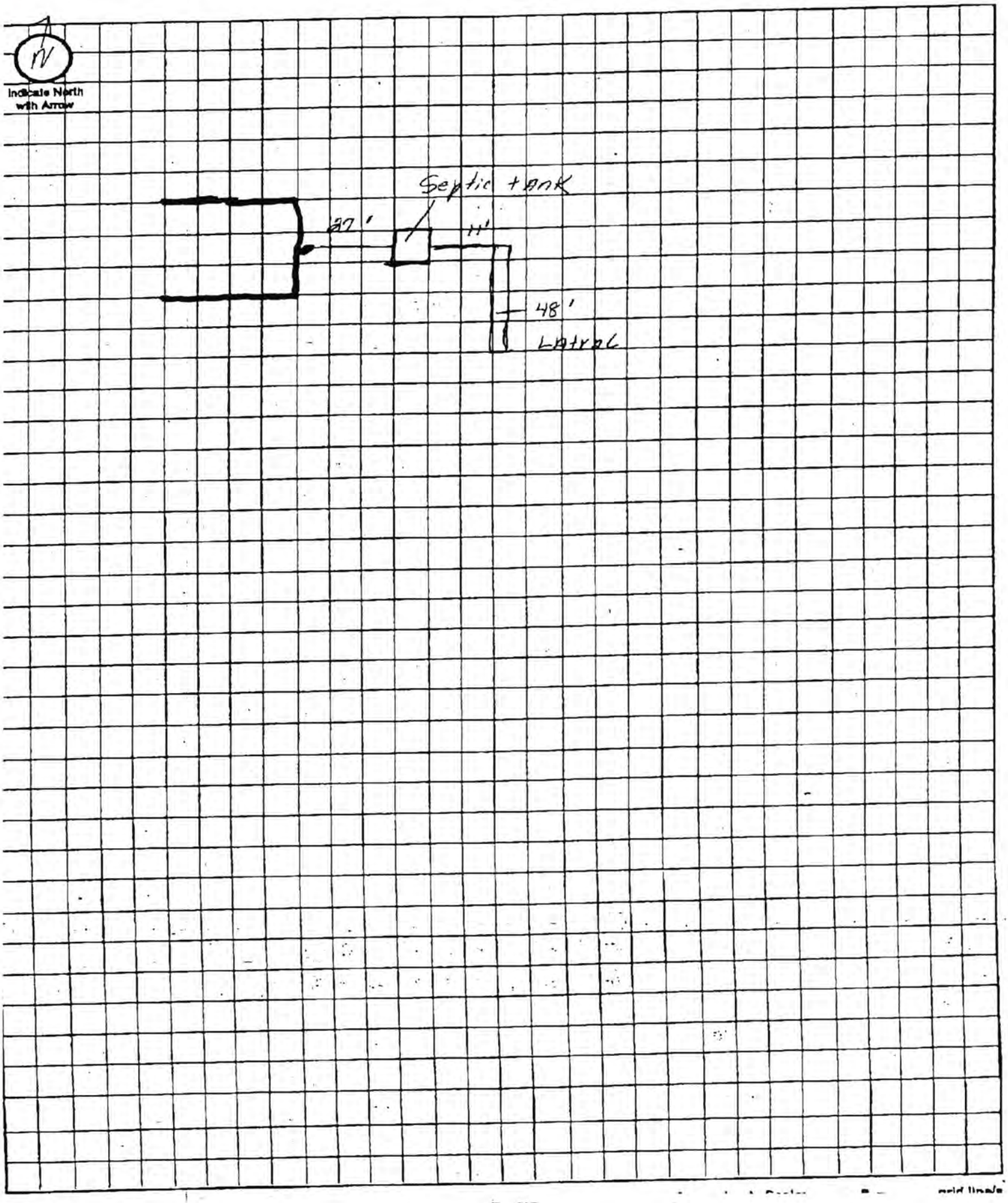
Indicate North with Arrow

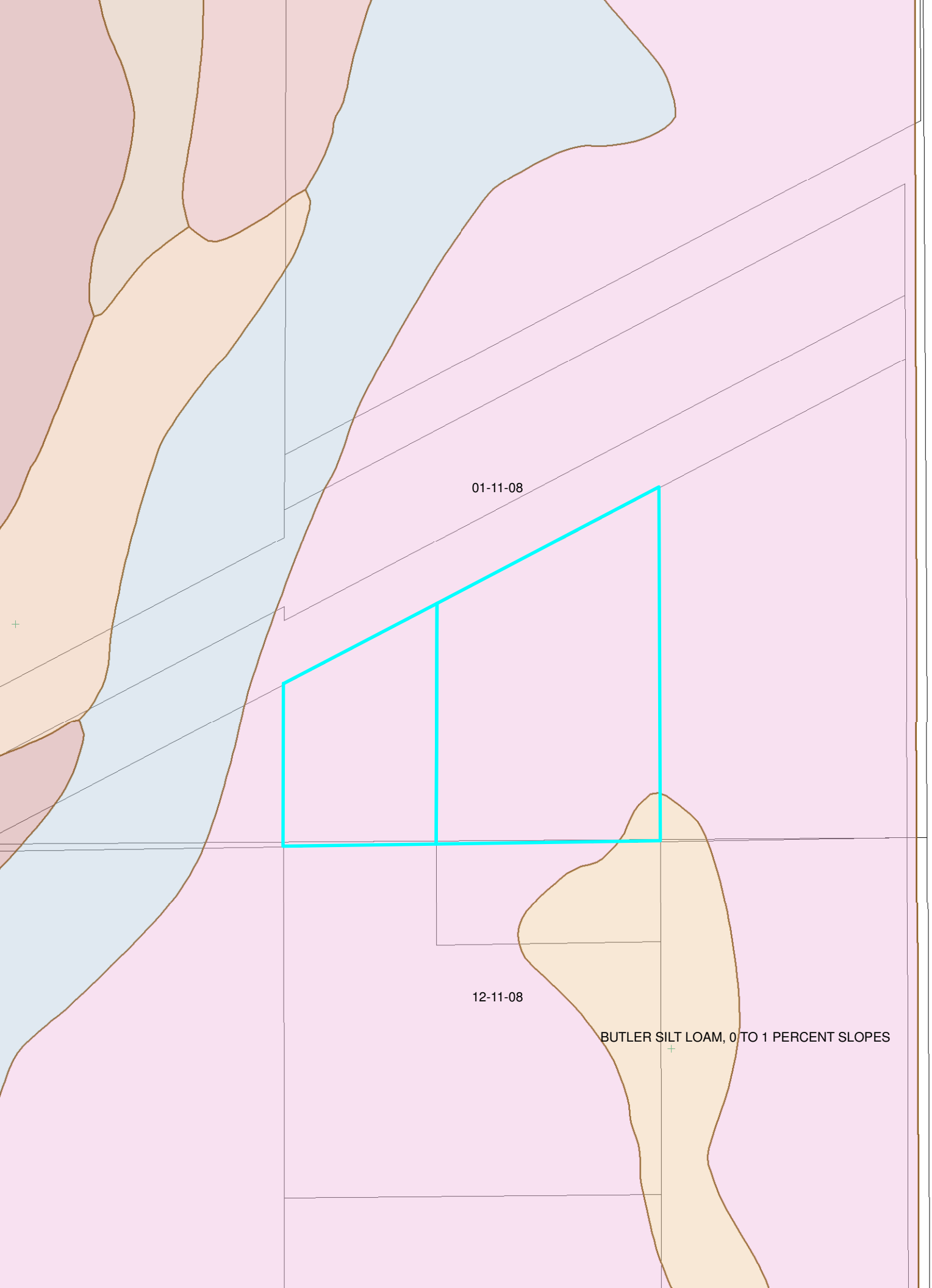
Complete "As Built" drawing on back of this form.

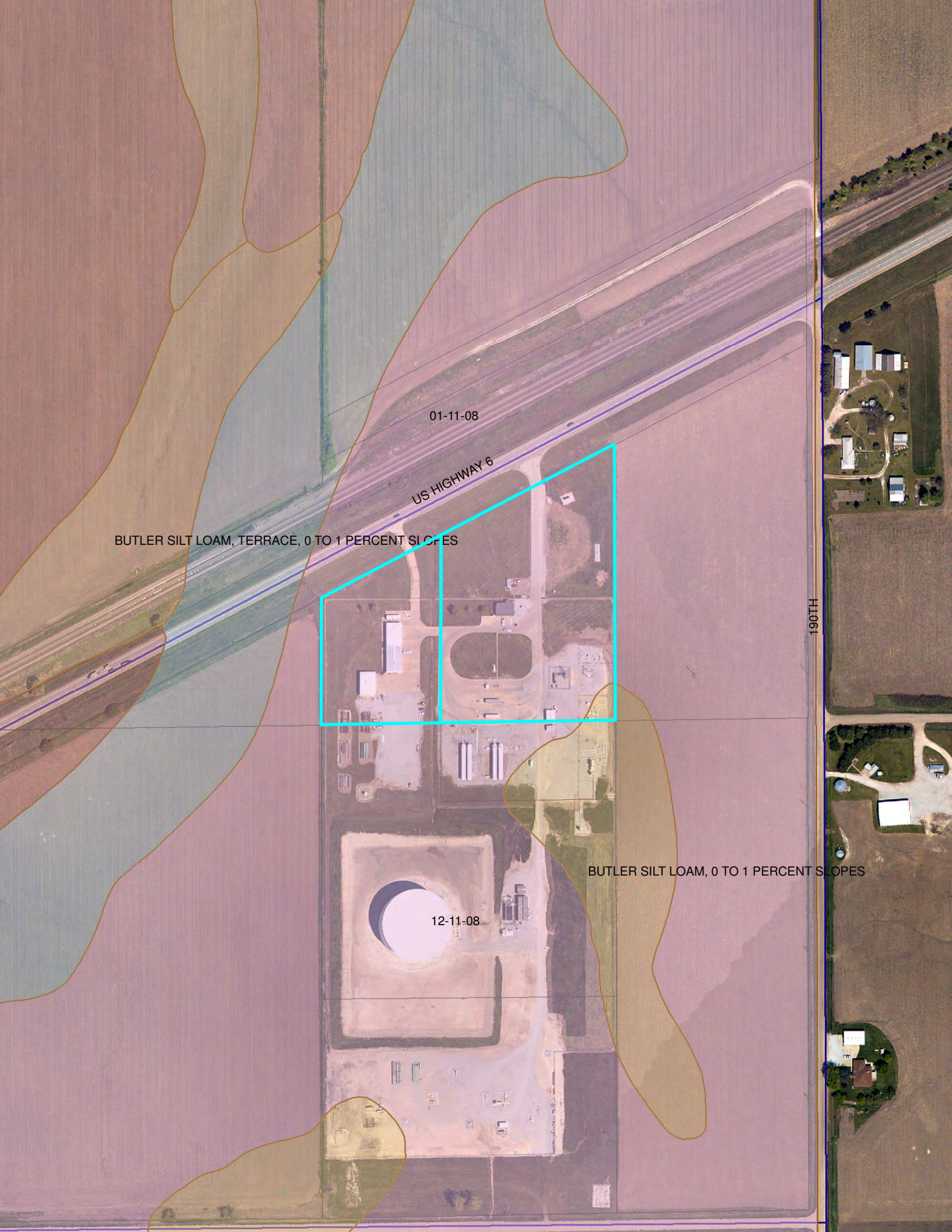
Individual Sewage System Design (Example)



As Built Drawing




01-11-08
12-11-08
BUTLER SILT LOAM, 0 TO 1 PERCENT SLOPES


01-11-08
US HIGHWAY 6
BUTLER SILT LOAM, TERRACE, 0 TO 1 PERCENT SLOPES
190TH
BUTLER SILT LOAM, 0 TO 1 PERCENT SLOPES
12-11-08