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

A

Permit Number: 04380290401

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 ~~5101~~ 4901 WEST STAGECOACH RD (no rural route) City HALLAM NE, Zip 68368

Legal Description NE (1/4) 6 (Section) 7N (Township) 6E (Range) ____ (Subdivision) ____ (Addition) ____ (Block) 3 (Lot)

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name Kim Wiley Signature Kim Wiley

Address 5101 WEST STAGECOACH ROAD City/State/Zip ____

☐ Check if owner designed system Home Phone 402-328-8270 Work Phone 402-420-9000

C. Contractor

Name ART ROBERTSON Company Name INLAND CONSTRUCTORS, INC.

Address 1401 DEER TRAIL City/State/Zip ROCA, NE 68430

☐ Check if contractor designed system Work Phone ____

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

Designer Name Scott Haas Firm HAAS CONTRACTING Work Phone 402-423-3553

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 9/28/04 Date frwd 9/28/04 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/30 Date frwd 9/30 ACTION ☒ Approved ☐ Disapproved Signature ____
   WORK IN FLOOD PLAIN WILL REQUIRE A FLOODPLAIN PERMIT
3. **City or County Engineer** Date rec'd 9/30/04 Date frwd 9/30/04 ACTION ☒ Approved ☐ Disapproved Signature ____
   9/30/04 Line, tank, lateral

Installation Final Written Approval

By Doug Amack

Date 9/30/04

Business Office Use Only
Date Rec'd 09/28/04
Amt Paid 200.00
Rec'd By ____ Cash/Check No. 4905

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE: 8-24-94

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. T7N; Range 6E; Section 6 NE4;
   Block_____: Lot_____: Addition_____
   Street Address 5101 West Stagecoach Rd

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe_____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: _____ft.

Mail to
Box ~~548~~ 54B
Markell, Ne

Roger Grall
Signature of Applicant (Owner or Lessee)

5101 W Stagecoach Rd
Address Markell, Ne 68404

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/26/94. Date Frwd. 8/29/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd._____. Date Frwd. 8/29-94. ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. ~~8-29-94~~. Date Frwd. ~~9-29-94~~. ACTION: Approved ☐ Disapproved ☒ Signature: ~~Kenneth Braun~~

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 8-26-94 by: P.D. ½ of sewer line only
Date: 8-30-94 by: P.D. Need fence etc.
Date: 11-12-97 by: P.D. Gaps in gaps need drawing

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____By:_____

FORM 23-43

NE 4-7-6

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

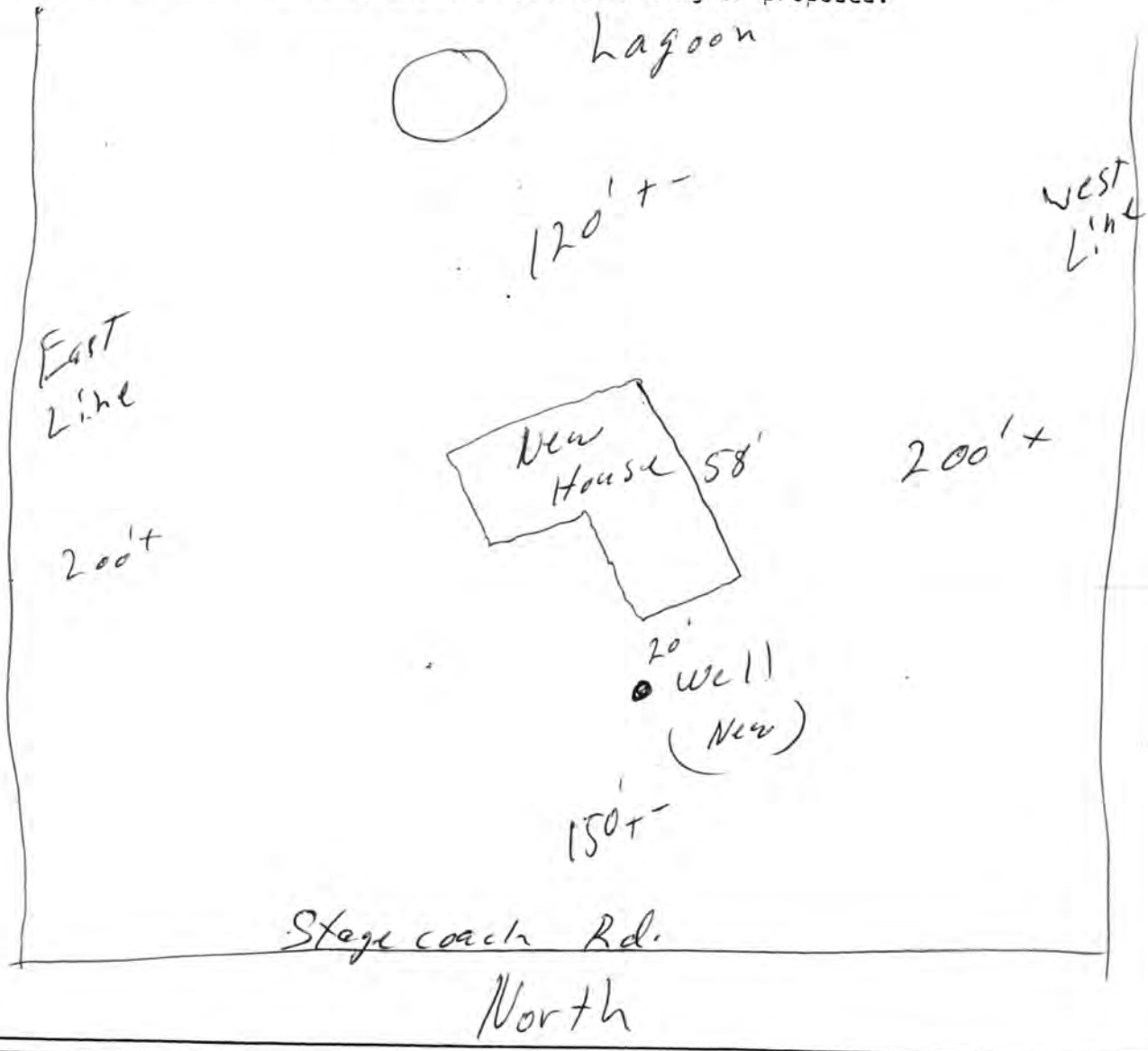
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

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

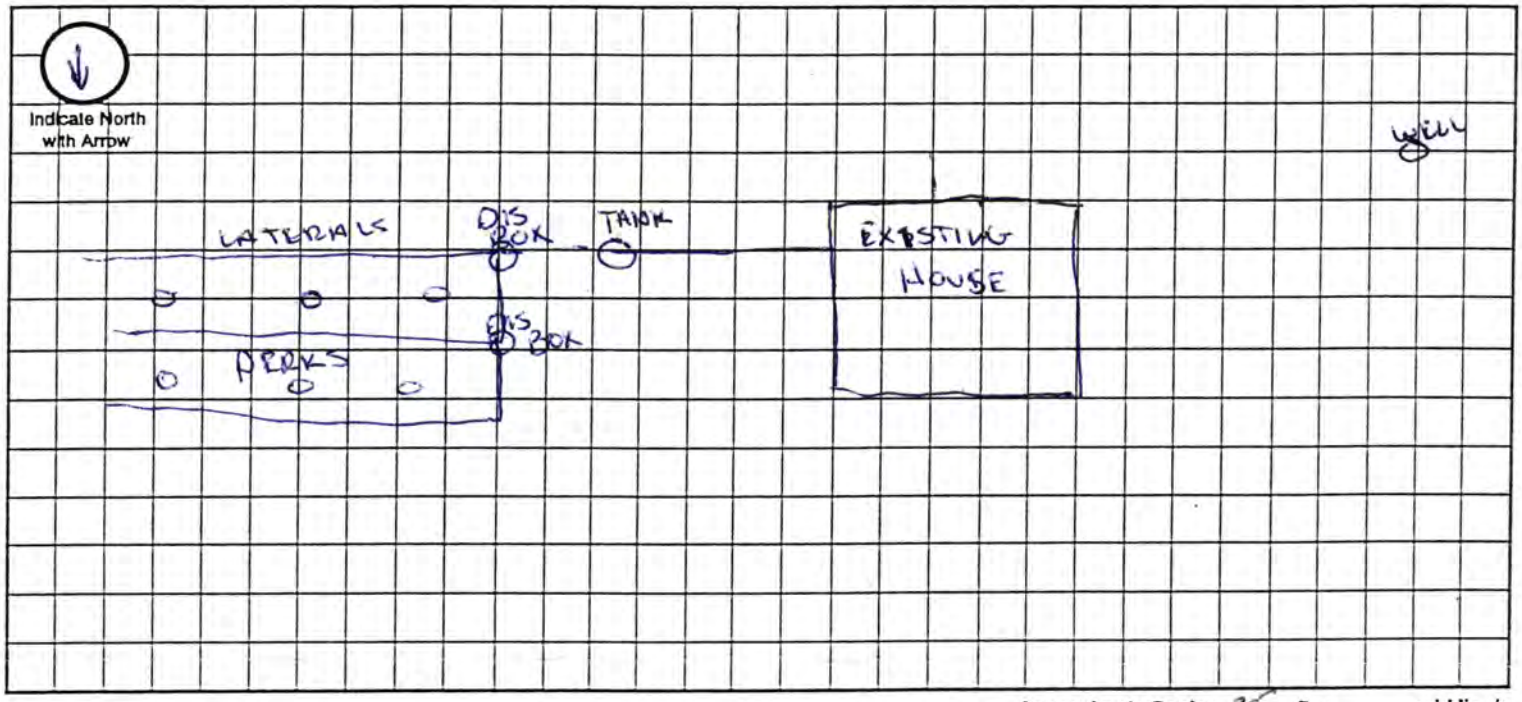
C

Permit Number: 043802904

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: 25 ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5101 W STAGECOACH 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 27 (min. per inch) Soil Type: MORRIL CLAY LOAM 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 1500 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 1

Total Length of Laterals ~~150~~ 187 ft. Number of Trenches 3 Trench Width 24" 36"

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 INLAND CONSTRUCTORS Date 9-29-04

Installer J-HAWKS CONTRACTING INC. Date 9-28-04

FORM 23-102 10-96

ROGER WALL

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-13-97

System Location (Indicate correct number and street)

Address Box 35A 5704 W. Stagecoach City Hallam NE, Zip 68368
(no rural route)

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

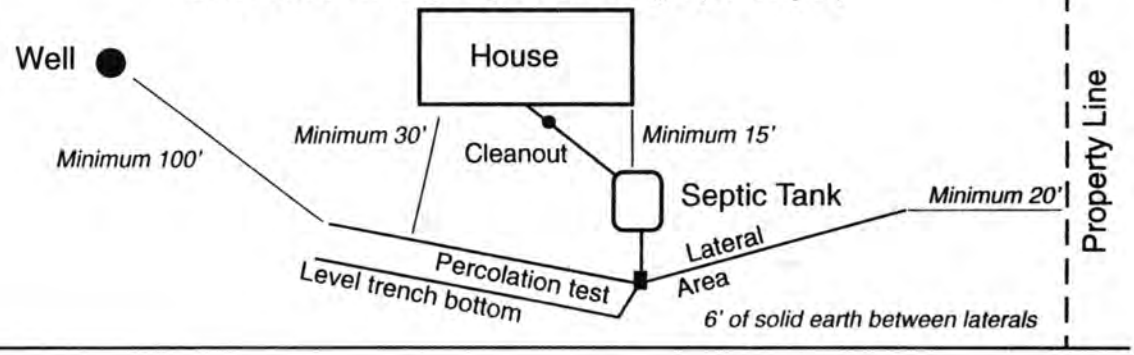
(Provide as-built drawings on back of this form)

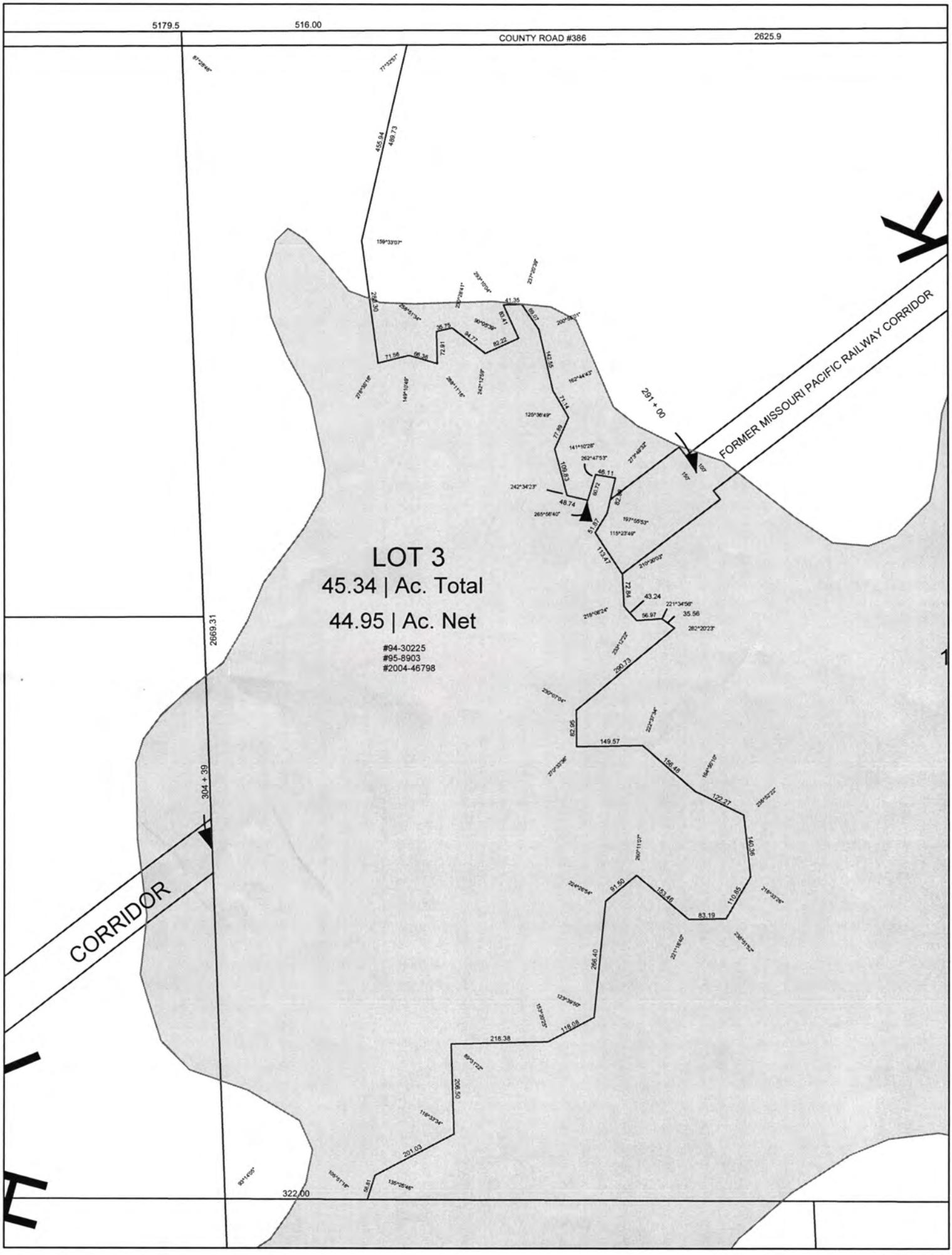
1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ 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)




5179.5
516.00
COUNTY ROAD #386
2625.9
455.94
488.73
159°33'07"
FORMER MISSOURI PACIFIC RAILWAY CORRIDOR
291 + 00
LOT 3
45.34 | Ac. Total
44.95 | Ac. Net
#94-30225
#95-8903
#2004-46798
2669.31
304 + 39
CORRIDOR
322.00

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005748

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380290401

Issued 09/28/04
Expires 03/28/05
Revenue Code 3157

Establishment

KIM WILEY
T7N R6E SEC 6 QTR NE
LOT 3IT
5101 W STAGECOACH RD-HALLAM

FEES: $200.00

Permittee

KIM WILEY
5101 W STAGECOACH RD
HALLAM NE 68368-2015

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380121401

Issued 08/26/94
Expires 02/26/95
Revenue Code 18754

Establishment
ROGER WALL
T7N R6E SEC 6
5101 W STAGECOACH ROAD

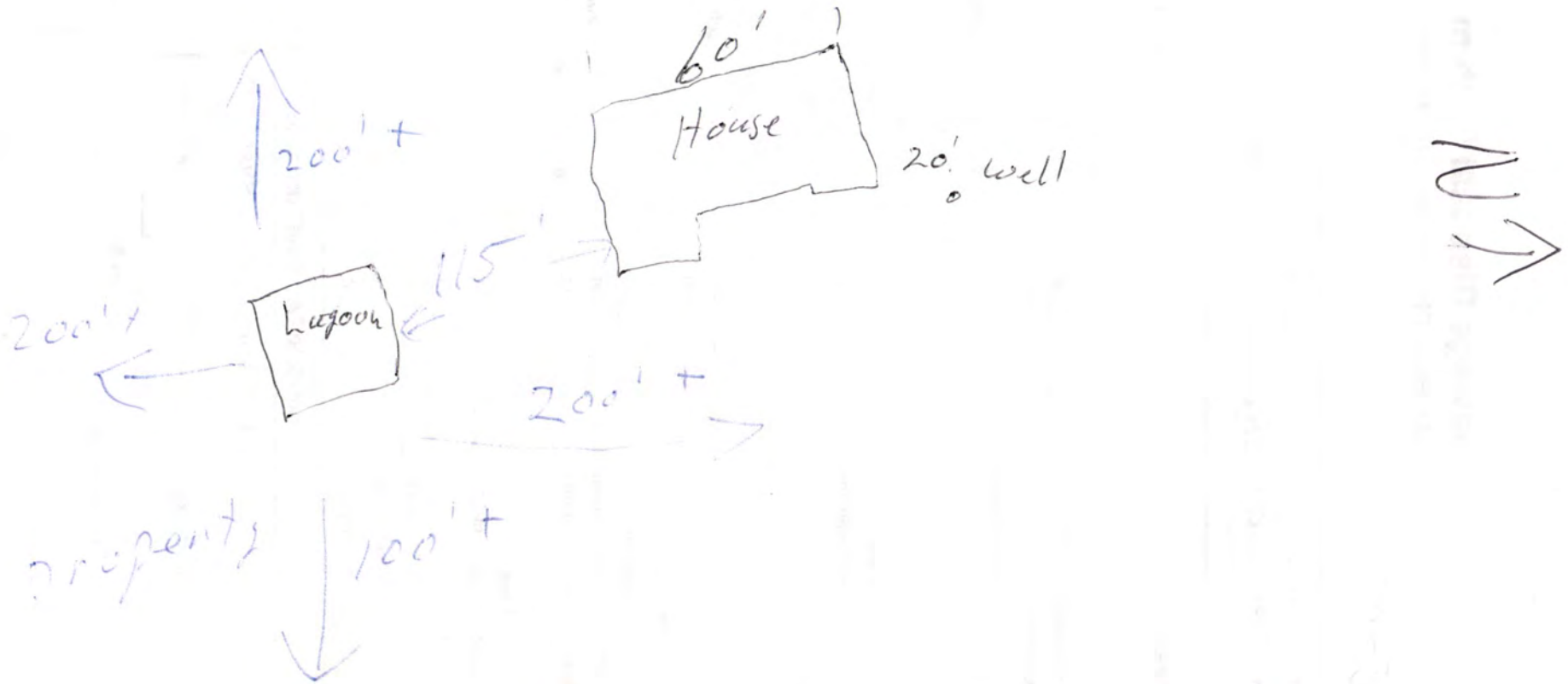
FEES: $150.00

TOTAL $150.00

Permittee
ROGER WALL
5101 W STAGECOACH RD
MARTELL NE 68404

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"


60'
House
20' wall
200' +
115'
Lagoon
200' +
200' +
property
100' +
N

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

B

Permit Number: 043802904

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5101 WEST STAGECOACH RD (no rural route) City HALLAM NE, Zip 68368

Owner KIM WILEY Addresss 5101 WEST STAGECOACH RD

Soil Type (SCS): MORRIL CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature 78

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	9-20	10.00			9-21	9:00		9-21	1:00	30	1	30
2	36										30	1.25	24
3	36										30	1.25	24
4	36										30	1	30
5	36										30	1.25	24
6	36										30	1	30

Sum of Percolation Rates: _____
Average of Rates: 27
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: HALES CONTRACTING INC
Phone: 423-3553
Address 10600 S 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date SEPTEMBER 28, 2004

FORM 23-101 10-95