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

A

Permit Number:

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 1500 Olive Creek Rd (no rural route) City Princeton NE, Zip 68331

Legal Description 12 (1/4) 7N (1/4) 6E (Section, Township, Range) SEE ATTACHED (Subdivision) (Addition) 13 (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 Doug Gotring Signature _____

Address 1500 Olive Creek Rd City/State/Zip _____

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

C. Contractor

Name Dennis Frey Company Name Frey Const Inc

Address Rt 1 Box 88 A City/State/Zip Nickman NE 68372

☐ Check if contractor designed system Work Phone 560-2211

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

Designer Name Dave Vogt Firm Vogt Tot Excavating Work Phone 560-4267

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 9/2/97 Date frwd 9/2/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoe
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/2/97 Date frwd 9/2/97 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 09/02/97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jugent Dearmont

9/2/97 L.C.H. Needing drawing

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 08/22/97

Amt Paid 150 00

Rec'd By LS Cash/Check No. 5357

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

Lincoln-Lancaster County Health Department
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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 1500 Olive Creek Rd (no rural route) City Lancaster County NE, Zip

Owner Doug Goering Addresss Same

Soil Type (SCS): Percolation Rate: 56 min./inch

Date of Tests 8-4-97 to 8-5-97 Weather: Precipitation None Temperature 75

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	30	8-4	12:30	8-5	16:00	8-5	16:00	6	8-5	16:30	30	1/2	60
2	"	"	"	"	"	"	"	6	"	"	"	1/2	60
3	"	"	"	"	"	"	"	6	"	"	"	5/8	48
4	"	"	"	"	"	"	"	6	"	"	"	1/2	60
5	"	"	"	"	"	"	"	6	"	"	"	5/8	48
6	"	"	"	"	"	"	"	6	"	"	"	1/2	60

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 560-4267
Address P.O. Box 181
Elmwood, NE 68349

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

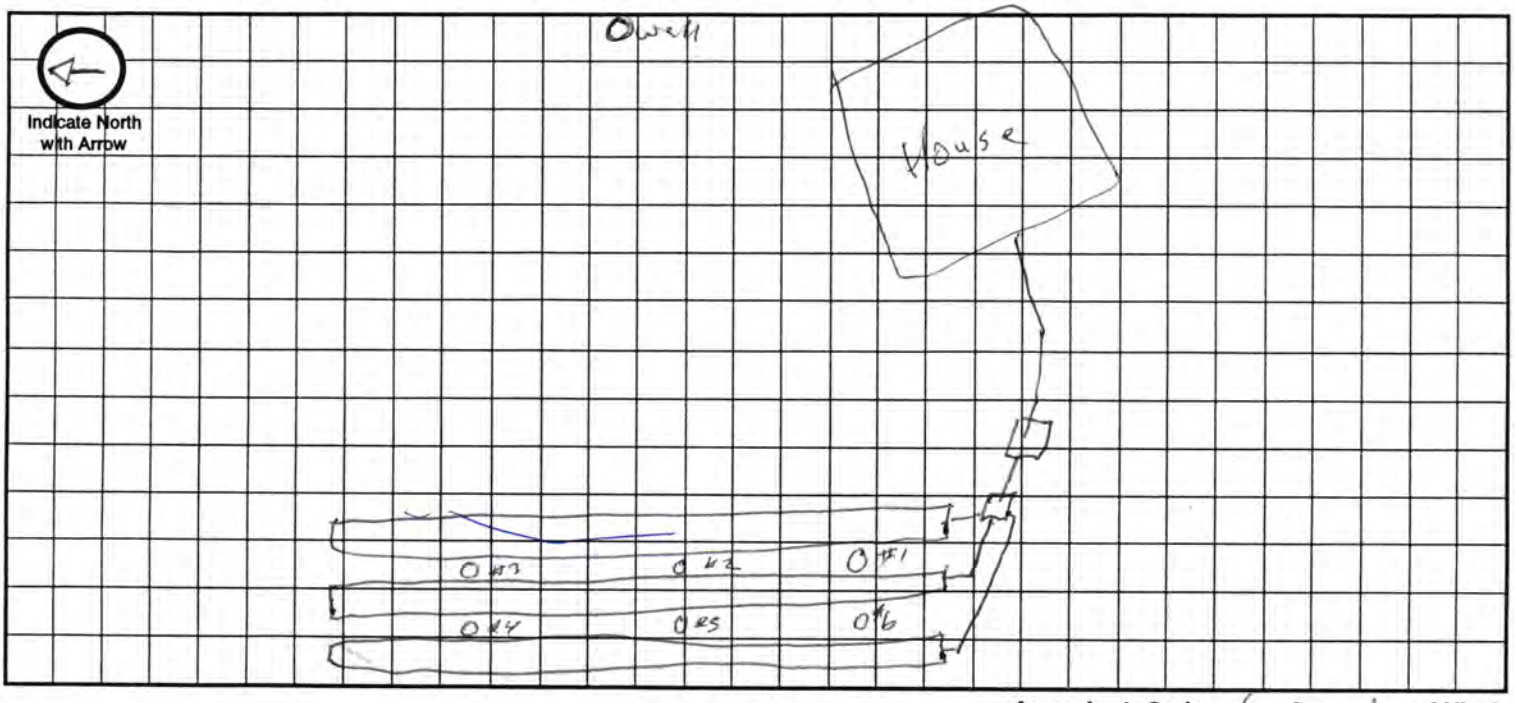
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C

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: 6 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1500 Olive Creek Rd City Lancaster County NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 56 (min. per inch) Soil Type: _____ Land Slope: 2 %

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

Total Square Feet of Field Required: 990 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 _____

Total Length of Laterals 248 ft. Number of Trenches 3 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 _____ Date 8-7-97

FORM 23-102 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97380164701

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 09/03/97
Expires 03/03/98
Revenue Code 18754

Establishment

DOUG GOERING
T7N R6E SEC 12
LOT 13
1500 OLIVE CREEK ROAD

FEES: $150.00

Permittee

DOUG GOERING
1500 OLIVE CREEK RD
PRINCETON NE 68331

TOTAL $150.00

Richard D. Thomas

Issued By ~~M. Jane Ford~~
Health Director

5204

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