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

HOLLY CONTRACTING CO.
71860 567 Ave.
Fairbury, NE 68352

A

Permit Number: HS001003

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 2323 SW 84TH (no rural route) City X LINCOLN NE, Zip 68532

Legal Description X 1/4 34 1/4 10 Section 55E 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 04-34-400-005-000 SB

B. Owner

Name KEVIN YEACKLEY Signature X

Address 686-266TH RD City/State/Zip MILFORD, NE 68405

☐ Check if owner designed system Home Phone 402-540-4321 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 GARY L. HOLLY Firm HOLLY CONTRACTING CO Work Phone 402-587-0120

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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. 2892

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

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 12-5-14
Amt Paid $375.00
Rec'd By SB Cash/Check No. CC-VISA 0181514

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

HOLLY CONTRACTING CO.
71860 567 Ave.
Fairbury, NE 68352

B

Permit Number: HS001003

LAGOON SYSTEM

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2323 SW 84TH (no rural route) City X LINCOLN NE, Zip 68532

Owner KEVIN YEACKLEY Address 686 - 266 RD, MILFORD, NE 68405

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

Date of Tests _____ to _____. 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

71860 567 Ave.
Fairbury, NE 68352

C

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

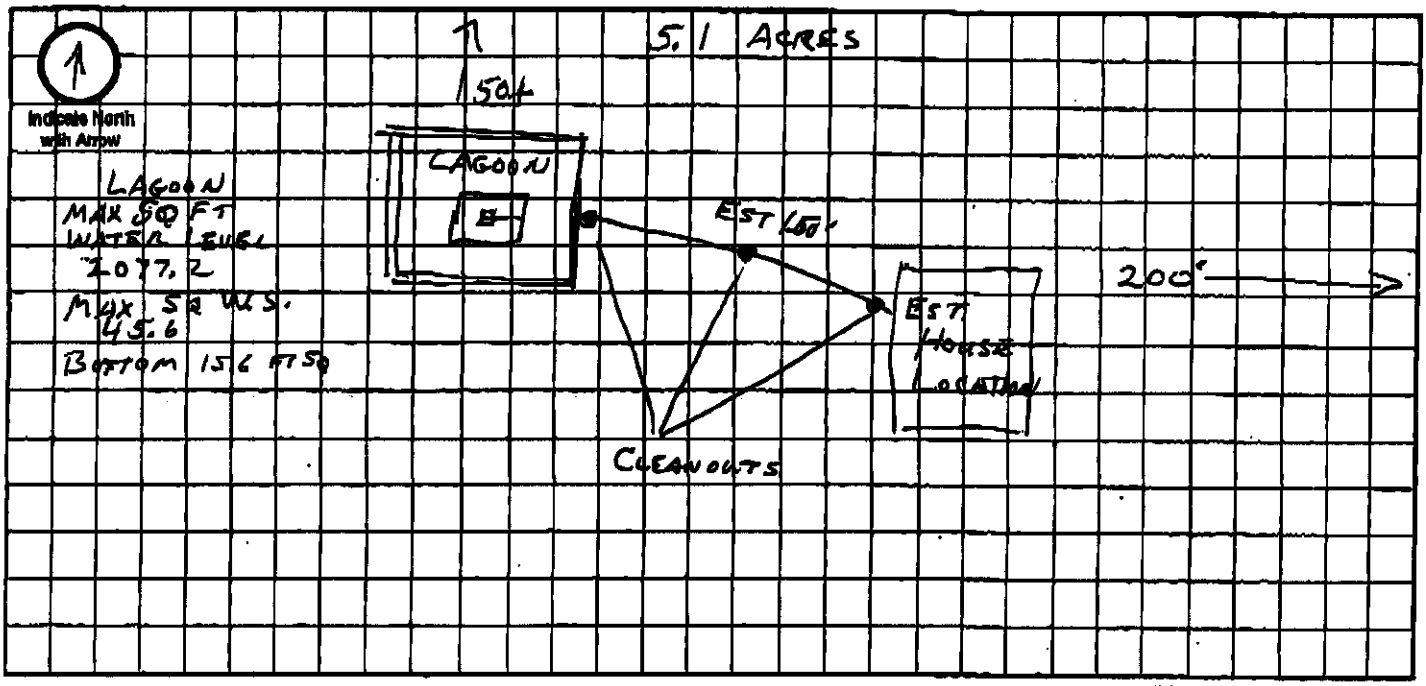
Permit Number: HS001003

LAGOON SYSTEM

KEVIN YEACKLEY

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: NONE = _____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 2323 SW 84TH City LINCOLN NE, Zip 68532

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 ☒	60 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Gary L. Holly HOLLY CONTRACTING CO. Date 12/01/14

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. HS001003

System Type: Lagoon

Situs: No Site Address Specified

Issued: 12/10/2014

Expires: 12/10/2015

Description: S34, T10, R5, 6th Principal Meridian, LOT 8 SE

Owner: YEACKLEY, KEVIN & KARMIN
686 266 RD
MILFORD, NE 68405

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

KEVIN YEACKLEY
686 266TH RD
MILFORD, NE 68405

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

HOLLY CONTRACTING CO.
71860 567 Ave.
Fairbury, NE 68352

A

Permit Number: HS001003

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 2323 SW 84TH (no rural route) City X LINCOLN NE, Zip 68532

Legal Description X 34 10 5SE
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 04-34-400-005-000 SB

B. Owner

Name KEVIN YEACKLEY Signature X [signature]

Address 686 - 266TH RD City/State/Zip MILFORD, NE 68405

☐ Check if owner designed system Home Phone 402-540-4321 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 GARY L. HOLLY Firm HOLLY CONTRACTING CO Work Phone 402-587-0120

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 _____ ACTION ☑ Approved ☐ Disapproved
   6/1/15 line + lagoon Needs fence
   Date frwd _____ Signature [signature]
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ ACTION ☑ Approved ☐ Disapproved
   Date frwd _____ Signature [signature]
3. **City or County Engineer** Date rec'd _____ ACTION ☑ Approved ☐ Disapproved
   Date frwd _____ Signature [signature]

Installation Final Written Approval

By [signature]

Date 6/8/2015

Business Office Use Only
Date Rec'd 12-5-14
Amt Paid $375.00
Rec'd By SB Cash/Check No. CC-VISA 098154

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

SCANNED

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

HOLLY CONTRACTING CO.
71860 567 Ave.
Fairbury, NE 68352

B

Permit Number: HS001003

LAGOON SYSTEM

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2323 SW 84th (no rural route) City X LINCOLN NE, Zip 68532

Owner KEVIN YEACKLEY Address 686 - 266 RD, MILFORD, NE 68405

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

Date of Tests _____ to _____. 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

HOLLY CONTRACTING CO.
71860 567 Ave.
Fairbury, NE 68352

SCANNED

C

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

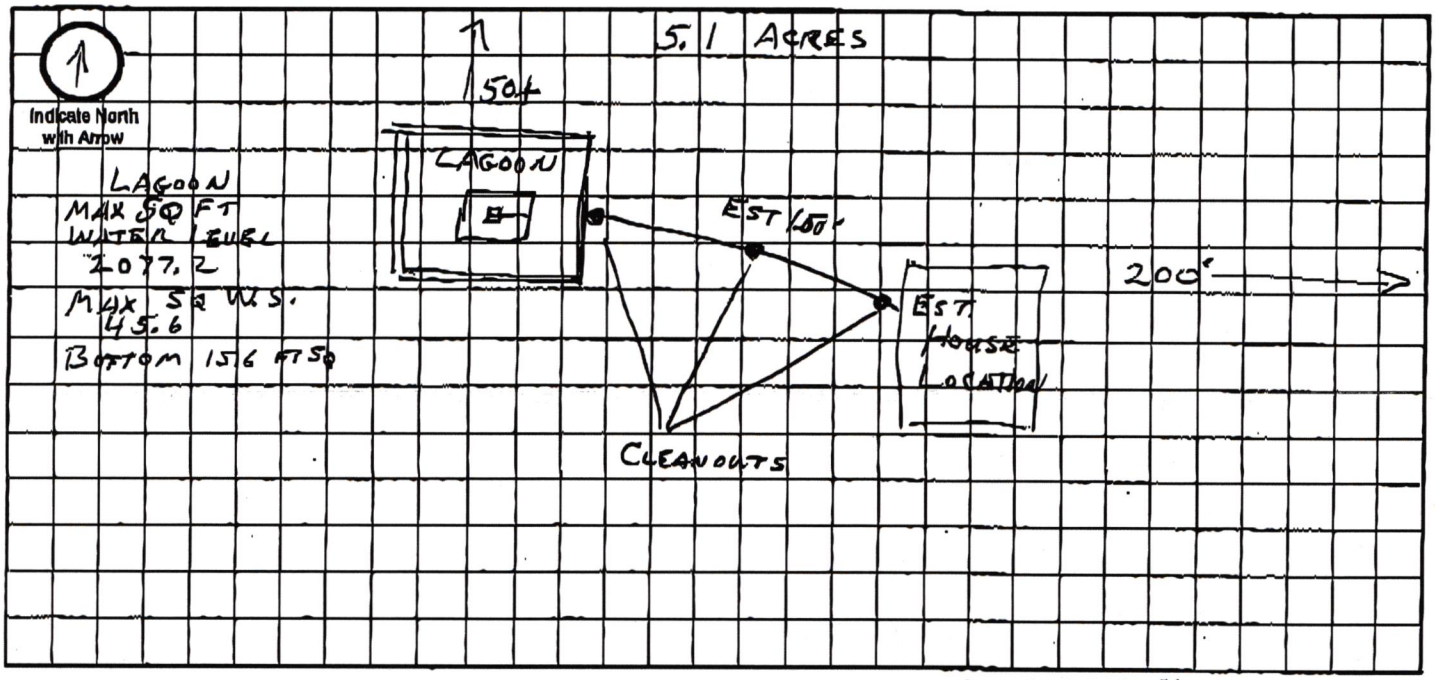
Permit Number: HS001003

LAGOON SYSTEM

KEVIN YEACKLEY

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: None ft. = ____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 2323 SW 84TH City LINCOLN NE, Zip 68532

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 HOLLY CONTRACTING CO. Date 12/01/14

FORM 22-102 10-99

10-5-34

JUN 15 2015

D

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

Permit Number: HS-001003

KEVIN + MARILYN YEACKLEY

Sewage Disposal System

As Built Plans & Specifications

HOLLY CONTRACTING CO.
71860 567 Ave.
Fairbury, NE 68352

Date JUNE 6, 2015 WASTEWATER LAGOON

System Location (Indicate correct number and street)

Address 2323 SW 84TH ST. (no rural route) City X LINCOLN NE, Zip 68532

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: _____
   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

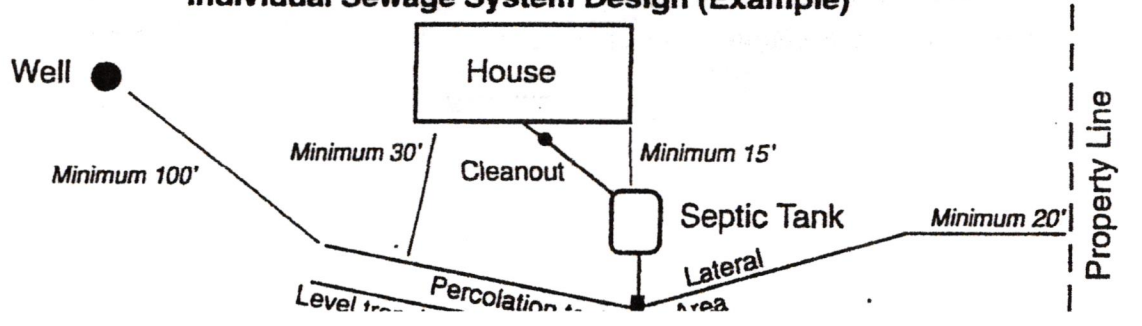
(Provide as-built drawings on back of this form)

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.

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

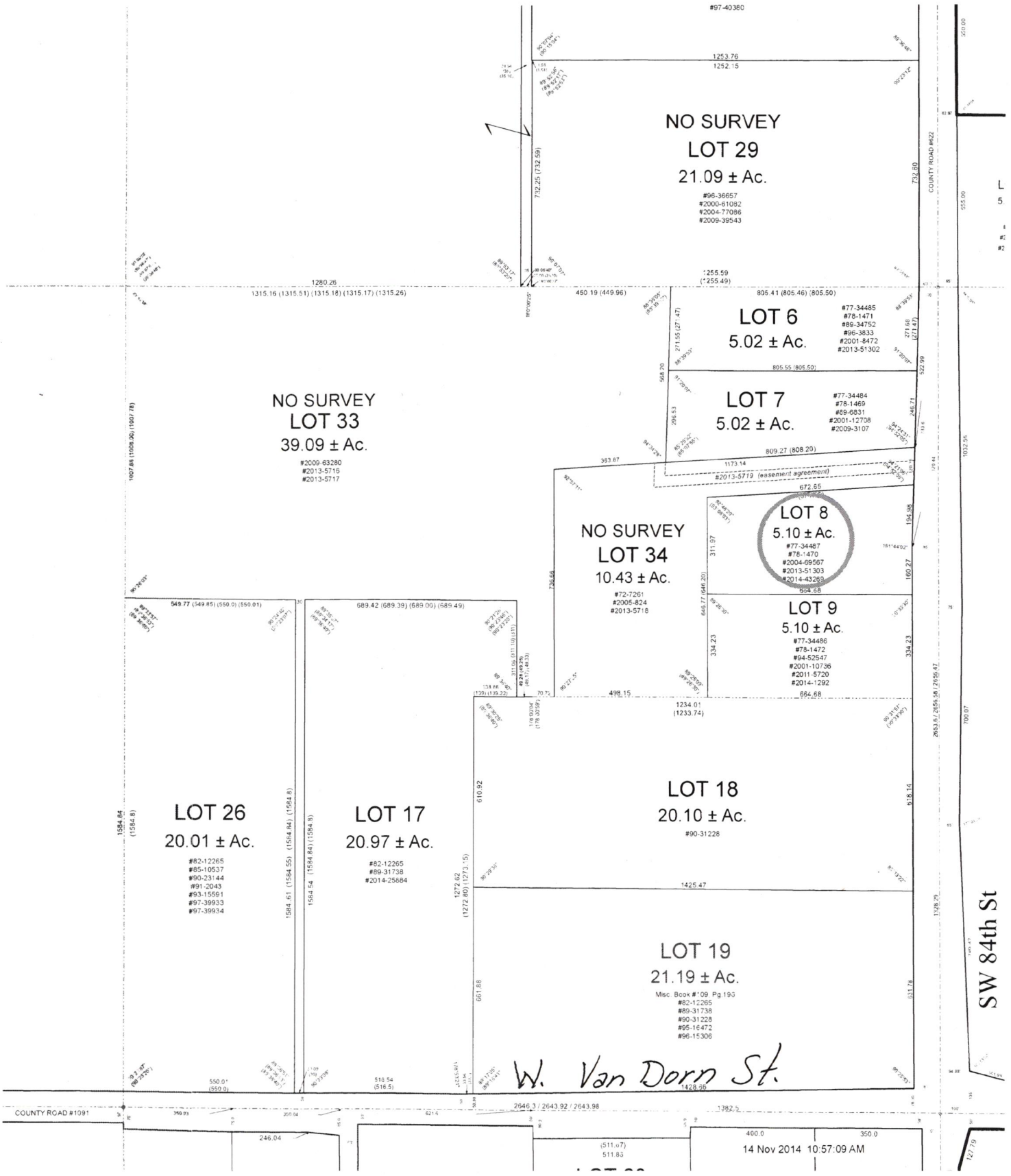
dicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

Sec. 34 (10-5)


#97-40380
1253.76
1252.15
NO SURVEY
LOT 29
21.09 ± Ac.
#96-36657
#2000-61082
#2004-77086
#2009-39543
732.25 (732.59)
732.60
COUNTY ROAD #22
1280.26
1315.16 (1315.51) (1315.18) (1315.17) (1315.26)
1255.59
(1255.49)
450.19 (449.96)
805.41 (805.46) (805.50)
LOT 6
5.02 ± Ac.
#77-34485
#78-1471
#89-34752
#96-3833
#2001-8472
#2013-51302
271.55 (27.47)
271.68 (271.47)
805.55 (805.50)
522.99
LOT 7
5.02 ± Ac.
#77-34484
#78-1469
#89-6831
#2001-12708
#2009-3107
296.53
246.71
809.27 (808.20)
NO SURVEY
LOT 33
39.09 ± Ac.
#2009-63280
#2013-5716
#2013-5717
1007.86 (1008.36) (1007.78)
383.87
1173.14
#2013-5719 (easement agreement)
672.65
LOT 8
5.10 ± Ac.
#77-34487
#78-1470
#2004-69567
#2013-51303
#2014-43269
664.68
194.98
311.97
160.27
NO SURVEY
LOT 34
10.43 ± Ac.
#72-7261
#2005-824
#2013-5718
730.66
646.77 (646.20)
LOT 9
5.10 ± Ac.
#77-34486
#78-1472
#94-52547
#2001-10736
#2011-5720
#2014-1292
664.68
334.23
334.23
498.15
1234.01
(1233.74)
549.77 (549.85) (550.0) (550.01)
689.42 (689.39) (689.00) (689.49)
LOT 26
20.01 ± Ac.
#82-12265
#85-10537
#90-23144
#91-2043
#93-15561
#97-39933
#97-39934
1584.84
(1584.8)
1584.61 (1584.55) (1584.84) (1584.8)
1584.54 (1584.84) (1584.8)
LOT 17
20.97 ± Ac.
#82-12265
#89-31738
#2014-25684
610.92
1272.62
(1272.80) (1273.15)
LOT 18
20.10 ± Ac.
#90-31228
618.14
1425.47
661.88
LOT 19
21.19 ± Ac.
Misc. Book #109, Pg.193
#82-12265
#89-31738
#90-31228
#95-16472
#96-15306
633.74
2653.6 / 2656.58 / 2655.47
1428.79
700.07'
SW 84th St
W. Van Dorn St.
550.0'
(550.0)
518.54
(516.5)
1428.99
COUNTY ROAD #1091
350.93
250.04
621.6
2646.3 / 2643.92 / 2643.98
1382.5
246.04
(511.07)
511.83
400.0
350.0
14 Nov 2014 10:57:09 AM
127.79