LLCHD HS000224

A

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

Permit Number: HS000224

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 12305 West Van Dorn (no rural route) City DENTON NE, Zip

Legal Description NW 1/4 (1/4) 5 (Section) 9N (Township) 5E (Range) (Subdivision) (Addition) (Block) 20 (Lot)

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name MARTIN ROUSSEAU Signature Martin Rousseau

Address 1801 ROAD 6 City/State/Zip YORK - NE 68467

☐ Check if owner designed system Home Phone 402 366 4252 Work Phone 402 362 9052 cell

C. Contractor

Name Ben Earnest III Company Name Earnest Well Drilling Inc.

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd Date frwd ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/19/09 Date frwd 5/19/09 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5-19-09 Date frwd 5-19-09 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

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

5-19-2009 15:59:56

HS000224

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section 5
Township 9N Range 5E
1/4 Section NW 1/4

Owner: Martin Rousseau
Address: 1801 ROAD 6 YORK NE 68467

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 4-11-09 to 4-12-09. Weather: Precip. Ø Temp. 50's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	4-11	10:00am	4-11	2:00pm	4-12	8:30am	6	9:00am	5 3/4	30	1/4
2	36	4-11	10:00am	4-11	2:00pm	4-12	8:30am	6	9:00am	5 3/8	30	1/8
3	36	4-11	10:00am	4-11	2:00pm	4-12	8:35am	6	9:05am	5 5/8	30	1/8
4	36	4-11	10:00am	4-11	2:00pm	4-12	8:35am	6	9:05am	5 1/2	30	1/2
5	36	4-11	10:00am	4-11	2:00pm	4-12	8:40am	6	9:10am	6	30	0
6	36	4-11	10:00am	4-11	2:00pm	4-12	8:40am	6	9:10am	5 7/8	30	1/8

Sum of Water Level Drops (in.) [Column m]: 1.14
Average of Water Level Drops (in.) [Column m]: .19
~~Inches~~ per Minute: _____

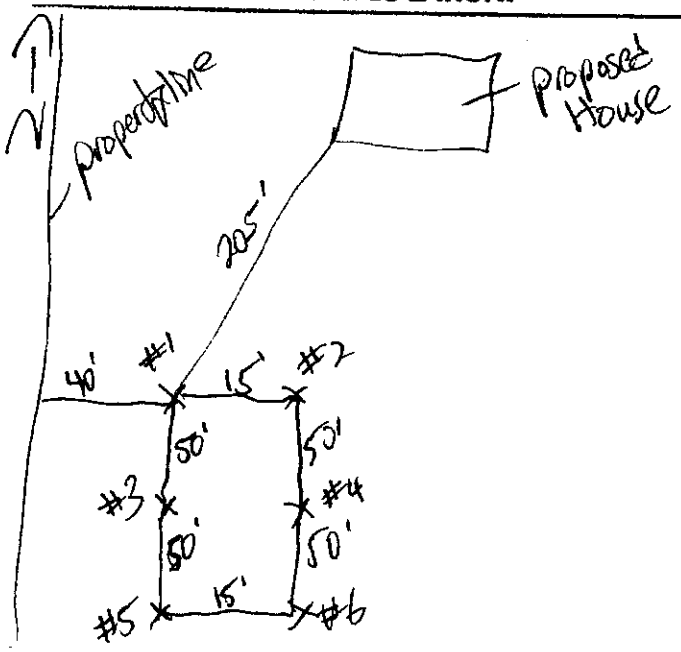
158 MPI

FAILED

Square Feet of Lateral per Bedroom: _____

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: 402-761-4414
Signature: Justyn Peterson

SKETCH SHOWING HOLE LOCATION:



Official's Signature

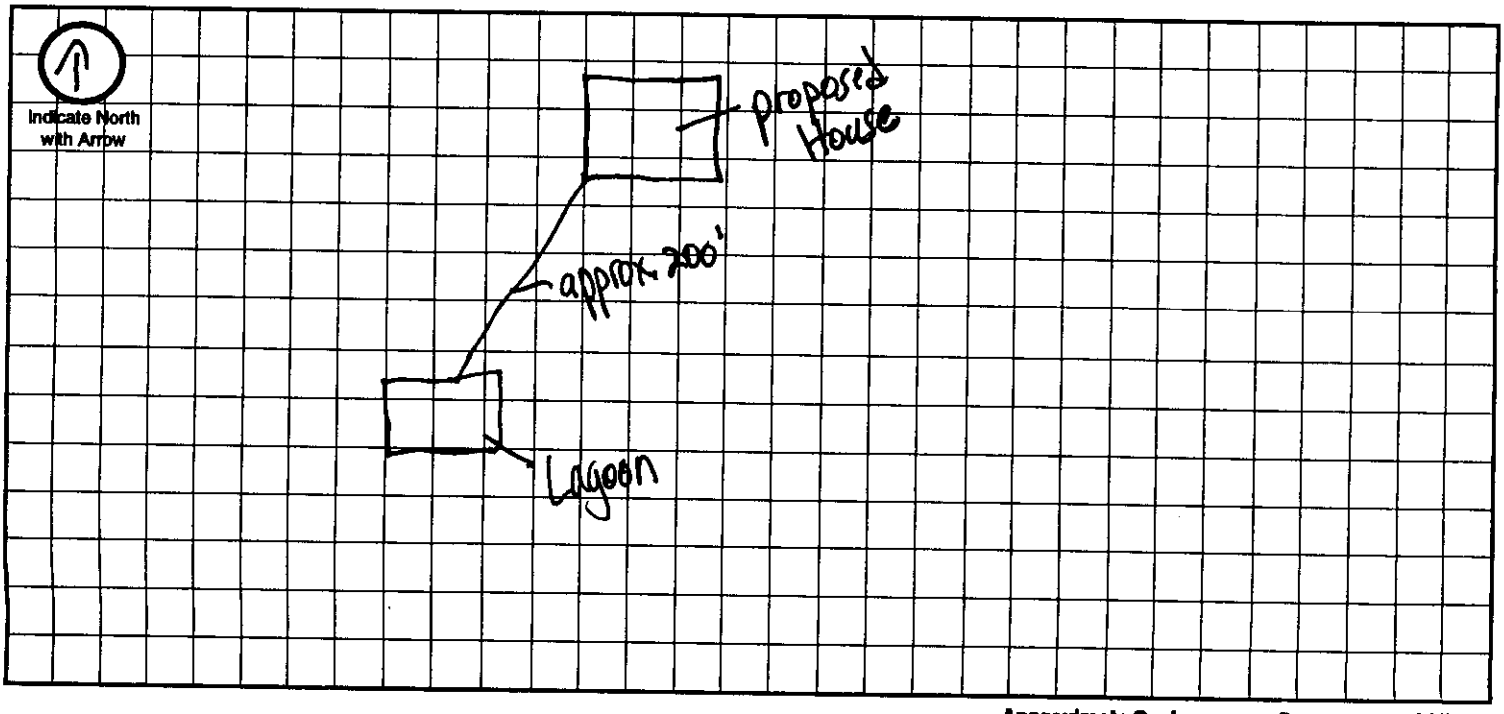
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000224

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) 12305 West Van Dorn City DENTON NE, Zip _____

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 MSR ENG/Martin Rousseau Date 5-4-09

Installer Ben Ewert III Date 4/13/09

FORM 23-102 10-96

5-19-2009 15:59:59

LLCHD HS000224

SCANNED

A

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

Permit Number: HS000224

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 12305 West Van Dorn (no rural route) City DENTON NE, Zip

Legal Description NW 1/4 (1/4) 5 (Section) 9N (Township) 5E (Range) (Subdivision) (Addition) (Block) 20 (Lot)

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name MARTIN ROUSSEAU Signature Martin Rousseau

Address 1801 ROAD 6 City/State/Zip YORK - NE 68467

☐ Check if owner designed system Home Phone 402 366 4252 Work Phone 402 362 9052 cell

C. Contractor

Name Ben Earnest III Company Name Earnest Well Drilling Inc

Address 2796 W. Milford Rd P.O. Box 11 City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

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

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd 5/19/09
Amt Paid 315.00
Rec'd By AKV Cash/Check No. 14954

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

5-19-2009 16: 1:10

LLCHD HW000224

A

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

Permit Number: HS000224

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 12305 West Van Dorn (no rural route) City DENTON NE, Zip

Legal Description NW 1/4 1/4 5 Section 9N Township 5E Range Subdivision Addition Block 20 Lot

Geographical Location (If known): Longitude Latitude

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

B. Owner

Name MARTIN ROUSSEAU Signature Martin Rousseau

Address 1801 ROAD 6 City/State/Zip YORK - NE 68467

☐ Check if owner designed system Home Phone 402 366 4252 Work Phone 402 362 9052 cell

C. Contractor

Name Ben Earnest III Company Name Earnest Well Drilling Inc.

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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 4 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

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

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd

Amt Paid

Rec'd By Cash/Check No.

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

5-19-2009 11:47:35

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

SCANNED

A

Permit Number: H5000224

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 12305 West Van Dorn (no rural route) City DENTON NE, Zip

Legal Description NW 1/4 1/4 5 Section 9N Township 5E Range Subdivision Addition Block 20 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name MARTIN ROUSSEAU Signature Martin Rousseau

Address 1801 ROAD 6 City/State/Zip YORK - NE 68467

☐ Check if owner designed system Home Phone 402 366 4252 Work Phone 402 362 9052 cell

C. Contractor

Name Ben Earnest III Company Name Earnest Well Drilling Inc.

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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 4 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** (12/28/09 No Fence yet all else ok gm) Date rec'd Date frwd ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/19/09 Date frwd 5/19/09 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5-19-09 Date frwd 5-19-09 ACTION ☒ Approved ☐ Disapproved Signature Jim Blouzek

Installation Final Written Approval

By

Date 11/2/09

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

SCANNED

A

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

Permit Number: HS000224

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 12308 West Van Dorn (no rural route) City DENTON NE, Zip

Legal Description NW 1/4 1/4 5 Section 9N Township 5E Range Subdivision Addition Block 20 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name MARTIN ROUSSEAU Signature Martin Rousseau

Address 1801 ROAD 6 City/State/Zip YORK - NE 68467

☐ Check if owner designed system Home Phone 402 366 4252 Work Phone 402 362 9052 cell

C. Contractor

Name Ben Earnest III Company Name Earnest Well Drilling Inc.

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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 4 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** 6/24/09 no fence yet - all else okay — 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 5/19/09
Amt Paid 315.00
Rec'd By AKV Cash/Check No. 14954

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

SOIL ABSORPTION TEST DATA REPORT

HS000224

SCANNED

Location: Precinct _____ Section 5

Township 9N Range 5E

1/4 Section NW 1/4

Owner: Martin Rousseau

Address: 1801 ROAD 6 YORK NE 68467

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 4-11-09 to 4-12-09. Weather: Precip. Ø Temp. 50's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	4-11	10:00am	4-11	2:00pm	4-12	8:30am	6	9:00am	5 3/4	30	1/4
2	36	4-11	10:00am	4-11	2:00pm	4-12	8:30am	6	9:00am	5 7/8	30	1/8
3	36	4-11	10:00am	4-11	2:00pm	4-12	8:35am	6	9:05am	5 7/8	30	1/8
4	36	4-11	10:00am	4-11	2:00pm	4-12	8:35am	6	9:05am	5 1/2	30	1/2
5	36	4-11	10:00am	4-11	2:00pm	4-12	8:40am	6	9:10am	6	30	0
6	36	4-11	10:00am	4-11	2:00pm	4-12	8:40am	6	9:10am	5 7/8	30	1/8

Sum of Water Level Drops (in.) [Column m]: 1.14

Average of Water Level Drops (in.) [Column m]: .19

~~Inches per Minute~~: _____

158 MPI

FAILED

Square Feet of Lateral per Bedroom: _____

PERSON CONDUCTING TEST:

Name: Justyn Peterson

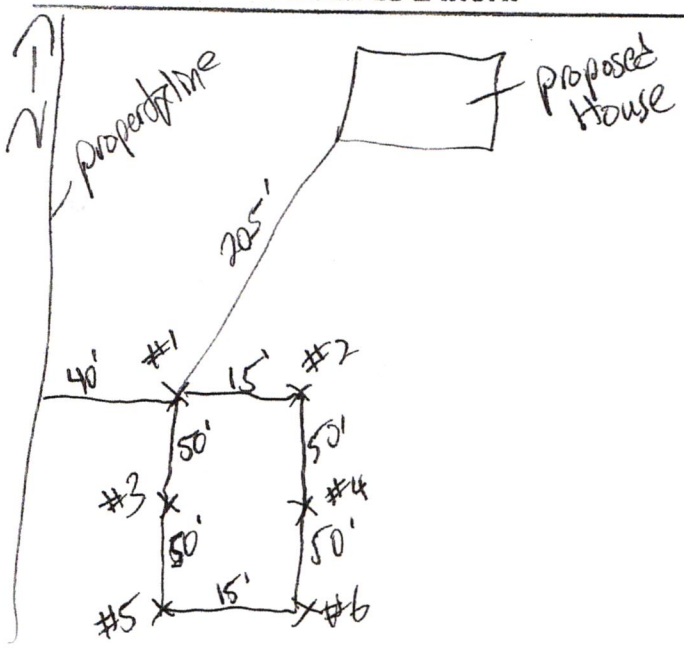
Address: 742 1st Street

Milford, NE 68405

Phone: 402-761-4414

Signature: Justyn Peterson

SKETCH SHOWING HOLE LOCATION:



Official's Signature

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

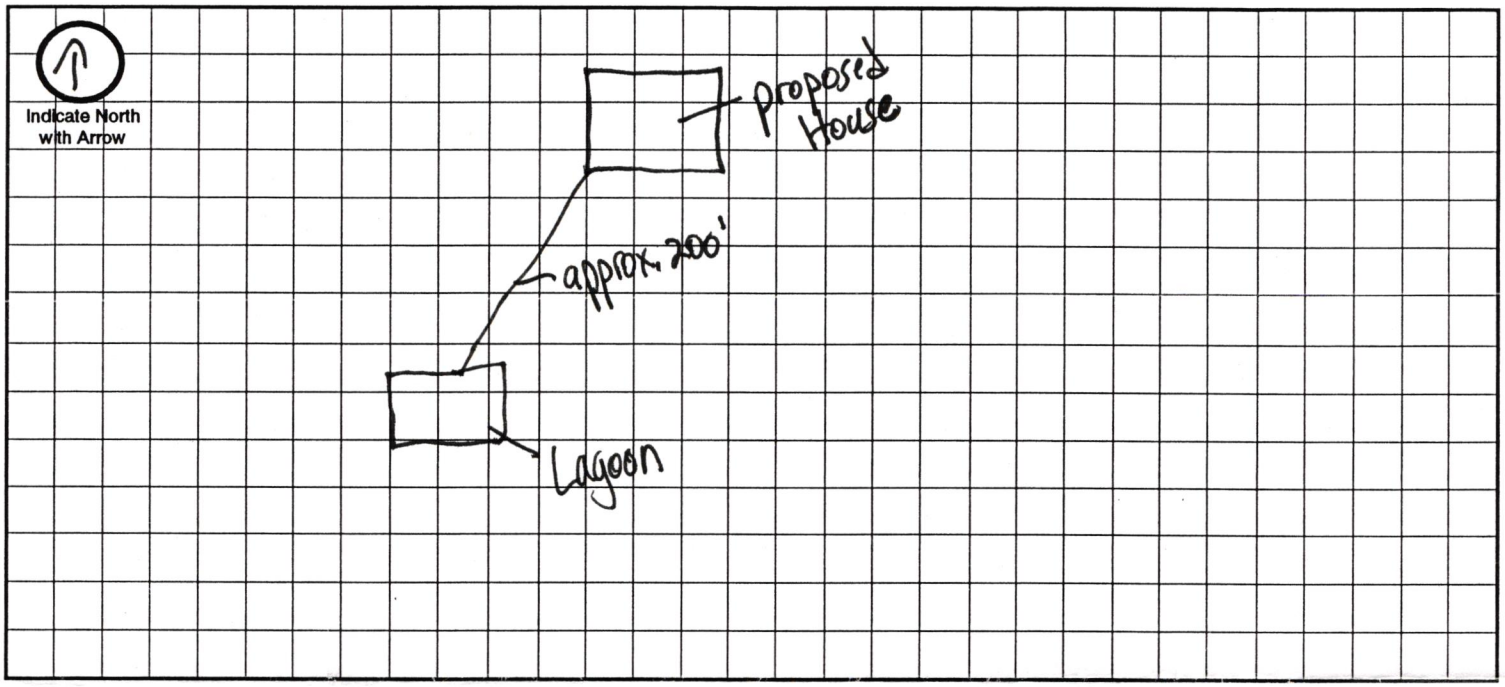
SCANNED

C

Permit Number: HS000224

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) 12305 West Van Dorn City DENTON NE, Zip _____

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 MSR ENC/Martin Rousseau Date 5-4-09

Installer Ben Ewert III Date 4/13/09

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 6/25/09

Tyson Draper

System Location (Indicate correct number and street)
Address 12305 W. Van Dorn (no rural route) City Denton NE, Zip 68339

A. Building Sewer
1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: 0 in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream NA ft.
   pressure line NA 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.

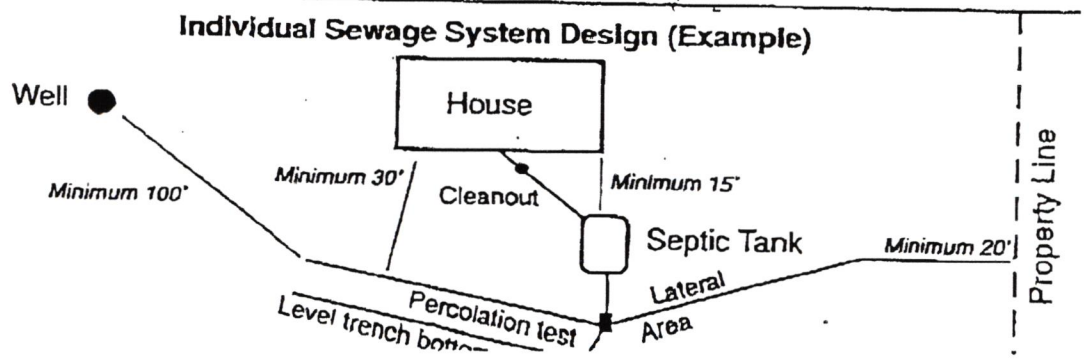
C. Distribution Box
1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

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.

Indicate North with Arrow

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

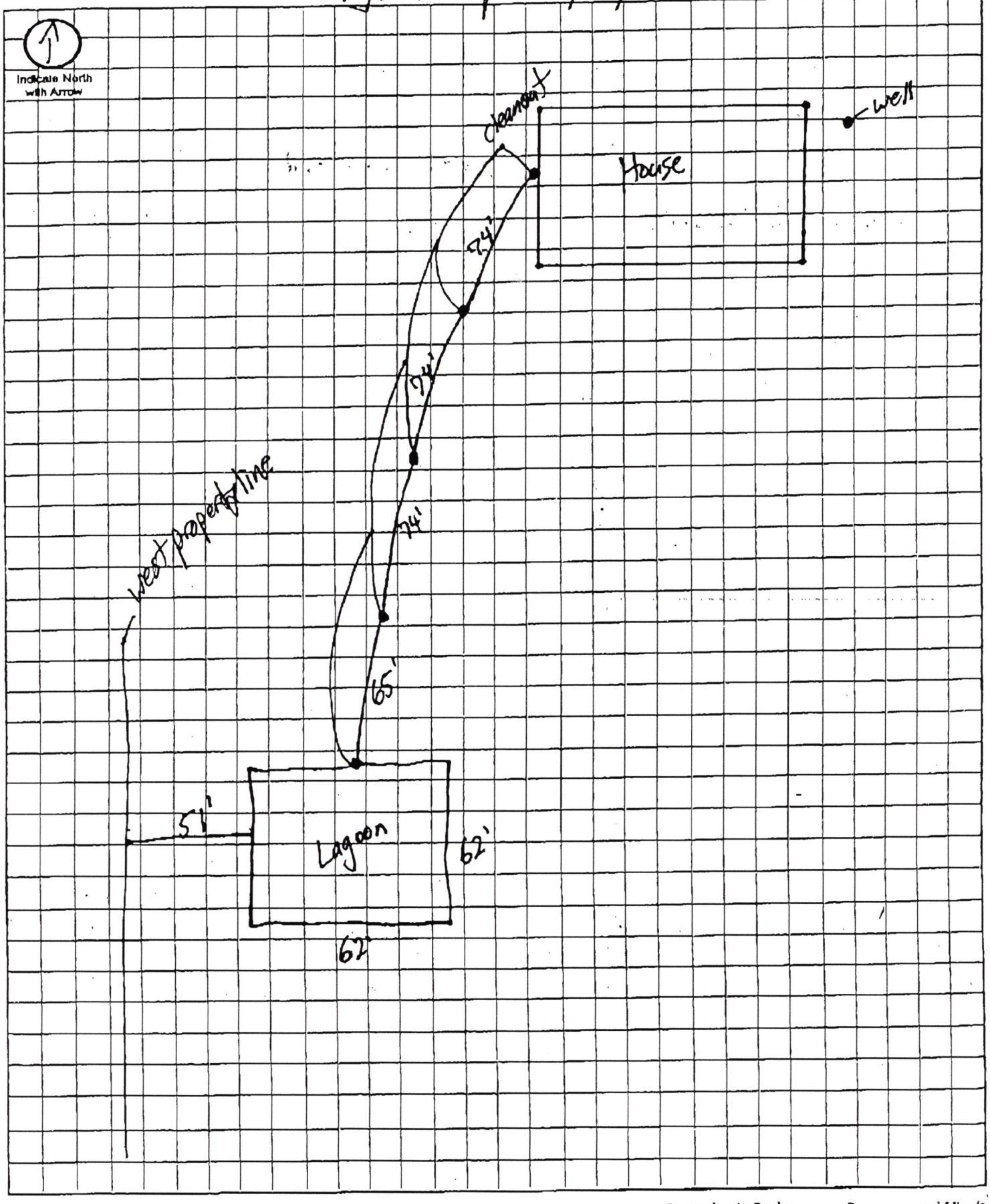
Individual Sewage System Design (Example)



RM 23-103 10-96

As Built Drawing

Tyson Draper 6/25/09 12305 W. Van Born



Approximate Scale: _____ ft. = _____ grid line/s