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

A

Permit Number: 03802179

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 7201 West Olive Creek Road (no rural route) City Nemaha Nebr NE, Zip 68368

Legal Description E 1/2 NE 1/4, 14, T7N R5E Acreage 12 I.T.
(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

B. Owner

Name Michael W Dilley Signature _____

Address 5820 NW 5 City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 435-1570 Work Phone 432-0829

C. Contractor

Name Michael W Dilley Company Name Michael W Dilley

Address 5820 NW 5 City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone 432-0829 - 435-1570

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

Designer Name _____ Firm _____ Work Phone _____

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 4/26/00 Date frwd 4/26/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-26-00 Date frwd 4-26-00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-26-00 Date frwd 4-26-00 ACTION ☒ Approved ☐ Disapproved Signature _____

10/18 - Sewer Line + partial lagoon inspection.

Installation Final Written Approval

By Doug Amack

Date 10/24/2002

Business Office Use Only

Date Rec'd 04/26/00
Amt Paid 150 ck
Rec'd By _____ Cash/Check No. 5372

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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B

Permit Number: 00380279

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

W. Olive Creek Road & SW 72nd Street
E 1/2, NE 1/4, Section 14, T7N, R5E

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner Michael W Dilley Addresss 5820 NW 5

Soil Type (SCS): clay yellow PAWNEE CLAY LOAM Percolation Rate: 240 / 1.33 min./inch

Date of Tests 4/1 to 4/2 Weather: Precipitation 0" Temperature 55° F

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	4/1	5:57	4/1	10:00	4/2	6:00	6"	4/2	10:00	240	1"	240/1
2	36	4/1	6:03	4/1	10:02	4/2	6:03	6"	4/2	10:02	240	3/4"	240/3/4
3	36	4/1	6:08	4/1	10:04	4/2	6:04	6"	4/2	10:04	240	3/4"	240/3/4
4	36	4/1	6:01	4/1	10:06	4/2	6:06	6"	4/2	10:06	240	1 3/4"	240/1 3/4
5	36	4/1	6:15	4/1	10:07	4/2	6:08	6"	4/2	10:08	240	2 1/2"	240/2 1/2
6	36	4/1	6:18	4/1	10:08	4/2	6:10	6"	4/2	10:09	240	1 1/4"	240/1 1/4
											=	=	
											1440	8	

Person Conducting Percolation Tests

Name: Michael W Dilley
Phone: 432 0829 or 435-1570
Address: 5820 NW 5
Lincoln NE 68521

Sum of Percolation Rates: 1440/8 ÷ 6 =
Average of Rates: 240 / 1.33
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 26, 2000

FORM 23-101 10-96

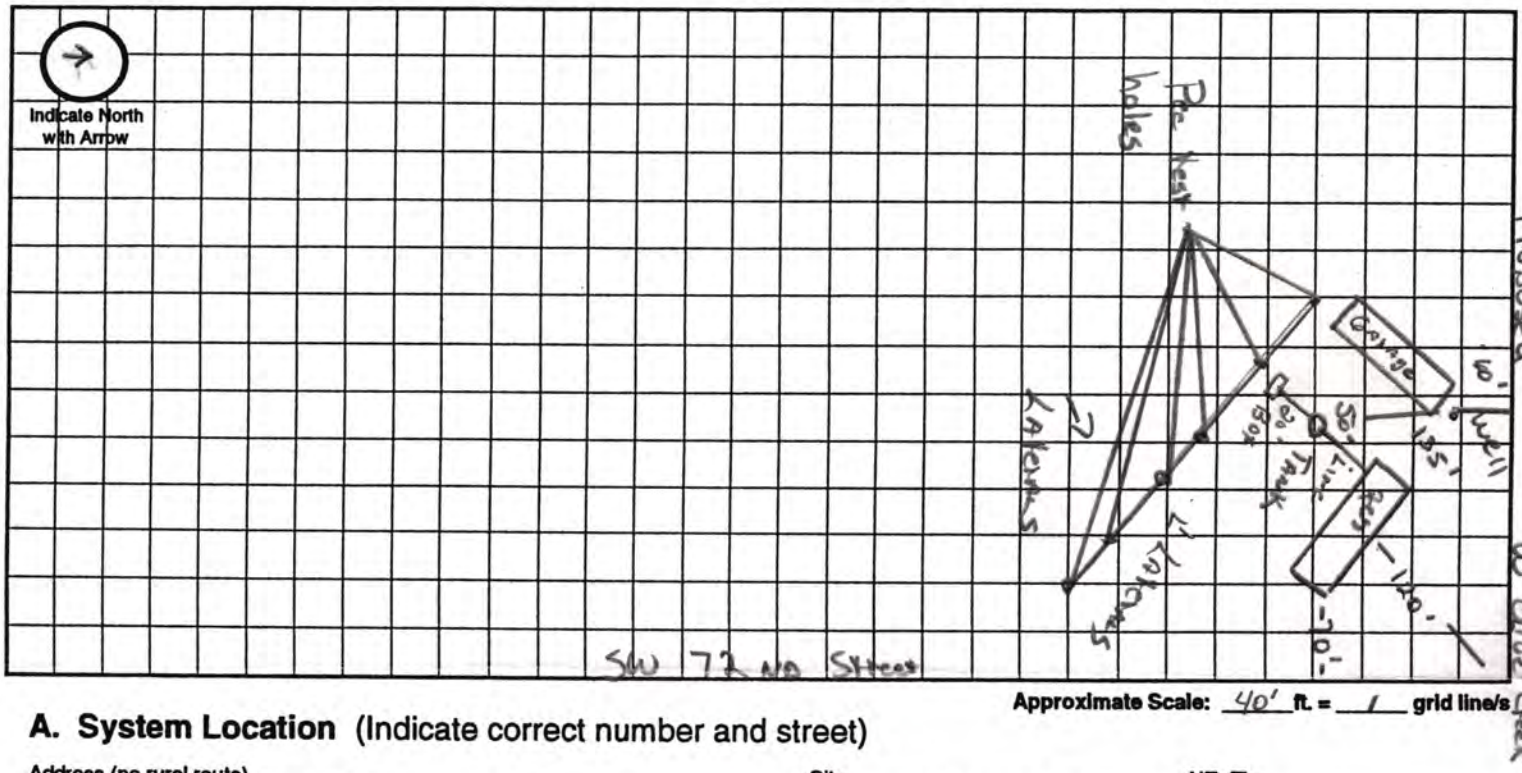
Lincoln-Lancaster County Health Department
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C

Permit Number: 00380217 9

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. 1,317'



Approximate Scale: 40' ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) W Olive Creek Road & S.W. 72ND Street City _____ NE, Zip _____

E 1/2, NE 1/4, Section 14, T7N, R5E

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☑ Plastic ☐ Other _____

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

Percolation Rate 1.33 (min. per inch) Soil Type: Yellow clay PAWNEE CLAY LOAM, Land Slope: 5-10 %

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 1,250 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 1

Total Length of Laterals 300 ft. Number of Trenches 3 Trench Width 3' each 6' apart

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 ☑	☑
None Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Michael W Dilley Date 4-25-00

Installer Harold F Beaumont Date _____

FORM 23-102 10-96