RECEIVED
SEP 5 2003

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

A

Permit Number: 03380271101

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 13501 W Bennet Rd (no rural route) City Denton NE, Zip 68339

Legal Description NE 1/4 7 Section 8N Township 5E Range ____ Subdivision ____ Addition ____ Block 5 Lot I.T.

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name Sam Olson Signature [signature]

Address 3901 So. 37th St #34 City/State/Zip Lincoln, Nb 68502

☐ Check if owner designed system Home Phone 402-423-2594 Work Phone 402-474-5115

C. Contractor

Name Lloyd Jakoubek Company Name Raymond Contracting, Inc

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

☐ Check if contractor designed system Work Phone 402-796-6009

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

Designer Name ____ Firm ____ Work Phone ____

E. This System Will Serve a

☑ Residential Dwelling - cabin Number of Bedrooms 1 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day 200 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 9/5/03 Date frwd 9/5/03 ACTION ☒ Approved ☐ Disapproved Signature Gerhold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-5-03 Date frwd ____ ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 9/5/03 Date frwd 9/5/03 ACTION ☒ Approved ☐ Disapproved Signature [signature]

9/23/07
lime, tank, lateral - Need "i" sheet

Installation Final Written Approval

By [signature]

Date 10/2/03

Business Office Use Only

Date Rec'd 09/05/03
Amt Paid 200.00
Rec'd By es Cash/Check No. 5055

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

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B

Permit Number: 033802711

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address W Bennett Rd (no rural route) City Denton NE, Zip 68339

Owner Sam Olson Addresss 3901 S. 27th St #34 Lincoln, NE 68502

Soil Type (SCS): 5uG - Steinauer Loam Percolation Rate: 22 min./inch

Date of Tests 8/25/03 to 8/26/03 Weather: Precipitation 0 Temperature 90°

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		8/25	9:30 A	8/25	1:30 P	8/26	8:45 A	6	8/26	12:45 P	30	1 3/4	17
2		"	"	"	"	"	"	"	"	"	30	1 1/4	24
3		"	"	"	"	"	"	"	"	"	30	1 3/4	17
4		"	"	"	"	"	"	"	"	"	30	1	30
5		"	"	"	"	"	"	"	"	"	30	1 1/4	24
6		"	"	"	"	"	"	"	"	"	30	1 1/2	20

Sum of Percolation Rates: 132

Average of Rates: 22

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Terri Jakubek

Phone: 402-783-2163 or 402-890-3870

Address 13800 NW 70th St Raymond NE 68428

one 3 Bed Room
250 gpd. ÷ 4' wide
1000 gallon Tank = 62.5 Foot of 4' wide Trench

DO NOT WRITE BELOW ~~THIS LINE~~

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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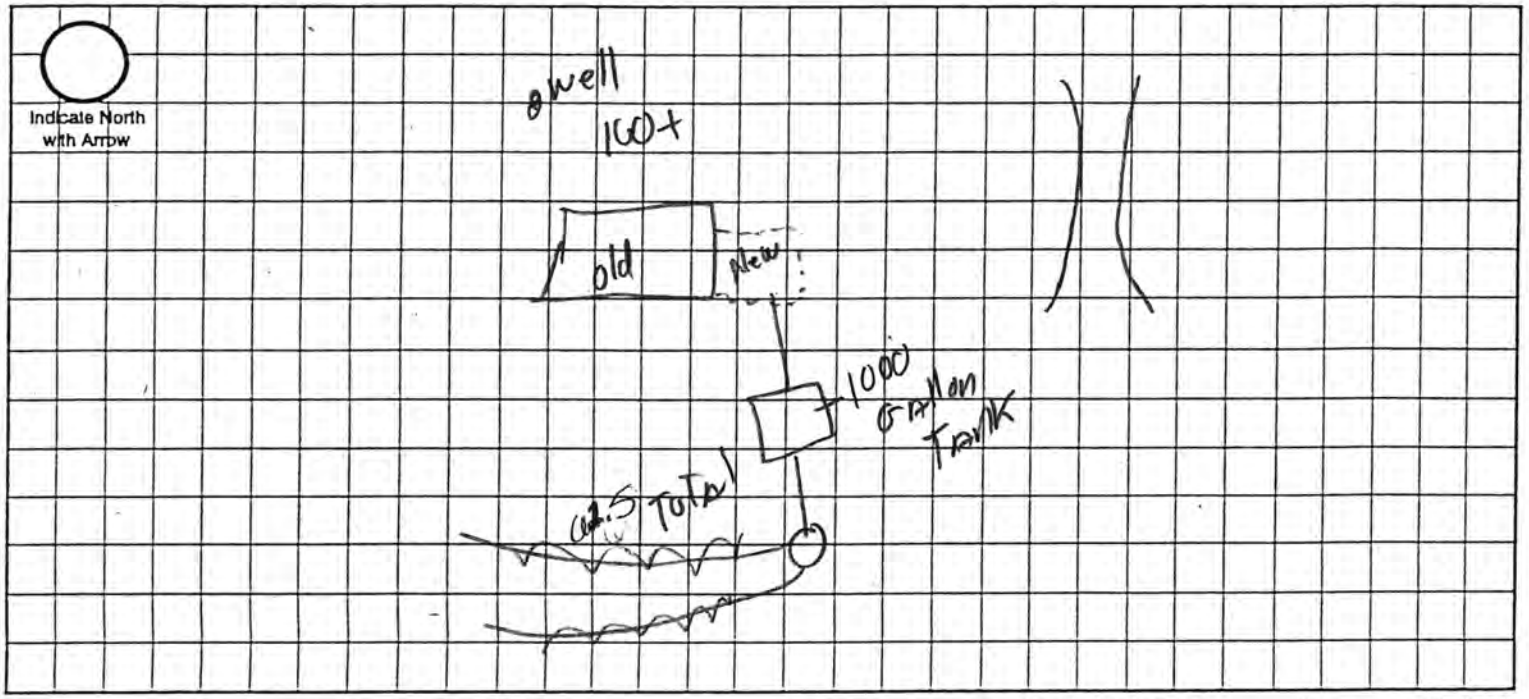
C

Permit Number: 033802711

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) W Bennet Rd City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 22 (min. per inch) Soil Type: SuG Land Slope: _____ %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 250 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: H-10 Standard equalizer

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 62.5 ft. Number of Trenches 2 Trench Width 4'

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 [signature] Date 9-4-03

FORM 23-102 10-96

SEP 2 9 2003

D

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

Permit Number:

Samolson

Sewage Disposal System
As Built Plans & Specifications

Date 9-23-03

System Location (Indicate correct number and street)

Address Lot 5 NE 7-8-5 (no rural route) City Denton NE, Zip 68339

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: — in.
3. Distance between dwelling and septic tank: 31 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 ft.
   stream 100 ft.
   pressure line 100 ft.
   property line 160 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at 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 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 1
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6.5 ft.

D. Absorption Field

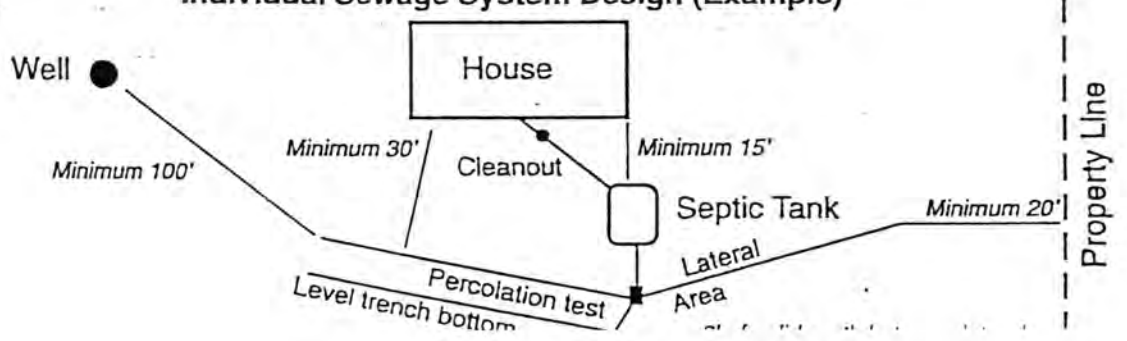
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 4-10 Standard
   or perforated pipe: _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 62.5 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope Flat in/100 ft.
   Average depth 24 in
4. Filter material: dirt
   Depth of material 24 in.
5. Distances to: Well or suction line 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

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

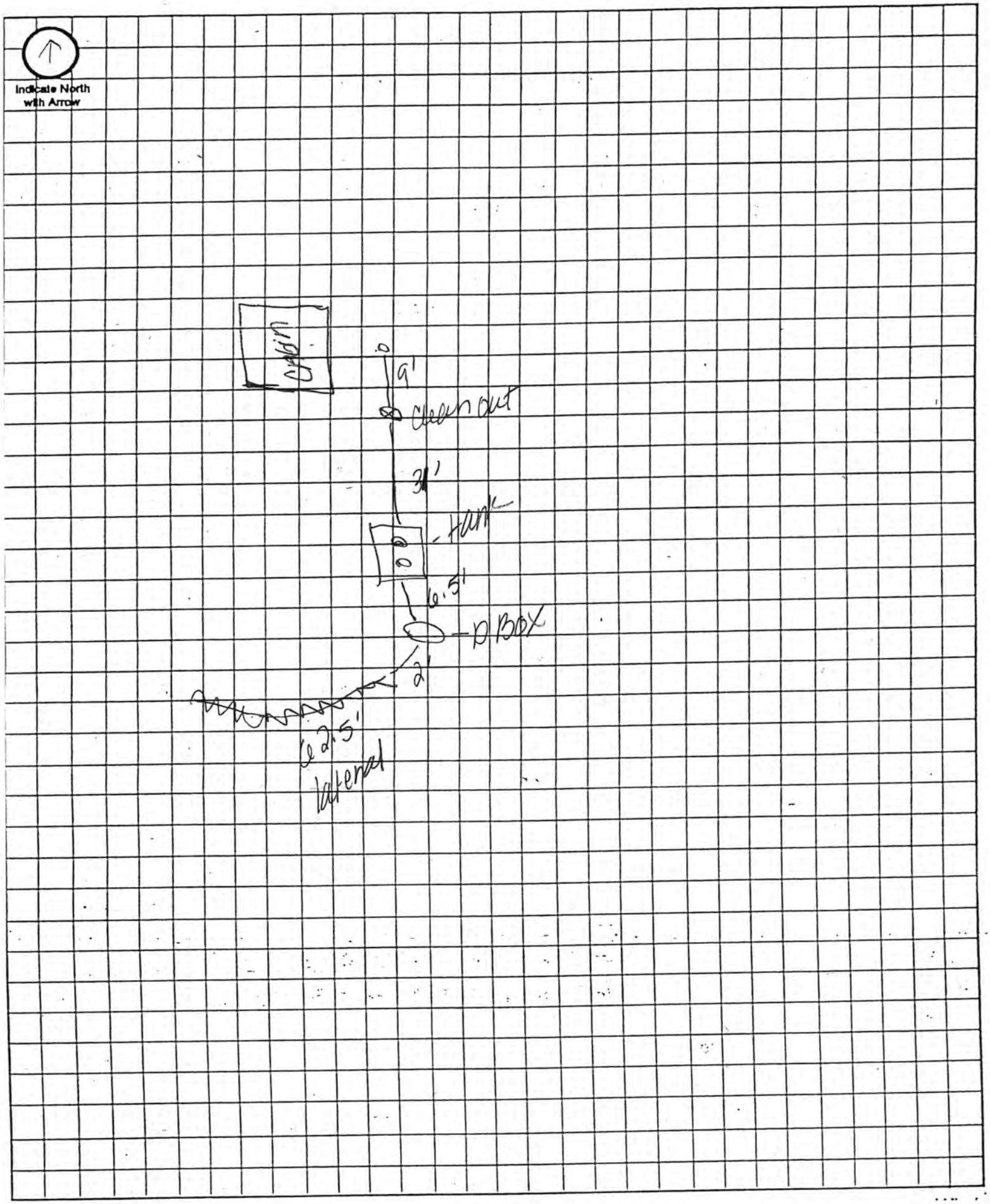
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003041

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380271101

Issued 09/05/03
Expires 03/05/04
Revenue Code 3157

Establishment
SAM OLSEN
T8N R5E SEC 7 QTR NE
LOT 5IT
W BENNET RD-DENTON

FEES: $200.00

Permittee
SAM OLSEN
3901 S 37 ST
APT 34
LINCOLN NE 68502

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
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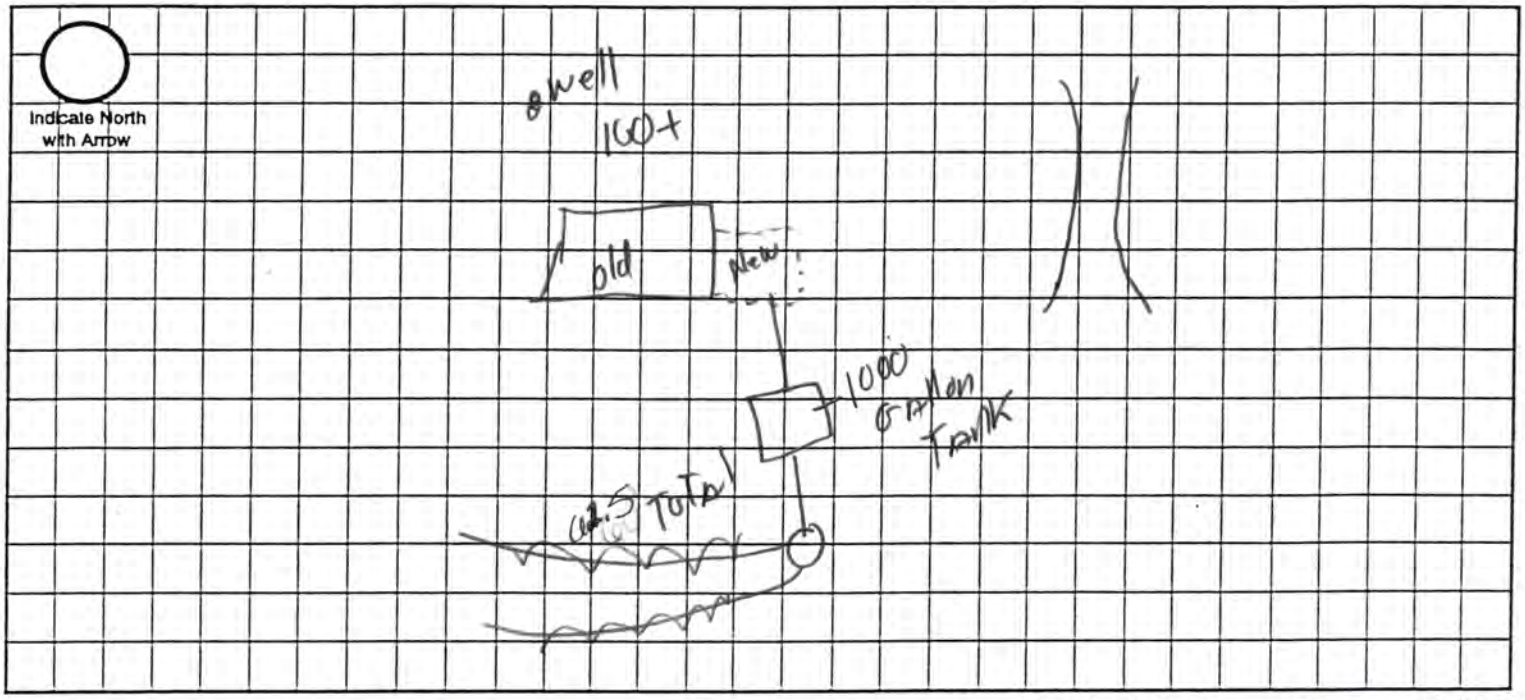
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Installer [signature] Date 9-4-03

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SEP 2 9 2003

D

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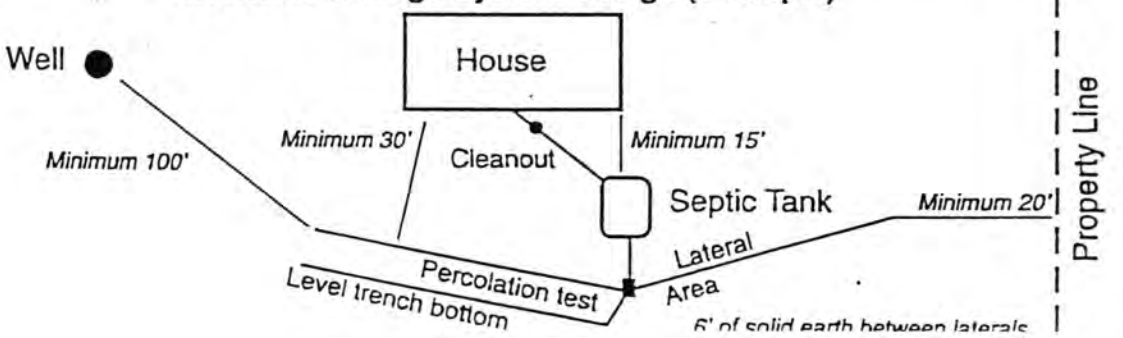
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Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

