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

FEB 12 2013

A

Permit Number: H5000721

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

X

A. System Location (Indicate correct number and street)

Address 13760 W. Pioneers Blvd City Pleasant Dale NE, Zip 68423

(no rural route)

Legal Description SW¼ 1/4 S6 1/4 T9 Section RS Township 6th Range Principal Meridian Subdivision Lot 30 SW Addition 5.955 Ft of the west 985 Ft of Lot 29 Irregular Tracts 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 DAVID A. DAWSON Signature X David A Dawson

Address 830 IRIS AV. City/State/Zip CRETE, NE. 68333

☐ Check if owner designed system Home Phone 402.826.5116 Work Phone 402.826.1282 (cell)

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

Address 71860-567 AVE City/State/Zip FAIRBURY, NE. 68352

☒ Check if contractor designed system Work Phone 402-587-0120

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING CO Work Phone 402-587-0120

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☒ ~~Commercial Establishment~~/Other Facility Specify OCCASIONAL USE RECREATIONAL DWELLING

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 2/12/13 Date frwd 2/19/13 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2-19-13 Date frwd 2-19-13 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2-19-2013 Date frwd 2-19-2013 ACTION ☑ Approved ☐ Disapproved Signature Kenneth D. Schroeder

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 2-21-13

Amt Paid 355.00

Rec'd By BA Cash/Check No. 1225

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

DAVE DAWSON

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

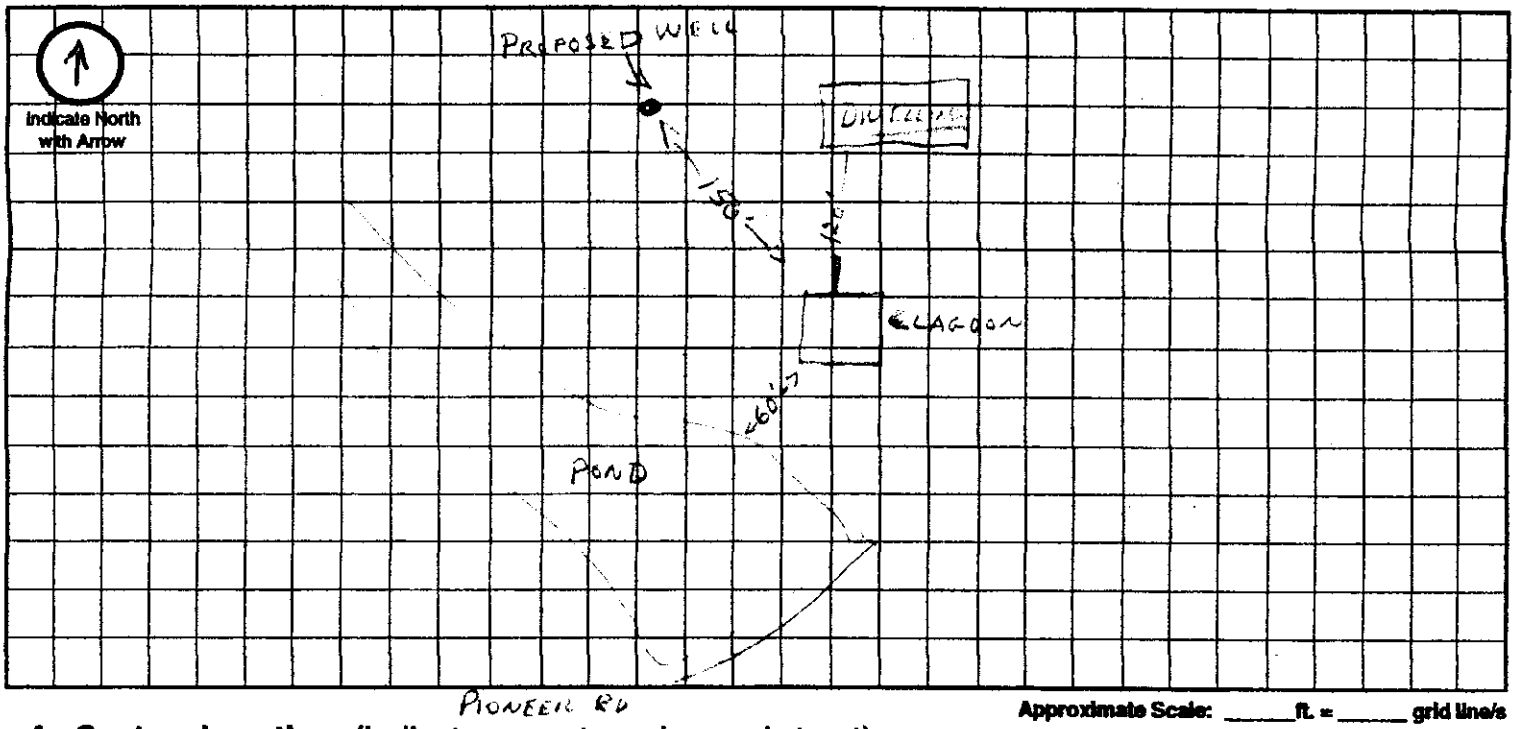
C

Permit Number:

LAGOON

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 _____ (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 _____ Date _____

Installer Gary L. Holly, DBA Holly Contracting Co Date FEB. 4, 2013

FORM 23-102 10-96

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000721

System Type: Lagoon

Situs:

Issued: 2/25/2013

Expires: 2/25/2014

Description: S6, T9, R5, 6th Principal Meridian, LOT 30 SW

Owner: DAWSON, DAVID J & SUSAN A
830 IRIS AVE CRETE, NE 68333
LINCOLN, NE

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

DAVID DAWSON
830 IRIS AVE
CRETE, Ne 68333-2405

SCANNED

A

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

FEB 12 2013

Permit Number: H5080721

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 13760 W. Pioneers Blvd. City Pleasant Dale NE, Zip 68423

(no rural route)

Legal Description SW¼ S6 T9 R5 6th Principal Meridian Lot 30 SW 5.955 Ft of the west 985 Ft. of Lot 29 Irregular Tracts
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name DAVID A. DAWSON Signature X David A Dawson

Address 830 IRIS AV. City/State/Zip CRETE, NE. 68333

☐ Check if owner designed system Home Phone 402.826.5116 Work Phone 402.826.1282 (cell)

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

Address 71860-567 AVE City/State/Zip FAIRBURY, NE. 68352

☒ Check if contractor designed system Work Phone 402-587-0120

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING CO Work Phone 402-587-0120

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☒ ~~Commercial Establishment~~/Other Facility Specify OCCASIONAL USE RECREATIONAL DWELLING

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 2/12/13 Date frwd 2/19/13 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2-19-13 Date frwd 2-19-13 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2-19-2013 Date frwd 2-19-2013 ACTION ☑ Approved ☐ Disapproved Signature Kenneth D. Schroeder

Installation Final Written Approval

By Doug Smith

Date 7/23/13

Business Office Use Only

Date Rec'd 2-21-13

Amt Paid 355.00

Rec'd By BA Cash/Check No. 1225

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

B

Permit Number: HS 000721

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

DAVID A. DAWSON

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13760 W. PIONEERS BVLD (no rural route) City PLEASANT DALE NE, Zip 68423

Owner DAVID A. DAWSON Addresss 830 IRIS AV., CRETE, NE. 68333

Soil Type (SCS): SILTY SANDY LOAM Percolation Rate: 32 min./inch

Date of Tests 042813 to 042913 Weather: Precipitation SUNNY Temperature 55°-70°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	36	0428	1400	0429	0630	0429	0706	6	0429	1106	30	.7	43
2	↓	↓	↓	↓	↓	↓	0707	↓	↓	1107	↓	1.0	30
3	↓	↓	↓	↓	↓	↓	0708	↓	↓	1108	↓	1.1	27
4	↓	↓	↓	↓	↓	↓	0709	↓	↓	1109	↓	1.1	27
5	↓	↓	↓	↓	↓	↓	0710	↓	↓	1110	↓	1.1	27
6	↓	↓	↓	↓	↓	↓	0711	↓	↓	1111	↓	.75	40

Sum of Percolation Rates: 194

Average of Rates: 32

Rate Used for Calculation: 43

Person Conducting Percolation Tests

Name: GARY L. HOLLY

Phone: 402-587-0120

Address 71860 - 567 AVE
FAIRBURY, NE. 68352

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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

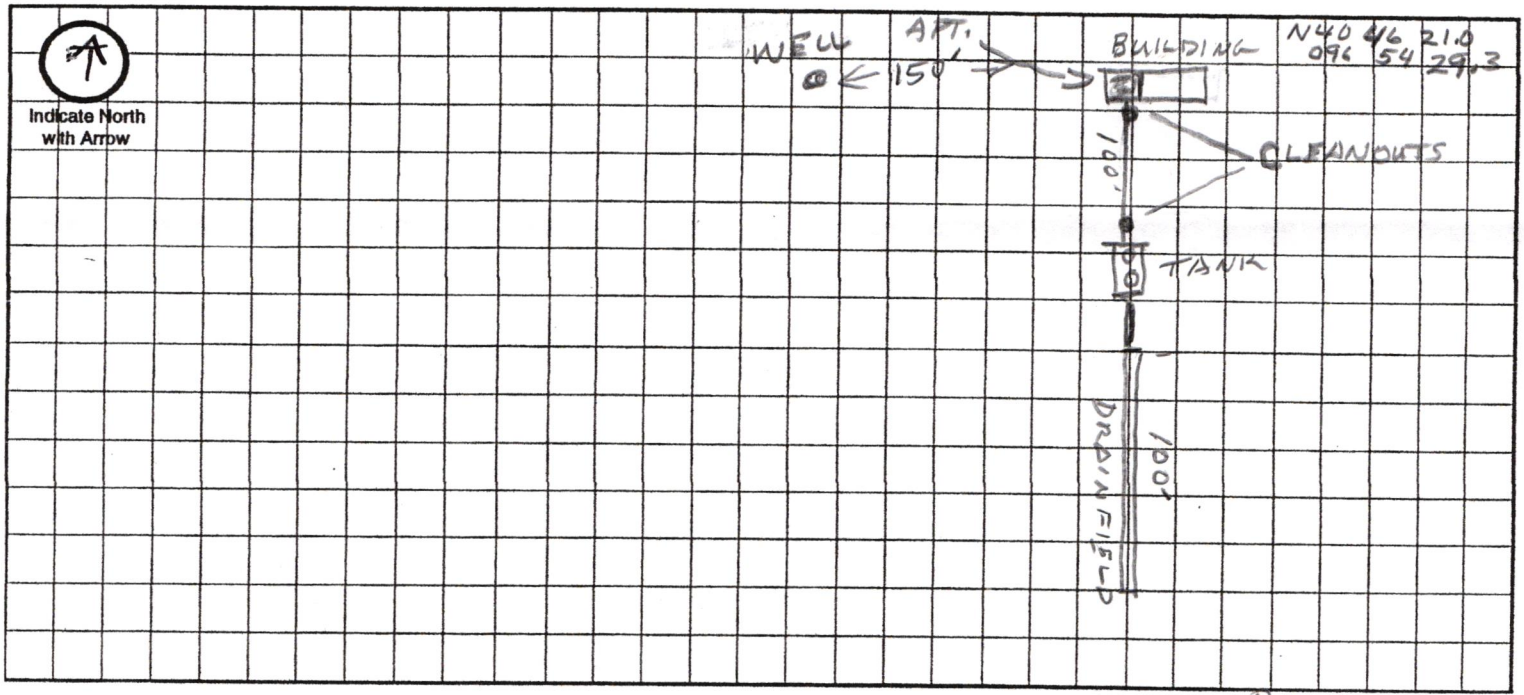
C

Permit Number: HS 000721

DAVID A. DAWSON

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: 0 ft. = 0 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 13760 W. PIONEERS BLVD 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 43 (min. per inch) Soil Type: SILTY/SANDY LOAM Land Slope: 3 %

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

Total Square Feet of Field Required: 66 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: GRAVELLESS CHAMBERS

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

Total Length of Laterals 100 ft. Number of Trenches 1 Trench Width 36"

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

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Gary Z. Holly Date 071513

FORM 23-102 10-96

AUG 15 2013

D

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

Permit Number: HS-000721

DAVID A. DAWSON

Sewage Disposal System
As Built Plans & Specifications

Date JULY 23, 2013

System Location (Indicate correct number and street)

Address 13760 W. PIONEERS BLVD (no rural route) City PLEASANT DALE NE, Zip 68423

A. Building Sewer

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

B. Septic Tank

1. Material: PLASTIC
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 20 in.
   Over outlet, diameter 20 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 160 ft.
   Stream 100+ ~~N/A~~ ft.
   Pressure line 140 ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: NONE
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

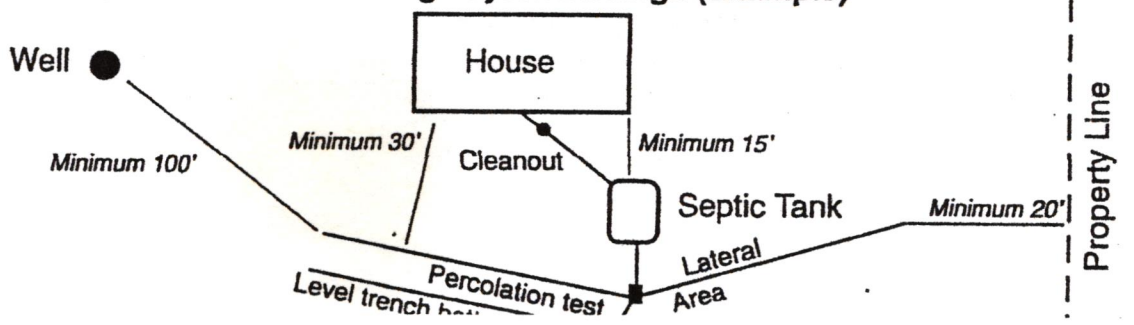
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELLESS CHAMBERS
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 120 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NATURAL SOIL
   Depth of material 30 in.
5. Distances to: Well or suction line 160 ft.
   Stream 100+ ft.
   Pressure line 140 ft.
   Property line 100+ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing

