Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HS000875

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 9130 160th (no rural route) City Bennet, NE Zip 68317

Legal Description 27 9 8 Fox Run 1 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-27-201-002-000

B. Owner

Name Gary Floyd Signature

Address 8900 Avon Ln City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Scott Weatherhogg Signature

Address 405 Washington St City/State/Zip Douglas, NE 68344

Work Phone 402-310-9348

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres
Garbage Grinder? ☒ 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. 02-30

1. Health Department
Site visits Date rec'd
Date frwd
Comments
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 3-13-14 Amount Paid 345.00
Received By SB Cash/Check No. 6041

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

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. HS000875

System Type: Lagoon

Situs: 9130 S 160 ST, RURAL, NE

Issued: 3/17/2014

Expires: 3/17/2015

Description: FOX RUN, BLOCK 1, Lot 2

Owner: FLOYD, GARY L & KOHLHOF, SARAH J
8900 AVON LN
LINCOLN, NE 68505

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

ALL PRO PLUMBING
405 WASHINGTON ST
DOUGLAS, NE 68344

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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HS000875

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Designer Name Firm P.E. License Number: Work Phone

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Site visits
Comments
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Date frwd 3/17/14
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3-14-14
Date frwd 3-14-14
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 3-14-14
Date frwd 3-14-14
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploeger

Installation Final Written Approval
By Doug Rowell
Date 8/18/14

Business Office Use Only
Date Received 3-13-14 Amount Paid 365.00
Received By SB Cash/Check No. 6041

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

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HS000875

Onsite Wastewater Treatment System
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Date Received 3-13-14 Amount Paid 365.00
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White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 1/13

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 9130 160th St. (no rural route) City Bennet NE, Zip 68317

Owner Floyd Address

Date of Tests Mar 14 2014 to Mar 15 2014 Weather: Precipitation Sunny Temperature 55°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	3/14	1pm	3/15	9am	3/15	9am	6	3/15	1pm	4	0	0
2	30	3/14	1pm	3/15	9am	3/15	9am	6	3/15	1pm	4	0	0
3	30	3/14	1pm	3/15	9am	3/15	9am	6	3/15	1pm	4	0	0
4	30	3/14	1pm	3/15	9am	3/15	9am	6	3/15	1pm	4	0	0
5	30	3/14	1pm	3/15	9am	3/15	9am	6	3/15	1pm	4	1/4	120 l inch
6	30	3/14	1pm	3/15	9am	3/15	9am	6	3/15	1pm	4	1/8	240 l inch
								6					
								6					

Person Conducting Percolation Test

Name: Scott Weatherhogg
Phone: 402-310-9048
Address 405 Washington St
Douglas, NE 68344

Sum of Percolation Rates: 3/8
Average of Rates: 1/8 <
Rate Used for Calculation: not acceptable

Soil type (NRCS Maps/Other) Wymore silty clay loam
Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

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

PLEASE PRINT OR TYPE

Fox Run
Blk 1 Lot 2

System Location (Indicate correct number and street)

Address 9130 S 160 (no rural route) City Bennet NE, Zip

Owner Gary Floyd Addresss

Soil Type (SCS): Pawnee - Burchard Loamy Clay Percolation Rate: 51,33 min./inch

Date of Tests 4-19-14 to 4-20-14 Weather: Precipitation None Temperature Normal

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	40"	4-19				4-20	1:00	15"	4-20	5:00	30	1/2	60
2	40"	"				"	1:05	15"	"	5:05	30	1/2	60
3	40"	"				"	1:10	15"	"	5:10	30	3/4	40
4	40"	"				"	1:15	15"	"	5:15	30	1/2	60
5	40"	"				"	1:20	15"	"	5:20	30	3/4	40
6	40"	"				"	1:25	15"	"	5:25	30	5/8	48

Person Conducting Percolation Tests

Name: Harry Muhlbach
Phone: 402-430-2304
Address 5701 Vine St
Lincoln, Ne 68505

Sum of Percolation Rates: 308
Average of Rates: 51,33/in
Rate Used for Calculation: 50 to 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

Fax 441-3890

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

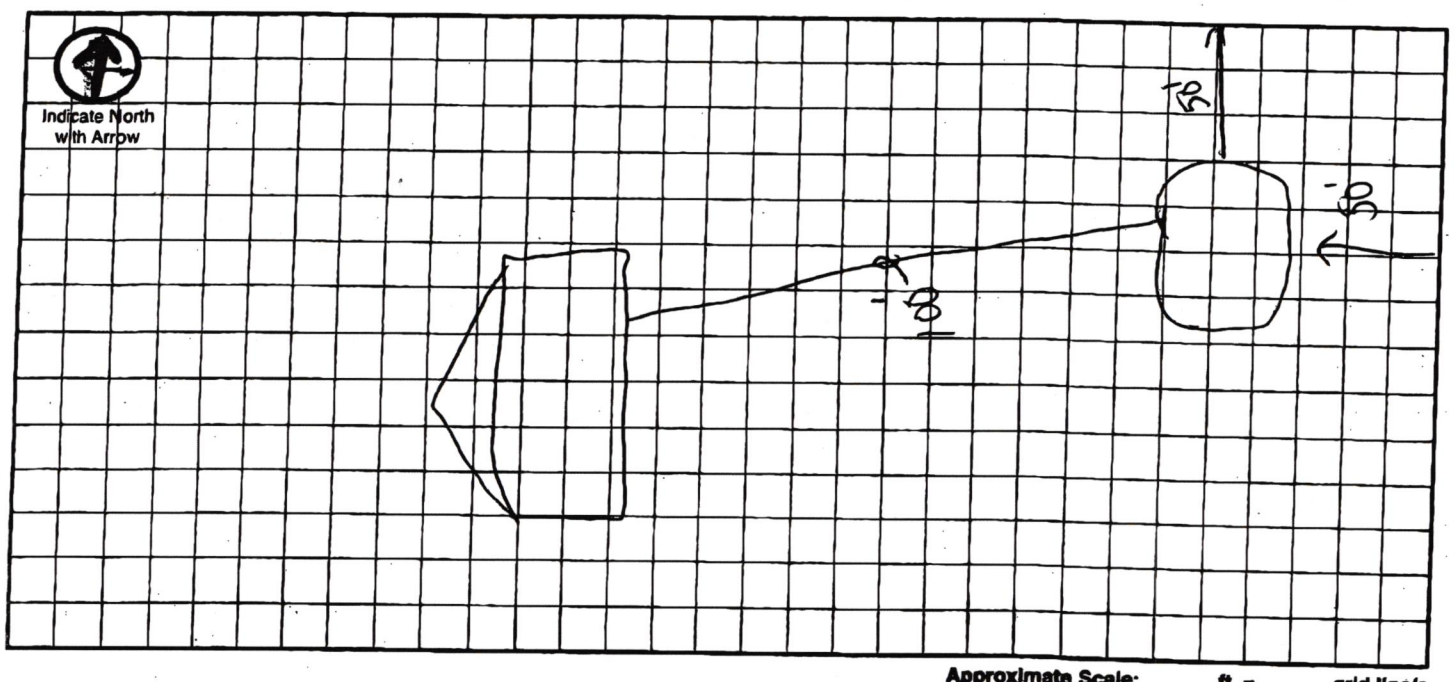
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



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

A. Onsite System Location

Address (no rural route) 9130 160th City Bennet NE, Zip 68317

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 0 (min/inch = mpi) No. of Bedrooms 4 Soil Type Wymore Silty clay loam Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☒	☐

Required Signatures

Building Contractor Bruce Meyer Date 3/15/14

Scott Weatherbee Date 3/15/14

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

Fox Run
Blk 1, Lot 2

Date 8-15-14 Gary Floyd

System Location (Indicate correct number and street)

Address 9130 S. 160th (no rural route) City Bennet NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: ____ ft.
4. Number of clean-outs: ____
5. Distances to: well or suction line 150 ft.
   stream — ft.
   pressure line 75 ft.
   property line 75 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade Level in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 150 ft.
   Stream — ft.
   Pressure line 105 ft.
   Property line 25 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 30' ft.

D. Absorption Field

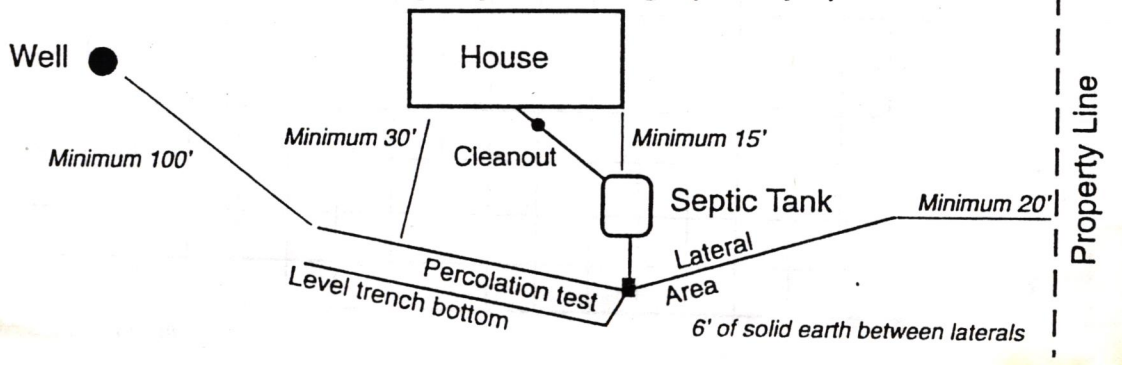
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds (Infiltrator) ☐ Perforated pipe
   Diameter of half round: 30"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 50 ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 40 in
4. Filter material: None
   Depth of material None in.
5. Distances to: Well or suction line 150 ft.
   Stream — ft.
   Pressure line 100 ft.
   Property line 10 ft.

Indicate North with Arrow

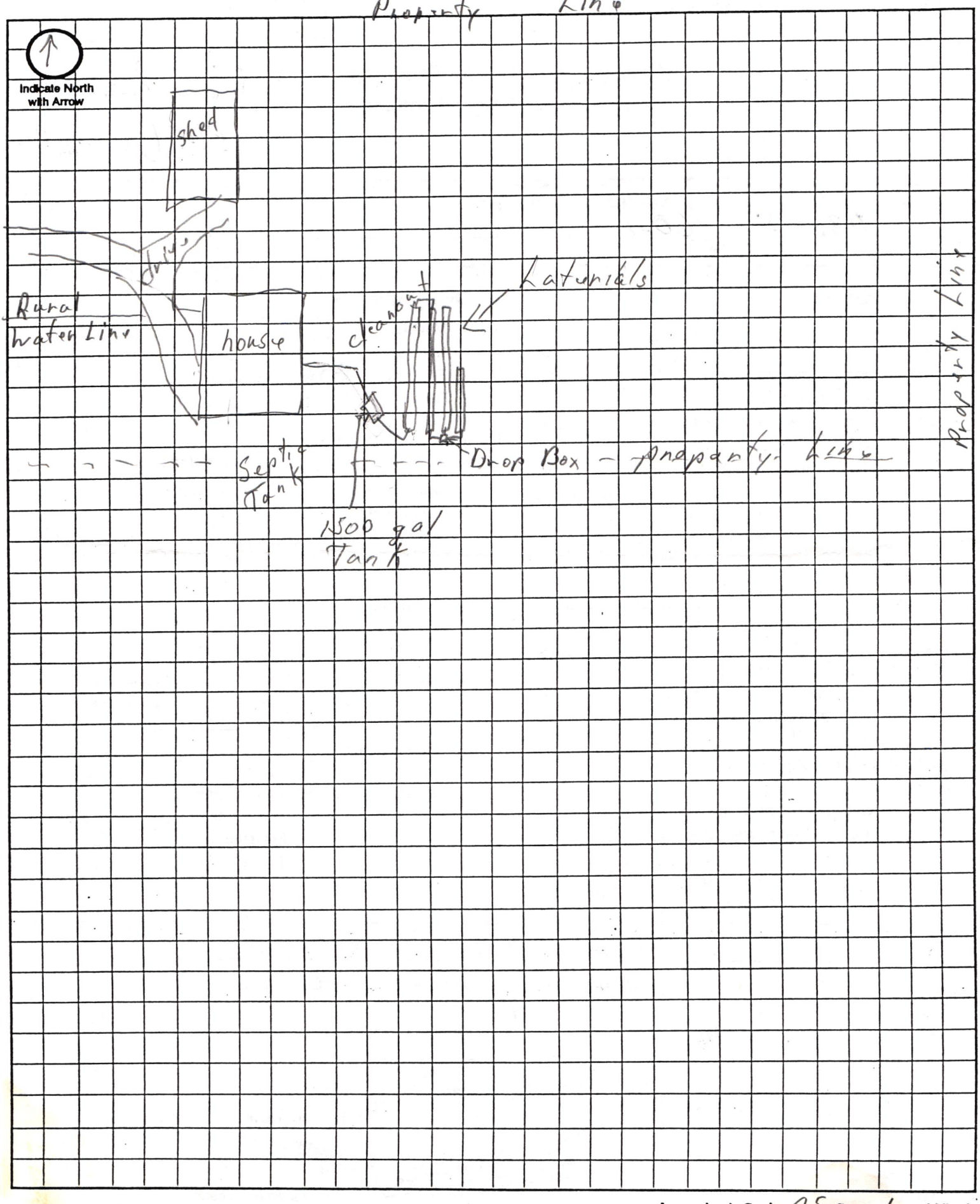
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 25 ft. = 1 grid line/s