Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005344

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380286001

Issued 07/16/04
Expires 01/16/05
Revenue Code 3157

Establishment:
TODD MASON
T7N R7E SEC 9 QTR SW
LOT 34
23130 S 54 ST-FIRTH

FEES: $200.00

Permittee:
TODD MASON
2108 W MILLSTONE RD
LINCOLN NE 68522

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
Phone: 402-441-8022

A

Permit Number: 04380286001

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 2330 So 54th ST (no rural route) City FIRTH NE, Zip 68358

Legal Description LOT 34 SW 9-7-7 347 I
1/4 1/4 Section Township Range Subdivision Addition 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 TODD MASON Signature Todd Mason by DORA Beck

Address 2108 W MILLSTONE RD City/State/Zip LINCOLN, NE 68522

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

C. Contractor

Name DAN LOECK Company Name LOECK DESIGNS

Address PO BOX 6836 City/State/Zip LINCOLN, NE 68506

☐ Check if contractor designed system Work Phone (402) 450-1500

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 4 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 7/16/04 Date frwd 7/16/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/16/04 Date frwd 7/16/04 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 7/16/04 Date frwd 7/16/04 ACTION ☒ Approved ☐ Disapproved Signature _____

3/16/05 Need letter from J.C.H. SIONS + LOCK

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date MARCH 31, 2005

Business Office Use Only
Date Rec'd 7/16/04
Amt Paid 200.00
Rec'd By CW Cash/Check No. 13581

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: 04380286O

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 23130 So 54TH ST (no rural route) City FIRTH NE, Zip 68358

Owner TODD MASON Addresss 2108 W MILLSTONE RD 68522

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

Date of Tests _____ 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)
					LAGOON								

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

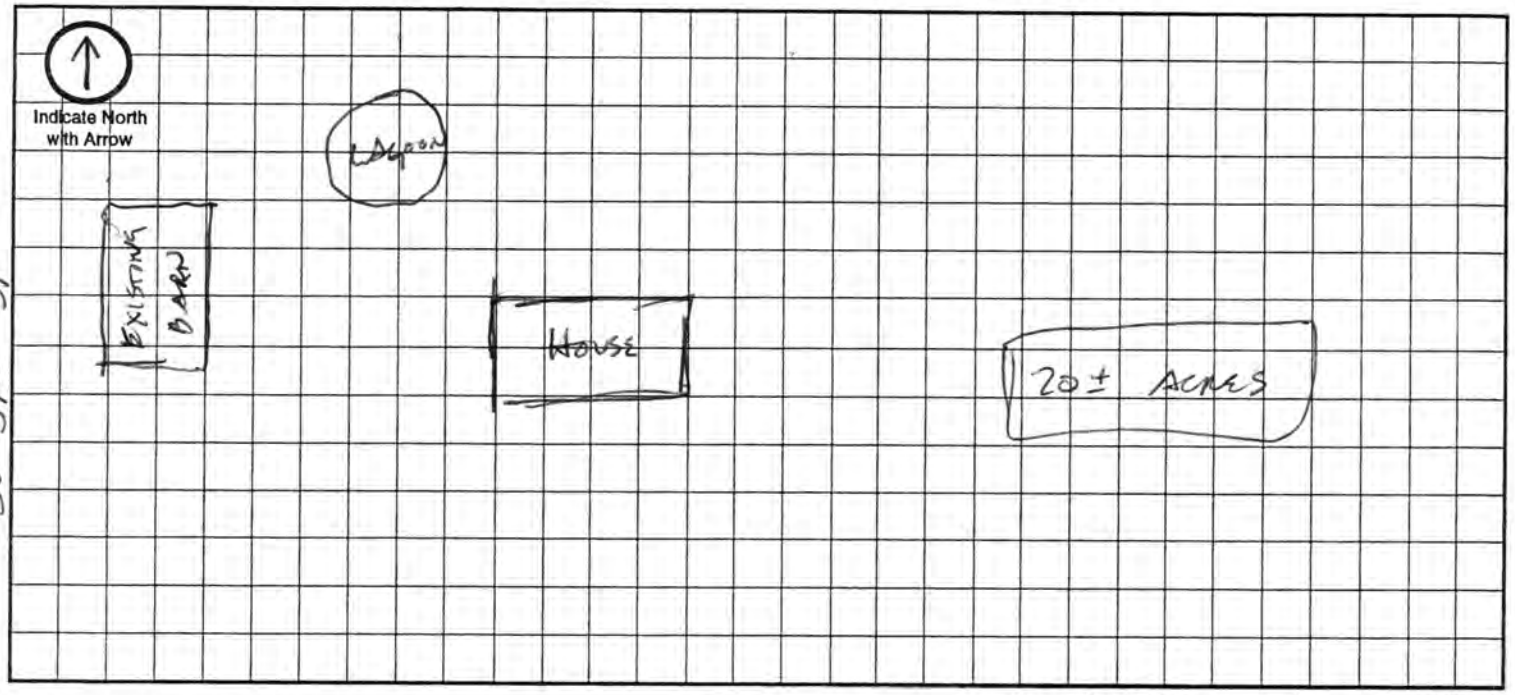
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802860

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) 23130 So 54TH ST City FIRTH NE, Zip 68358
LOT 34 SW 9-7-7

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other LAGOON

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

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

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

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

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

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

Total Length of Laterals _____ 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	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 DARL (DANIEL R LOECK) Date 7/16/04

Installer BOUWENS PLUMBING Date _____

FORM 23-102 10-96 GREG BOUWENS 610-2818

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

D

Permit Number: 04380286O

Sewage Disposal System

As Built Plans & Specifications

Date 7/16/04

System Location (Indicate correct number and street)

Address 23130 SO 54TH ST (no rural route) City FIRTH NE, Zip 68358

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

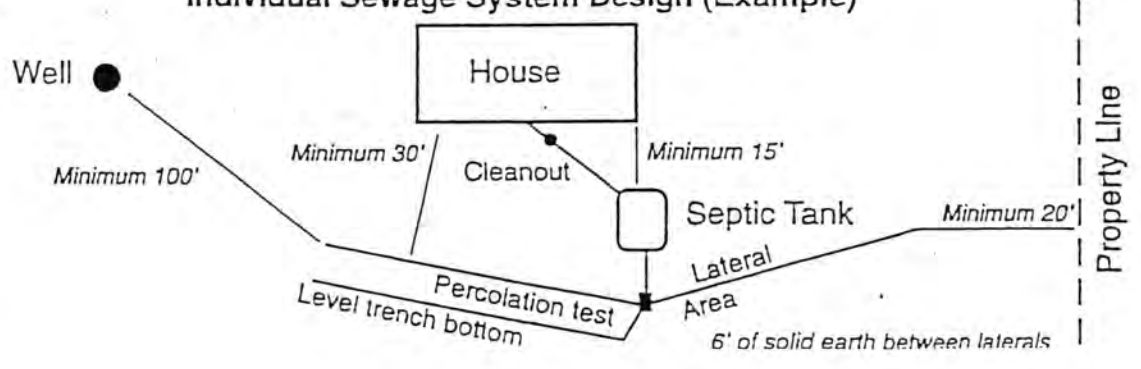
(Provide as-built drawings on back of this form)

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.

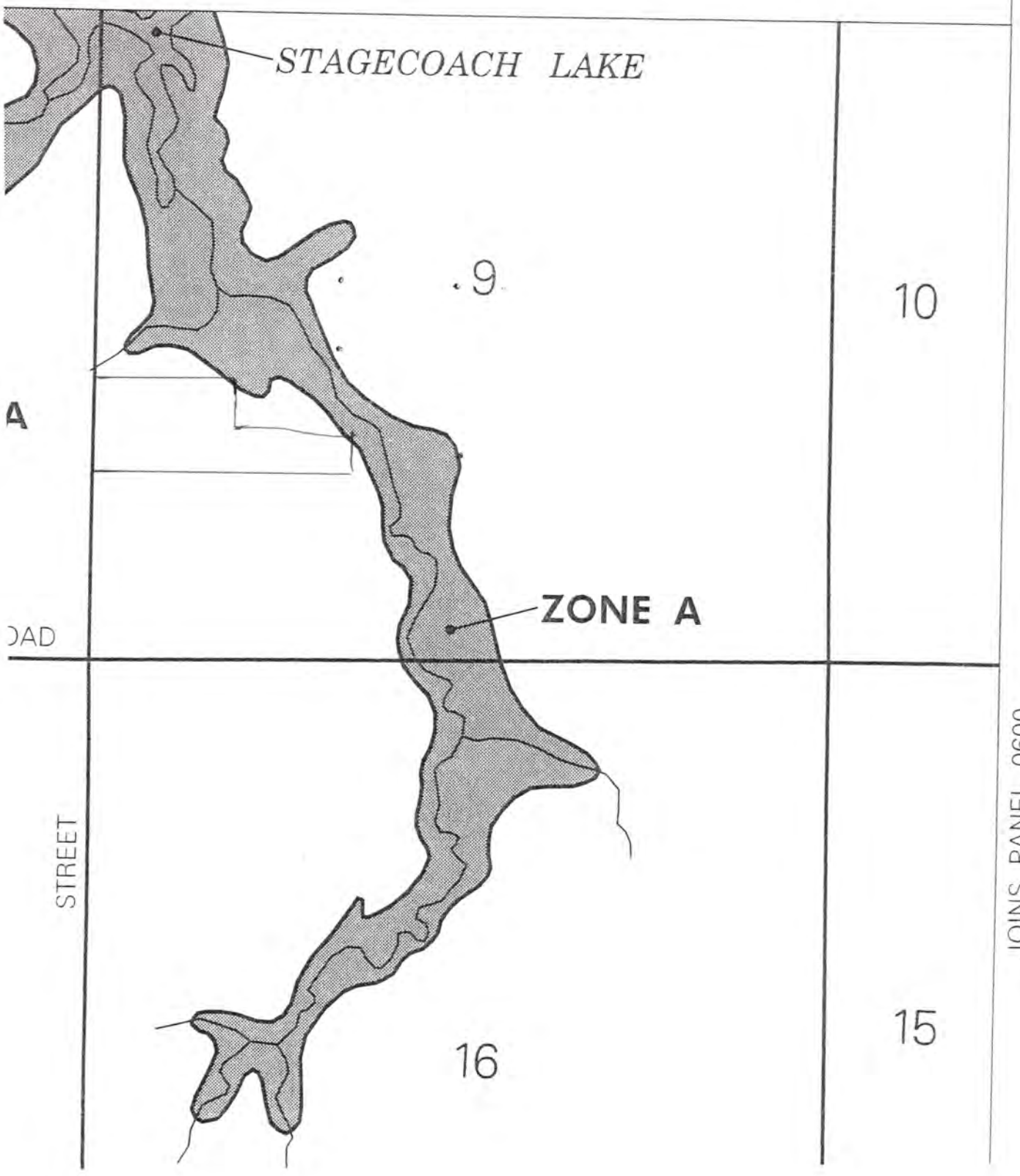
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



RM 23-103 10-96


STAGECOACH LAKE
9
10
A
ZONE A
OAD
STREET
16
15
JOINS PANEL 0600

FACSIMILIE COVER SHEET

BOUWENS PLUMBING CO.
5901 FLETCHER
Address (second line)
LINCOLN NE. 68507
LANCASTER
(402) 466-1944
(402) 466-1945

SEND TO/ AN/ A L'ATTENTION DE	
Company Name/ Firmenname/ Société: Jerry Hood	From/ Von/ De: Greg
Attention/ Zu Händen von/ A l'attention de	Date/ Datum/ Date: 7/19/04
Fax Number/ Fax Nr./ N° de fax: 441-6206	Phone Number/ Telefon/ N° de tél.

☐ **Urgent/ Dringend/ Urgent**
☐ **Reply ASAP/ Rückantwort/ Réponse urgente attendue**
☐ **Please Comment/ Erledigung/ Commentaires attendus**
☐ **Please Review/ Überprüfung/ A vérifier**
☐ **For your information/ Kenntnisnahme/ Copie pour information**

Total pages, including cover sheet:
Anzahl der übermittelten Seiten inkl. Deckblatt
Nombre de pages (Page de garde incluse): 2

COMMENTS/ ANMERKUNGEN/ COMMENTAIRES

To: Jerry Hood

Ref: Loeck Designs
23130 S. 54

Bouwens Plumbing Co. Inc.
5901 Fletcher Ave.
Lincoln, NE 68507
402-466-1944

To: Jerry Hood
Lancaster Health Dept

Reference: Loeck Designs
23130 S. 54th St

Dear Jerry,

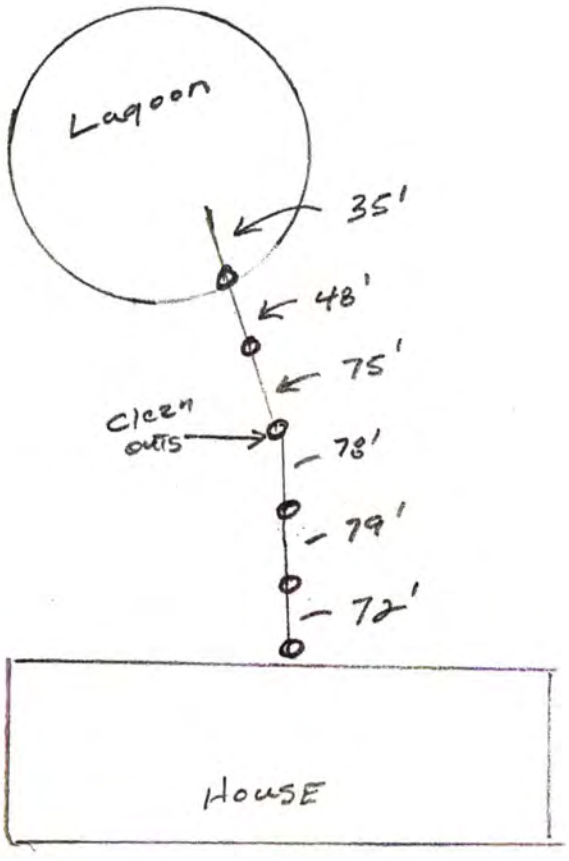
This is a letter to notify you that Bouwens Plumbing Co. Inc. will be installing a new lagoon for Loeck Designs at 23130 S. 54th.

If you have any questions please call Greg Bouwens who will be doing the work at 466-1944 or 610-2818.

Thank you,

Wesley Bouwens
Owner/President

NA



23130 So 54th