HS001034
T 12N, R8E, Sec. 9

# Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐ALTER ☒REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 14700 Agnew Rd.

   **Legal Description of Property:** Township: 12 Range: 8 Section: 9

   Block _____ Lot 11 SubDivsion _____ Add: _____

   ***Parcel ID** 25-09-400-004-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 2 Does the system have a: ☐ Garbage Grinder No ☐Large Capacity Tub No

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** Replace lateral — 137.5 ft.
   2 bd — 31.66 per ft.

5. **Current Type of Lateral-** _____ **Current Linear Ft. Of Lateral -** _____

   **Current Tank Gallonage-** 1000

6. Print Name Doug Lofters Address 410 CO RD C Phone: 402-944-7636

Applicant Signature: Doug Lofters

**Please contact LLCHD for the current permit fee for this application**
Fee must be included before the application will be processed. Incomplete information will delay processing.

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**HEALTH DEPARTMENT USE ONLY**

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 03/13/15 REVIEW: ☒ Approved ☐ Disapproved By: Doug Lofters

Comments (if any): _____

**Site visits**
Date 03/13/15 By DS
Date ___/___/___ By _____

**Installation final written approval**
Date 03/13/15 By Doug Lofters

**Return application to:**

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

***Business Office Use Only***

Received: Date: 3/13/15 Amount $205.00 Check No. 13424 Initials SB

Revised 4/8/13

Nebraska DEQ

# Onsite Wastewater Treatment System
## Soil Percolation Test Data Sheet

Owner Name Kenny Benton Phone 402-499-0813

Address 14700 Agnew Rd Greenwood NE
City State Zip

**Location** (Attach a sketch of the property showing test hole locations)

__ __ __ __ __ Lancaster
¼ ¼ Section Township Range County

Lot # _____ Subdivision _____

**Soil Type** (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ✓

Silty Clay Loam ___ Sandy Loam ___ Silt Loam ___

**Dates of Test**

Start Date 3-9- to End Date 3-10-, 2015

**Weather Conditions**

Precipitation 0 Avg. Temp 70 °F

*Percolation Test Measurements and Data*

| Hole No. | Hole Depth (in.) | Pre-saturation Period: Start Date (Mo./Day) | Pre-saturation Period: Start Time (Hr./Min) | Pre-saturation Period: End Date (Mo./Day) | Pre-saturation Period: End Time (Hr./Min) | Percolation Readings (last period): Start Date (Mo./Day) | Percolation Readings (last period): Start Time (Hr./Min) | Percolation Readings (last period): Start Water Level (inch) | Percolation Readings (last period): End Time (Hr./Min) | Percolation Readings (last period): End Water Level Drop (inch) | Results: Elapsed Time (minutes) | Results: Drop in Water Level (inches) | Results: Percolation Rate (Time per inch) (Minutes per inch) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 28IN | 3-9 | | | | 3-10 | 2:00 | 6 | 2:30 | 5 | 30 | 1 | 30 |
| 2 | 28IN | 3-9 | | | | 3-10 | 2:03 | 6 | 2:33 | 5 | 30 | 1 | 30 |
| 3 | 28 IN | 3-9 | | | | 3-10 | 2:05 | 6 | 2:35 | 5 | 30 | 1 | 30 |
| 4 | 28 IN | 3-9 | | | | 3-10 | 207 | 6 | 2:37 | 5 | 30 | 1 | 30 |
| 5 | 30 IN | 3-9 | (12 inches of | | | 3-10 | 208 | 6 | 2:38 | 5.25 | 30 | .75 | 40 |
| 6 | 30 IN | 3-9 | water in | | | 3-10 | 2:10 | 6 | 2:40 | 5 | 30 | 1 | 30 |
| | | | Holes for 4 hrs) | | | | | | | | | | |

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature Douglas Lytle

Certificate or License # C1155

Address 410 Co Rd C

City Ashland St. NE Zip 68003

Phone 402-944-7636

Sum of Percolation Rates = 190

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 31.66

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

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

**ON-SITE WASTE WATER SYSTEM**
**ALTERATION PERMIT**
**No. HS001034**

**System Type:** Standard

**Situs:** 14700 AGNEW RD, RURAL, NE

Issued: 3/17/2015

Expires: 3/17/2016

**Description:** S9, T12, R8, 6th Principal Meridian, LOT 11 SE

**Owner:** BENTON, KENNETH A & LINDA K
14700 AGNEW RD
GREENWOOD, NE 68366

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

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

LOFTUS SEPTIC PUMPING & CONST.
410 COUNTY RD. C
ASHLAND, NE 68003

SCANNED HS001034
T 12N, R8E, Sec. 9

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   Applicant Signature: Doug Loftus

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Fee must be included before the application will be processed. Incomplete information will delay processing.

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**HEALTH DEPARTMENT USE ONLY**

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 03/13/15 REVIEW: ☒ Approved ☐ Disapproved By: Doug Ann

Comments (if any): _____

**Site visits**
Date 03/13/15 By DS
Date ___/___/___ By _____

**Installation final written approval**
Date 03/12/15 By Doug Ann

**Return application to:**
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

***Business Office Use Only***
Received: Date: 3/13/15 Amount $205.00 Check No. 13424 Initials SB

Revised 4/8/13

MAR 20 2015

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

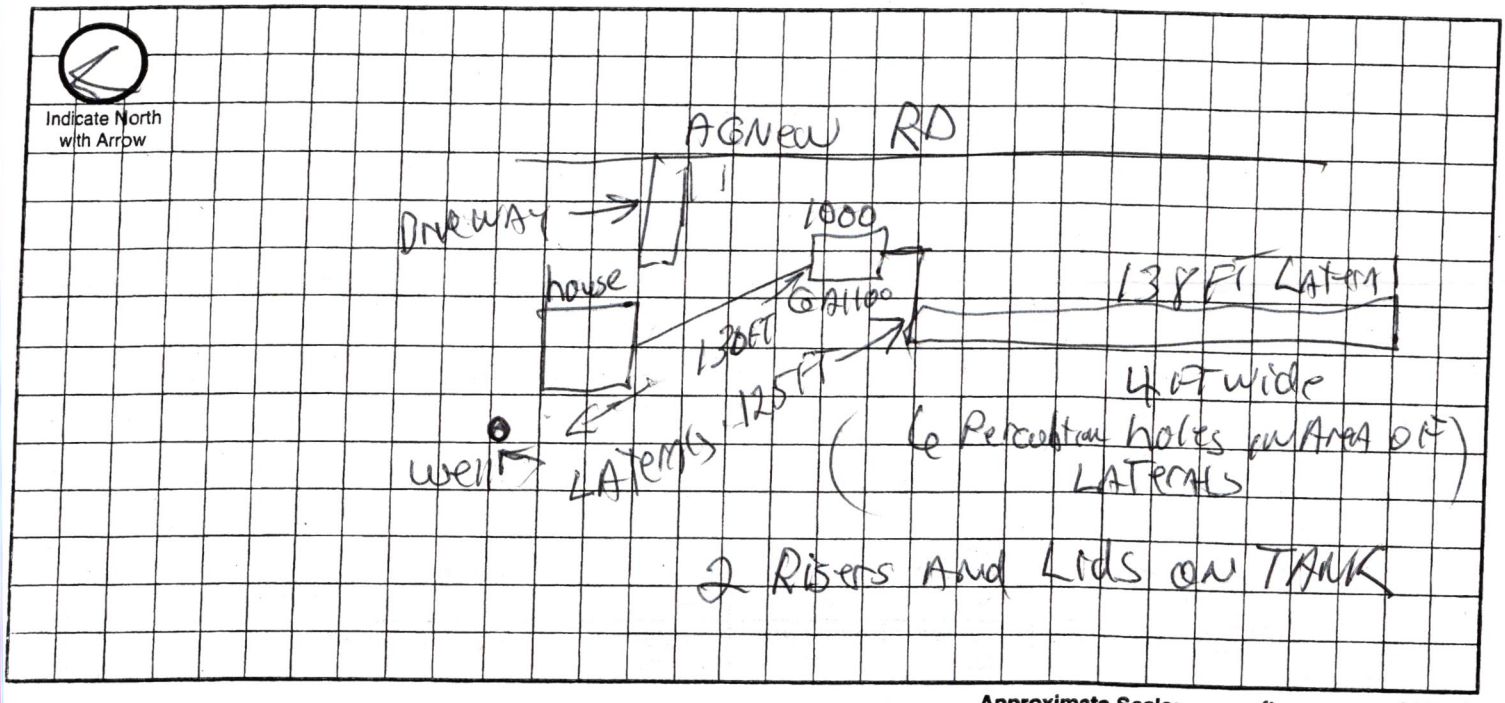
C

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) 14700 Agnew RD City Greenwood NE, Zip 68366

## B. Proposed Septic Tank/s

Septic Tank Cap 1000 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

## C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

## D. Drainfield Absorption System

Percolation Rate 31.66 (min/inch = mpi) No. of Bedrooms 2 Soil Type Silty Clay Land Slope_____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 550 sq.ft.

Total length of laterals 137.5 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other

No. of absorption trenches 1 Width 4 No. of drop boxes NA Distrubtion Box NA

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 ☐ | ☐ |

## F. Required Signatures

Home Building Contractor Loftus Septic Date 3-14-2015

Installer Doug Loftus C1155 Date 3-15-2015

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 704-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — April 3, 1976

TYPE OF PERMIT — THIS PERMIT EXPIRES

Ken Benton — RFD — Greenwood

ISSUED TO — ADDRESS

T12N; R8E; Sec. 9-SE¼;

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

| PERMIT | INSPECTION FEE | OCCUPATION TAX | TOTAL |
|---|---|---|---|
| $ 30.00 | $ | $ | $ 30.00 |
| ACCOUNTING NO. | ACCOUNTING NO. | ACCOUNTING NO. | CODE |
| 624-1535 | 110.16 | 148.14 | 6-2 |
| RECEIPTED BY | DATE | AMOUNT | |

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 704-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Oct 1-75

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12 N ; Range 8 E ; Section 9 11ac ±
   Block ____; Lot ____; Addition See attached
   Street Address SE 1/4

2. Property Use: Residential ____ ☒ ; Commercial ____ ☐
   No. of Bedrooms 2 . Describe: ____
   Other Use ____ ☐
   Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: ____ ft.

KEN BENTON
Signature of Applicant (Owner or Lessee)

RFD GREEN WOOD
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/3/74 . Date Frwd. ____ . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 10-7-75 . Date Frwd. 10-7-75 . ACTION: Approved ☒ Disapproved ☐ Signature: Walt Wilkinson

3. City or County Engineer: Date Rec'd. 10/7/75 . Date Frwd. 10/7/75 . ACTION: Approved ☒ Disapproved ☐ Signature: Ronald Hoerner

REMARKS OR REASONS FOR DISAPPROVAL ____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [X]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 704-C

DATE: Oct 1-75

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 12 N ; Range 8 E ; Section 9 ; Block ; Lot ; Addition SE¼ .
Street Address .

2. Property Use: Residential [X]; Commercial [ ]
No. of Bedrooms 2
Describe:
Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

KEN BENTON
Signature of Applicant (owner or lessee)

RFD GREENWOOD
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: Oct-28-75 by: mm
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ] 10/31/75
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Oct-28-75 by: Lon Mayhew

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 704-C

PROPERTY WHERE SOIL TESTED:
Location: Township 12 N ; Range 8 E
Section & ¼ Sect. 9 SE¼
Property Dimensions: 756 ft. x 633 ft.
Area: 11 I acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: KEN BENTON
Address _____

Dates of Tests: Sept 29 to Sept 30. Weather: Precip. ____ Temp. 60° F.

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. Day) | Time (Hr. Min.) | Date (Mo. Day) | Time (Hr. Min.) | Date (Mo. Day) | Time (Hr. Min.) | Water Level (in.) | Time (Hr. Min.) | Water Level (in.) | Elapsed Time (Min.) | Water Level Drop (in.) | Percolation Rates (Min./inch) |
| 1 | 30 | | | | | | | | | | 30 min | 1/2 | |
| 2 | " | | | | | | | | | | 30 | 1/8 | |
| 3 | " | | | | | | | | | | 30 | 1 1/8 | |
| 4 | " | | | | | | | | | | 30 | 1 1/8 | |
| 5 | " | | | | | | | | | | 30 | 1 | |
| 6 | " | | | | | | | | | | 30 | 2 1/2 | |

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____

Norma Berglund
Signature of Person Conducting Test

Address 5126 Benton
Phone: 466 5210

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: October 3, 1975

Jerrold C. Hood
Signature of Reviewing Official

# Survey Record

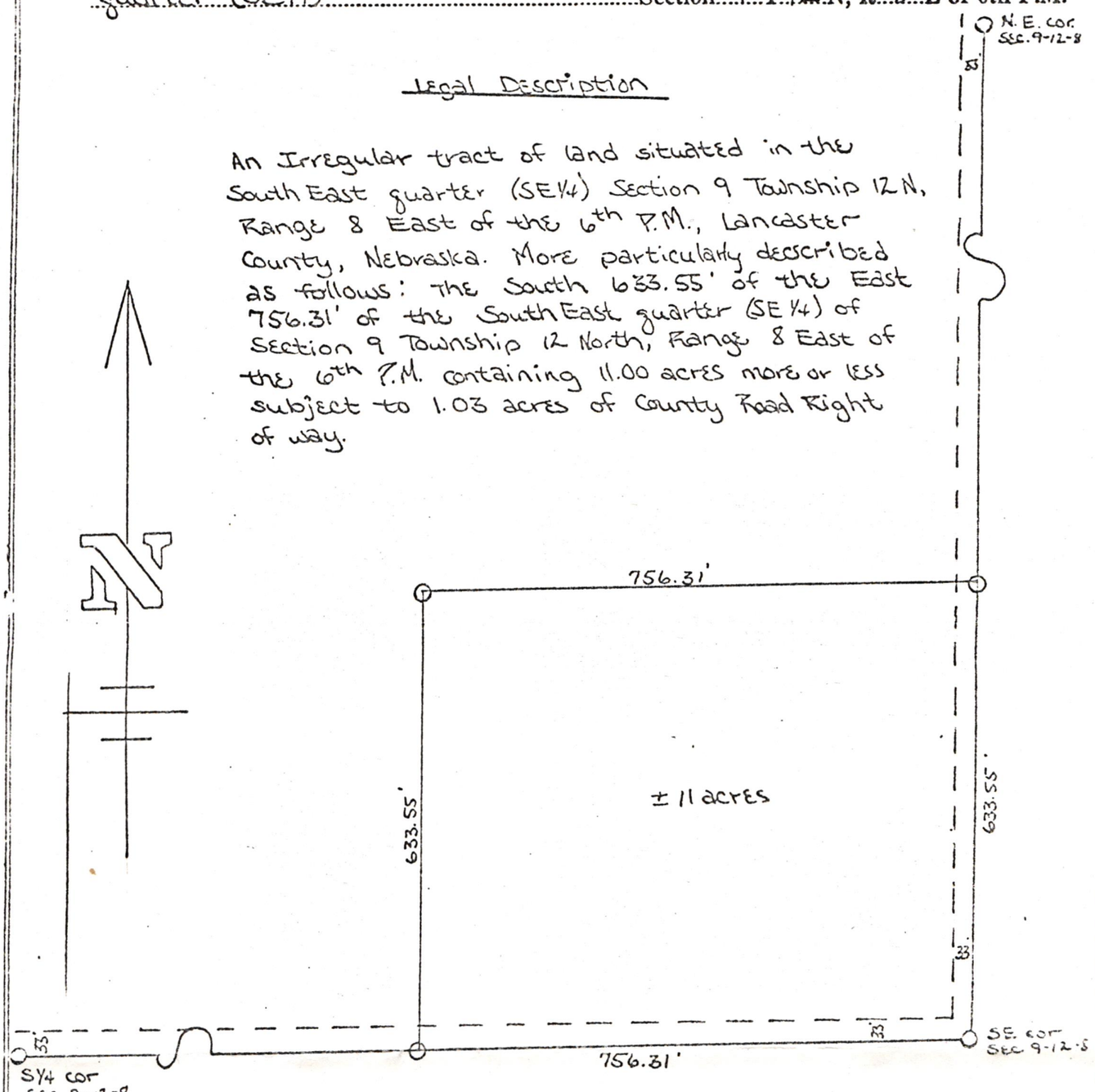
Lancaster COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432-3724

Survey of: An Irregular tract of land situated in the South East quarter (SE¼) Section 9 T. 12 N, R. 8 E of 6th P.M.

## Legal Description

An Irregular tract of land situated in the South East quarter (SE¼) Section 9 Township 12 N, Range 8 East of the 6th P.M., Lancaster County, Nebraska. More particularly described as follows: The South 633.55' of the East 756.31' of the South East quarter (SE¼) of Section 9 Township 12 North, Range 8 East of the 6th P.M. containing 11.00 acres more or less subject to 1.03 acres of County Road Right of way.




Scale: 1" = 200'

Cor. found O
Cor Estab. O

I, being a registered land surveyor in the State of Nebraska, hereby certify that I have carefully surveyed the said tract and that the plat of same is true and correct to the best of my knowledge.

Signed this 14th day of July 1974

Name: Robert B. Bates

Surveyor's license No. L.S. 252

Land Surveyor's Seal

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 704-C

SPECIFICATIONS

DATE: Oct 1 - 75

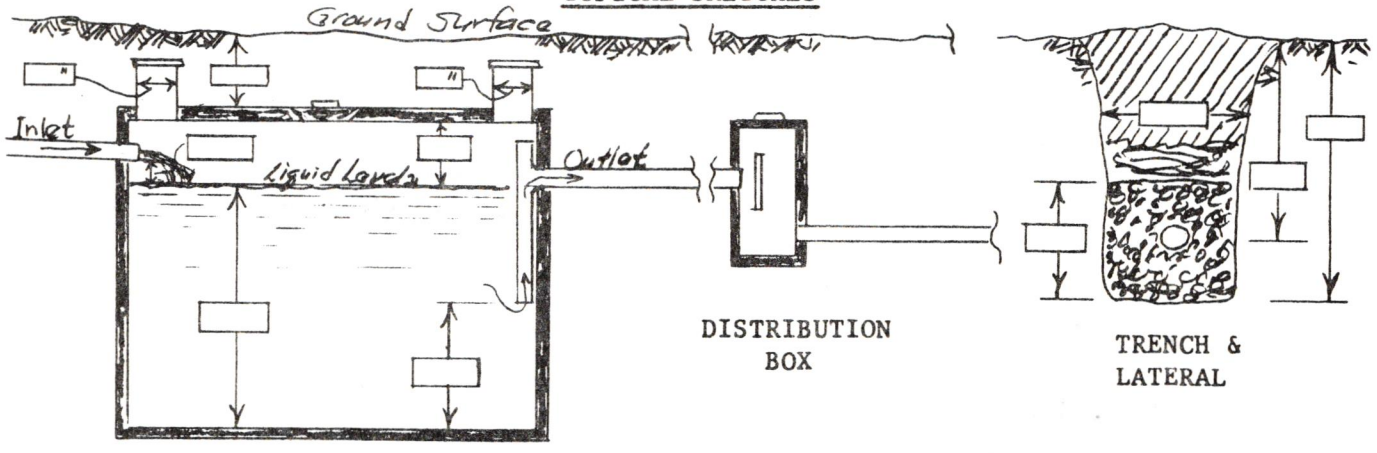
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material ~~Fiber~~ GLASS; No. of compartments 1. Concrete (Omaha)
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ____in.
Below Grade _____in.
5. Inlet: Baffle ~~☒~~; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 8 in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

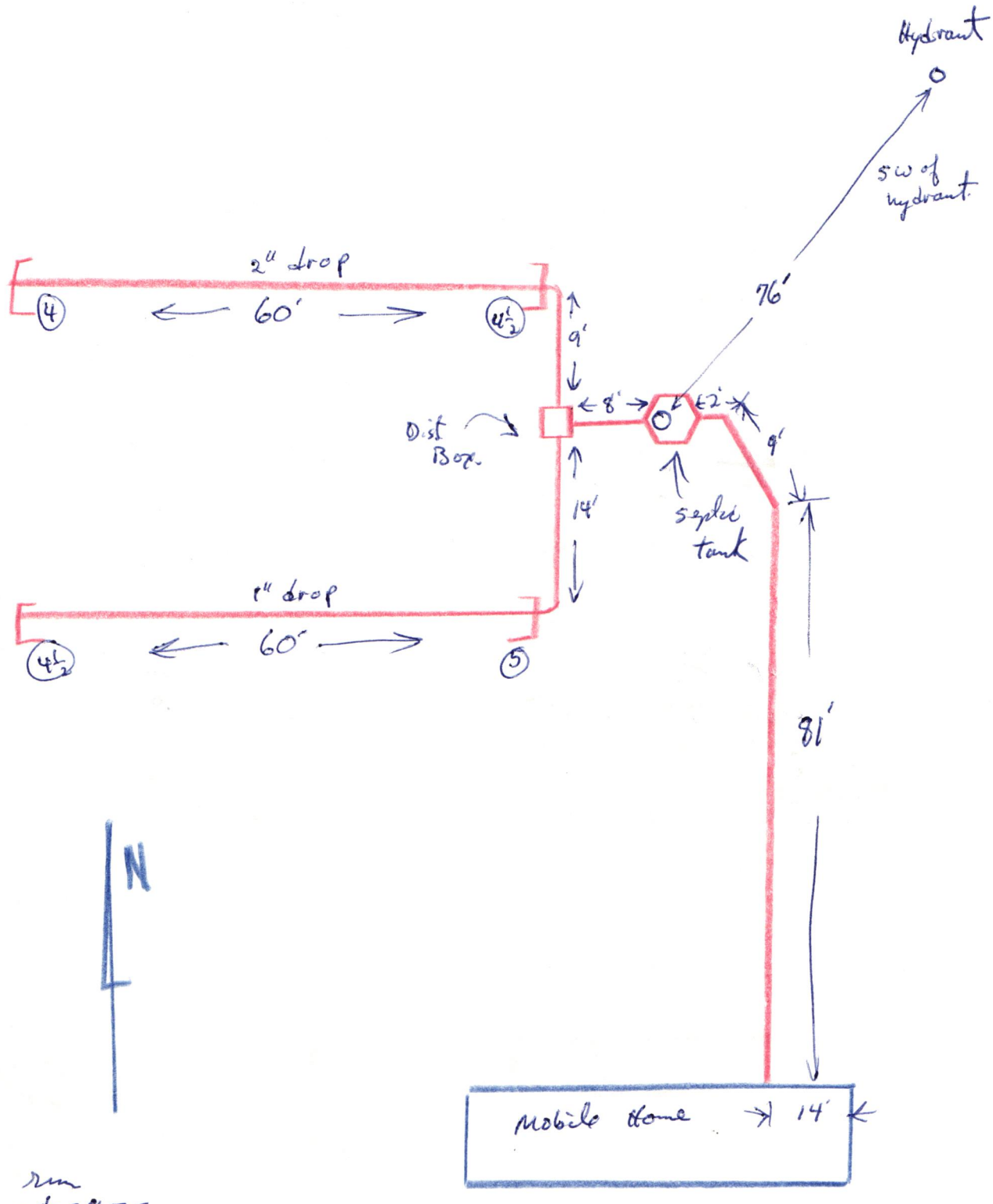
C. DISTRIBUTION BOX
1. Material _____; No. available outlets 5.
2. Factory Built: Yes ☒, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade ___in. Number 2; Length of each line 60 ft Total length of Laterals 111 ft.; 60
Slope Level in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other FIBE GLASS
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: GRAVEL.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 23 minutes/inch

TYPICAL SKETCHES




Signature of Applicant




rm
oct-28-75

Note: - Gravel filled to within 12" of ground surface
- 3½ wide seepage bed.