Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

TED GLEASON
T7N R7E SEC 35
CEDAR MEADOWS LOT 4
9500 E 2ND ST-FIRTH

Permitee

TED GLEASON
9500 E 2ND ST
FIRTH NE 68358

Permit # 00380214901

Issued 02/08/00
Expires 08/08/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011683

FEB 7 2000

A

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

Permit Number: 0038 02149

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 9600 - 2ND STREET (no rural route) City Firth NE, Zip

Legal Description 35 7N 7E CEDAR MEADOWS 4
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 TED & Barb. Gleason Signature

Address 2ND Road City/State/Zip Firth NE

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name LEONARD HARPER Company Name HARPER Well & Plumbing Inc

Address P.O Box 15 City/State/Zip Adams NE 68301

☑ Check if contractor designed system Work Phone 402- 988-2055

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 1/27/00 Date frwd 2/8/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2-4-00 Date frwd 2-5-00 ACTION ☒ Approved ☐ Disapproved Signature Michael a. Hoefer
3. **City or County Engineer** Date rec'd 2/8/00 Date frwd 2/8/00 ACTION ☒ Approved ☐ Disapproved Signature

8/15/00 Need fence, signs, drawing, J.C.H.

Installation Final Written Approval

By

Date

Business Office Use Only
Date Rec'd 1/27/00
Amt Paid $150.00
Rec'd By CW Cash/Check No. 1375

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

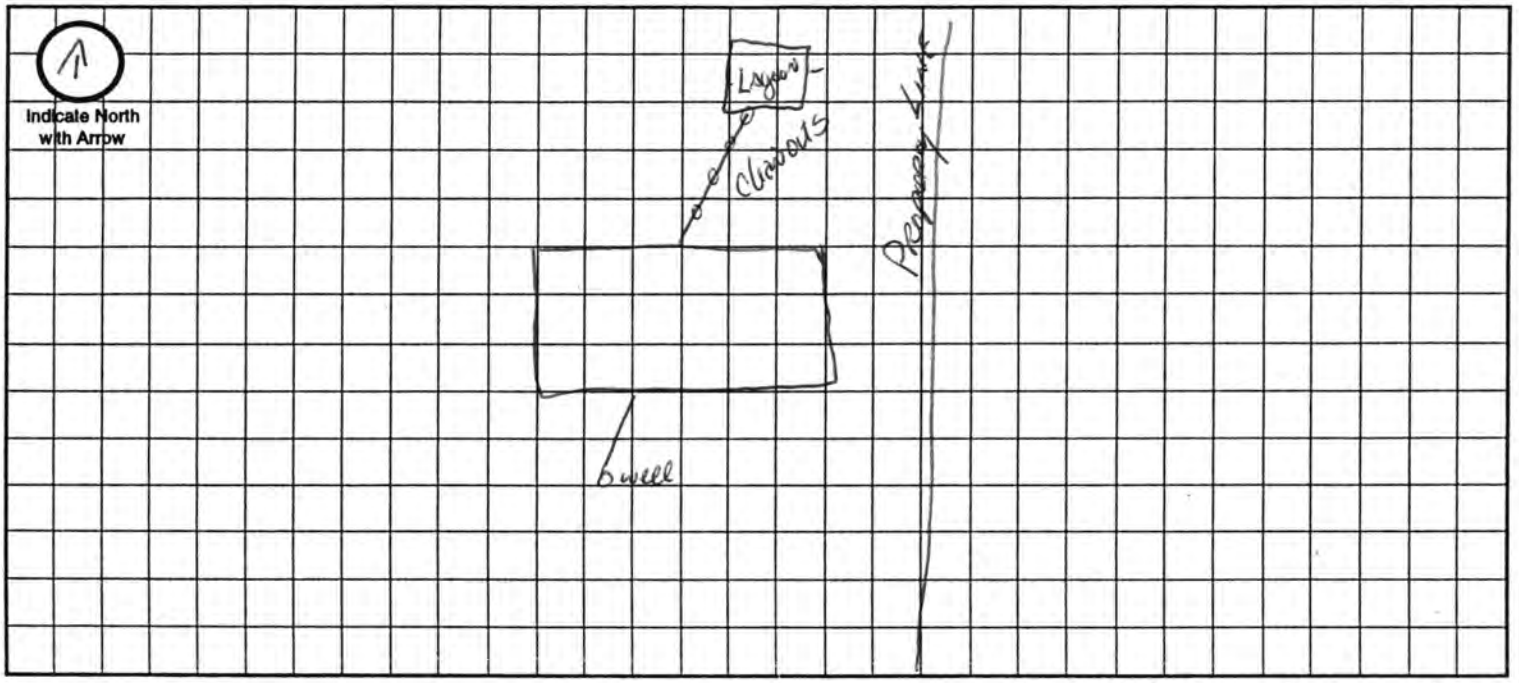
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C

Permit Number: 0038 02149

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) 96th [redacted] 02nd Road Firth ¼ Block West City Firth 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 _____ Date _____

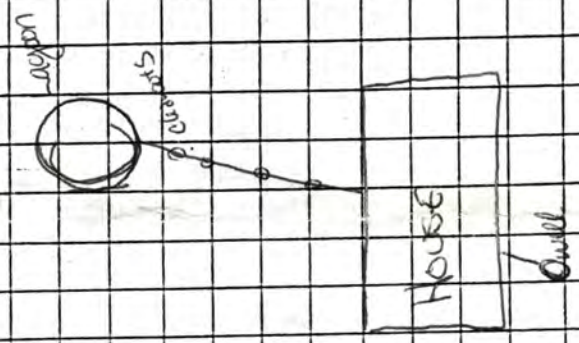
Installer Harper Well & Plumbing Inc Date 1/21/00

FORM 23-102 10-96

As Built Drawing

9506E2

Indicate North with Arrow



Approximate Scale: _____ ft. = _____ grid lin

Lincoln-Lancaster County Health Department
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B

Permit Number: 0038 02149

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 96th N 2ND ROAD FIRTH NE City _____ NE, Zip _____
(no rural route)

Owner Ted & Bambi Johnson Addresss _____

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)
			Bentonite Below										

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 _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

96th - T1N section, go west - 1st Driveway 1 mile

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

go south on 96 St - 1 go west, Brown / Distillation

Date 1/21/00

System Location (Indicate correct number and street)

Address 96th N 2 Road 1/4 west Northside of Road (no rural route) City Firth NE, Zip

A. Building Sewer

1. Material: PVC 160# Diameter: 4" 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

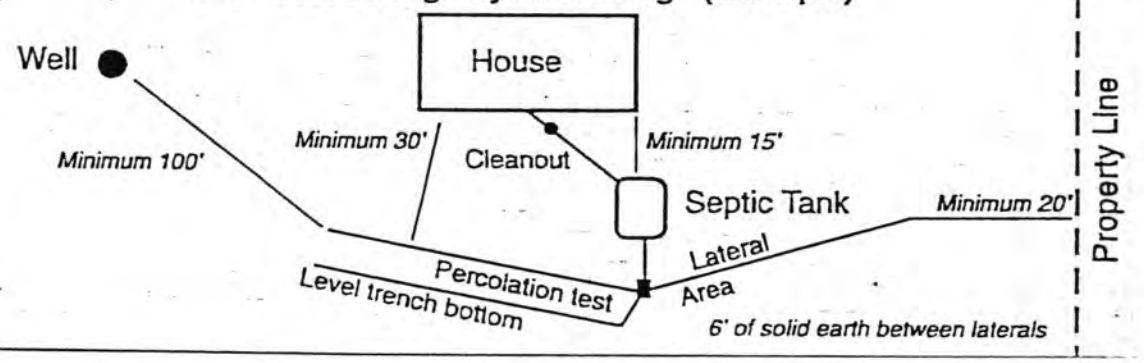
(Provide as-built drawings on back of this form)

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. _____ 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)



FORM 23-103 10-96