LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380170601

Issued 12/23/97
Expires 06/23/98
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

DANIEL C JAMES
T7N R7E SEC 35 QTR NE
N 1/2 OF S 1/2 LOT 10
29275 S 96 ST-FIRTH

Permittee

DANIEL C JAMES
29321 S 96 ST
FIRTH NE 68358

Gregg Wright MD.

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

5585

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: 973801706

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) CR 3515

Address 29275 South 96th (no rural route) City Firth NE, Zip 68358

Legal Description NE (1/4) SE (1/4) 35 (Section) 7 (Township) 7 (Range) North ½ of the South ½ (Subdivision) Lot 10, (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 Daniel C James Signature Daniel C James

Address 29321 South 96th City/State/Zip Firth NE 68358

☐ Check if owner designed system Home Phone 791-2205 Work Phone 239-7080 791-5837

C. Contractor

Name Same 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 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 12-23-97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-26-97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Roland A Hauck, Village Clk-Treas
3. **City or County Engineer** Date rec'd 12-29-97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jim Blough

12-26-97 mm ~~road to move D-tube in about 5'; need levee + fence~~ ✓ 6/12/98 J.C.H.

Installation Final Written Approval

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

Date JUNE 19, 1998

Business Office Use Only

Date Rec'd 12/23/97

Amt Paid $150.00

Rec'd By _____ Cash/Check No. 1108

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 29275 South 96th City Firth NE, Zip NE 68358
(no rural route)

Owner Dan James Addresss 29321 South 96th

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

Date of Tests 11-~~29~~ to 11-29-97 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)
1	36"	11-27	9:00P.M.	11-29	8:00	11-29	8:00A.M.	9 24	~~12:00~~	12:00	240	1/8	
2	36"								11-29			0	
3	36"											0	
4	36"											1/8	
5	36"											1/2	
6	36"									V		1/4	
											4		

Person Conducting Percolation Tests

Name: Daniel C James
Phone: 791-2205
Address 29321 South 96th
Firth NE 68358

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks UNACCEPTABLE FOR AN ABSORPTION SYSTEM. AN ON-SITE WASTE TREATMENT LAGOON WILL BE CONSTRUCTED.

Signature of Reviewing Official _____ Date 12-23-97

FORM 23-101 10-96

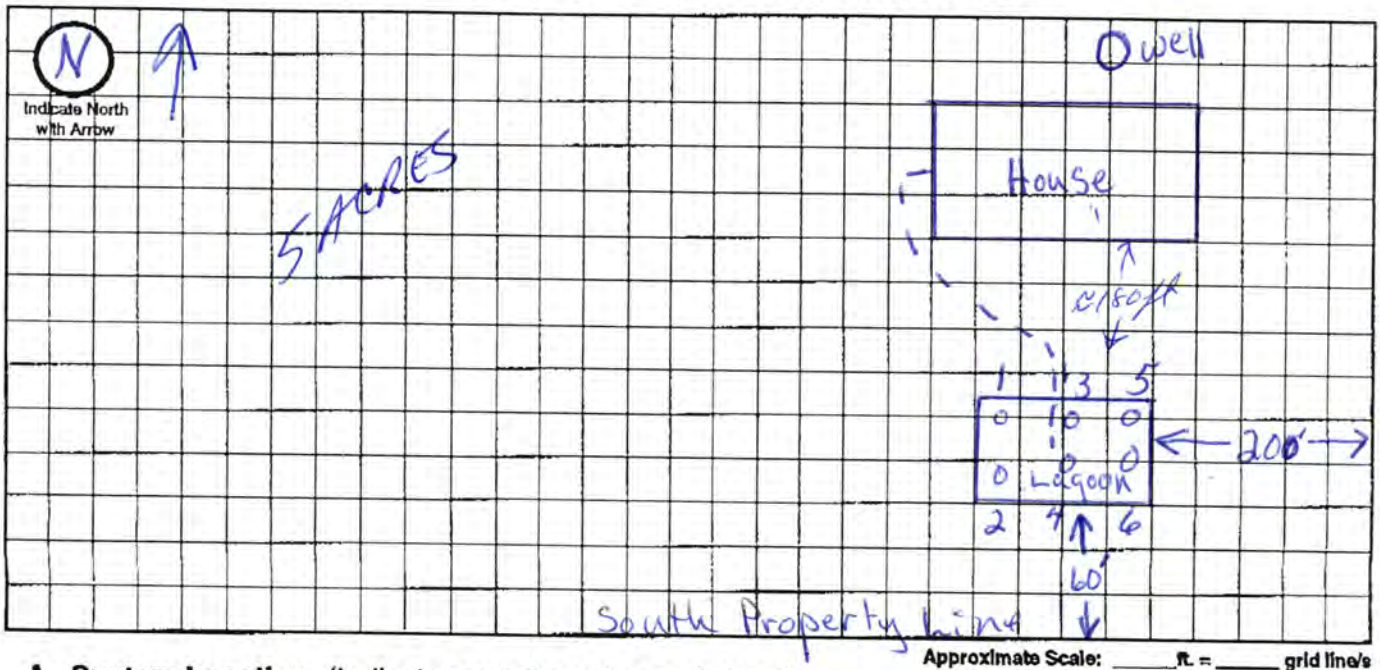
Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 29275 South 96th City Firth NE, Zip NE 68358

B. Proposed Septic Tank/s N/A

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information) N/A LAGOON

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 ☒	☒

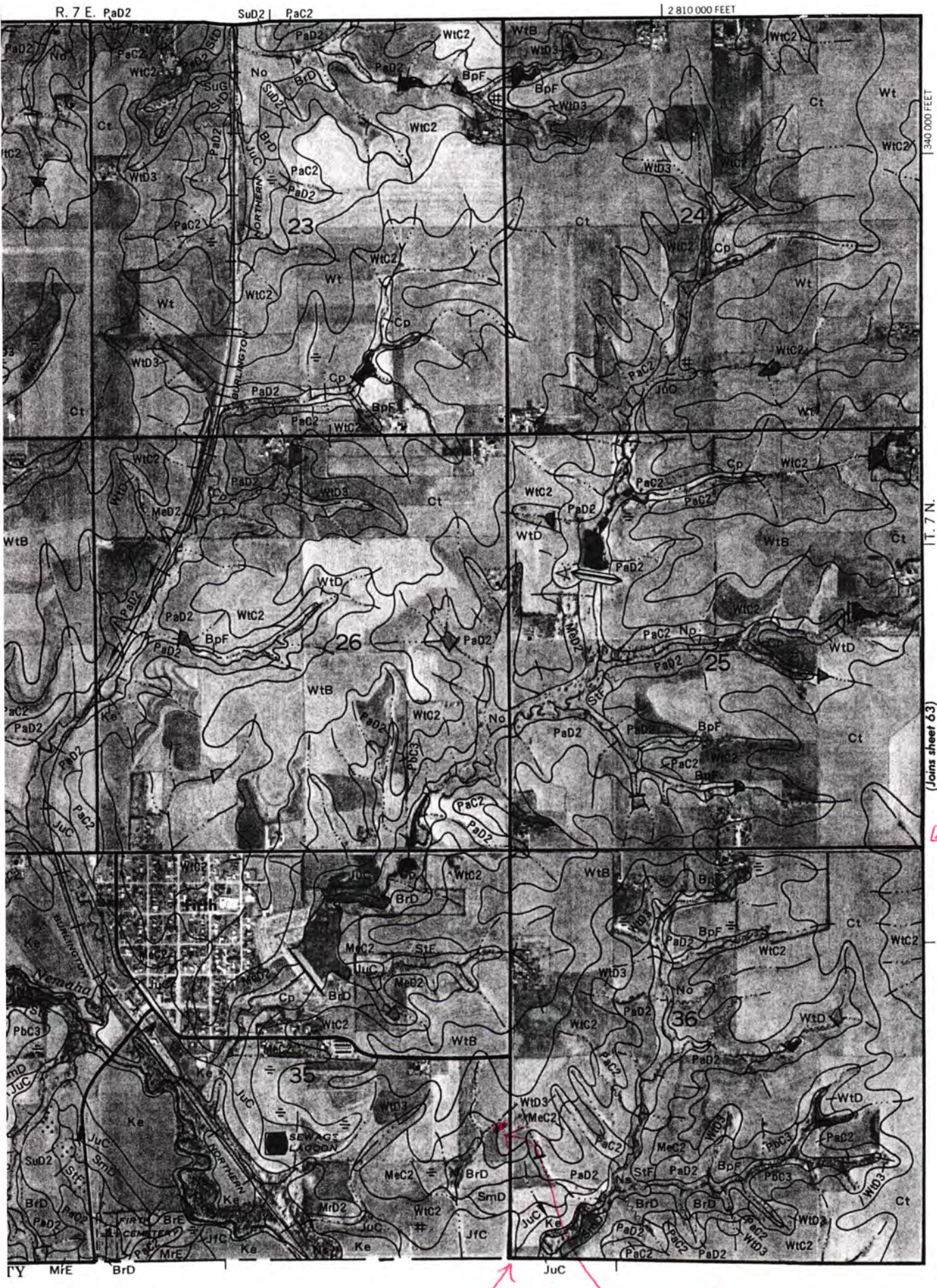
E. Required Signatures

Home Building Contractor Daniel C James. Date _____

Installer Scott Prange Date 12-23-97

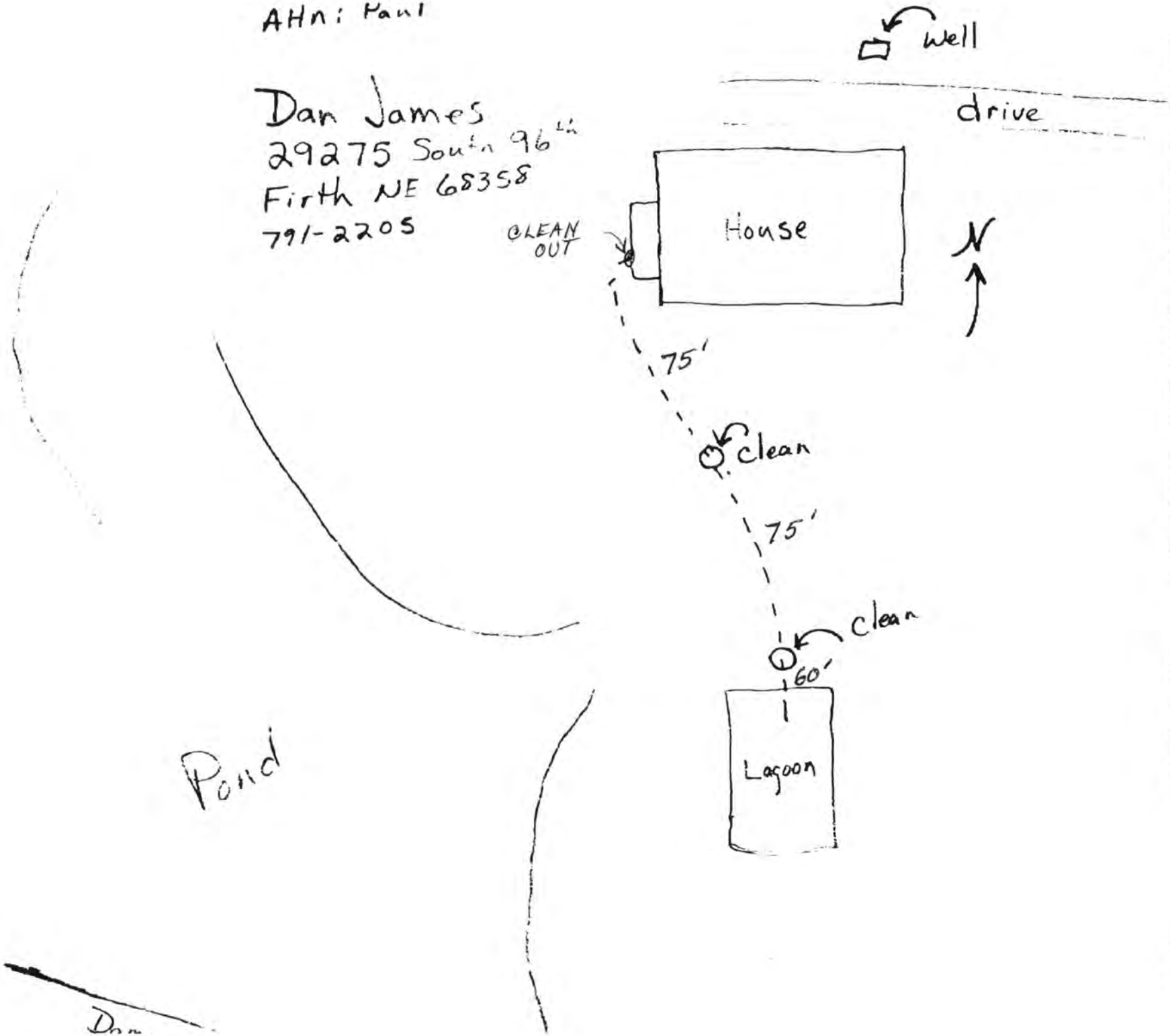
SCOTT PRANGE, PRANGE CONST

NEBRASKA — SHEET NUMBER 62



AHn: Paul

Dan James
29275 South 96th
Firth NE 68358
791-2205



JUN-12-98 03:58 PM FIRTH COOP DILLER NET 402 793 5971 P.01