LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380153401

Issued 01/31/97
Expires 07/31/97
Revenue Code 18754

Establishment

ANDREW ELLINGSON
T8N R5E SEC 33

FEES: $150.00

Permittee

ANDREW ELLINGSON
RR0001
BOX 0066C
CRETE NE 68333

TOTAL $150.00

3114

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"

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 19800 SW 114th (no rural route) City CRETE NE, Zip 68333

Legal Description W½ OF SW¼ 33 8N 5E PARCEL "D"
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 ANDREW ELLINGSON Signature Andrew Ellingson

Address RR #1 BOX 66C City/State/Zip CRETE NE 68333

☐ Check if owner designed system Home Phone 402-826-5040 Work Phone 402 416 6521

C. Contractor

Name JOE HOLLY Company Name HOLLY WELL DRILLING

Address RR # City/State/Zip ROKEHESTER NE

☐ Check if contractor designed system Work Phone 402-946-3871

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

Designer Name JOE HOLLY Firm HOLLY WELL DRILLING Work Phone 402-946-3871

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 1/30/97 Date frwd 1/31/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-31-97 Date frwd 1-31-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1/31/97 Date frwd 1/31/97 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jerrold C. Hood, R.E., L.S.

Date JANUARY 27, 1998

Business Office Use Only 3021

Date Rec'd 1/30/97

Amt Paid $ 150.00

Rec'd By _____ Cash/Check No. 3459

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 _____ City CRETE NE, Zip 68333

Owner ANDY ELLINGSON (no rural route) Addresss RR#1 BOX 66C CRETE NE 68333

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 12-24-96 to 12-25-96 Weather: Precipitation DRY Temperature 30°-40°

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	36	12/24	8:00	12/24	2:30	12/25	12:00	28	12/25	12:30	30	.25	120
2	36	12/24	8:01	12/24	2:30	12/25	12:02	28	12/25	12:32	30	.25	120
3	36	12/24	8:02	12/24	2:30	12/25	12:04	28	12/25	12:34	30	.25	120
4	36	12/24	8:03	12/24	2:30	12/25	12:06	28	12/25	12:36	30	.12	240
5	36	12/24	8:04	12/24	2:30	12/25	12:08	28	12/25	12:38	30	.12	240
6	36	12/24	8:05	12/24	2:30	12/25	12:10	28	12/25	12:40	30	.25	120

Sum of Percolation Rates: 960

Average of Rates: 120

Rate Used for Calculation: 120

Person Conducting Percolation Tests

Name: ANDY ELLINGSON

Phone: 402 826-5040 - 476-6521

Address RR#1 BOX 66C

CRETE NE 68333

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks 4-25-97 Sewer line only - OK Paul Drotzmann

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 8-5-33 Location 19800 SW 1/4 +/-

Owner/Requestor Ellingson

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".

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

REMARKS Sewer line only - OK

5-6-97 Lagoon measured 45 x 49 Depth adequate all components present Slope OK P.D.

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. Leech 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. 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: ___

Date: 4-25-97

WA1002

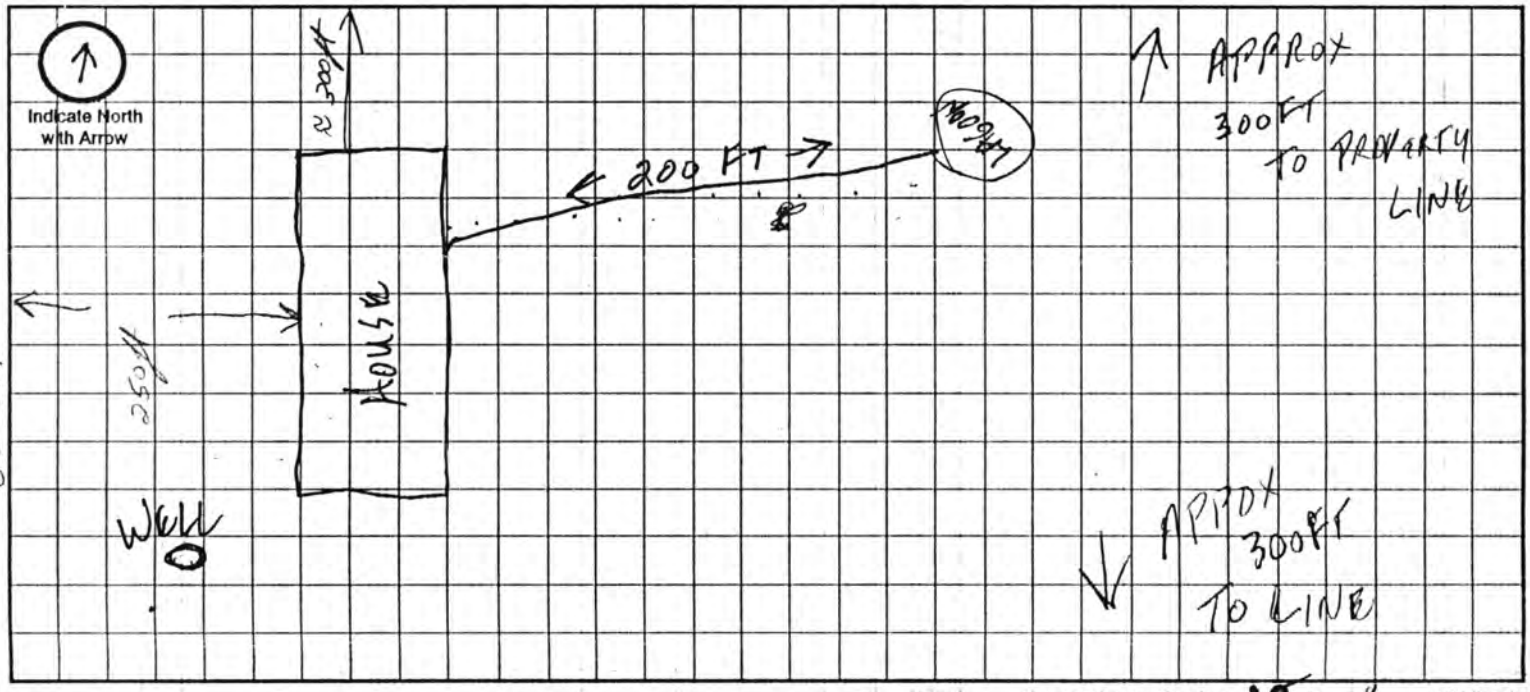
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C

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City CRETE NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

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

Percolation Rate 120 (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	Properiy 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 QUALITY HOMES Date _____

Installer JOE HOLLY HOLLY DRILLING Joe Holly Date 1/23/97

FORM 23-102 10-96