Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

003020

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 03380270101

Issued 08/19/03
Expires 02/19/04
Revenue Code 3157

Establishment
BUGBEE(TROY) HOMES
T7N R7E SEC 36
GOLDEN POND ESTS LOT 8
28901 FONDA RD-FIRTH

FEES: $200.00

Permittee
BUGBEE(TROY) HOMES
5301 NW FAIRWAY DR
LINCOLN NE 68521

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

A AUG 27 2003

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

Permit Number: 033802701

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 28901 Fonda Rd (no rural route) City Firth NE, Zip 68358

Legal Description ~~lots 1-23 inclusive~~ Golden Pond Estates 8
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 36 7E 7E Latitude

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

B. Owner

Name Joel Burgett Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name ~~Bu~~ Troy Bugbee Company Name Bugbee Homes

Address 5301 NW Fairway City/State/Zip Lincoln, NE 68521

☒ Check if contractor designed system Work Phone 580-7339

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

Designer Name Mike Ryan Firm Work Phone 580 2714

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 8/19/03 Date frwd 8/28/03 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-25-03 Date frwd 8-25-03 ACTION ☒ Approved ☐ Disapproved Signature Mike Hayden
3. **City or County Engineer** Date rec'd 8-28-03 Date frwd 8-28-03 ACTION ☒ Approved ☐ Disapproved Signature

10/7/03 Need drawings. J.Ell

Installation Final Written Approval

By

Date

Business Office Use Only
Date Rec'd 8/19/03
Amt Paid 200.00
Rec'd By Cash/Check No. 1341

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 28901 Fonda Rd (no rural route) City Firth NE, Zip

Owner Joel + Marlys Bengolt Addresss 36-7-7

Soil Type (SCS): Pawnee + Nodaway Soils Percolation Rate: min./inch

Date of Tests Sept-2-03 to 9-3-03 Weather: Precipitation Clear Temperature 80°F

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	24"	9-2-03	11:30	9-2-03	3:30	9-3-03	9:30	6"	9-3-03	11:30	30	1/16	480 mpi
#2	25"	↓	↓	↓	↓	↓	↓	4"	↓	↓	↓	1/4	120 mpi
#3	24"	↓	↓	↓	↓	↓	↓	"	↓	↓	↓	1/2	60 mpi

Sum of Percolation Rates: >20 mpi points
Average of Rates: 480 mpi
Rate Used for Calculation: FAILED

Person Conducting Percolation Tests

Name: Ron Mavonant
Phone: 441-8030
Address 3140 "N" St LLCHD

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Soil from holes #2 + #3 appeared loose, rich, black in nature, but water would not move through at adequate rate for standard septic system

Signature of Reviewing Official Ron Mavonant Date 9-8-03

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
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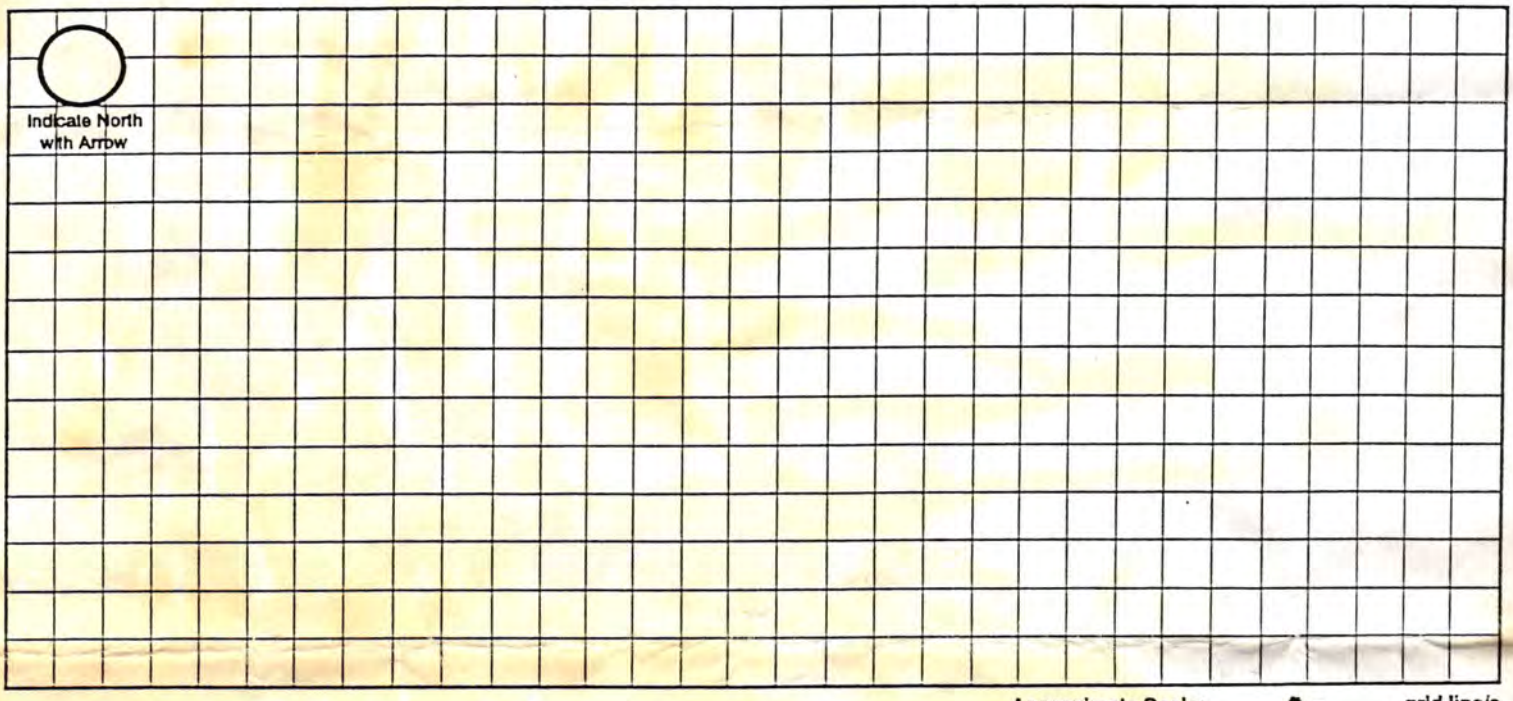
C AUG 2 7 2003

Permit Number: 033802701

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 _____ Date _____

Installer Mike Kruse Date 8/18/03

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 2891 Fonda RD Lot 8 (no rural route) City FIRTH NE, Zip 68358

A. Building Sewer

1. Material: _____
   Diameter: _____ 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

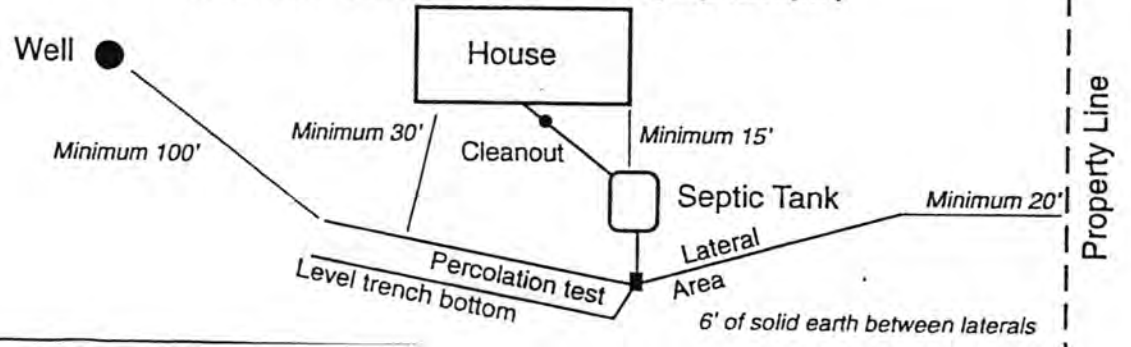
(Provide as-built drawings on back of this form)

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.
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

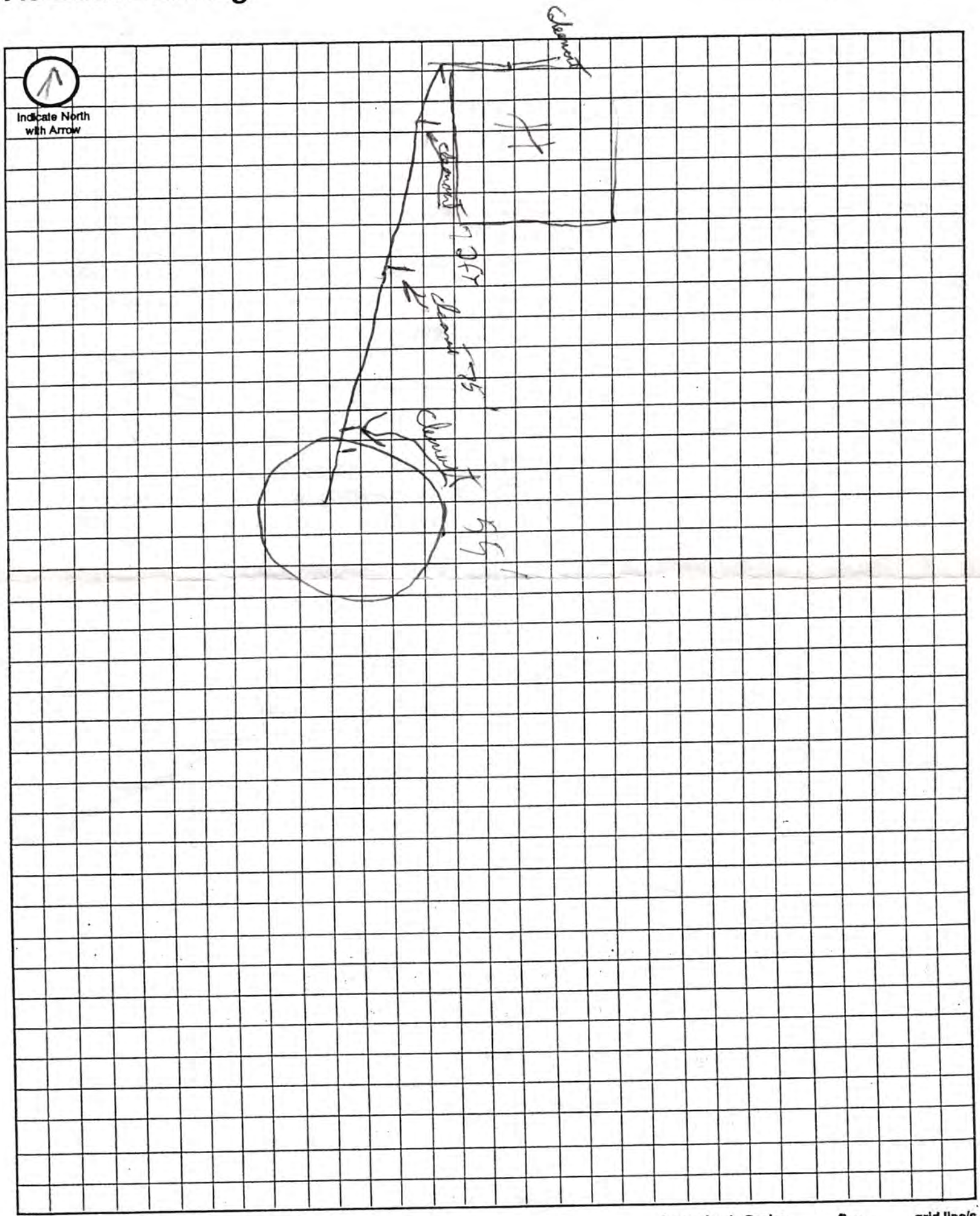
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s