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

A

Permit Number: 003802267

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 16300 S 14th ~~Lot 23800 S 14~~ (no rural route) City Princeton NE, Zip

Legal Description ~~SW~~ NW (1/4) 13 (Section) 7N (Township) 6E (Range) — (Subdivision) (Addition) 19 & 20 I.L. (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 Dale Harlan Signature Dale Harlan

Address Box 348 City/State/Zip HICKMAN, NE 416-0452

☒ Check if owner designed system Home Phone 402-792-2842 Work Phone same

C. Contractor

Name SeSF 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 Firm Work Phone

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 11/27/00 Date frwd 11/28/00	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 11/28/00 Date frwd	ACTION ☐ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 11/28/00 Date frwd 11/28/00	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Doug Rhoad

Date 12/7/00

Business Office Use Only

Date Rec'd 11/27/00

Amt Paid 200.00

Rec'd By m ~~Cash~~/Check No. 5593

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

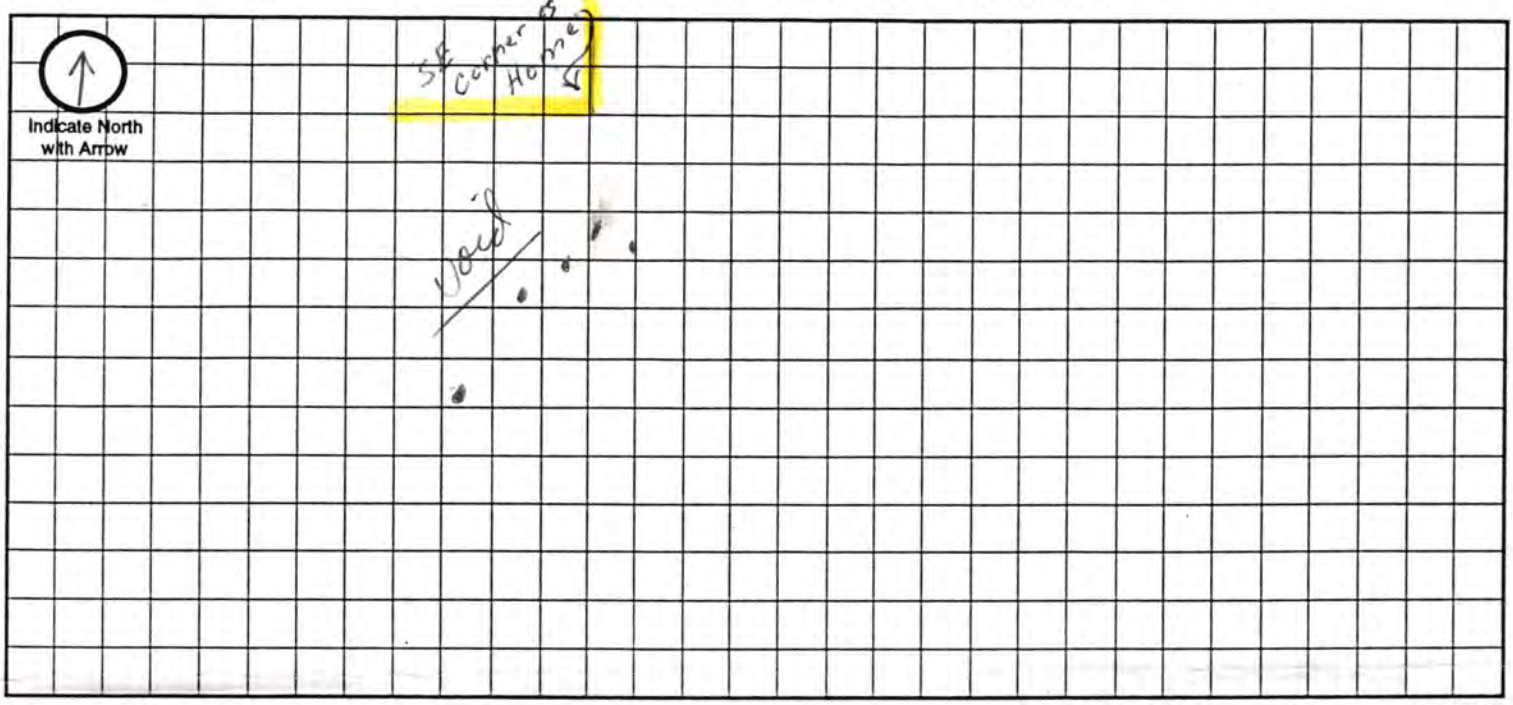
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380267

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) 23 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 30 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

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

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

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

Total Length of Laterals 167 ft. Number of Trenches 2 Trench Width 3

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 Dale Hanlon Date 11-9-00

Installer same Date "

FORM 23-102 10-96

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

B

Permit Number: 00380226?

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner Dale Harlan Addresss Box 348

Soil Type (SCS): Wymore Silty Clay Loam Percolation Rate: _____ min./inch

Date of Tests 11-2-00 / 11-6-00 / 11-25-00 to _____ Weather: Precipitation 11-2-00 to 11-6-00 .70" Rain. 1" Rain Temperature 40° +

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"	10-31-00	10 AM	10-31	5:30	11-2	9:15	6"	11-2	1:40	270	19¼	4½
2	36"	"	"	"	"	"	"	"	"	1:40	270	12¼	13
3	36"	"	"	"	"	"	"	"	"	"	270	5¼	4½
4	36"	"	"	"	"	"	"	"	"	"	270	⅞	
5	36"	"	"	"	"	"	"	"	"	"	270	4½	5¼
6	36"	"	"	"	"	"	"	"	"	"	270	13	1¼
7	36"	"	"	"	"	"	"	"	"	"	270	4½	19¼
8	36"	11-6-00	9:30	11-6-00	"	11-6	1:30	"	11-6	5:30	240	14	30 MIN/IN
9	36"	"	"	"	"	"	1:30	"	"	5:30	240	21¼	5 MIN/IN
10	36"	"	"	"	"	"	1:30	"	"	5:30	240	12½	30 MIN/IN

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: DALE HARLAN

Phone: 402-792-2842

Address Box 348 Hickman, Nebr 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date November 27, 2000

FORM 23-101 10-95

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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

B

FILE NO. 003802267

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

OWNER:_____

Address:_____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
11	36"	11-24-00	9AM	11-24-00	5PM	11-25-00	10AM	6"	2PM		240	5	
12	36"	"	"	"	"	"	"	"	"		"	4	60MIN/IN
13	36"	"	"	"	"	"	"	"	"		"	8	30MIN/IN
14	36"	"	"	"	"	"	"	"	"		"	2"	5MIN/IN
15	36	"	"	"	"	"	"	"	"		"	26	5MIN/IN

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

_____
Signature of Person Conducting Test

Address_____ Phone_____

(Do not write below this line)

REVIEWING ACTION

Remarks:_____
Soil Type (SCS): Wymore Silty Clay Loam
Date: November 27, 2000

Approved Percolation Rate (a)
A. 30 min./inch
B._____min./inch
C._____min./inch

Jerrold C. Hood
Signature of Reviewing Official

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 12/7/00

Eveready Tracts Lot 19 + 20

T7 - 6 - Sec 13

System Location (Indicate correct number and street)

Address 23800 S 124 (no rural route) City _____ NE, Zip _____

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: 1000 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

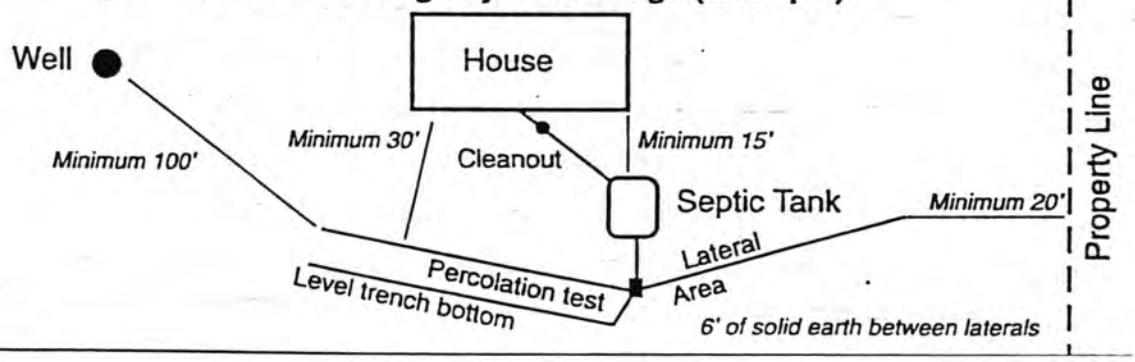
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36" 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.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380226701

Issued 11/27/00
Expires 05/27/01
Revenue Code 3157

Establishment

DALE HARLAN
T7N R6E SEC 13 QTR NW
IRREGULAR TRACTS LOT 19&20
~~16300 S 12 ST PRINCETON~~

FEES: $200.00

Permitee 23800 S/2

DALE HARLAN
BOX 348
HICKMAN NE 68372

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

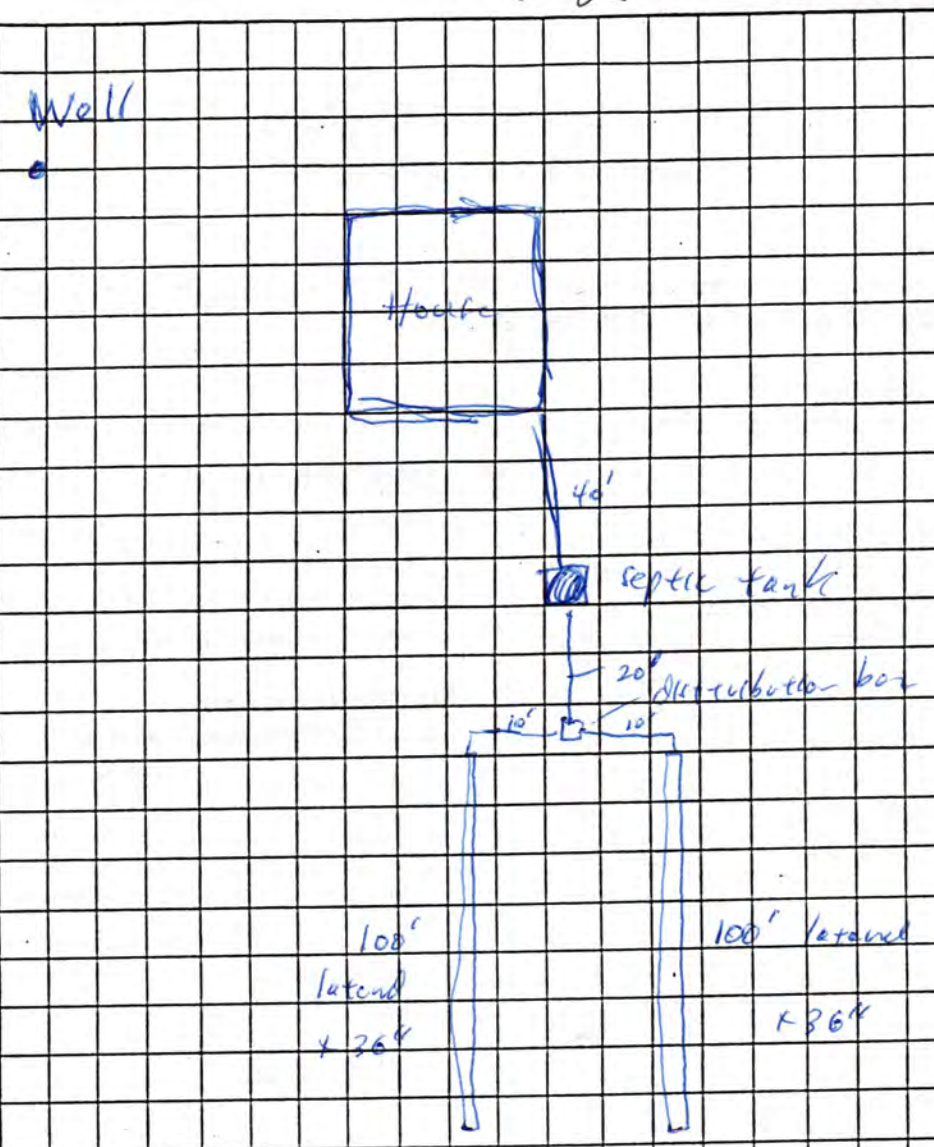
• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013932

As Built Drawing

23800 S. 124

Indicate North with Arrow



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