Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380215601

Issued 03/17/00
Expires 09/17/00
Revenue Code 3157

Establishment

CURT HELGENBERGER
T7N R7E SEC 35
N 1/2 LOT 102
28125 S 96 ST-FIRTH

FEES: $150.00

Permitee

CURT HELGENBERGER
705 E 4 ST
HICKMAN NE 68372

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012006

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

A

Permit Number: 003802156

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 28125 S. 96TH (no rural route) City FIRTH NE, Zip 68358

Legal Description N 1/2 (1/4) 35 (Section) T7N (Township) R7E (Range) 6TH P.M. Part of 102 (Subdivision / Addition / Block / Lot)

Geographical Location (if known): Longitude ____ Latitude See legal attached

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name CURT HELGENBERGER Signature [signature]

Address ~~28125 S. 96TH~~ 705 E. 4TH City/State/Zip HICKMAN NE 68372

☐ Check if owner designed system Home Phone 792-7205 Work Phone 477-5924

C. Contractor

Name HARPER WELL & PLUMBING INC Company Name SAME

Address P.O. BOX 15 City/State/Zip ADAMS NE 68301

☑ Check if contractor designed system Work Phone 402-9882055

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 3-16-00 Date frwd 3/17/00 ACTION ☑ Approved ☐ Disapproved Signature [signature]
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-14-00 Date frwd ____ ACTION ☑ Approved ☐ Disapproved Signature Michael A. Hoefle
3. **City or County Engineer** Date rec'd 03/20/00 Date frwd ____ ACTION ☒ Approved ☐ Disapproved Signature ____

Lagoon inspected ?? Fence - Staples 5/8/00

BACK 550' FROM FIRTH ROAD

Installation Final Written Approval

By ~~[signature]~~ Gerrold C. Hood

Date ~~5/8/00~~ OCTOBER 2000

Business Office Use Only

Date Rec'd 03/17/00
Amt Paid 150.00
Rec'd By [signature] ~~Cash~~/Check No. 5287

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

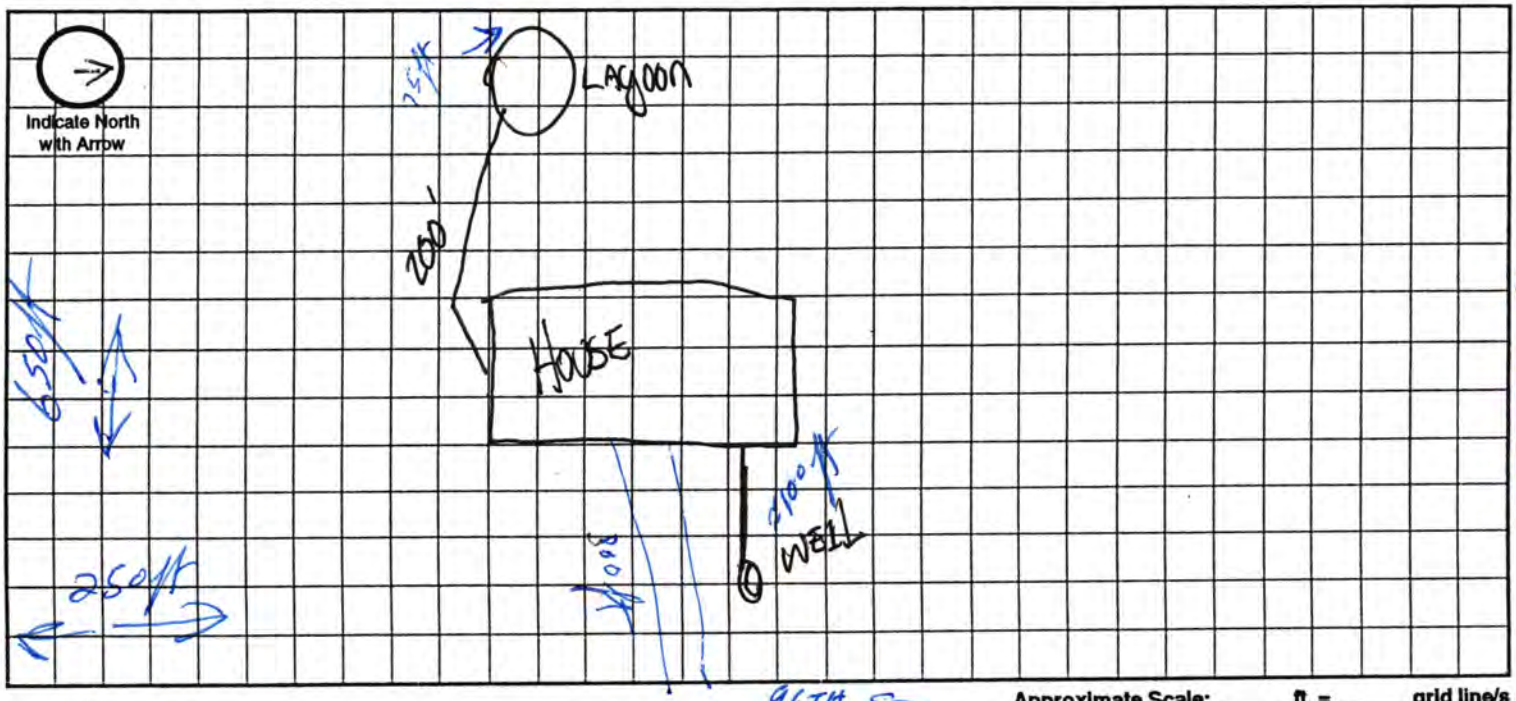
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380215C

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) _____ 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 _____ (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 Julie A. Hoerfberger Date _____

Installer Leonard Hagen Hagen Well Drilling Inc Date 4/14/2000

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: 0038 02156

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 28125 So 96TH ST (no rural route) City FIRTH NE, Zip 68358

Owner CURT HELGENBERGER Addresss SAA

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

Date of Tests N/A 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)
		Add Bentonite to Bottom of Lagoon											

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks LAGOON MUST BE SEALED.

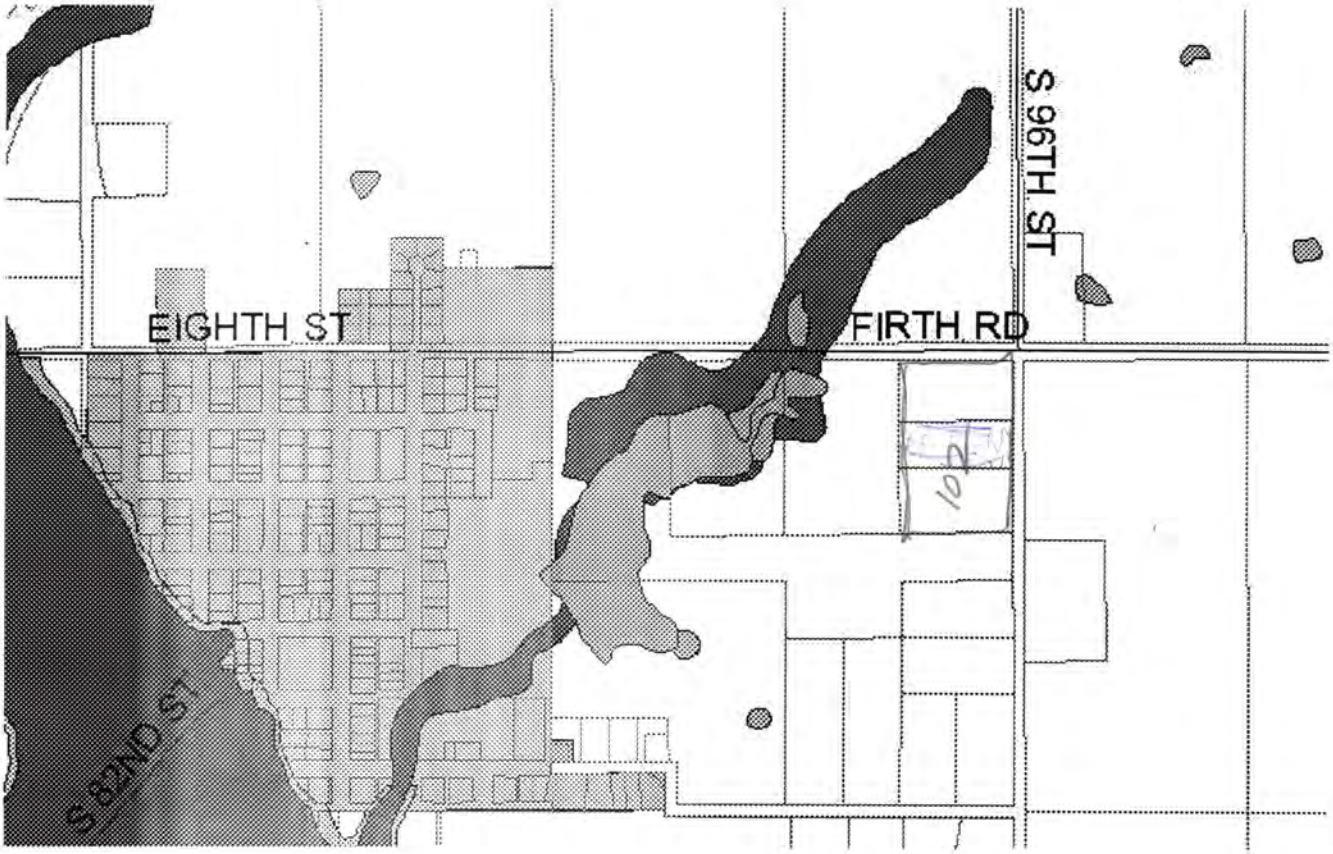
Signature of Reviewing Official _____ Date 3-16-00

FORM 23-101 10-96

EXHIBIT A

THAT PART OF LOT 102 OF IRREGULAR TRACTS, LOCATED IN THE NORTHEAST QUARTER OF SECTION 35, TOWNSHIP 7 NORTH, RANGE 7 EAST OF THE 6TH PRINCIPAL MERIDIAN, LANCASTER COUNTY, NEBRASKA AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

REFERRING TO THE NORTHEAST CORNER OF SAID SECTION 35; THENCE SOUTHERLY ON AN ASSUMED BEARING OF S 00 DEGREES 06 MINUTES 32 SECONDS W, ON THE EAST LINE OF THE NORTHEAST QUARTER OF SECTION 35, 50.00 FEET, THENCE WESTERLY N 89 DEGREES 52 MINUTES 47 SECONDS W, A DISTANCE OF 33.00 FEET; THENCE SOUTHERLY S 00 DEGREES 06 MINUTES 32 SECONDS W, ON A LINE PARALLEL WITH AND 33.00 FEET WESTERLY FROM THE EAST LINE OF THE NORTHEAST QUARTER OF SECTION 35, 351.94 FEET, TO THE TRUE POINT OF BEGINNING; THENCE CONTINUING SOUTHERLY ON THE LAST DESCRIBED BEARING 268.06 FEET; THENCE WESTERLY N 89 DEGREES 52 MINUTES 47 SECONDS WEST, ON A LINE PARALLEL WITH THE NORTH LINE OF THE NORTHEAST QUARTER OF SECTION 35, 650.00 FEET; THENCE NORTHERLY N 00 DEGREES 06 MINUTES 32 SECONDS E, 286.06 FEET; THENCE EASTERLY S 89 DEGREES 52 MINUTES 47 SECONDS E, ON A LINE PARALLEL WITH THE NORTH LINE OF THE NORTHEAST QUARTER OF SECTION 35, 650.00 FEET, TO THE TRUE POINT OF BEGINNING.


S 96TH ST
EIGHTH ST
FIRTH RD
S 82ND ST

Hellenbuyer

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 10-2000

System Location (Indicate correct number and street)

Address 28125 S 96th (no rural route) City Firth NE NE, Zip 68358

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 8" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 125 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

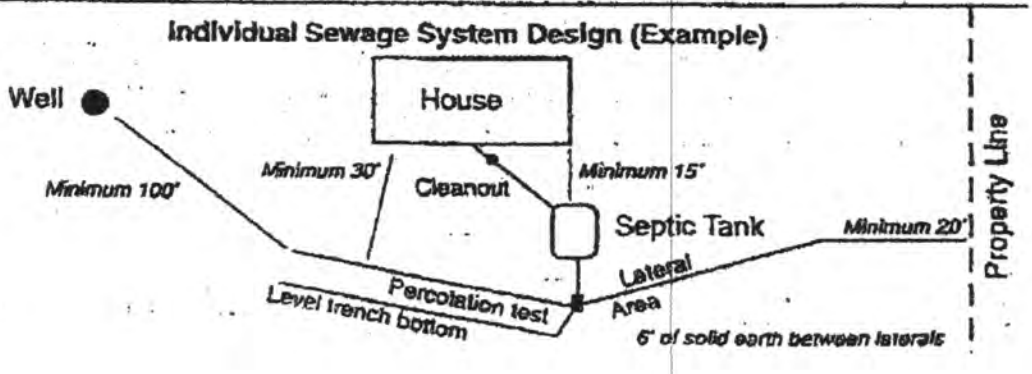
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-100 10-86

As Built Drawing

