LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 98380171001

SEWAGE INSTALLATION
LAGOON

Issued 01/07/98
Expires 07/07/98
Revenue Code 3157

Establishment

RONNIE D BIRDWELL
T8N R5E SEC 25 QTR NW
S 1/2
18200 SW 72 ST-MARTELL

FEES: $150.00

mittee

RONNIE D BIRDWELL
317 NELSON ST
LINCOLN NE 68521-2755

TOTAL $150.00

Issued By Gregg M. Wright M.D.
M. Jane Ford
Health Director

5851

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:

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 18200 S.W. 72nd ST. (no rural route) City MARTELL NE, Zip 68404

Legal Description SOUTH 1/2 N.W. 25 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 RONNIE D. & DEANNA L. BIRDWELL Signature Ronnie D. Birdwell

Address 317 NELSON STREET City/State/Zip LINCOLN, NE. 68521

☐ Check if owner designed system Home Phone 402-475-0953 Work Phone —

C. Contractor

Name DOUG OLTMAN Company Name DOUGS BACKHOE SERVICE

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone (402) 794-4773

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 1/7/98 Date frwd 1/7/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-7-98 Date frwd 1-7-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 01/07/98 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

Approved Provided Lagoon Is Above 100 Yr Flood Plain 7/21/98 Need drawings for site

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3213

Date Rec'd 01/07/98

Amt Paid 150.00

Rec'd By LS ~~Cash~~/Check No. 5750

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

Lincoln-Lancaster County Health Department
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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 18800 S.W. 72nd ST. (no rural route) City MARTELL NE, Zip 68404

Owner RON & DEE BIRDWELL Addresss

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)

N/A
LAGOON WILL BE SEALED WITH BENTONITE

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

Signature of Reviewing Official Date

FORM 23-101 10-96

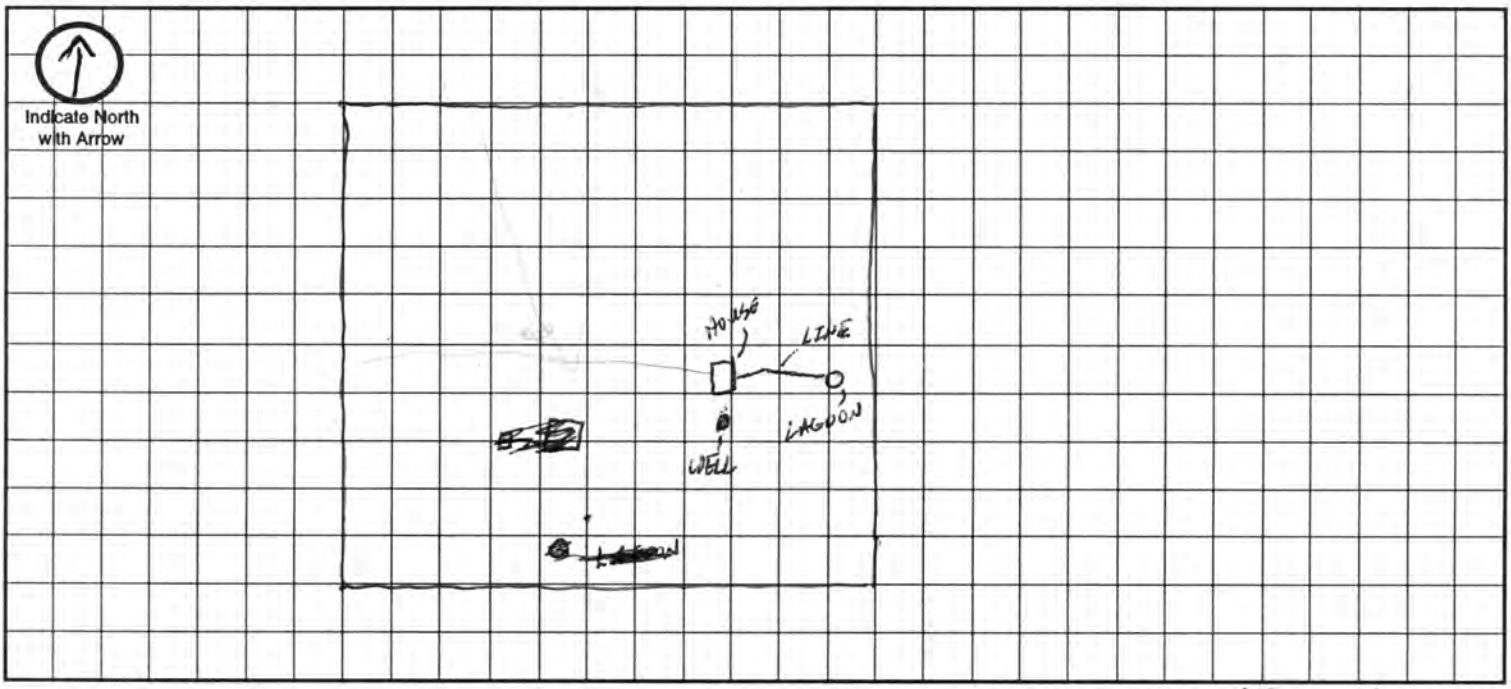
Lincoln-Lancaster County Health Department
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C

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.



Approximate Scale: 100 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 18200 S. 72nd St. City MARTELL NE, Zip 68404

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 Ron Bidwell Date 1-7-98

Installer DOUGS BACKHOE SERVICE Date _____

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 18200 S.W. 72nd ST. City MARTELL NE, Zip 68404
(no rural route)

A. Building Sewer

1. Material: _____
   Diameter: 4" in.
2. Distance above basement floor: 36 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 200 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 225 ft.
   stream N/A ft.
   pressure line _____ ft.
   property line 75 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 ~~225~~ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line ~~75~~ 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)

