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

**A**

Permit Number: 013802350

# 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 ~~UNKNOWN AT PRESENT~~ 10100 W PELLA City _____ NE, Zip _____
(no rural route)

Legal Description W½ SW 21 7N 5E _____
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 Medea Hansmeyer Signature _____

Address ~~11201~~ 10100 W Pella Rd City/State/Zip Hallam Ne 68368

☒ Check if owner designed system Home Phone _____ Work Phone _____

### C. Contractor

Name Pre built 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 Keith Pribyl Firm Pribyl Plumbing Work Phone Crete

### 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 8/16/01 Date frwd 8/16/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-16-01 Date frwd 8-16-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/16/01 Date frwd 8/16/01 ACTION ☒ Approved ☐ Disapproved Signature _____

## Installation Final Written Approval

By _____

Date 9/10/01

***Business Office Use Only***

Date Rec'd 08/16/01
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 2363

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

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**B**

Permit Number: 013802350

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 11202 W Pella Road (no rural route) City Hallam NE, Zip 68368

Owner Eldean Hansmeyer Addresss 11201 West Pella Rd. Hallam, NE 68368

Soil Type (SCS): Clay / Loam Percolation Rate: 160 min/1 inch min./inch

Date of Tests 7/30/01 to 7/30/01 Weather: Precipitation — Temperature 94°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" | 7/30 | 11:10 | 7/30 | 5:00 | 7/30 | 8:30 | 9 2/8" | 7/30 | 9:00 | 30 min | 1/8" | 240 min/1 in |
| 2 | 36" | 7/30 | 11:10 | 7/30 | 5:00 | 7/30 | 8:30 | 12 6/8" | 7/30 | 9:00 | 30 min | 1/8" | 240 min/1 in |
| 3 | 36" | 7/30 | 11:10 | 7/30 | 5:00 | 7/30 | 8:30 | 11 7/8" | 7/30 | 9:00 | 30 min | 4/8" | 60 min/1 in |
| 4 | 36" | 7/30 | 11:10 | 7/30 | 5:00 | 7/30 | 8:30 | 8 7/8" | 7/30 | 9:00 | 30 min | 1/8" | 240 min/1 in |
| 5 | 36" | 7/30 | 11:10 | 7/30 | 5:00 | 7/30 | 8:30 | 10 2/8" | 7/30 | 9:00 | 30 min | 2/8" | 120 min/1 in |
| 6 | 36" | 7/30 | 11:10 | 7/30 | 5:00 | 7/30 | 8:30 | 8 1/8" | 7/30 | 9:00 | 30 min | 4/8" | 60 min/1 in |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 960 min/~~16~~ 6 inches

Average of Rates: 160 min/1 inch

Rate Used for Calculation: _____

### Person Conducting Percolation Tests

Name: Medea Hansmeyer

Phone: (402) 580-2115

Address P.O. Box 74
Hallam, NE 68368

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

As built

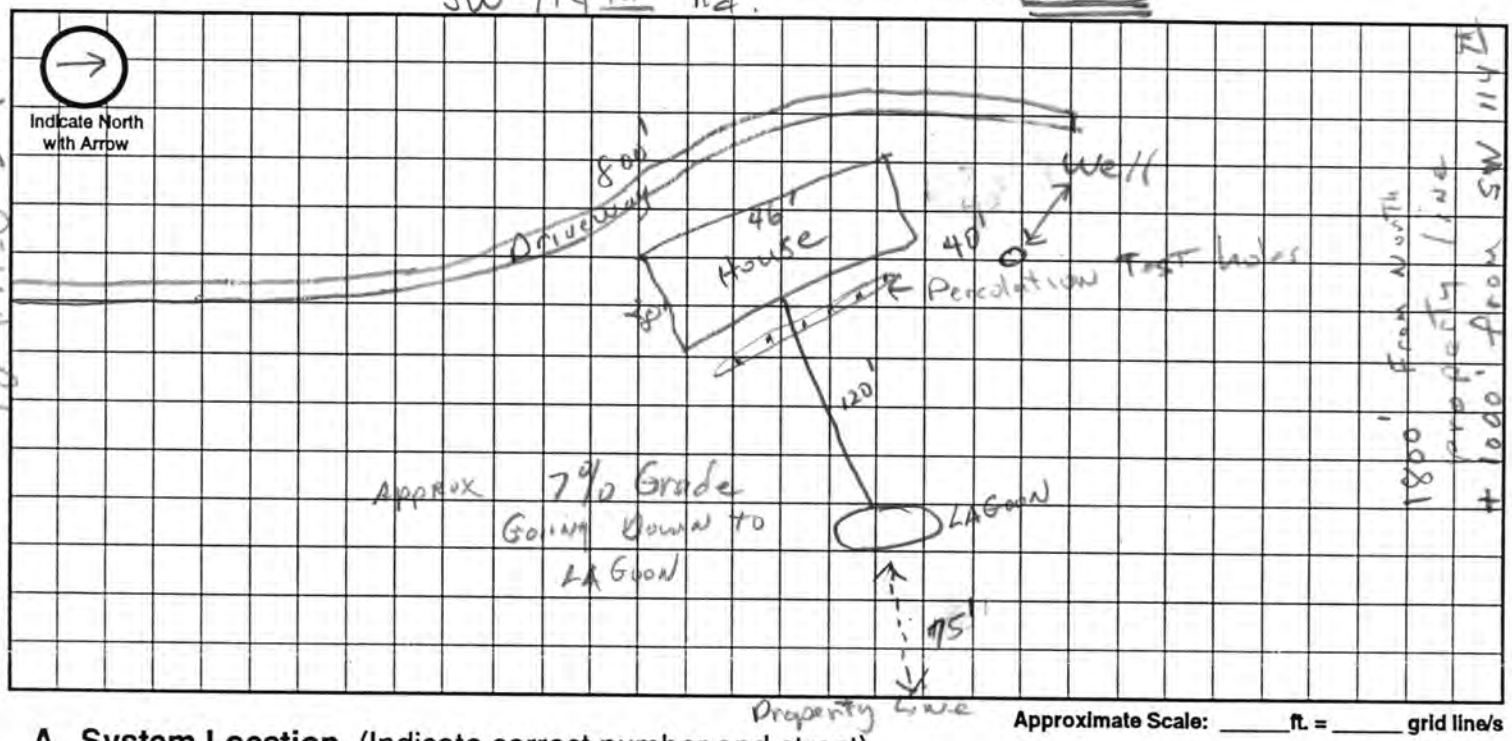
C D

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# 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) 11202 West Pella Rd. City Hallam NE, Zip 68368

## B. Proposed Septic Tank/s NA

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 min/1 in (min. per inch) Soil Type: clay/loam Land Slope: 7 %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other lagoon - evaporation

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

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

Capacity of Septic Tank NA 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 PRE-BUILT Date _____

Installer Keith Dailey Date _____

FORM 23-102 10-96

# Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

MEDEA HANSMEYER
T7N R5E SEC 21 QTR SW
W 1/2 OF SW 1/4

Permittee

MEDEA HANSMEYER
11201 PELLA RD
HALLAM NE 68368

Permit # 01380235001

Issued 08/16/01
Expires 02/16/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted] Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016220