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

A

Permit Number: 07380331801

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 7120 Freshwater Lane Lot 3 City Sprague NE, Zip 68438
(no rural route)

Legal Description LCR 5947 — 1/4 — 1/4 — Section 4 — Township 7 — Range 6 — Subdivision Fourstones add — Addition — Block 2 — Lot 3

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Dale Lienemann Signature _____

Address 521 South 55th City/State/Zip Lincoln

☐ Check if owner designed system Home Phone 327-0152 Work Phone 434-5455

C. Contractor

Weber Well Service
10133 Willow Cove Lane
Firth, NE 68358
(402) 791-3008

Licence # 0162

Name _____ Name _____

Address _____ te/Zip _____

☒ Check if contractor designed system Work Phone (402) 580-8311

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 400 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 3/30/07, Date frwd 3/30/07 — ACTION ☒ Approved ☐ Disapproved — Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** — Date rec'd 3/30/07, Date frwd 3/30/07 — ACTION ☒ Approved ☐ Disapproved — Signature _____
3. **City or County Engineer** — Date rec'd 3-30-07, Date frwd 3-30-07 — ACTION ☒ Approved ☐ Disapproved — Signature Jim Flanagh

Installation Final Written Approval

By _____

Date 11/22/07

Business Office Use Only

Date Rec'd 03/30/07
Amt Paid 290.00
Rec'd By _____ Cash/Check No. 2458

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 7120 Freshwater Lane Lot 3 City Sprague NE, Zip 68438
(no rural route)

Owner Dale Lienemann Addresss

Soil Type (SCS): Sand / Clay / Black soils Percolation Rate: min./inch

Date of Tests 3-26-07 to 3-27-07 Weather: Precipitation very wet Temperature 50°

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	24"	3-26	9:00	3-27	9:00	3:27	9:10	6"	3:27	9:40	30	1.0	30
2	24"	3-26	9:00	3-27	9:00	3:27	9:10	6"	3:27	9:40	30	1.5	20
3	24"	3-26	9:00	3-27	9:00	3:27	9:10	6"	3:27	9:40	30	1.0	30
4	24"	3-26	9:00	3-27	9:00	3:27	9:10	6"	3:27	9:40	30	2.0	15
5	24"	3-26	9:00	3-27	9:00	3:27	9:10	6"	3:27	9:40	30	1.0	30
6	24"	3-26	9:00	3-27	9:00	3:27	9:10	6"	3:27	9:40	30	1.5	20

Sum of Percolation Rates: 145
Average of Rates: 24.17
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Weber Well Service
Phone: 10133 Willow Cove Lane
Address: Firth, NE 68358
(402) 791-3008

License # 0162

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

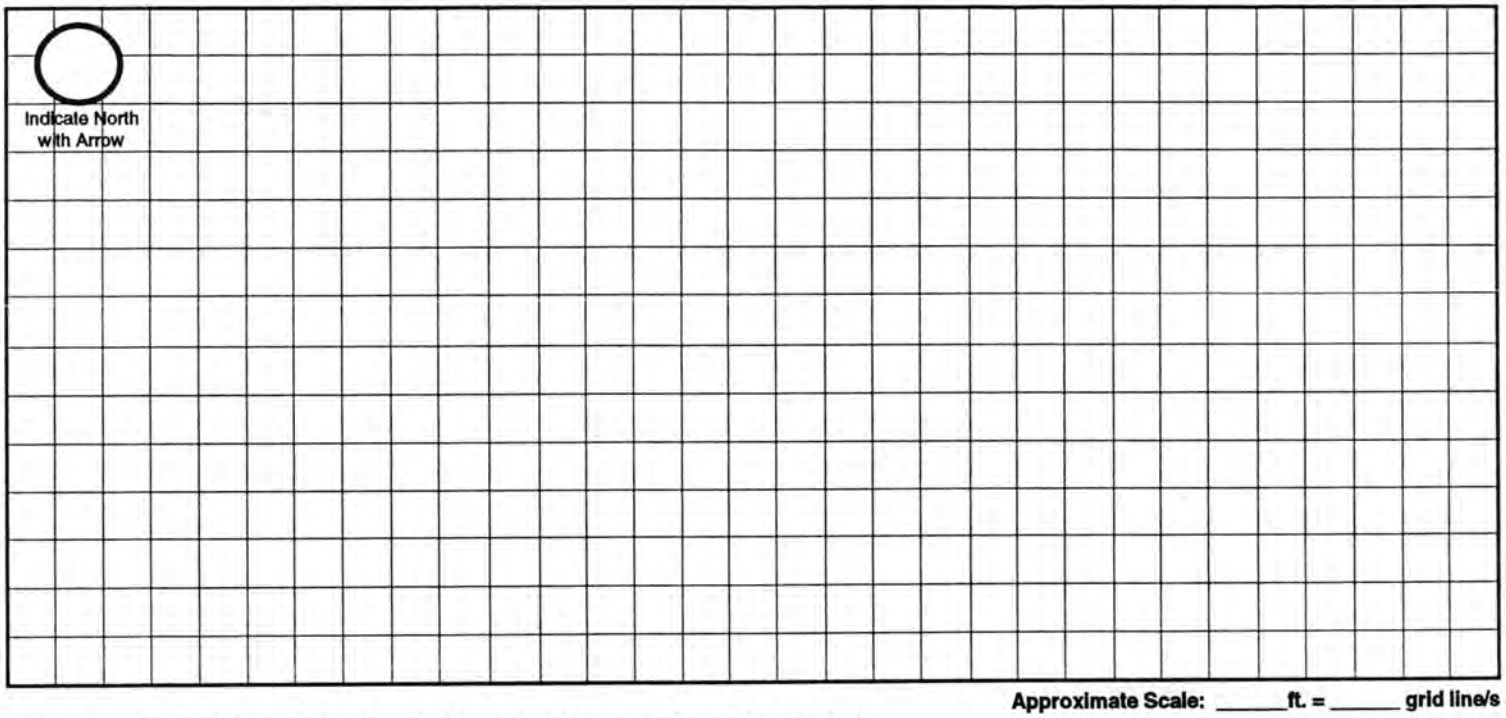
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 24.17 (min. per inch) Soil Type: Sand/clay/Blackdirt Land Slope: _____ %

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

Total Square Feet of Field Required: 750 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 94'

Total Length of Laterals 188 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 Weber Well # 0162 Date 3-30-07

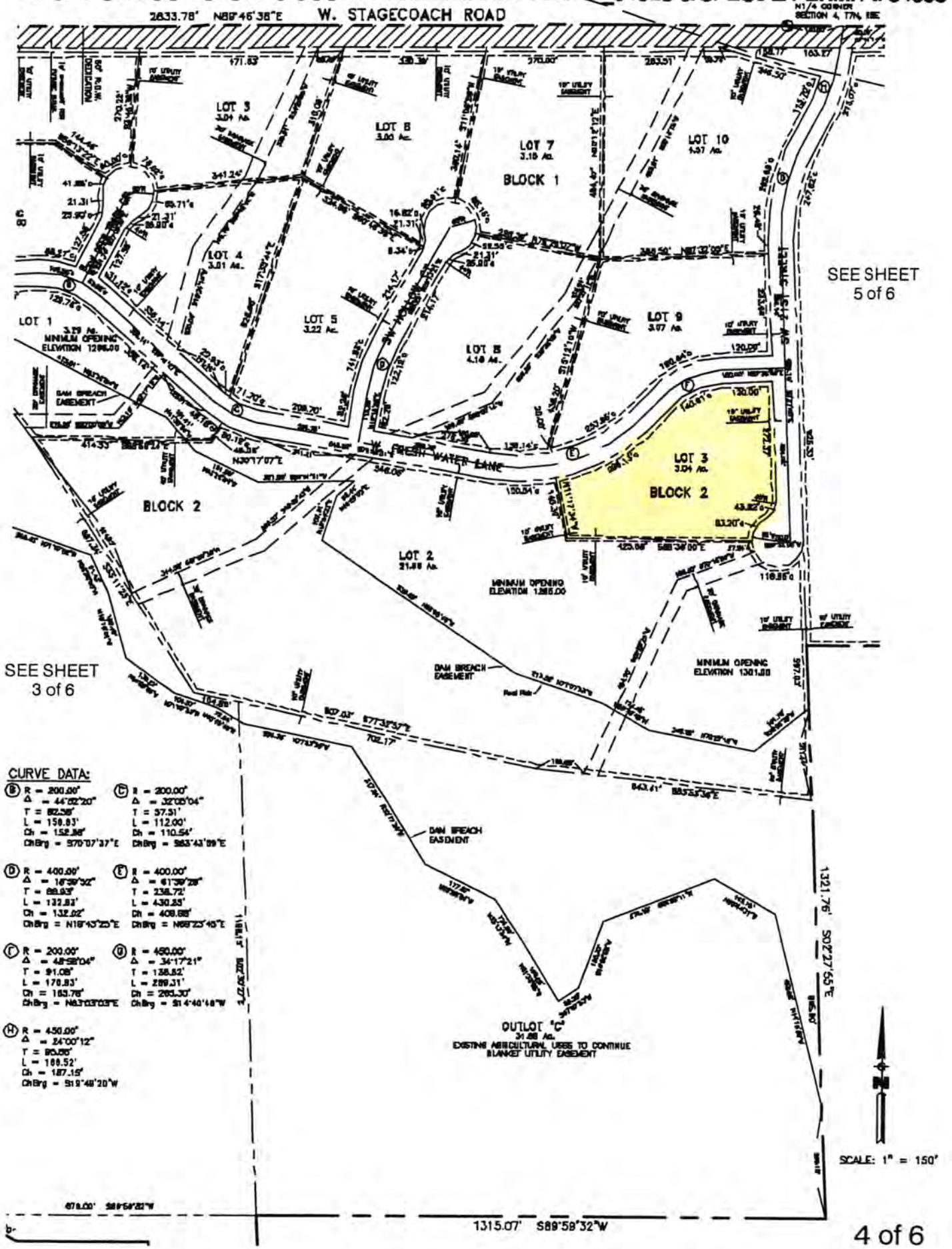
FORM 23-102 10-96

10133 Willow Cove Lane
Firth Ne 68358 (402) 580-8111

FOUR STONES ADDITION

FINAL PLAT

BASED ON FOUR STONES COUNTY PRELIMINARY PLAT #_04025 & SPECIAL PERMIT #04055



CURVE DATA:

Ⓑ R = 200.00' Δ = 44°52'20" T = 82.26' L = 156.63' Ch = 152.66' ChBrg = S70°07'37"E

Ⓒ R = 200.00' Δ = 32°05'04" T = 57.51' L = 112.00' Ch = 110.54' ChBrg = S63°43'09"E

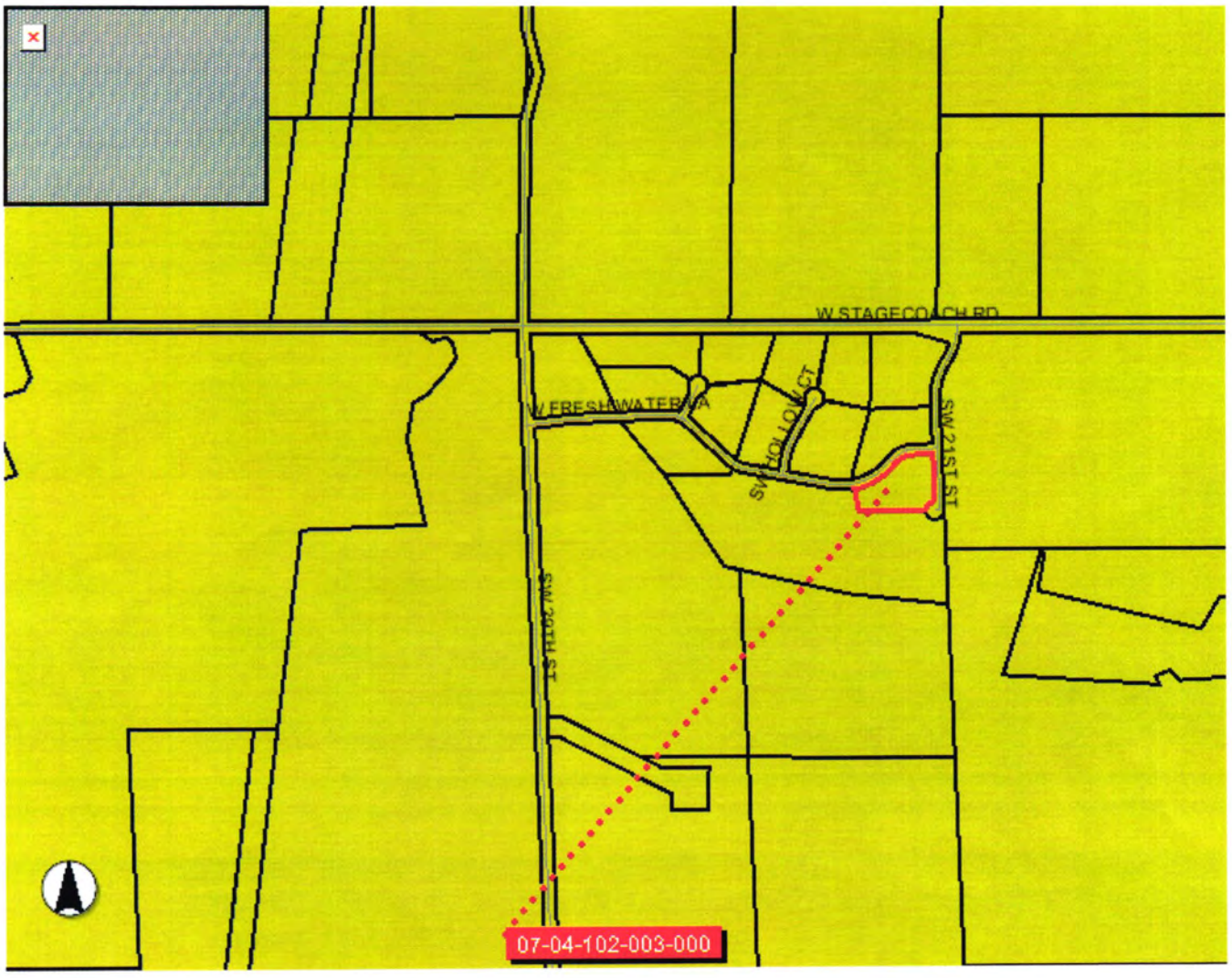
Ⓓ R = 400.00' Δ = 18°39'32" T = 66.93' L = 132.83' Ch = 132.22' ChBrg = N18°43'25"E

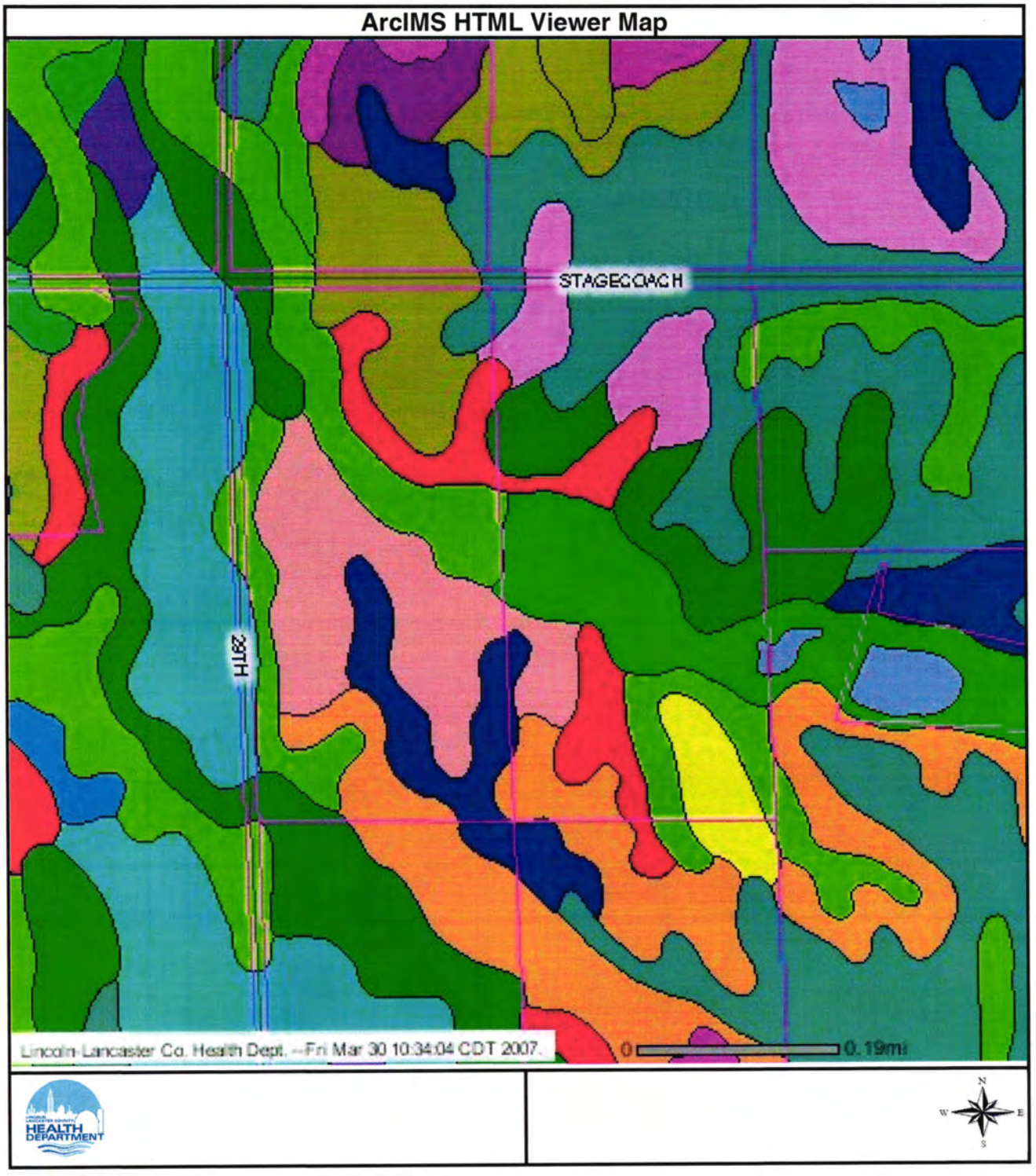
Ⓔ R = 400.00' Δ = 61°39'28" T = 236.72' L = 430.55' Ch = 409.88' ChBrg = N59°23'45"E

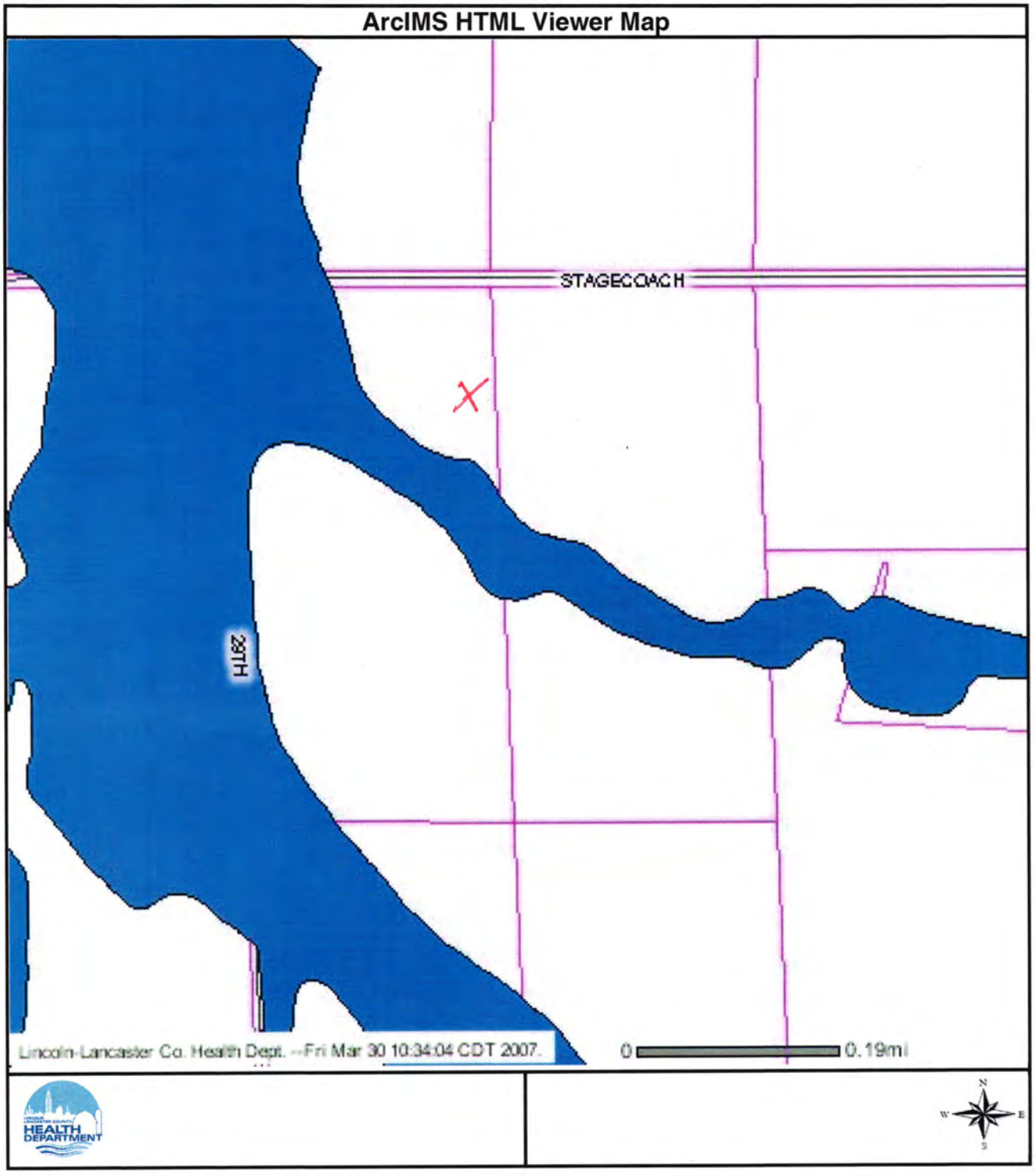
Ⓕ R = 200.00' Δ = 48°52'04" T = 91.08' L = 170.63' Ch = 165.76' ChBrg = N63°13'03"E

Ⓖ R = 450.00' Δ = 34°17'21" T = 138.82' L = 269.31' Ch = 265.30' ChBrg = S14°40'48"W

Ⓗ R = 450.00' Δ = 24°00'12" T = 95.56' L = 188.52' Ch = 187.15' ChBrg = S19°49'20"W


W STAGECOACH RD
W FRESHWATER PL
SW HOLLOW CT
SW 21ST ST
SW 20TH ST
07-04-102-003-000


ArcIMS HTML Viewer Map
STAGECOACH
231H
Lincoln-Lancaster Co. Health Dept. --Fri Mar 30 10:34:04 CDT 2007.
0
0.19mi
HEALTH DEPARTMENT
N
W
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S



X I5 out of floodplain.

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009907

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380331801

Issued 03/30/07
Expires 03/30/08
Revenue Code 3157

Establishment:
DALE E LIENEMANN
T7N R6E SEC 4
FOUR STONES ADDN BLK 2 LOT 3
2120 FRESHWATER LN-SPRAGUE

FEES: $290.00

Permittee:
DALE E LIENEMANN
521 S 55 ST
LINCOLN NE 68510

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY