LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 97380168301

SEWAGE INSTALLATION
LAGOON

Issued 11/14/97
Expires 05/14/98
Revenue Code 3157

Establishment

RANDY MILLER
T7N R8E SEC 34 QTR NW
15501 FIRTH RD--ADAMS

FEES: $150.00

PAID

TOTAL $150.00

Permittee

RANDY MILLER
14501 FIRTH RD
ADAMS NE 68301

Gregg Wright MD.

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

5471

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: 97380/683

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 14501 Firth Rd (no rural route) City Adams NE, Zip 68301

Legal Description NW NE ~~Section~~ 34 ~~Township~~ 7N ~~Range~~ 8E
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 Randy Miller Signature _____

Address 14501 Firth Rd. City/State/Zip Adams Ne 68301

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 72nd City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 11/14/97 Date frwd 11/14/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

11-12-97 - P.D. Pipe + Lagoon only

Installation Final Written Approval

By Paul D. Thomas

Date 8-24-98

Business Office Use Only

Date Rec'd 11/14/97

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 2785

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

D

Permit Number: 9-7380-1683

Sewage Disposal System

As Built Plans & Specifications

Date 11-12-97

System Location (Indicate correct number and street)

Address 15501 Fifth Rd (no rural route) City Adams NE, Zip 68301

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and ~~septic~~ tank: 400 ft.
4. Number of clean-outs: 5 Main
5. Distances to: well or suction line > 50 ft.
   stream > 50 ft.
   pressure line > 50 ft.
   property line > 50 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

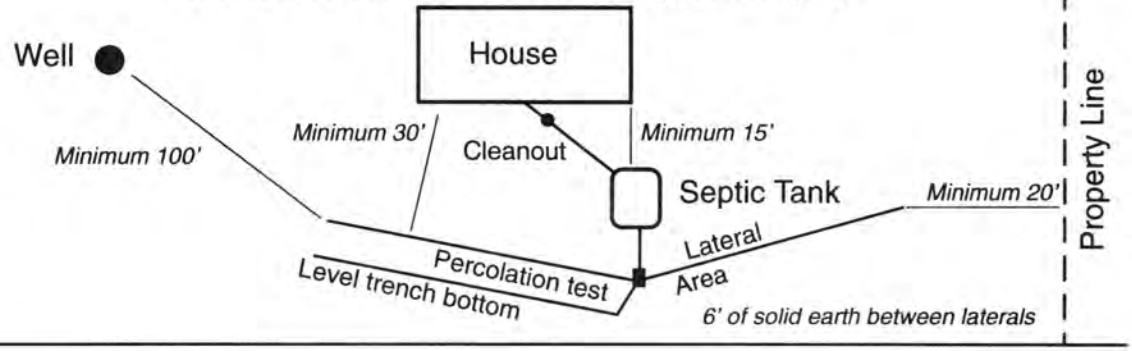
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description T-8-34 Location ~~15225~~ 15501 Firth Rd

Owner/Requestor K. Miller

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ____ New system, initial
- X New system, followup
- ____ Existing system, repair
- ____ Existing system, followup
- ____ Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS (8) Maintain vegetation growth at 6" - 8" height

Lagoon construction approved

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. (8) Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: left at residence

Date: 8-24-98

WA1002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380099201

Issued 03/24/93
Expires 11/24/93
Revenue Code 18754

Establishment
RONALD MILLER
T7N R8E SEC 34
LOT 14&30

FEES: $150.00

TOTAL $150.00

Permittee
RONALD MILLER
709 COMBRIAN CT
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

I, the undersigned purchaser, hereby agree to purchase the property described as follows:

Lots Fourteen (14) and Thirty (30), in the Northeast Quarter (NE¼) and Lots Twelve (12), Thirteen (13), Twenty-Seven (27), Twenty-Eight (28), and Twenty-Nine (29) in the Northwest Quarter (NW¼) of Section Thirty-Four (34), Township Seven (7) North, Range Six (6) West of the 6th P.M. in Lancaster County, Nebraska

[illegible] Subject, however, and on

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE: 5-21-93

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 7N ; Range 8E ; Section 34 ;
   Block _____ : Lot 14-30 I.T. : Addition _____
   Street Address 154 + Firth Approx.

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms _____. Describe Storage Building
   Restroom Shower Bath

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Signature of Applicant (Owner or Lessee)

709 Cambrian Ct. Lincoln NE 68506
Address 437-7058

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/21/93. Date Frwd. 5/21/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/21/93. Date Frwd. 5/21/93. ACTION: Approved ☒ Disapproved ☐ Signature: Mary Spain

3. City or County Engineer: Date Rec'd. 05/21/93. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 5/27/93 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/27/93 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

Changed to lagoon

Wellmann Plumbing

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

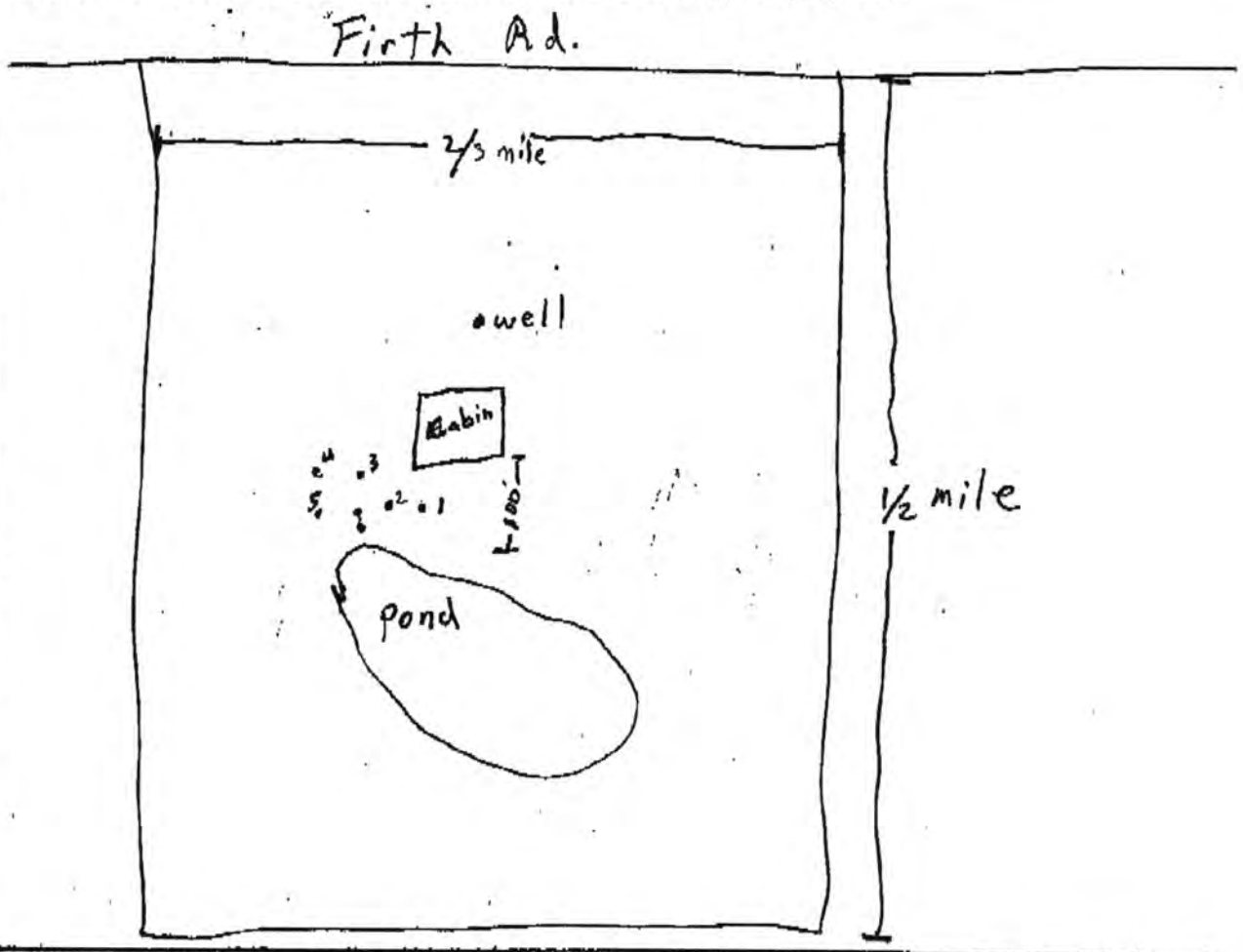
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on skatch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks : _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

Property Line
500'
Water Well
A
House
Porch
B
C
D
5'
Cleanout
100' Lateral
5'
Pond
700'
Property Line

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2032)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7000

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 7 ; Range 8 ; Section & ¼ Section 34.
Property Dimensions: ½ mile ■ x ¼ mile ■. Area: 188 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☑ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5-21-93 to 5-22-93. Weather: Precip. 0 Temp. 65°.

OWNER: Randy Miller

Address: 156th & Firth Rd.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	5-21	8:30	5-22	8:45	5-22	8:45	6	11:45	2 5/8	30	3 3/8	8.28
2	30	"	"	5-22	"	"	11 am	6	11:15	2 5/8	30	3 3/8	8.89
3	30	"	"	5-22	"	"	"	6	11:45	2 3/4	30	3 1/4	8
4	30	"	"	5-22	"	"	"	6	11:45am	4	30	2	15
5	30	"	"	5-22	"	"	"	6	11:45	3 7/8	30	2 1/8	14.12
6	30	"	"	5-22	"	"	"	6	11:45	3 1/8	30	2 7/8	10.43

Clint Pound
Signature of Person Conducting Test

Address Wellmann Plumbing Phone 437-6817

Sum of Percolation Rates: 64.72
Average of Rates: 10.79
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

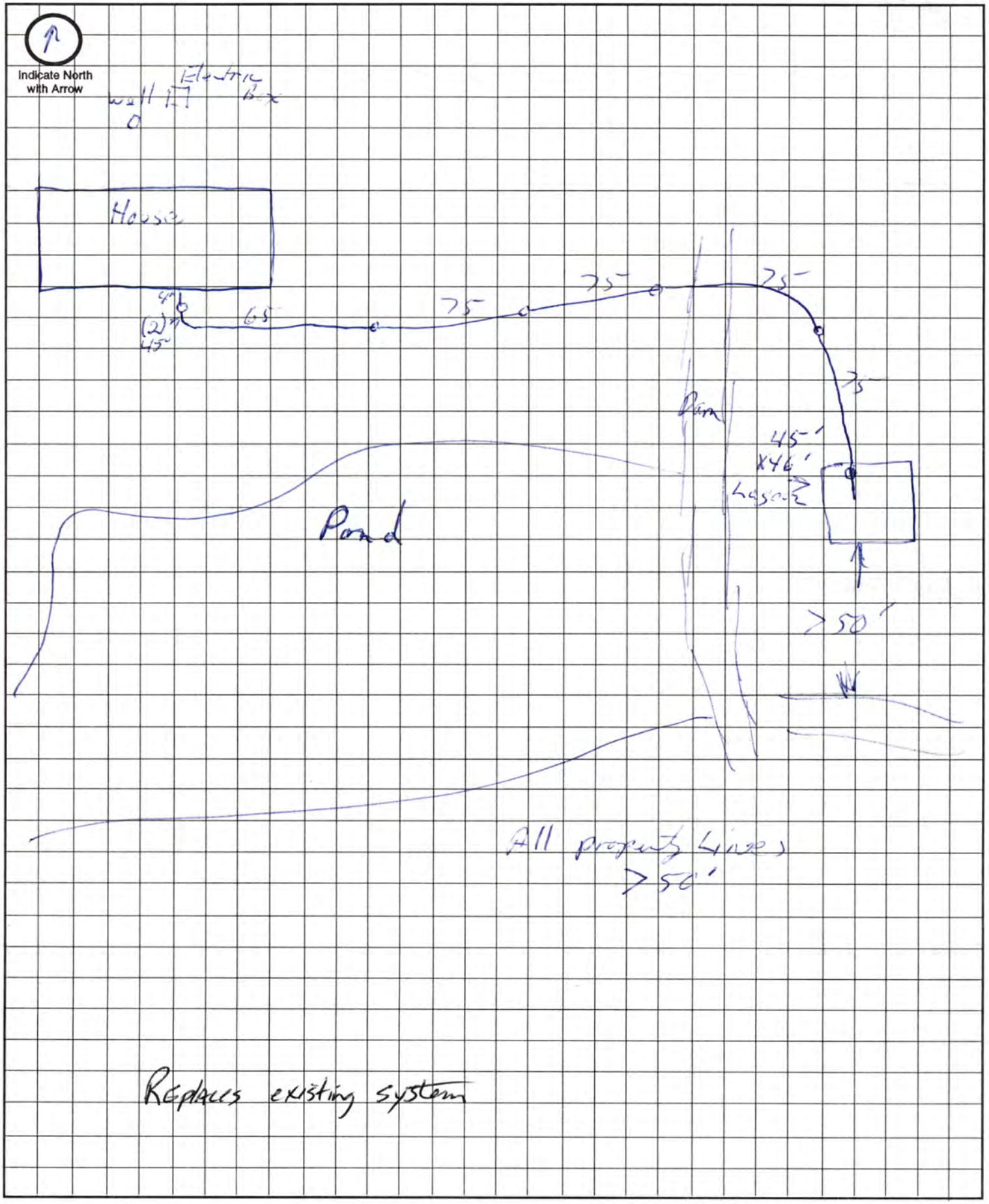
Date: _____

Approved Percolation Rate (a)
A. 11 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

Visit 5/27/93

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s