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

A

Permit Number: H50007S

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 4077 FIRTH Rd. (no rural route) City FIRTH NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 33 Section, 7 Township, 7 Range _____ Subdivision _____ Addition _____ Block _____ Lot 12

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address ~~35~~ 20 ACres +-

B. Owner

Name SCOTT + AMY LOGAN Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name MELVIN EAGNER. C1268 Firm EAGNER CONST. Work Phone 402-432-5698

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 5/7/13 Date frwd 5/7/13 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature See attached
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

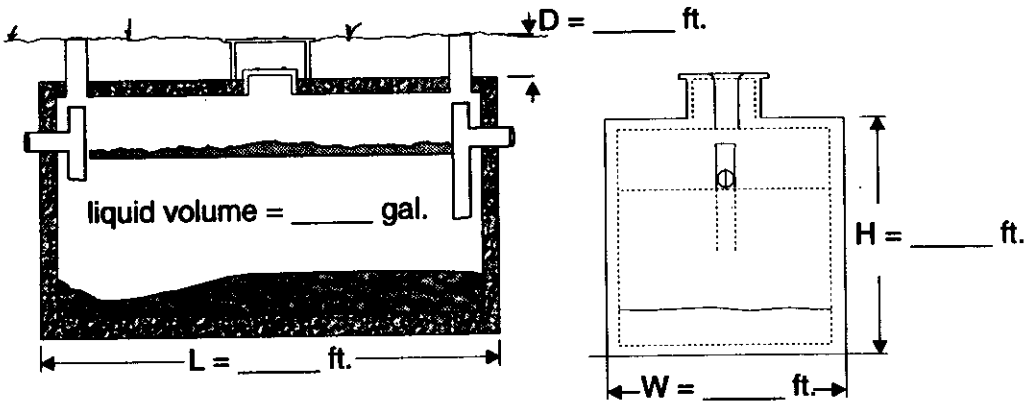
Business Office Use Only
Date Rec'd 5-13-13
Amt Paid $355.00
Rec'd By BH Cash/Check No. 7177

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

KEY

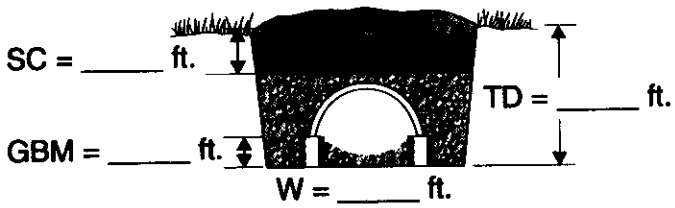
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

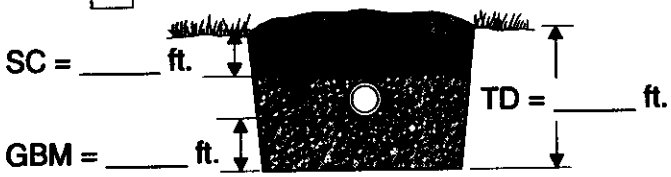


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. [illegible] installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

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

C1260

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 4077 FIRTH Rd (no rural route) City FIRTH NE, Zip _____

Owner SCOTT & AMY LOGAN Address _____

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

Date of Tests 4/30/13 to 5/1/2013 Weather: Precipitation TRACE Temperature 45

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	4/30	12:30	5/1	8:00	5/1	8:30	6	5/1	9:00	30	5/8	48
2	31	"	"	"	"	"	"	"	"	"	"	1/2	60
3	28	"	"	"	"	"	"	"	"	"	"	5/8	48
4	32	"	"	"	"	"	"	"	"	"	"	1/2	60
5	31	"	"	"	"	"	"	"	"	"	"	1/2	60
6	31	"	"	"	"	"	"	"	"	"	"	1/2	60

Sum of Percolation Rates: 336

Average of Rates: 56

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Melvin Wagner

Phone: 402-432-5698

Address 4810 W" Claire Ave.
LINCOLN NE. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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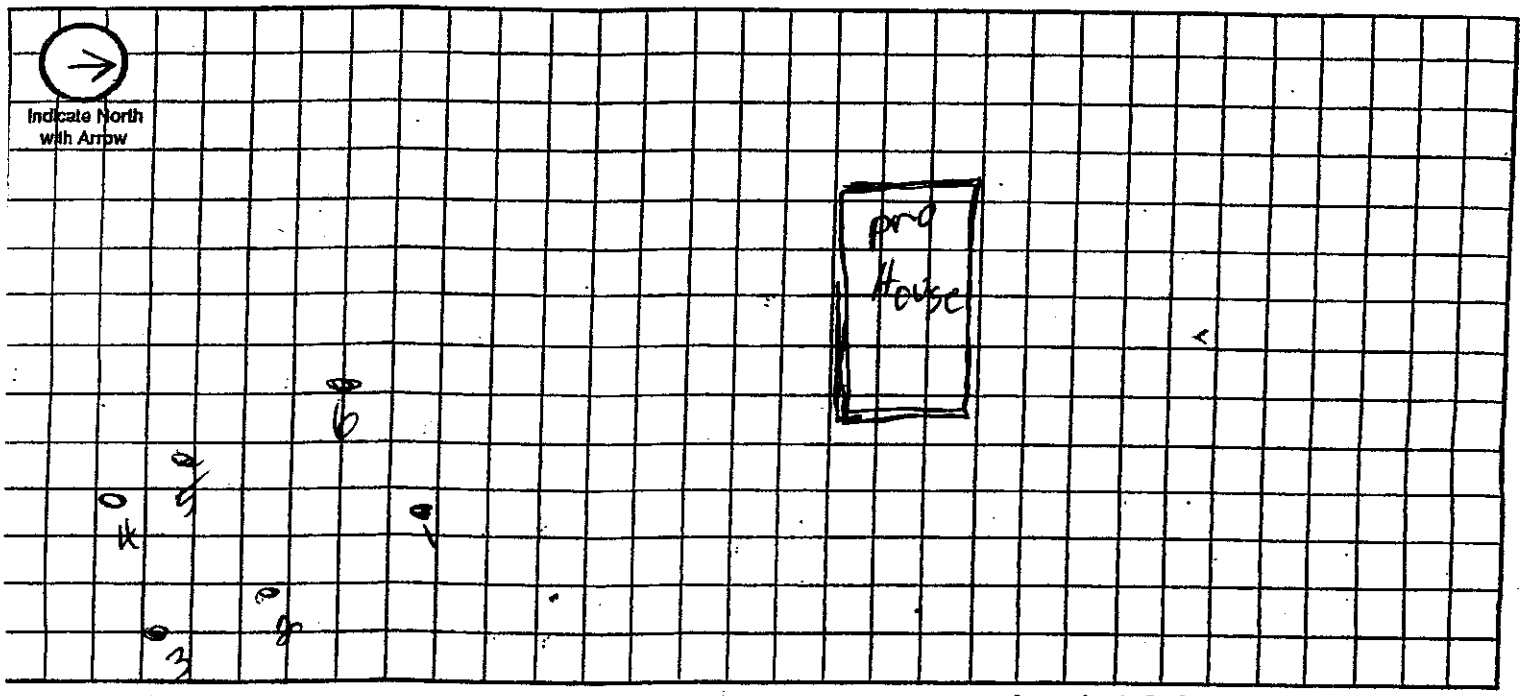
C

Permit Number:

C1268

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) 4077 FiRTh RD City FiRTh 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: INFILTRATOR.

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 Melvin Wagner C1268 Date 5/1/2013

Nate C. Hartman

From: Shawn M. Johnson
Sent: Friday, May 10, 2013 1:31 PM
To: Nate C. Hartman
Attachments: Shawn Johnson.vcf

32-7-7 lot 12 approved for septic

Shawn



Shawn Johnson
Building & Safety
Plans Examiner II

(402) 441-6174 Work
(402) 441-8214 Fax

555 South 10th/Room 203
Lincoln, Ne 68508

Nate C. Hartman

From: Ken D. Schroeder
Sent: Friday, May 10, 2013 1:39 PM
To: Nate C. Hartman
Subject: Sewage disposal system
Attachments: part 0f sec 32-7-7.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for Lot 12 irregular tracts located in the NW 1/4 of Section 32, T7N, R7E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec.32-7-7)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

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. HS000751

System Type: Lagoon

Situs: 4077 Firth Rd

Issued: 5/16/2013

Expires: 5/16/2014

Description: S32, T7, R7, 6th Principal Meridian, LOT 12 NW

Owner: LOGAN, SCOTT & AMY
28000 BROOKIE PL
FIRTH, NE 68358

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

GAGNER CONSTRUCTION
4810 W. CLAIRE
LINCOLN, NE 68523-9324