Roger Johnson

$100

A

FEB 25 2000

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

Permit Number: 00380298

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 Rt 1 / Bx 83 (no rural route) City ~~Kramer~~ Crete NE, Zip 68333

Legal Description 9 (1/4) (1/4) Section 7N 5E Township Range ~~Kramer~~ Subdivision (2) Addition (Block) 12 Block 11-12-3-4 Lot

Geographical Location (if known): Longitude N/A Latitude N/A

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

B. Owner

Name ~~Roger~~ Johnson Signature + Rogers C Johnson

Address Rt 1 / Bx 83 City/State/Zip Crete Ne 68333

☐ Check if owner designed system Home Phone 826-5520 Work Phone / /

C. Contractor Mitch Martin

Name AquA Plumbing Company Name AQuA Plumbing

Address 1025 west 10th City/State/Zip Crete Ne 68333

☒ Check if contractor designed system Work Phone 826-2101

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

Designer Name Mitch Martin Firm ~~Aqua~~ Plumbing Work Phone 826-2101

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 160 Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process

☐ Municipal Code 24.38 ☒ County Resolution No. 2832 NOT IN FLOOD PLAIN J.C.H.

1. **Health Department** Date rec'd 2/28/00 Date frwd 2/29/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/2/00 Date frwd 3/2/00 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 2/29/00 Date frwd 2/29/00 ACTION ☒ Approved ☐ Disapproved Signature

8/25/00 Need Drawing J.C.H. Sewer, tank & distribution box, only 1 C.O.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date SEPTEMBER 22, 2000

Business Office Use Only

Date Rec'd 02/25/00

Amt Paid 150 ~~Cash~~/Check No. 1027

Rec'd By

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

RJ

FEB 25 2000

B

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

Permit Number: 00380219B

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Rt 1 Bx 83 (no rural route) City Crete NE, Zip 68333

Owner Roger Johnson Addresss Rt 1 Bx 83

Soil Type (SCS): Sand Loam / Silt Percolation Rate: 2.6 min./inch

Date of Tests _____ to _____ Weather: Precipitation 0 Temperature 68

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	36"	2/21	8:15	2/22	9:15	2/23	10:00	18	2/24	8:00	15m	5	3 MIN/IN
2	36"	2/21	8:16	2/22	9:25	2/23	10:05	20	2/24	8:05	15	8	2 MIN/IN
3	36"	2/21	8:17	2/22	9:30	2/23	10:10	20	2 24	8:10	15	5	3 MIN/IN
4	36"	2/21	8:19	2/22	9:35	2/23	10:15	19	2 24	8:15	15	6	3 MIN/IN
5	36"	2/21	8:22	2/22	9:38	2/23	10:20	15	2 24	8:20	15	9	2 MIN/IN
6	36"	2/21	8:25	2/22	9:45	2/23	10:25	12	2 24	8:25	15	10	

Sum of Percolation Rates: _____
Average of Rates: 2.6
Rate Used for Calculation: 2.6

Person Conducting Percolation Tests

Name: Mitch Martin
Phone: 826-2101
Address 1025 unit 10 Crete Ne 68333

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Trench has to be lined to prevent excessive percolation of water.

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date 2/28/00

FORM 22-101 10-95

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

System Location (Indicate correct number and street)

Address _____ City (Kramer) Crete NE, Zip 68333
(no rural route)

Owner Roger Johnson Addresss RR Crete, Ne 68333

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

Date of Tests 7-24 to 7-25 Weather: Precipitation T Temperature 80

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	34	7/24	7:45	7/25	9:00	7/25	12:30	26	7/25	11:00	30	2	15
2			AM		AM		PM	27¼		PM		1⅞	16
3								28½				1¾	17
4								26¼				1¾	17
5								29⅛				2	15
6								26⅞				1½	20

Sum of Percolation Rates: 100
Average of Rates: 17
Rate Used for Calculation: 20

Person Conducting Percolation Tests

Name: Brad Southall
Phone: 792-2462
Address 17201 So 72nd st
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

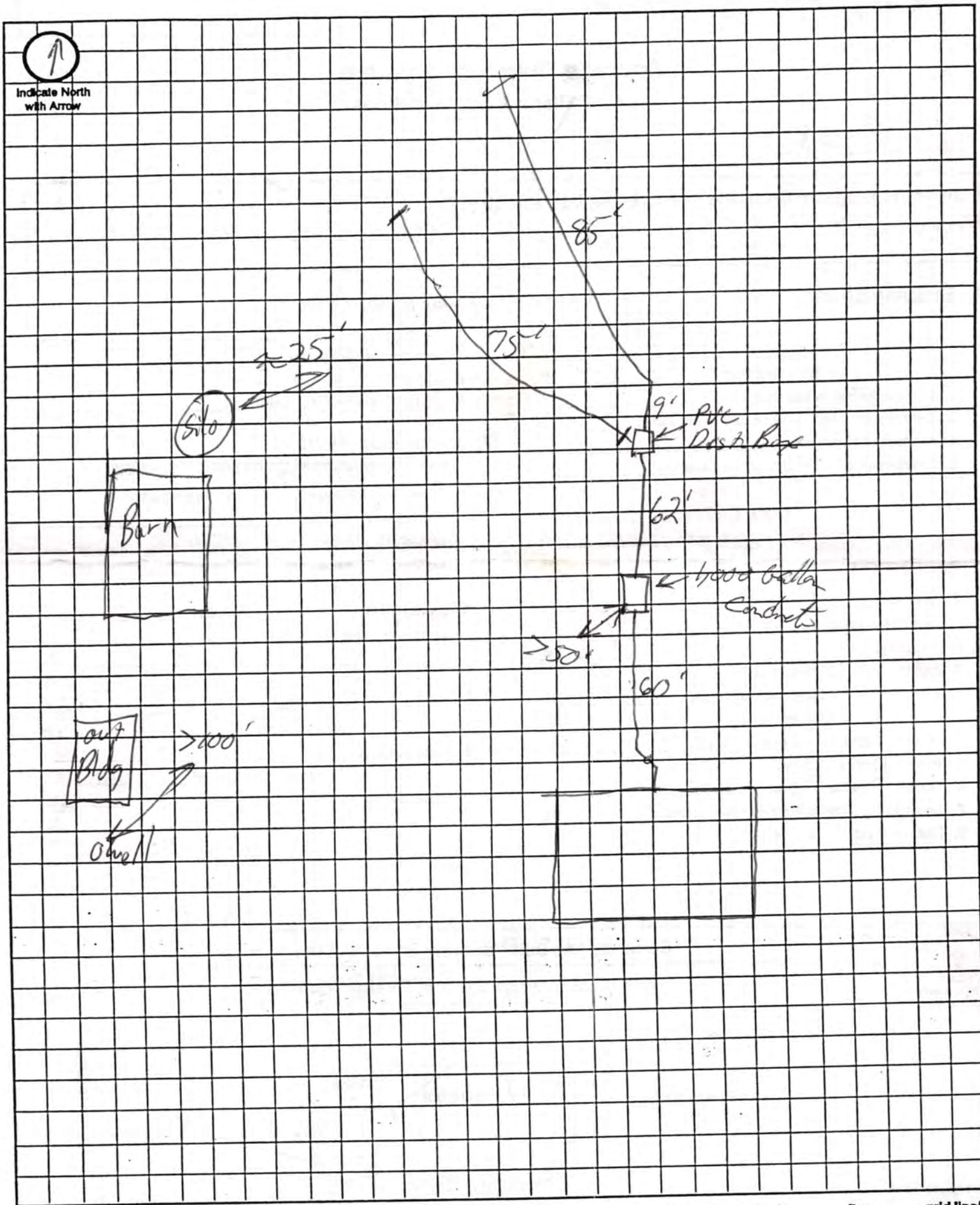
Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

As Built Drawing



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

RS

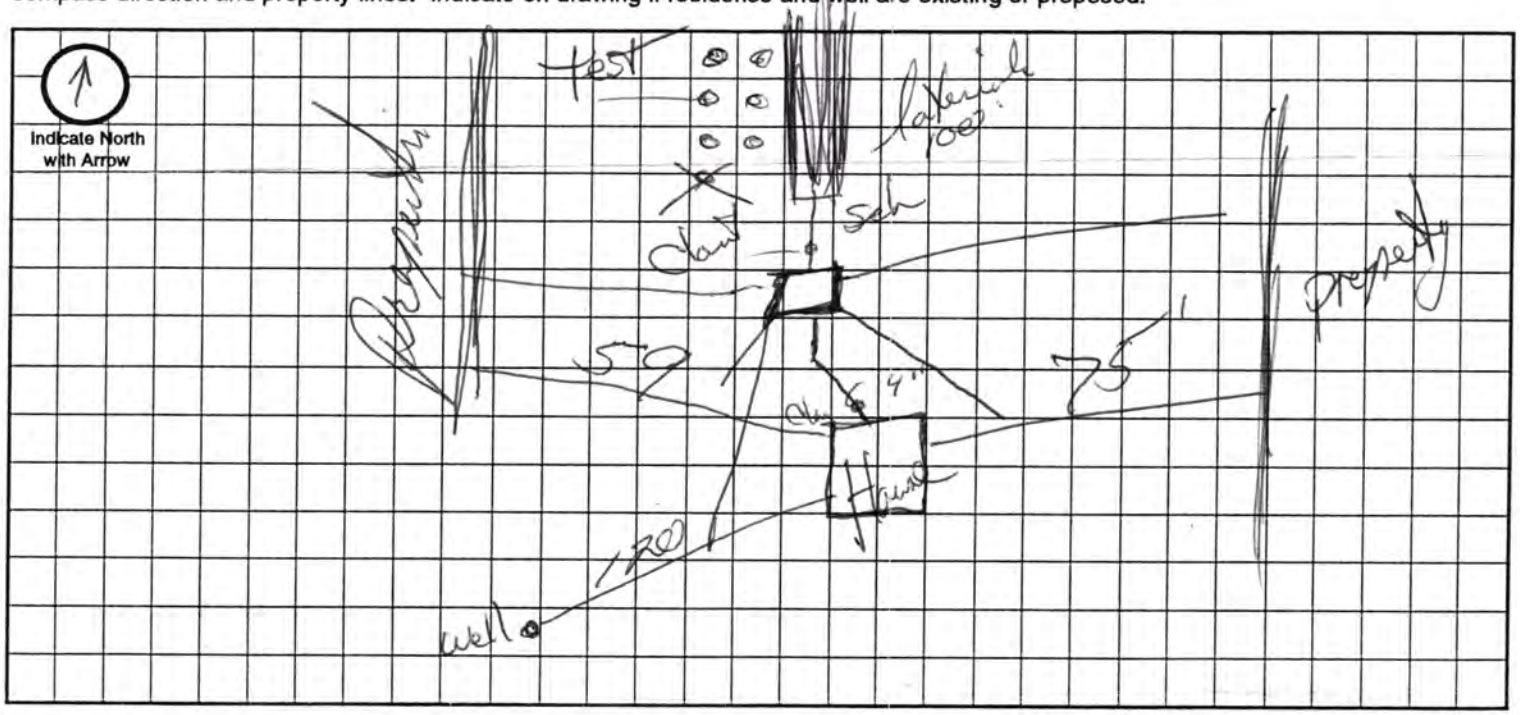
FEB 25 2000 C

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

Permit Number: 00380219 8

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) Kramer Rd / Rt 93 City Cortland NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other 1200

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 2.6 (min. per inch) Soil Type: Silt Loam Land Slope: 1-2 %

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

Total Square Feet of Field Required: _____ sq. ft. SEE PERC TEST

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 1

Total Length of Laterals 100 ft. Number of Trenches 1 Trench Width 2'

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 N/A Existing Home Date 2-22-00

Installer _____ Date 2-22-00

FORM 23-102 10-96

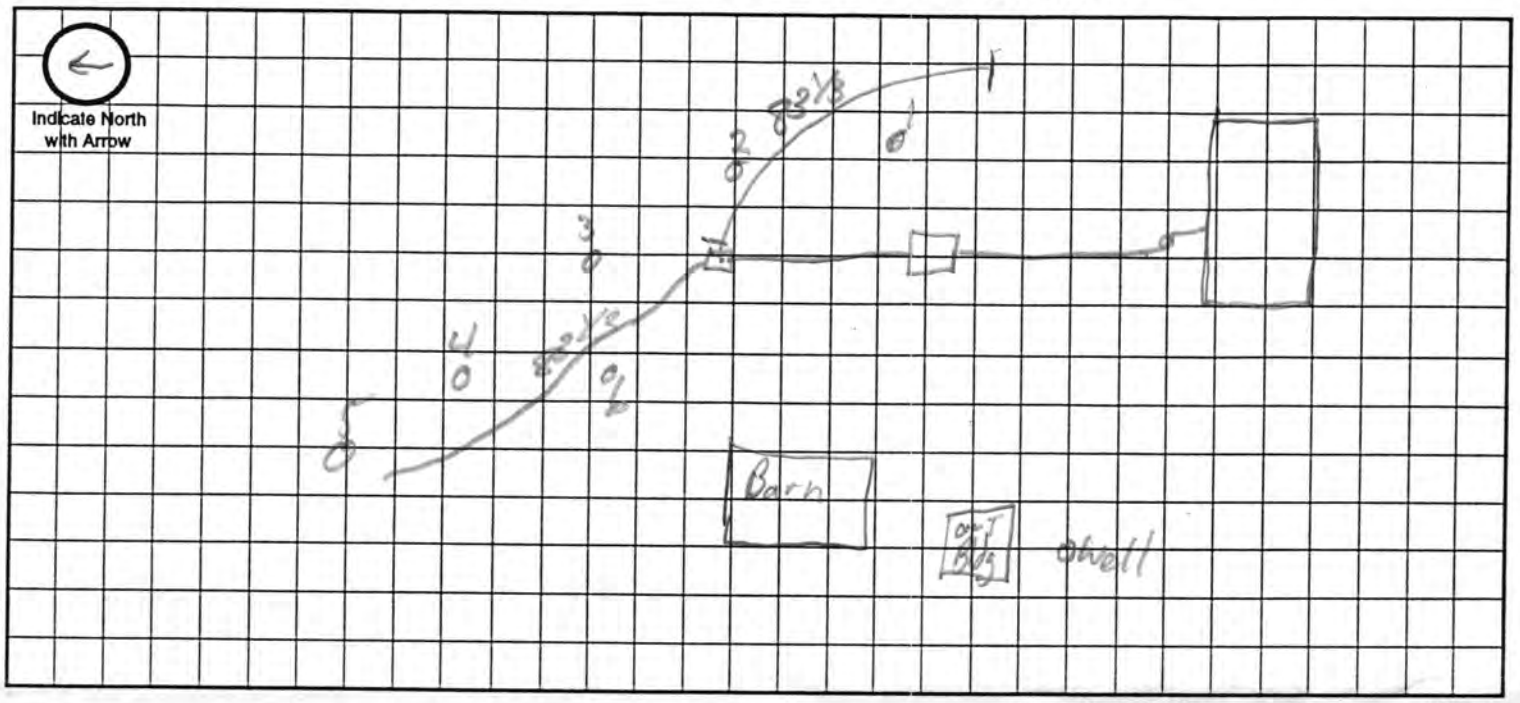
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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 Kramer NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 20 (min. per inch) Soil Type: Suc Land Slope: _____ %

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

Total Square Feet of Field Required: 640 sq. ft.

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

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 160 ft. Number of Trenches 2 Trench Width 4'

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 ☐	☐

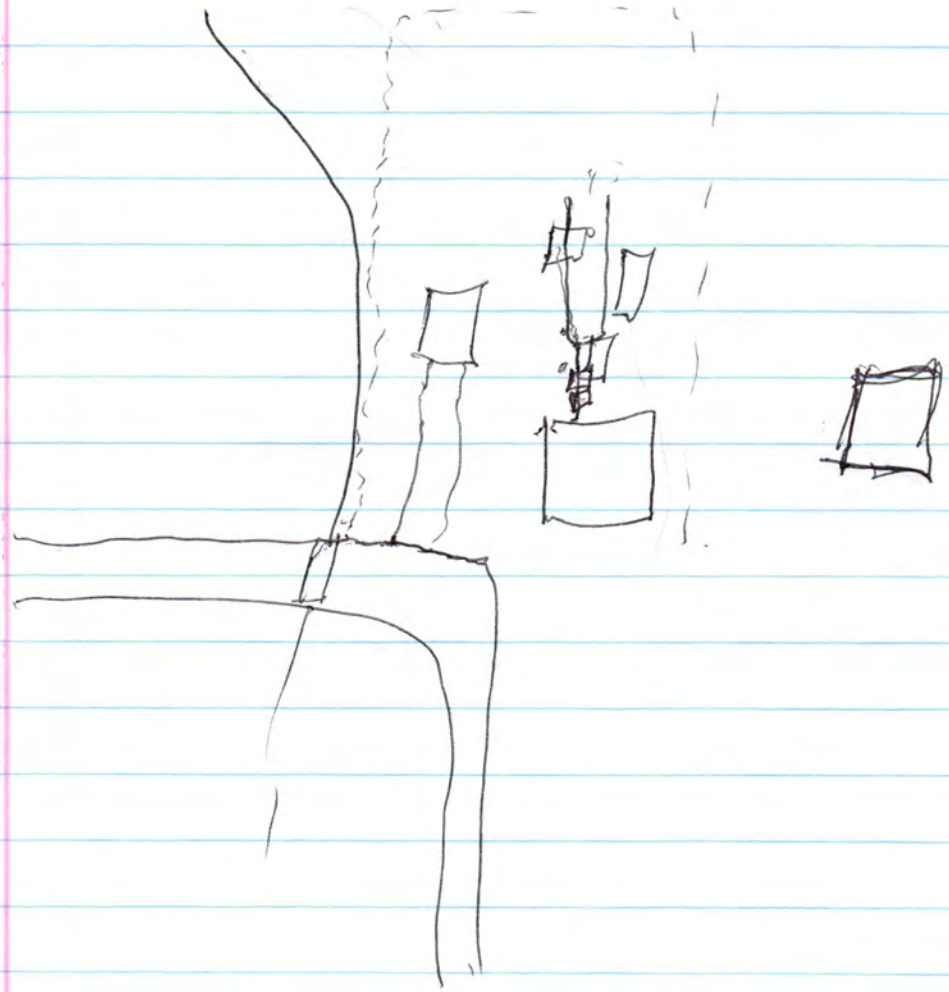
E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Gerthoud Date 7-28-00

00380198





Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-28-00

Roger Johnson

System Location (Indicate correct number and street)

Address 3rd & C st (no rural route) City Kramer (Crete) NE, Zip 68333

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

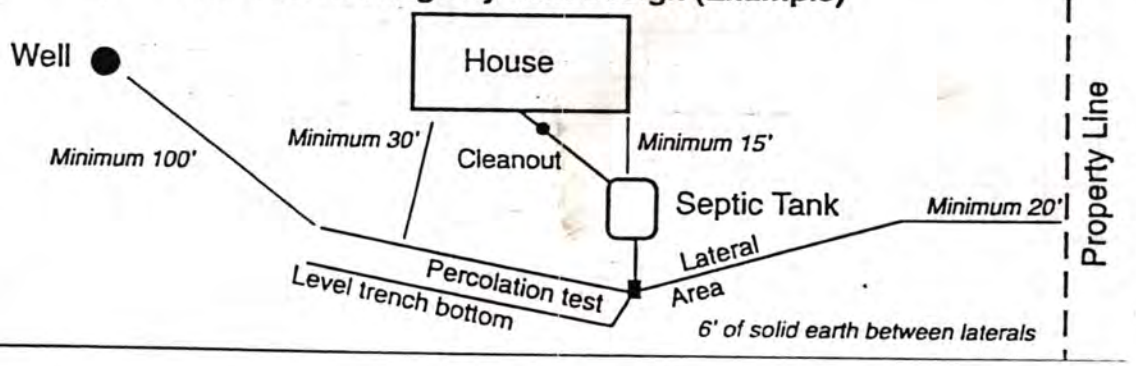
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96