Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380210201

Issued 10/22/99
Expires 04/22/00
Revenue Code 3157

Establishment

JAMES R SUNDET
T8N R5E SEC 7
13303 W BENNET RD-DENTON

FEES: $150.00

Permitee

JAMES R SUNDET
13303 W BENNET RD
DENTON NE 68339

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011131

OCT 21 1999

A

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

Permit Number: 9938021 02

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 13303 West Bennet Road (no rural route) City Denton NE, Zip NE 68339

Legal Description Pt. NW¼NE¼ (See attached Legal description) 7 8N 5E
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 James R. & Laura A. Sundet Signature James A. Sundet

Address 13303 West Bennet Road City/State/Zip Denton, NE 68339

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

C. Contractor

Name Mitch Martin Company Name Aqua Plumbing & Heating

Address 823 Quince City/State/Zip Crete NE 68333

☐ Check if contractor designed system Work Phone 402-826-2101

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 2 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 10/22/99 Date frwd 10/22/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/22/99 Date frwd 10/22/99 ACTION ☐ Approved ☒ Disapproved Signature _____
subdivision permit required
APPROVED 1ST PHASE 11/8/99 JCM

3. **City or County Engineer** Date rec'd 10/22/99 Date frwd 10/22/99 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval PROVISIONAL

By John E Mines

Date 11-8-99

PROVISIONAL APPROVAL DUE TO CONSTRUCTION PRIOR TO PERMIT. JCM

Business Office Use Only
Date Rec'd 10/22/99
Amt Paid 150 cc
Rec'd By _____ Cash/Check No. 8417

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 13303 W Bennett Rd (no rural route) City Denton NE, Zip

Owner Jim Sundet Address

Soil Type (SCS): Clay Percolation Rate: ½ 24 hr min./inch

Date of Tests 7-1-98 to 7-8-98 Weather: Precipitation Fair Temperature 88

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	4'	7-1	8	7-2	24	7-1	8	½ -	7-2	24	60	¼	24 hr
2	3'	7-2	8hr	7-3	24	7-2	8	½ -	7-3	24	60	¼	24 hr

Person Conducting Percolation Tests

Name: Mark Mathis

Phone: 826-2101

Address 6705 W 24 Road Crete Ne. 68333

Sum of Percolation Rates: ½-¼ in 24 hr

Average of Rates:

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

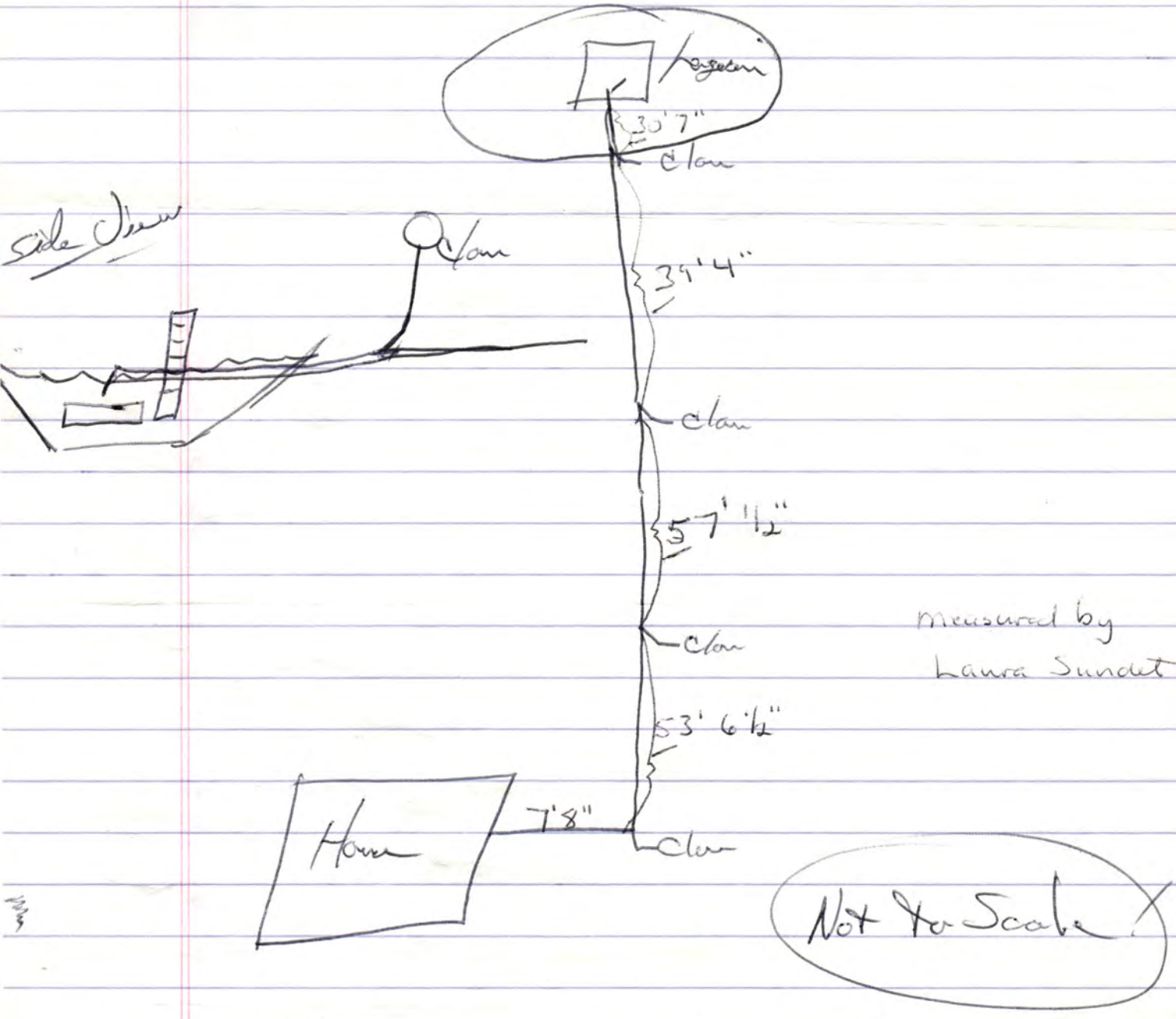
Remarks: DENIED, 6 OR MORE TEST HOLES ARE REQUIRED.

Signature of Reviewing Official: John E Mann Date: 10-27-99

FORM 23-101 10-96

OCT 4 1999

Sundet Farms



Measured by
Laura Sundet

SDR 26 - Well Casing pipe

Clean Every 55' → Capped
5x5 Concrete in Splash Bottom
Support Every 5' in lagoon
5' Sight Pipe water Height.

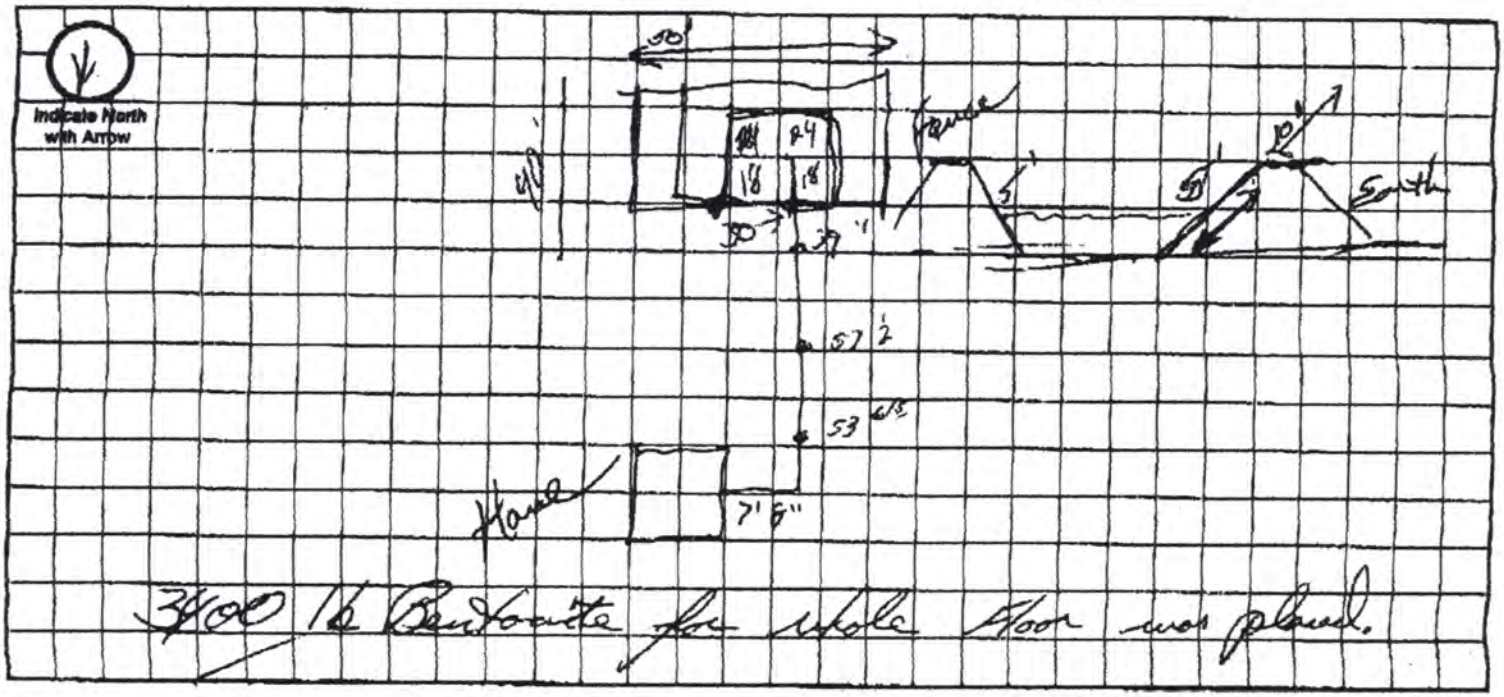
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9938021 02

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 Not to Scale

A. System Location (Indicate correct number and street)

Address (no rural route) 13303 West Bennett Rd City Denton NE. Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

C. Proposed Absorption System (See Form B for Percolation Information) No drop in Level (48)

Percolation Rate 24 hr ~~5~~ 85 / 48 hr (min. per inch) Soil Type: Clay Land Slope: 1-3 %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other Lagoon

Total Square Feet of Field Required: ~ _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Lagoon

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 Aqua Plumbing Date 10-30-99

FORM 23-102 10-96

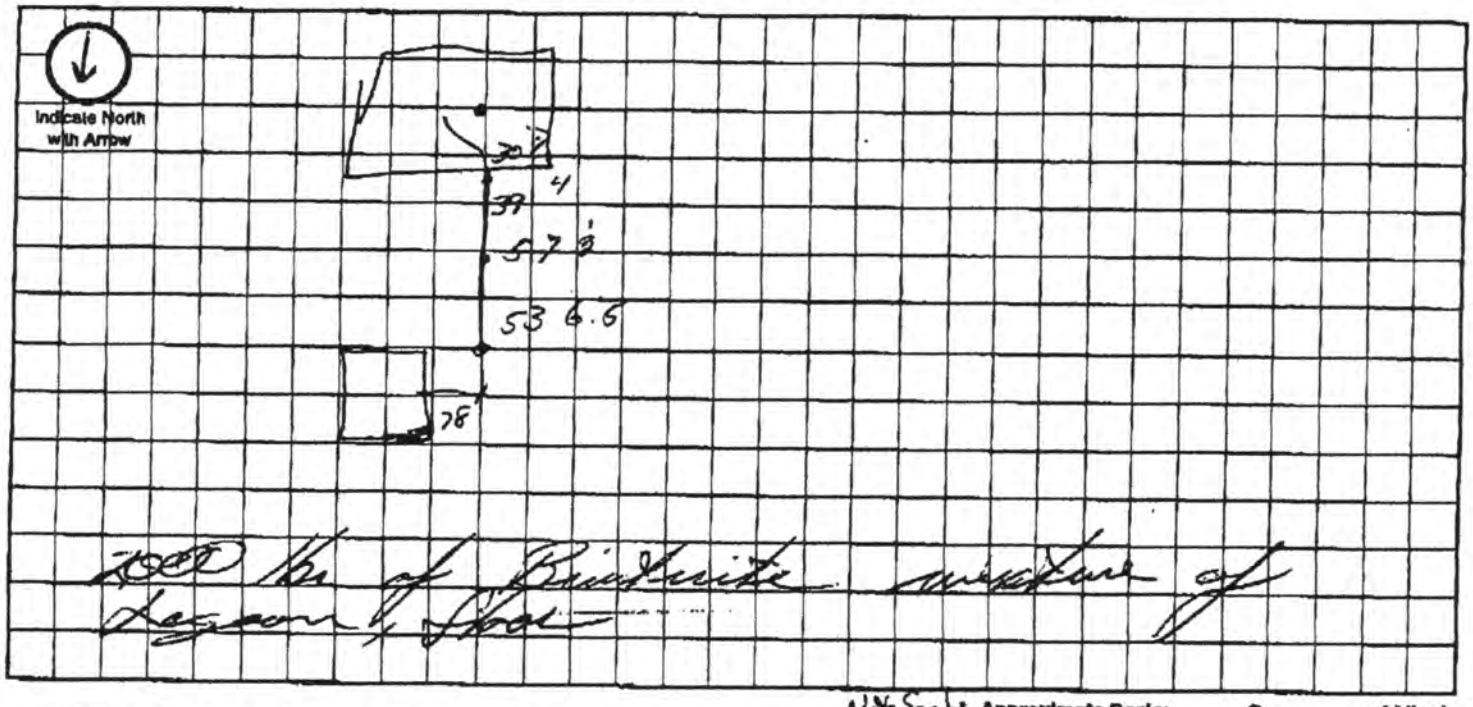
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



Not Scale 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 24 (min. per inch) Soil Type: Clay Land Slope: 1% %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Lagoon

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 _____ Date 10-26-99

FORM 23-102 10-96

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

D

Permit Number: 9938 02102

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 13303 W. Bennett Rd (no rural route) City Denton NE, Zip _____

A. Building Sewer

1. Material: SDR 2680 1/2 Gasket Pipe
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: Flat in.
3. Distance between dwelling and septic tank: NA ft.
4. Number of clean-outs: (1)
5. Distances to: well or suction line Road ft.
   stream 30 ft.
   pressure line 30 ft.
   property line 807 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

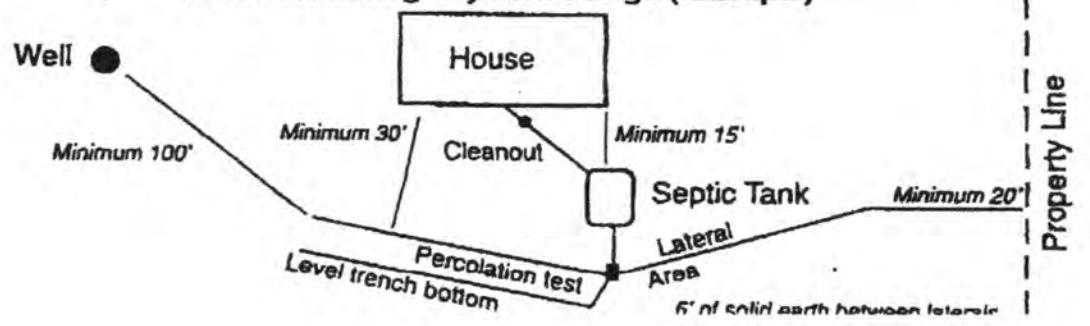
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Lateral
   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

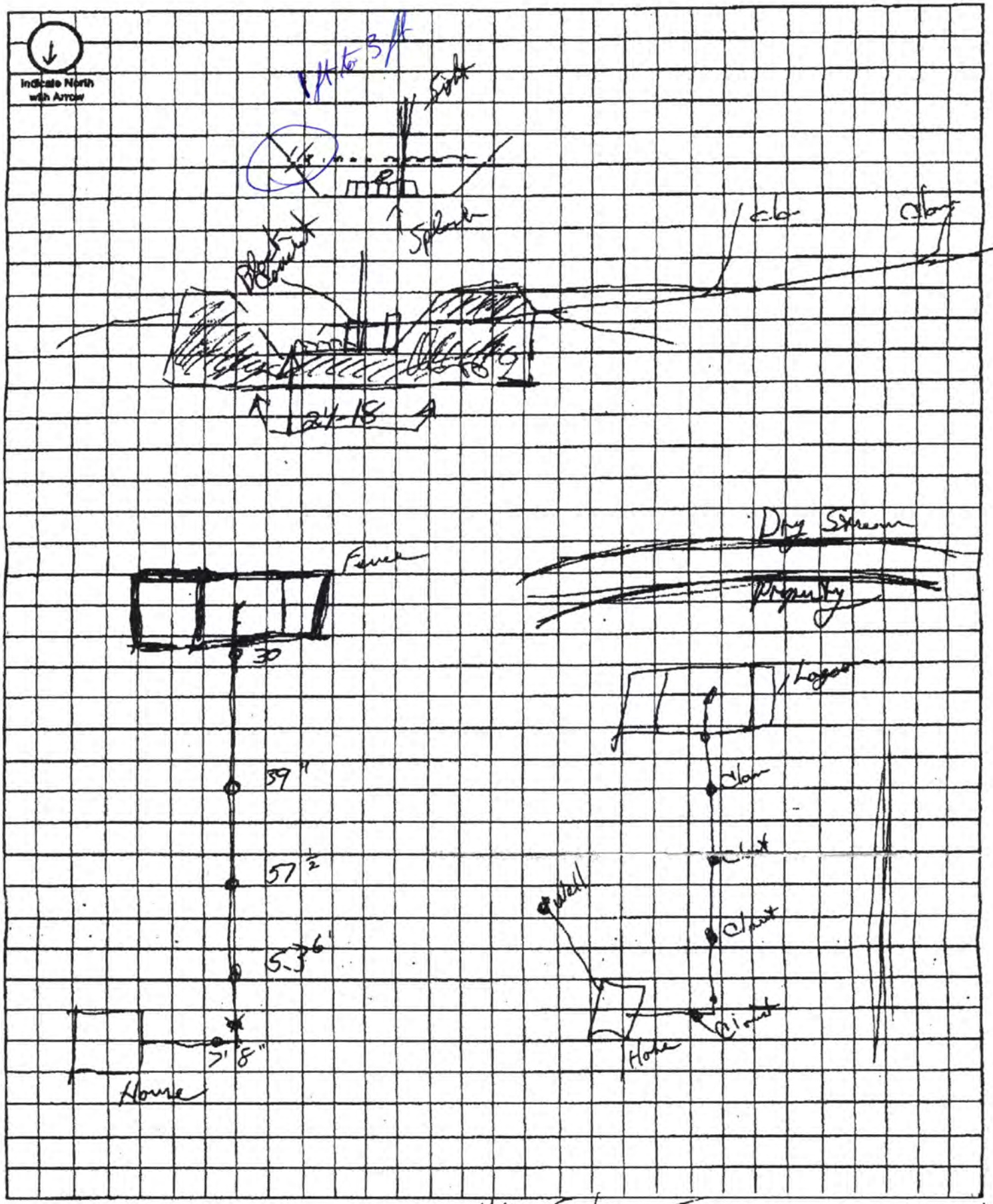
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



AQUA PLUMBING

Heating and Backhoe Services • 1025 W. 10th St. • Crete, NE 68333 • USA
Phone: 402 826 2101 • Fax: 402 826 2101 • Email: [illegible]

November 01, 1999

Attn: John Miner
Lincoln-Lancaster County Health Dept.
Environmental Health Division
3140 'N' St.
Lincoln, NE 68510-1514

PROPOSAL STATEMENT REGARDING JIM & LAURA SUNDET LAGOON SYSTEM

This is a proposal statement prepared by Mitch Martin, owner of Aqua Plumbing, to answer questions about the Sundet lagoon system located at 13303 W. Bennet Rd., Denton, NE 68539.

1. Soil samples of lagoon showed clay consisting of good hard soil, with minimal rock and slight aggregate. Two (2) test holes were drilled according to code, including depth and size. Both holes contained clay, and the water level showed less than a one eighth inch (1/8") drop in twenty-four (24) hour periods of time, with water standing for three (3) days. Test drill was broken during testing on third hole. I was pleased as to how test came out, as lagoon was now completed, with soil testing as good.

2. Installation procedures started eliminating loose soil from inside of lagoon area, in addition to one thousand (1,000) pounds of bentonite clay to floor of lagoon and working of it into the soil. The plumbing of the house's sewer into the lagoon was reinforced by adding another two thousand (2,000) pounds of bentonite to walls and slope area, and then again by adding four hundred (400) pounds more in and around pipe entrance. Pipe was stabilized by concrete block and the splash pad by a 4'x4' concrete pad.

If there are any questions regarding this letter, please feel free to call the above listed number at any time. Thank you for your time.

Respectfully,

Mitchel M. Martin, Owner
Aqua Plumbing

ALLIED SURVEYING AND MAPPING, INC.

6120 So. 58th St., Suite A Lincoln, Nebraska 68516

Telephone 402-434-2686
FAX 402-434-2687

OCT 21 1999

LEGAL DESCRIPTION - **Parcel #1**

Referring to the Northwest corner of the Northeast Quarter of Section 7, Township 8 North, Range 5 East of the 6th P.M., Lancaster County, Nebraska. Thence in an Easterly direction on the North line of the Northeast Quarter of said Section 7, a distance of Thirty and No Tenths (30.0) feet to the **Point of Beginning.** Thence continuing in an Easterly direction on the last described course and on an assumed bearing of N 90° 00' 00" E, a distance of Nine Hundred Thirty-Four and Sixty-Four Hundredths (934.64) feet. Thence S 00° 00' 00" W, on a line perpendicular to the North line of the Northeast Quarter of said Section 7, a distance of Thirty-Three and No Tenths (33.0) feet. Thence S 57° 31' 30" W, a distance of One Hundred Seventy-Two and Thirteen Hundredths (172.13) feet. Thence S 41° 36' 39" W, a distance of One Hundred Two and Twenty-One Hundredths (102.21) feet. Thence S 64° 03' 02" W, a distance of Three Hundred Thirty-Two and Forty-Three Hundredths (332.43) feet. Thence S 88° 26' 45" W, a distance of Four Hundred Twenty-Seven and Five Tenths (427.5) feet to a point Thirty and No Tenths (30.0) feet East of the West line of the Northeast Quarter of said Section 7. Thence N 00° 45' 06" E, on a line Thirty and No Tenths (30.0) feet East of and parallel to the West line of the Northeast Quarter of said Section 7, a distance of Three Hundred Fifty-Eight and Ninety-Two Hundredths (358.92) feet to the **Point of Beginning** and containing a calculated area of **5.85 Acres** more or less.

TREATED COLI 9/7/99

UNTREATED COLI 9/7/99

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 13303 W Bennet Rd.

Twp BN Range 5E Section 7 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Hwy 77 to Hwy 33 (west) to County Line (SW 142nd) North 2 miles, east to property

Location of Well unknown Tap Location: Inside ☐ Outside ☐

Location of Sewage System lagoon (south of house) Year Installed 98

	NAME	ADDRESS	PHONE
Present Owner:	James Sundet	13303 W Bennet Rd.	797-2189
Tenant/Buyer:	Develon Puckett Kristine Miriovsky	1319 S. 49th Lincoln Ne 68510	484.7635
Return to:	Develon Puckett	1319 S. 49 Lincoln 68510	

Signature of Applicant Kristine Miriovsky Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 9/7/99
Initials JO
Amount $150.00
Check No. 729

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 9/7/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate TREATED/2 APPR	☒ 16 ppm	☐ ___ ppm
UNTREATED		

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 9/10/99 by L.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: NEED SIGNS & LOCK ON LAGOON GATE. PERMIT?
Signs and locks on 9/10/99 L.C.H.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Jol E Mines Date 11/8/99

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

SEP 1 0 1999

Laboratory Report Printed o **September 08, 1999**

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P12015-1** Date Collected **07-Sep-1999 02:50 PM**
Sampled By: **HOOD, JERROLD** Date Received: **07-Sep-1999**
Location: **NG**
Sample Point:

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Qual	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	09/08/99	RFG		**Total coliform negative - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	09/08/99	RFG		**E. coli negative**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-0515 for private clients or (402) 471-0930 for public water supply systems.

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

SEP 1 0 1999

Laboratory Report Printed o **September 08, 1999**

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P11216-16**
Sampled By: **HOOD, JERROLD**
Location: **NG**
Sample Point:

Date Collected **07-Sep-1999 02:50 PM**
Date Received: **07-Sep-1999**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Qual	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	09/08/99	RFG		**Total coliform negative - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	09/08/99	RFG		**E. coli negative**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-0515 for private clients or (402) 471-0930 for public water supply systems.