Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005404

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380287001

Issued: 08/03/04
Expires: 02/03/05
Revenue Code: 3157

Establishment:
GARY D BOYER
T8N R5E SEC 17 QTR NE
LOT 18IT
WITTSTRUCK RD-CRETE

FEES: $200.00

Permittee:
GARY D BOYER
6507 NEBRASKA HWY 2
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380287001

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 12001 Wittstruck Road (no rural route) City Crete NE, Zip 68333

Legal Description 6 18 1T NE 1/4 17-8-5 Lancaster Co. 18 1T
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 Gary & Mary Boyer Signature Gary D Boyer

Address 6507 Hazyd City/State/Zip Lincoln NE 68516

☒ Check if owner designed system Home Phone 423-1126 Work Phone 421-2632

C. Contractor

Name Mitch Martin Company Name Aqua Plumbing & Heating #45

Address 1025 W. 10th 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 Mitch Martin Firm Aqua Plumbing & Heating Work Phone (402) 826-2101

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 8/3/04 Date frwd 8/3/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Gary Boyer
3. **City or County Engineer** Date rec'd 8-3-04 Date frwd 8-3-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Blough

11/8/04 Partial - line-DS

Installation Final Written Approval

By Doug Jones

Date 2/28/06

Business Office Use Only
Date Rec'd 08/03/04
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 503

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number: 043802870

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____

(no rural route)

Owner Craig & Mary Boyer Addresss 6517 Hwy 2 Lincoln NE 68516

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)

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 Must be sealed.

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date AUGUST 3, 2004

FORM 23-101 10-96

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

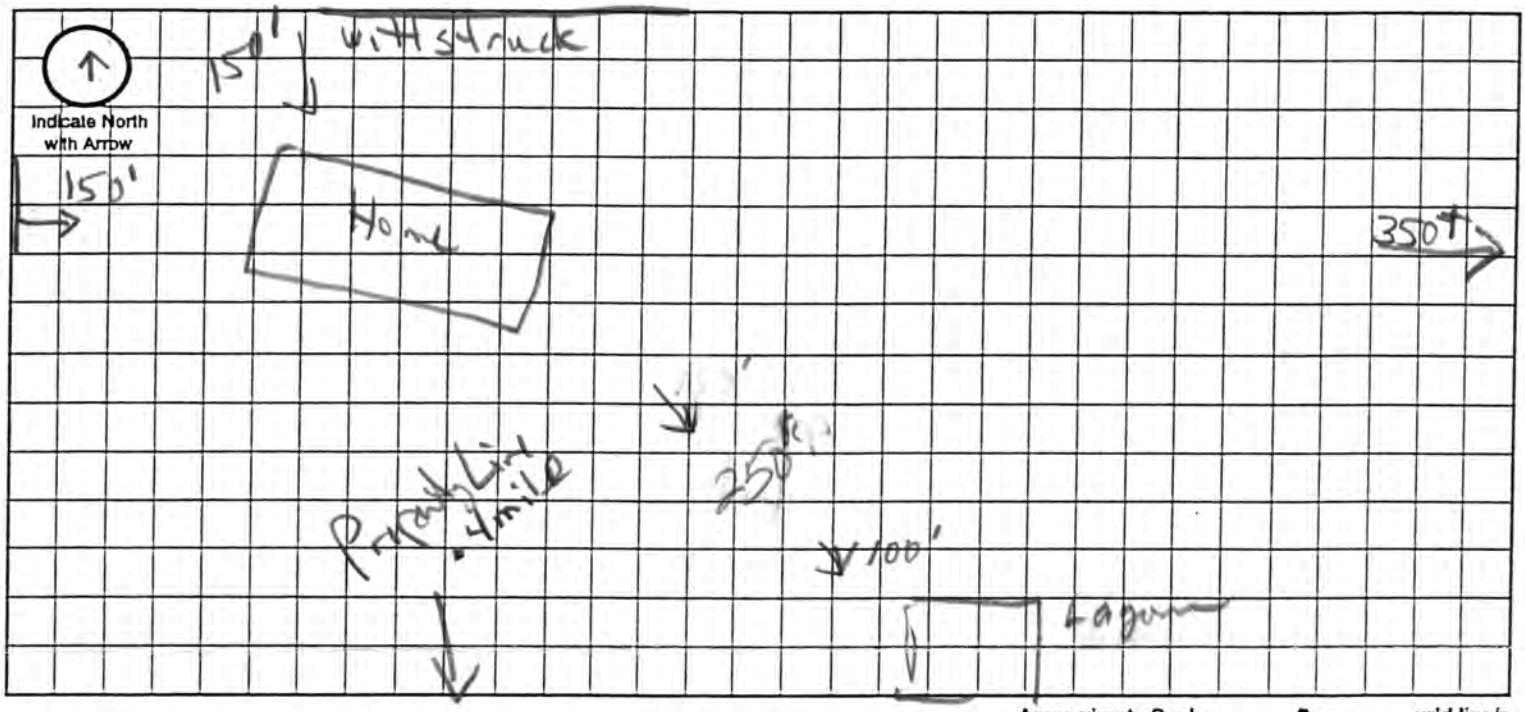
C

Permit Number: 043802870

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. Hstruck Rd City Denton 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: 5 %

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 Gary Boyer Date 8-2-04

Installer _____ Date 8-2-04

FORM 23-102 10-96

ESRI ArcExplorer 2.0

12001 Wittstruck Road



streets

flood1

N

Tuesday, Aug 3 2004