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

A

Permit Number: 03380259601

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 7901 W. Princeton Rd (no rural route) City Hallam NE, Zip _____

Legal Description _____ 23 (Section) 7N (Township) 5E (Range) _____ (Subdivision) _____ (Addition) _____ (Block) I.T. (Lot)
1/4 1/4

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Donald & Marla PAA Signature _____

Address 1511 SW 14th St City/State/Zip Lincoln, Ne

☐ Check if owner designed system Home Phone 476-4620 Work Phone 471-4441

C. Contractor

Name _____ Company Name I-80 Homes

Address 801 GLENRIDGE City/State/Zip Lincoln, Ne. 68512

☐ Check if contractor designed system Work Phone 466-8200

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 3 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 2/19/03 Date frwd 2/19/03	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 3/10-03 Date frwd 3-10-03	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 2/19/03 Date frwd 2/19/03	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By _____

Date 3/27/03

Business Office Use Only

Date Rec'd 02/19/03
Amt Paid 300.00 (SPECIAL)
Rec'd By _____ ~~Cash~~/Check No. 5222

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

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 7901 W. Princeton Rd (no rural route) City Hickman NE, Zip 68368

Owner _____ Address _____

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

Date of Tests 11-19 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)
1	36	11/19	10:45	11/19	2:45	11/19	4:00	23 7/8	11/19	4:30	30	1 1/8	27
2	↓		AM		PM		PM	22		PM		1 1/8	27
3								21 3/4				1	30
4								20 1/4				1 1/4	24
6	↓							19 1/8				1 1/8	27

Sum of Percolation Rates: 170
Average of Rates: 28.33
Rate Used for Calculation: 30

2 Bdrm - 125' Infiltration w/1000 gallon Tank
3 Bdrm - 187.5' Infiltration w/1000 gallon Tank

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 SE 72nd St
Hickman, NE 68372

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date _____

FORM 23-101 10-96

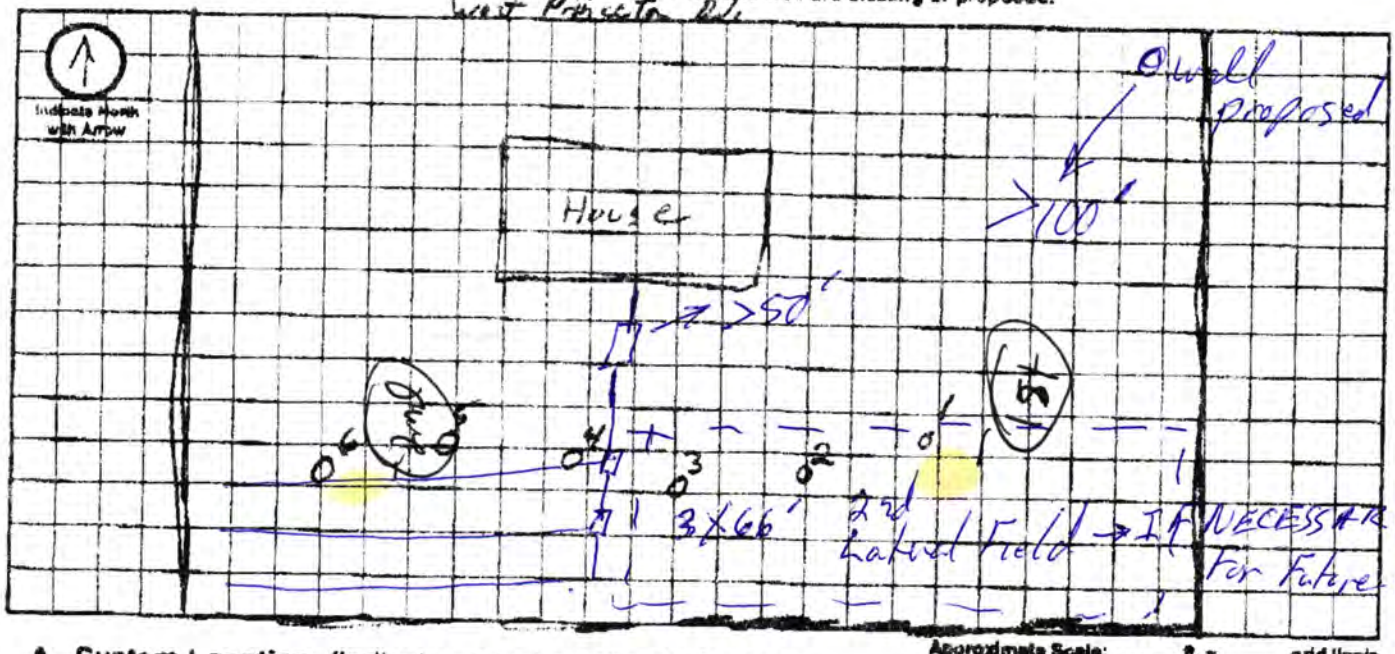
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 7901 W. Princeton Rd City Hallam NE. Zip 68368

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other ____

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

Percolation Rate 36 (min. per inch) Soil Type Silt Loam Land Slope 12 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other ____

Total Square Feet of Field Required: 500 or 735 sq. ft.

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

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

Total Length of Laterals 150' or 187.5' 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	Ground 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 Duffy Dohrty Date 2-19-03

Installer Brad Scott Date 11-20-02

FORM 23-102 10-98

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 3-27-03 7-5-14

System Location (Indicate correct number and street)

Address 7901 W. Princeton Rd (no rural route) City Hallam NE, Zip 68368

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: Crawlspace in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 19 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: RESIN
   Number of compartments: 1
2. Capacity: 1050 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6 ft.

D. Absorption Field

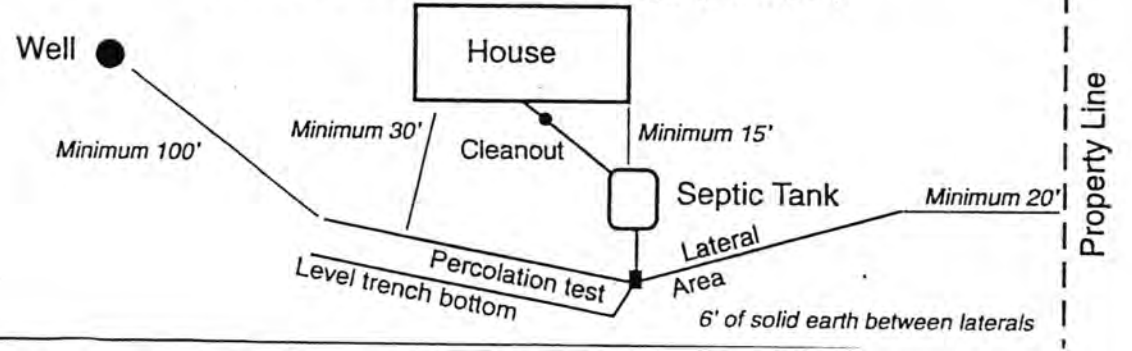
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other ADS BIODEFUSOR
2. Lateral lines: Number 2
   Length of each line: 95 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope < 6 in/100 ft.
   Average depth 30 in
4. Filter material: Gravelless
   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.

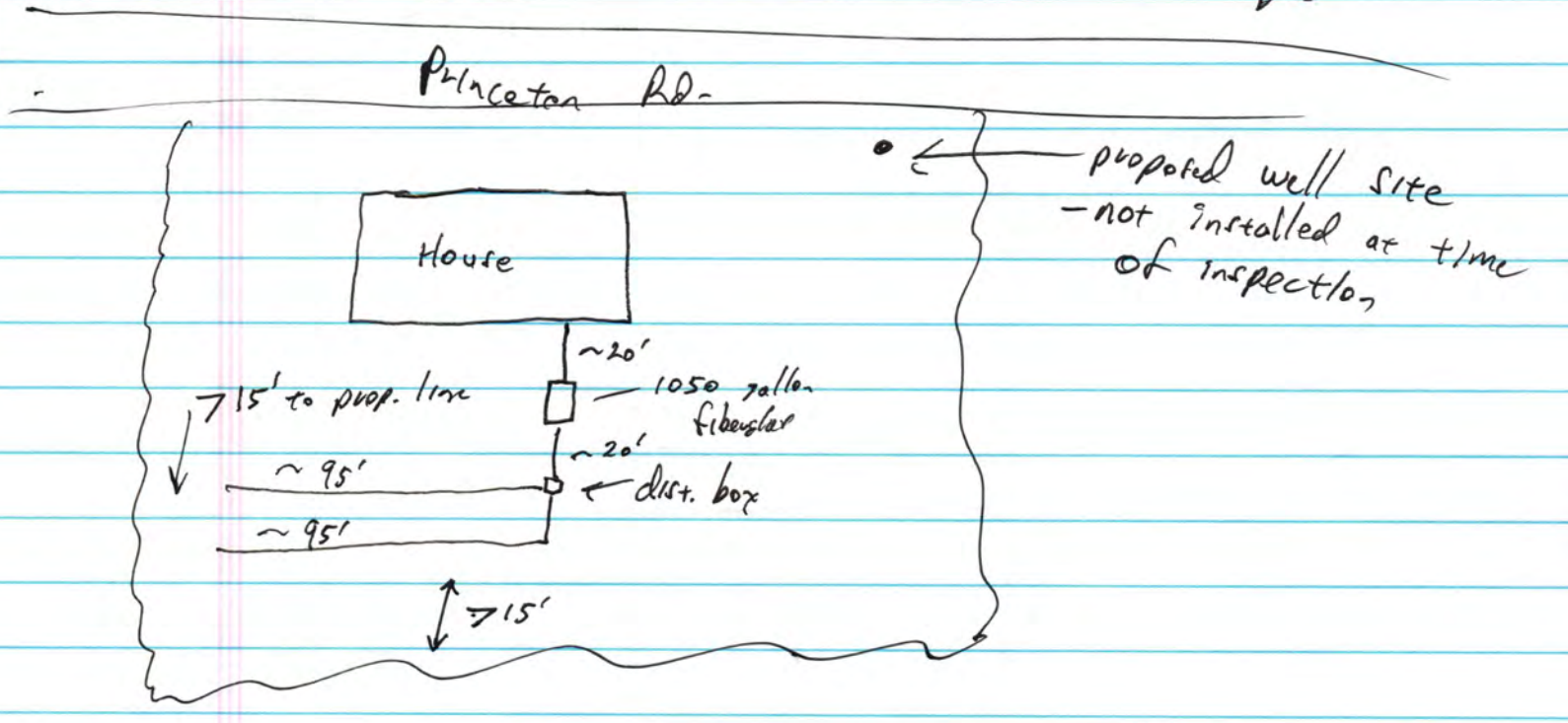
Individual Sewage System Design (Example)



FORM 23-103 10-96

Field Notes

3/27/03
DS.



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000216

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM-SPECIAL

Permit # 03380259601

Issued 02/19/03
Expires 08/19/03
Revenue Code 3157

Establishment DONALD & MARLA PAA
T7N R5E SEC 23
LOT 1IT
7901 W PRINCETON RD-HALLAM

FEES: $200.00
$100.00

Permittee DONALD & MARLA PAA
1511 SW 14 ST
LINCOLN NE 68522

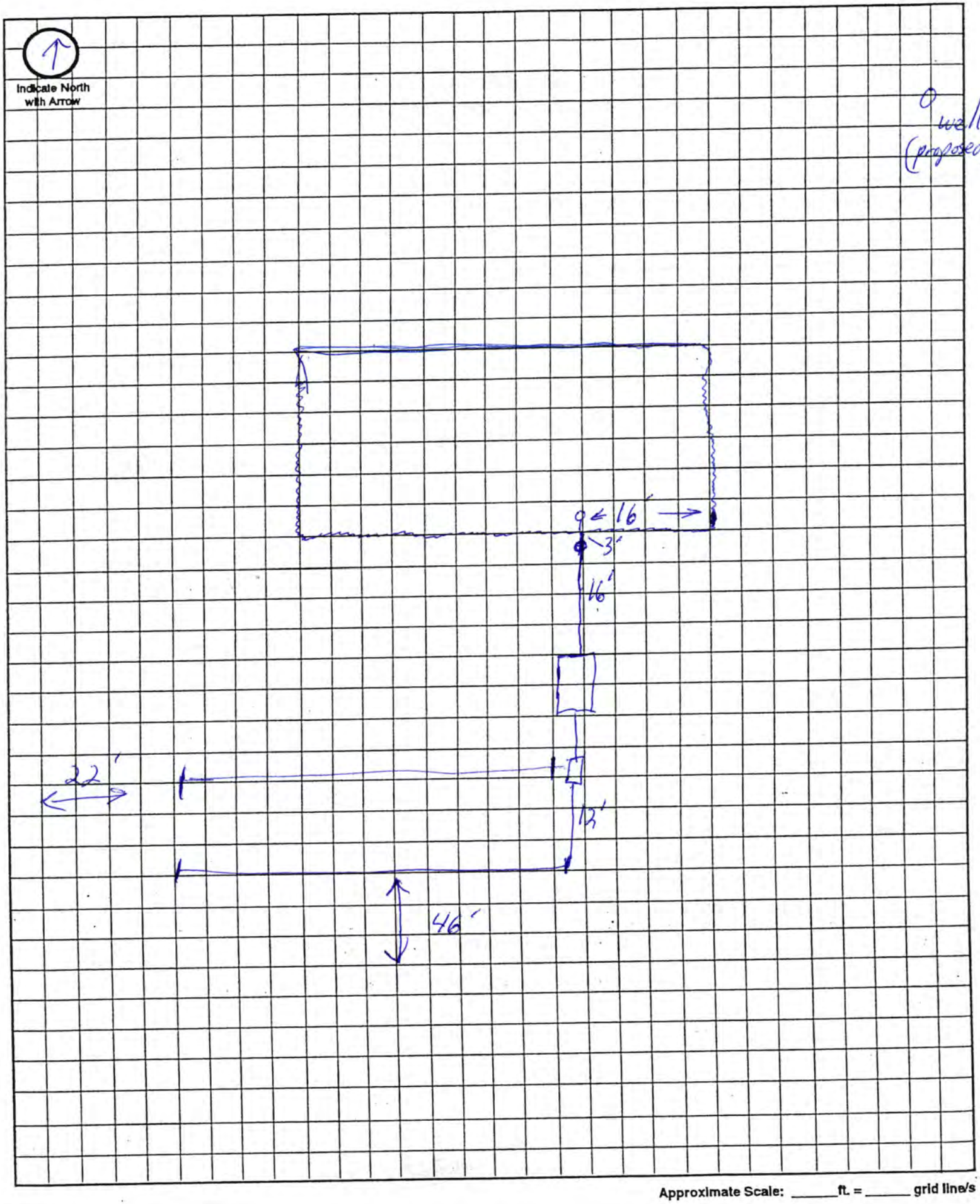
TOTAL: $300.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

As Built Drawing



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

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

MAY 15 2003

Laboratory Report Printed on: May 14, 2003

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: Private Coliform

Sample Comments:

Laboratory Number: **P22939-26**
Sampled By: **DOUG SMITH**
Location: **7901 W PRINCETON**
Sample Point:

Date Collected: **13-May-2003 02:00 PM**
Date Received: **13-May-2003**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	05/14/03	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	05/14/03	KC

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

MAY 9 2003

Laboratory Report Printed on: MAY-07-03

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis for: PRIVATE NITRATE

Sample Comments:

Laboratory Number: **P16454-72**
Sampled By: **DOUG SMITH**
Location: **7901 W PRINCETON RD**
Well ID:

Date Collected: **02-May-2003 01:45 PM**
Date Received: **02-May-2003**

Parameters	Test Results	Qual	Report Level	Units	Method	Prep Date	Analysis Date	Analyst
Nitrate+Nitrite (As N)	12		.05	mg/l	353.2		05/06/03	sr

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-2541

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

MAY 9 2003

Laboratory Report Printed on: May 07, 2003

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P21279-22**
Sampled By: **DOUG SMITH**
Location: **7901 W PRINCETON RD**
Sample Point:

Date Collected: **06-May-2003 11:15 AM**
Date Received: **06-May-2003**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform present - does not meet bacteriological standards**	cfu/100ml	9223B-PA	05/07/03	JN
E. COLI	**E. coli present - does not meet bacteriological standards**	cfu/100ml	9223B-PA	05/07/03	JN

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

MAY 15 2003

Laboratory Report Printed on: May 13, 2003

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: Private Coliform
Sample Comments:

Laboratory Number: **P22939-25**
Sampled By: **DOUG SMITH**
Location: **7901 W PRINCETON RD**
Sample Point:

Date Collected: **12-May-2003 02:15 PM**
Date Received: **12-May-2003**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	05/13/03	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	05/13/03	JN

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-6435.

ESRI ArcExplorer 2.0

7901 West Princeton Road

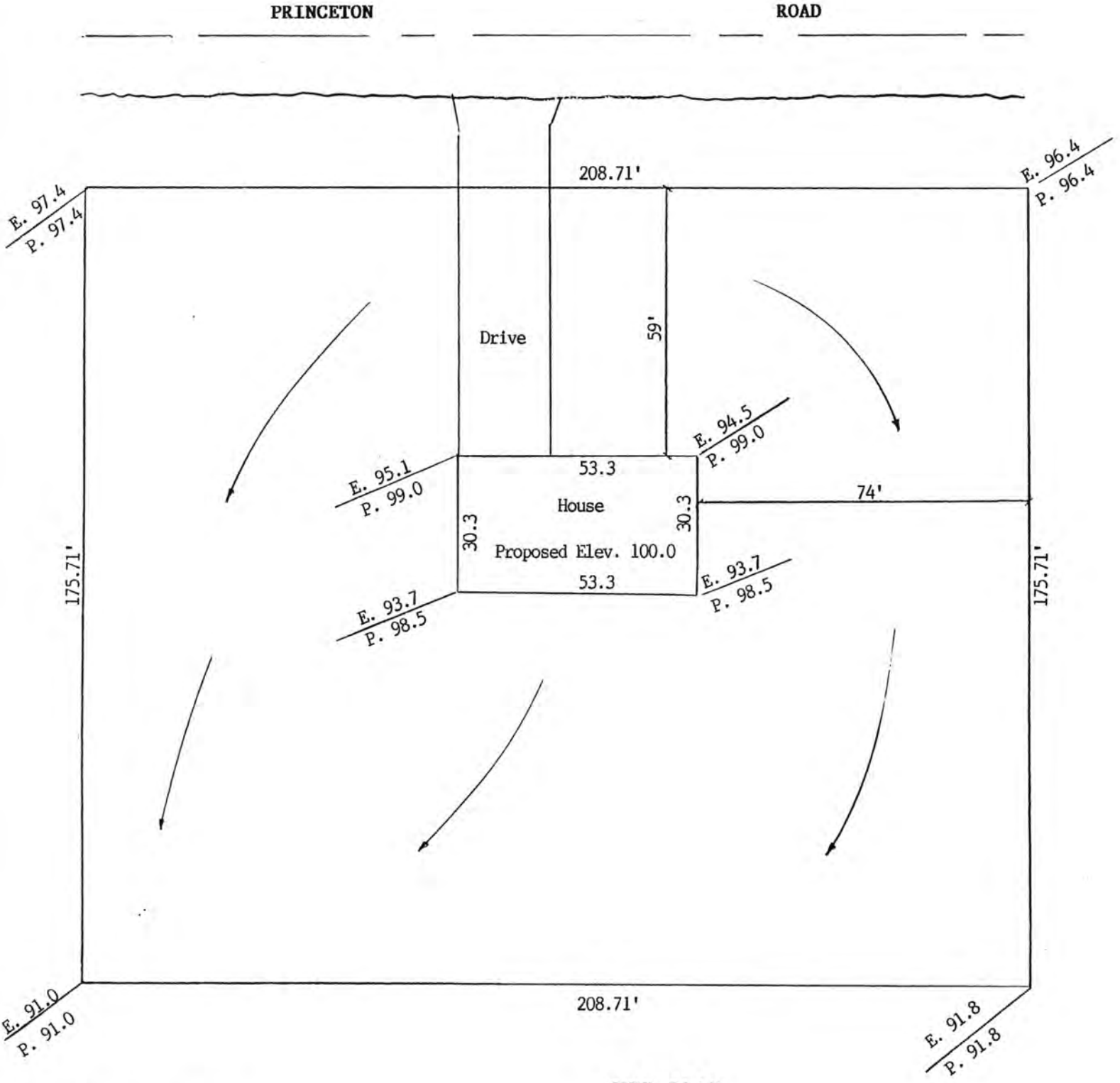


streets
Parcels
flood1

N

Wednesday, Feb 19 2003

PREPARED BY
L & S SURVEYING
P.O. BOX 354 CRETE, NE 68333
(402) 826-4620 FAX (402) 826-5545



SITE PLAN

E = Existing Grade

P = Proposed Grade

N

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 7901 West Princton Rd

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 7N Range 5E Section 23 1/4 NW 1/4 Block ___ Lot 11 Addition ___

Directions to Property South on 77 Hwy 77 to west princeton Rd Go east 6½ miles

Location of Well Northeast corner Tap Location: Inside ☒ Outside ☐

Location of Sewage System Southcenter Year Installed 2003

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Marla & Don Pag	7901 West Princton Rd	
Tenant/Buyer:			
Return to:	I-80 Homes 8200 N 56th Lincoln NE 68514		466-8200 475-1359 (Fax)

Signature of Applicant [signature] Address 8200 N 56 Lincoln 68514 Date 04/28/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4/29/03 Amount $200.00 Check No. 12880 Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By [signature] **DATE:** 5/1/03

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date 5/2/03 by ___
Bacteria	☐ ___/ml	☐ Coliform /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☐ 12.1 ppm	☐ 12.1 ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: See attached letter regarding Nitrates and Coliform.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by ___ Date ___/___/___

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 7901 West Princton Rd

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 7N Range 5E Section 23 1/4 NW 1/4 Block ___ Lot 1.1 Addition ___

Directions to Property South on Hwy 77 to west princeton Rd Go east 6½ miles

Location of Well Northeast corner Tap Location: Inside ☒ Outside ☐

Location of Sewage System Southcenter Year Installed 2003

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Marla & Don Pag	7901 West Princton Rd	
Tenant/Buyer:			
Return to:	I-80 Homes 8200N 56th Lincoln NE 68514		466-8200 475-1359 (Fax)

Signature of Applicant [signature] Address 8200 N 56 Lincoln 68514 Date 04/28/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4/29/03 Amount $200.00 Check No. 12880 Initials ___

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By [signature] **DATE:** 5/1/03

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date 5/2/03 by DS
Bacteria	☐ ___/ml	☐ Coliform/ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☐ 12.1 ppm	☐ 12.1 ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: See attached letter regarding Nitrates and Coliform.

5/15/03 Well Cl2 treated; 2 check samples with no cols or e. coli. See Attached Letter ☒

Approval based on R-O treatment installation for nitrate reduction.

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by [signature] Date 5/15/03

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00