Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

004964

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit #: 04380282501

Issued: 05/04/04
Expires: 11/04/04
Revenue Code: 3157

Establishment:
MARV RENNER
T7N R7E SEC 33 QTR SW
PRAIRIE LAKE ESTS LOT 1
5501 PRAIRIE LAKE BAY

FEES: $200.00

Permittee:
MARV RENNER
9200 PRINCETON RD
FIRTH NE 68358

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: 043802B2501

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 5501 Prairie Lake Bay (no rural route) City Firth NE, Zip 68358

Legal Description SW 1/4 (1/4) 33 (Section) 7N (Township) 7E (Range) Prairie Lake Estates (Subdivision) (Addition) 1 (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 Marv Renner Signature _____

Address 9200 Princeton Road City/State/Zip Firth NE 68358

☐ Check if owner designed system Home Phone 791-2087 Work Phone 441-3720 x134

C. Contractor

Name Scott Prange Company Name Prange Construction

Address 22500 S 176th City/State/Zip Adams NE 68301

☒ Check if contractor designed system Work Phone 788 2208

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 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 5/4/04 Date frwd 5/4/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/4/04 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved * ☐ Disapproved Signature _____

5/27/04 Need drawing. J. Cik
* Septic system will be constructed above 100 yr flood plain of Lake

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 05/04/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 13029

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: 04380825

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5501 Prairie Lake Bay (no rural route) City Firth NE, Zip 68358

Owner Merv Renner Addresss

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

Date of Tests 4/26/04 to 4/28/04 Weather: Precipitation dry Temperature 60°-80°

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"	4/26	7pm	4/27	7pm	4/28	1:30	10 3/4	4/28	2:00	30m	1/2"	60min/in
2	"	"	"	"	"	"	"	"	"	"	"	3/4"	45min/in
3	"	"	"	"	"	"	"	10 1/2	"	"	"	1/2"	60min/in
4	"	"	"	"	"	"	"	10 1/2	"	"	"	1/2"	60min/in
5	"	"	"	"	"	"	"	10 1/2	"	"	"	1/2"	60min/in
6	"	"	"	"	"	"	"	10 3/4	"	"	"	1/2"	60min/in

Person Conducting Percolation Tests

Name: Merv Renner

Phone: 441-3720 x 134 or 791-2087

Address 9200 Princeton Road

Sum of Percolation Rates:

Average of Rates: 54 min./inch

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date MAY 4, 2004

FORM 23-101 10-96

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003122

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM OR LAGOON

Permit # 03380272401

Issued 10/10/03
Expires 04/10/04
Revenue Code 3157

Establishment:
MARVIN L RENNER
T7N R7E SEC 33 QTR SW
PRAIRIE LAKE ESTS LOT 1
5501 PRAIRIE LAKE BAY

FEES: $200.00

Permittee:
MARVIN L RENNER
9200 PRINCETON RD
FIRTH NE 68358

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: 03380272401

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System OR ☒ 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 Lot 1 Prairie Lake Estates * (no rural route) City Firth NE, Zip NE 68358

Legal Description SW 1/4 1/4 33 Section 7N Township 7E Range Prairie Lake Estates Subdivision Addition #1 Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address St. Address * ? 5501 Prairie Lake Bay

B. Owner

Name Marvin L. Renner Signature Marvin L Renner

Address 9200 Princeton Road City/State/Zip Firth, NE 68358

☐ Check if owner designed system Home Phone 791-2087 Work Phone 441-3720 x134

C. Contractor

Name Scott Prange Company Name Prange Construction

Address 22500 S 176 City/State/Zip Adams NE 68301

☒ Check if contractor designed system Work Phone 788-2208

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 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 10/10/03 Date frwd 10/10/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoot
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/10/03 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved * ☐ Disapproved Signature _____

* System must be Installed Above 100-Yr Flood Plain

Partial on line 12/18/03

Installation Final Written Approval

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

Date MAY 11, 2005

Business Office Use Only

Date Rec'd 10/10/03

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 12662

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

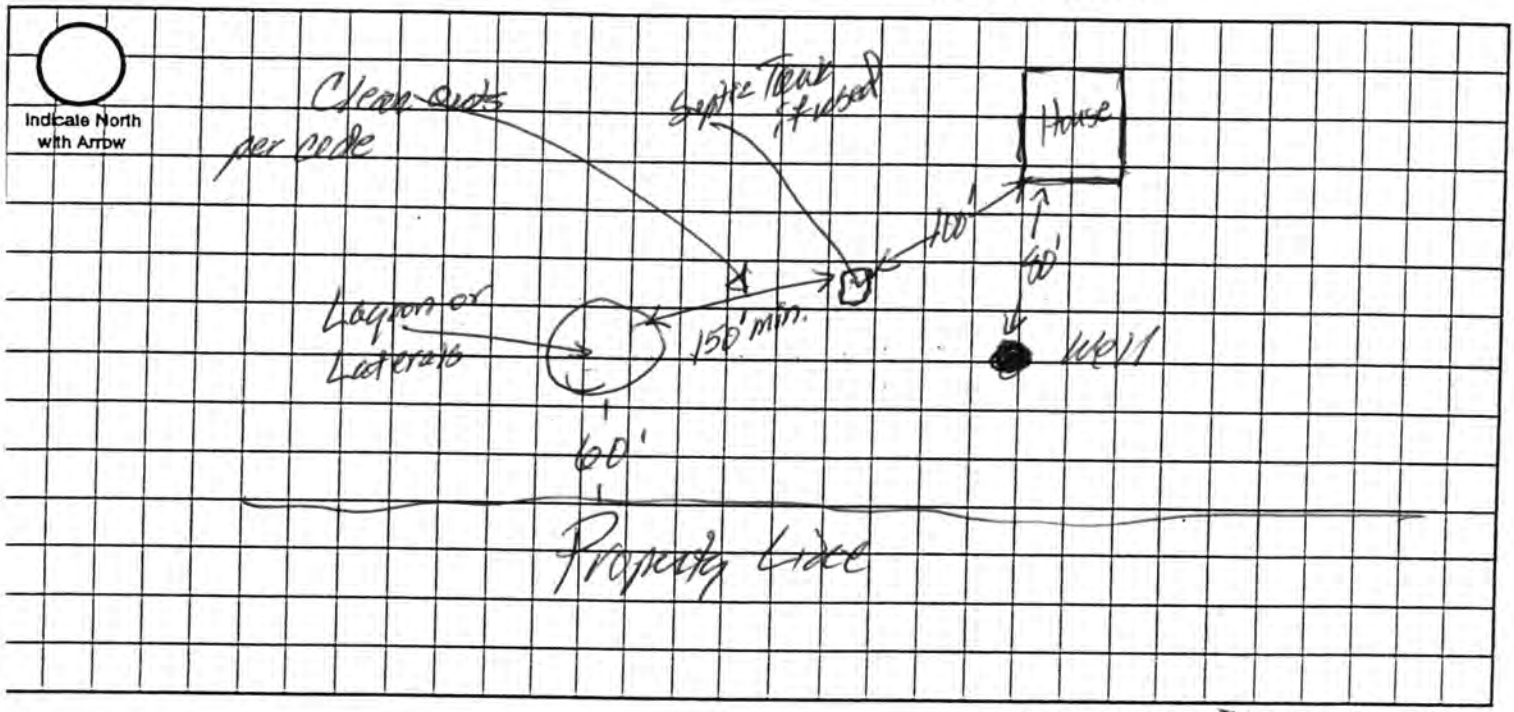
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802724

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5501 Prairie Lake Bay City Firth NE, Zip NE 68358

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other unless lagoon

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

Percolation Rate 48 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM 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 1250 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 _____ Date 10-9-03

Installer Scott Runge Date 10-7-03

RM 23-102 10-96