LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 97380154801

SEWAGE INSTALLATION
LAGOON

Issued 03/18/97
Expires 09/18/97
Revenue Code 18754

Establishment

MICHAEL KINNING
T7N R7E SEC 17
LOT 33
23900 S 38 STREET

FEES: $150.00

TOTAL $150.00

Permittee

MICHAEL KINNING
BOX06554
BOX 06554
LINCOLN NE 68506

3417

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"

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 23900 So 38th (no rural route) City Princeton NE, Zip 68404

Legal Description 17 7N 7E ____ 33
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 Mike Kinning Signature Mike Kinning

Address PO Box 6554 City/State/Zip Lincoln Ne. 68506

☐ Check if owner designed system Home Phone 421 1334 Work Phone 421-1334

C. Contractor

Name Mike Kinning Company Name Kinning Sydow

Address P.O. Box 6554 City/State/Zip Lincoln Ne 68506

☐ Check if contractor designed system Work Phone 421 1334

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400

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 3-11-97 Date frwd 3-12-97 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-18-97 Date frwd 3-18-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 03/18/97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3185

Date Rec'd 3/12/97

Amt Paid 150.00

Rec'd By LS Cash/Check No. 7434

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 23900 So 38th (no rural route) City Princeton NE, Zip 68409

Owner Mike Kinning Addresss P.O. Box 6554 Lincoln Ne 68506

Soil Type (SCS): Clay Percolation Rate: 0 min./inch

Date of Tests 12-3-96 to 12-4-96 Weather: Precipitation Dry Temperature 35°

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	12-3	9 am	12-4	11 am	12-4	11 am	6"			30	0	0
2	"	"	"	"	"	"	"	"			30	0	0
3	"	"	"	"	"	"	"	"			30	0	0
4	"	"	"	"	"	"	"	"			30	0	0
5	"	"	"	"	"	"	"	"			30	1/8	250
6	"	"	"	"	"	"	"	"			30	1/8	250

Person Conducting Percolation Tests

Name: Clint Presnell
Phone: 430-6817
Address 3301 So 6th
Lincoln Ne 68502

Sum of Percolation Rates: 500
Average of Rates: 83.3
Rate Used for Calculation: 0

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

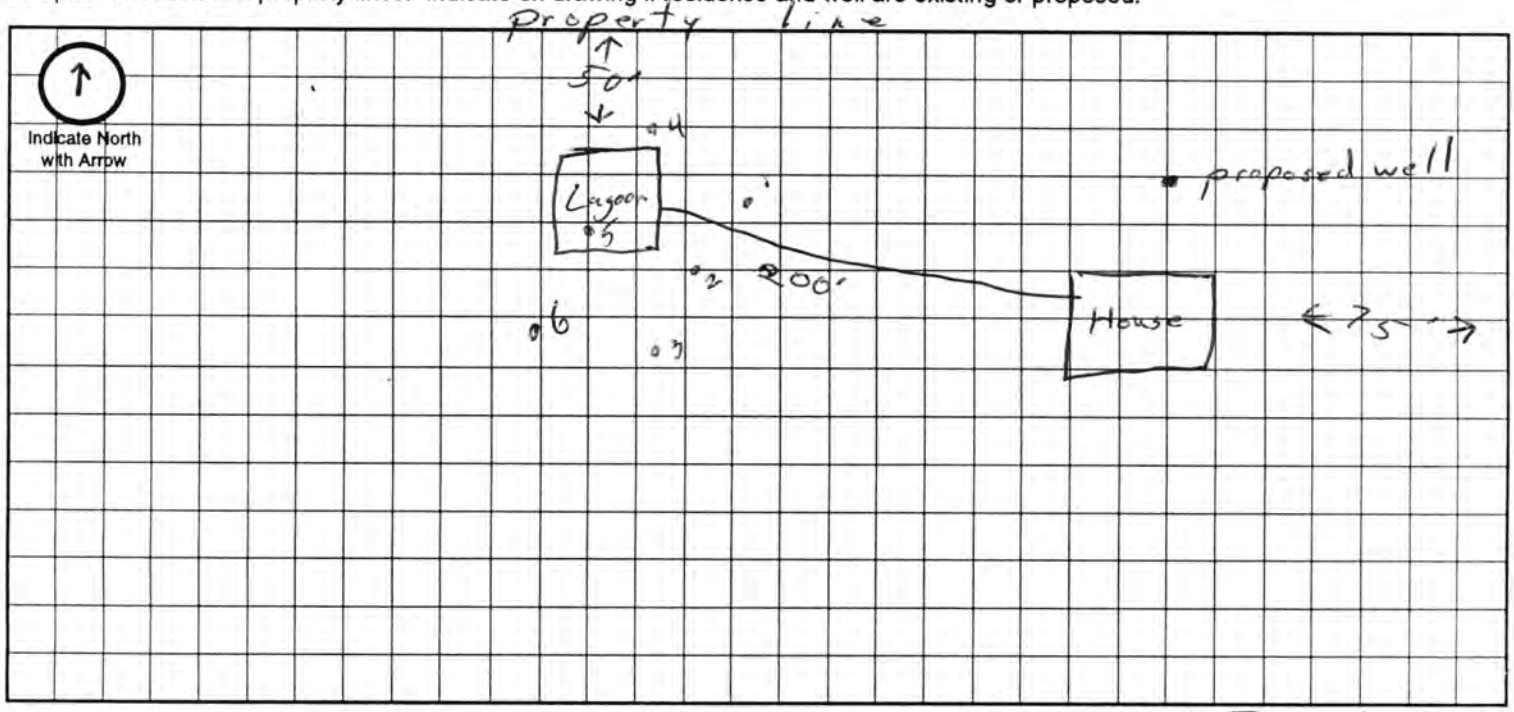
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 2 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 23900 S. 38th City Princeton NE, Zip 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

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

Percolation Rate 0 (min. per inch) Soil Type: Clay Land Slope: 2 %

Type of Absorption System: ☐ Trench ☐ Bed ☑ Other Lagoon

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

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

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
na Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
na 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 Mike Kinning Date 3-11-97

Installer Chet Powell Wellmann Plumbing Date 12-6-97

FORM 23-102 10-96

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 3-10-97 Wellmann Plumbing

System Location (Indicate correct number and street)

Address 23900 S. 38th Street (no rural route) City Lincoln Ne NE, Zip _____

A. Building Sewer

1. Material: Sceluled 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: — ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 140 ft.
   stream — ft.
   pressure line 140 ft.
   property line 85 ft.

B. Septic Tank

1. Material: — Lagoon
   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

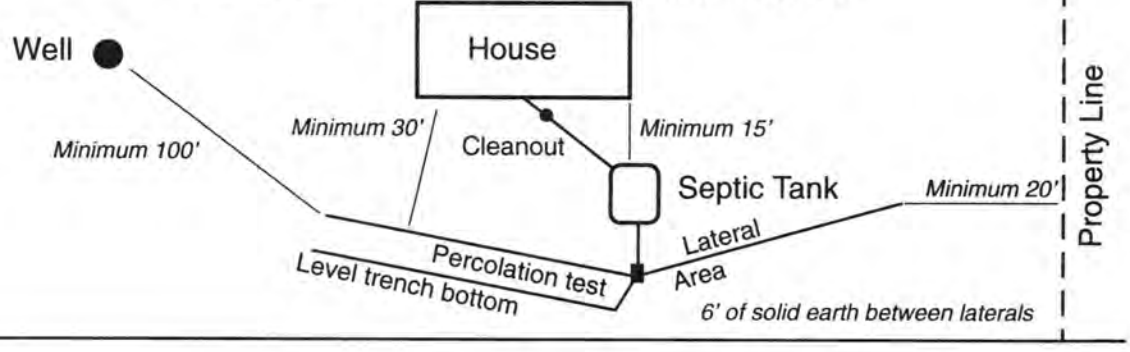
(Provide as-built drawings on back of this form)

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)



FORM 23-103 10-96

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

P17119-81

This form must be completed and returned with payment to request a real estate transfer inspection. COL 5/30/01

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 23900 So 38 (1/4 mi. So of 38th and Olive Creek)
Twp 7N Range 7E Section 17 1/4 NE 1/4 Block ___ Lot 34 Addition (30.02 acres)
Directions to Property Hwy 77 So to Olive Creek Rd, 2 mi East, 1/4 mi So

Location of Well approx. 100' North of house Tap Location: Inside ☐ Outside ☒
Location of Sewage System approx. 250' West of house Year Installed 1996

	NAME	ADDRESS	PHONE
Present Owner:	Robert and Lou Opp	23900 So 38	792-2321
(Tenant)/Buyer:	(Same)	(Same)	
Return to:	Capitol Title Attn: Marilyn	P.O. Box 6577 Lincoln NE 68506	434-3713

Signature of Applicant Verla Ann Schenk Address ___ Date 5/15/01

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 05/16/01 (MAIL)
Initials S
Amount 200.00
Check No. 6472

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

P17119-79

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 5/17/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 5/30/01 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: LAGOON NEEDS WARNING SIGN ON FENCE, LOCK ON GATE, CATAILS KILLED OUT. 5/30/01 O.K. J.C.H.
See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

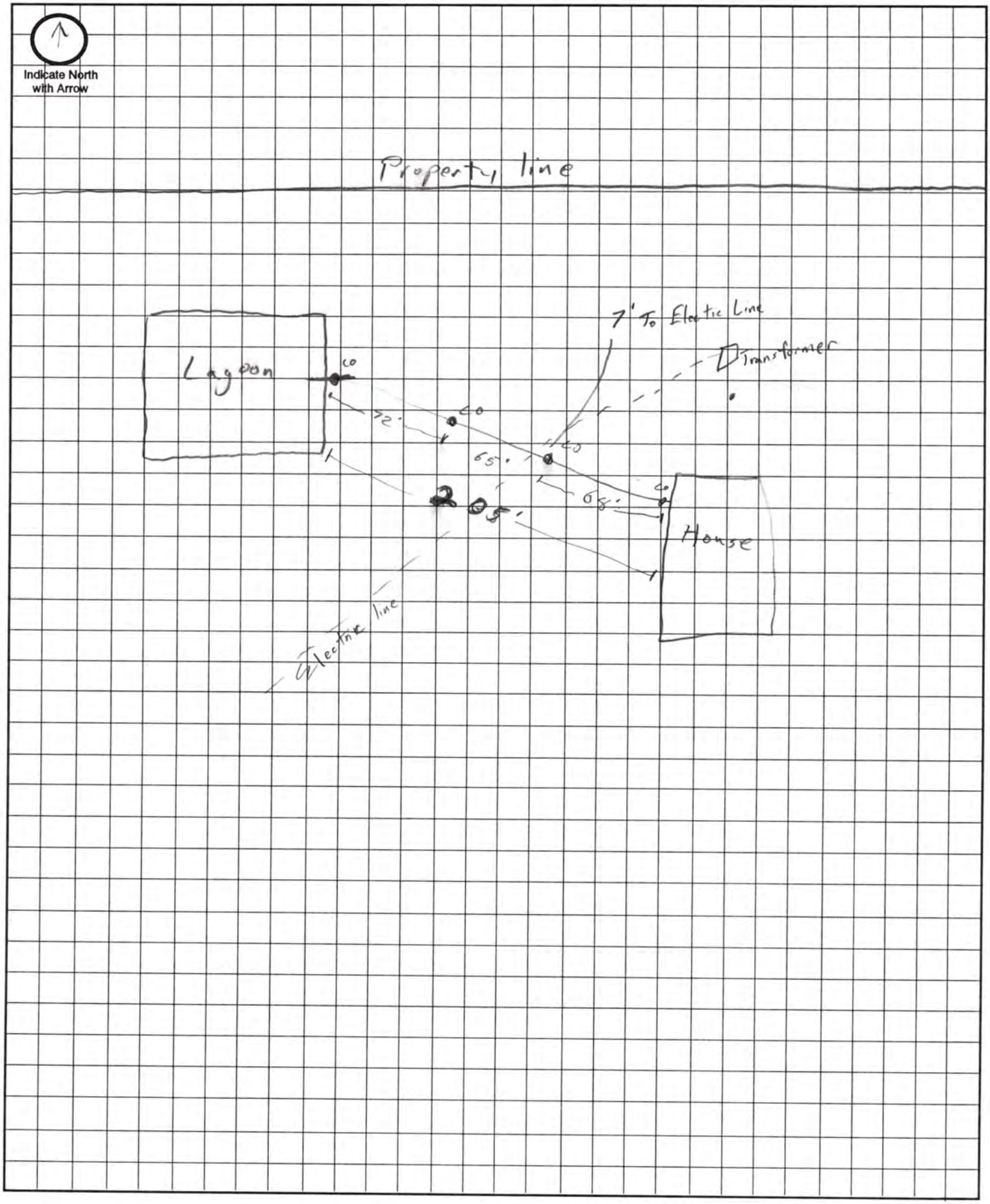
Approved by Jerrold C. Hood R.E.H.S. Date 5/30/01

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s