Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008823

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380318301

Issued 04/24/06
Expires 04/24/07
Revenue Code 3157

Establishment:
JOE THOMPSON
T8N R5E SEC 35 QTR SE
LOT 28IT
7720 W STAGECOACH -CRETE

FEES: $275.00

Permittee:
JOE THOMPSON
3445 D ST
LINCOLN NE 68510-4532

TOTAL: $275.00

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:

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 7720 W. STAGECOACH RD. (no rural route) City CRETE NE, Zip 68333

Legal Description SE (1/4) 1/4 35 (Section) 8N (Township) 5E (Range) N/A (Subdivision) N/A (Addition) N/A (Block) Tract B (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Joe Thompson Signature Joseph Thompson

Address 3445 D St City/State/Zip Lincoln NE 68510

☐ Check if owner designed system Home Phone 475-3090 Work Phone 304-4190 / 488-8050

C. Contractor

Name LEONARD HARPER Company Name Harper Well & Plumbing Inc

Address 220 7th St P.O.Box 15 City/State/Zip Adams NE 68301

☑ Check if contractor designed system Work Phone (402) 432-2204

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 4 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 400 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 _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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 7720 (no rural route) Co. Stagecoach Rd City Crete NE, Zip 68333

Owner Joe Thompson Addresss ~~4009 Randolph St~~ 3445 O St Lincoln, NE 68510

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

Date of Tests 4/17/06 to 4/18/06 Weather: Precipitation - Temperature 79°

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	24	4/17	5:30	4/17	7:30	[illegible]	9:00	16"	4/18		45	1"	
2	24					4/18		18"			48	1"	
3	24							18"			45	1"	
4	24							18"			48	1"	
5	24							18"			45	1"	
6	24							18"			45	1"	

Person Conducting Percolation Tests

Name: Leonard Hayen
Phone: 432-2204 438-2055
Address P.O Box 15
Adams NE 68301

Sum of Percolation Rates: 1320
Average of Rates: 330
Rate Used for Calculation: 4 ÷ 1320 = 330'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

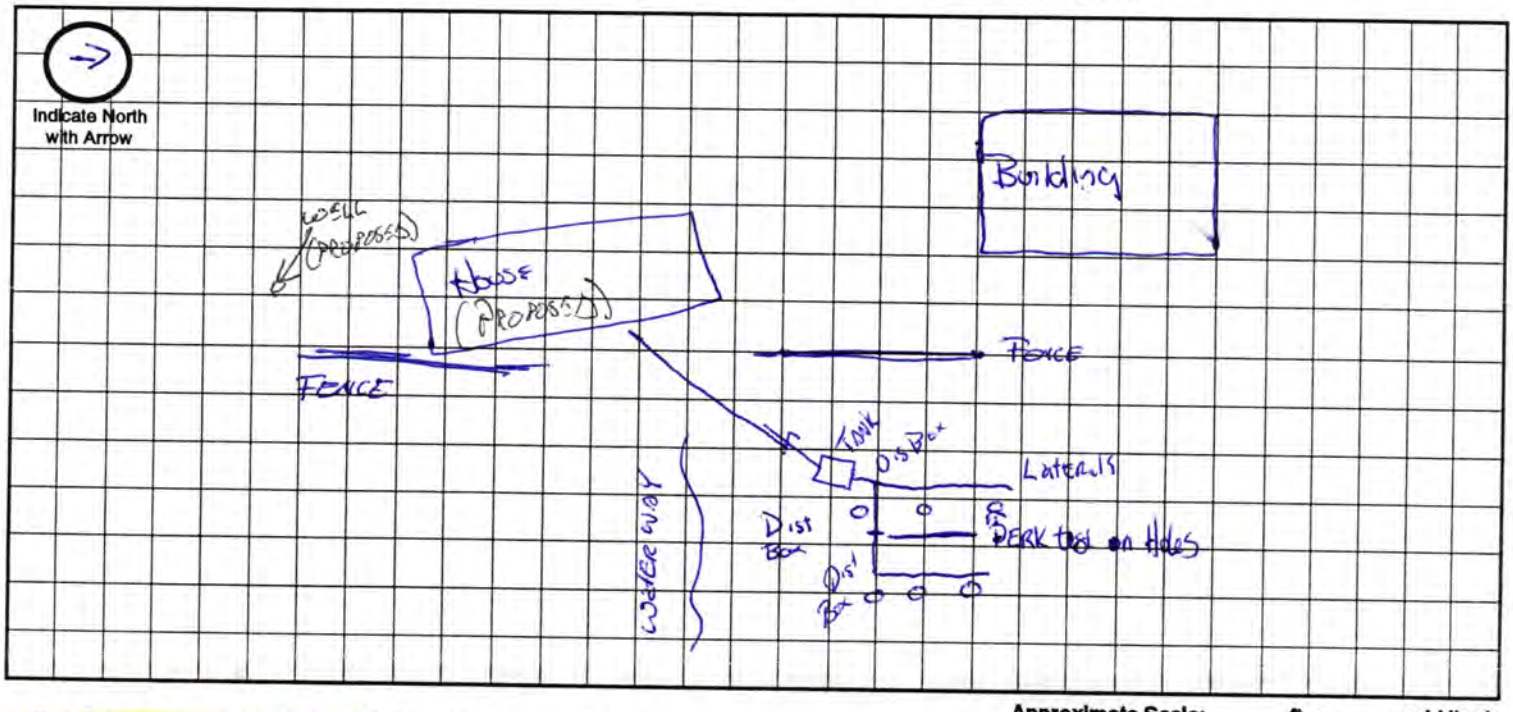
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7720 W. STAGECOACH RD City CRETE NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 4/6 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1320 sq. ft.

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

Capacity of Septic Tank 1250/1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 3 Trench Width 36 "

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 4/29/06

Installer _____ Date 4/28/06

FORM 23-102 10-96

A

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

RECEIVED APR 2 1 2006

Permit Number: 0638031830 1

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 7720 W Stagecoach (no rural route) City Creek NE, Zip 68333

Legal Description S.E. (1/4) 1/4 35 (Section) 8N (Township) 5E (Range) Lot 28 I.T. (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 Joe Thompson Signature _____

Address 3445 D City/State/Zip Lincoln 68510

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

C. Contractor

Name Jeff Kreifels Company Name Action Plumbing

Address 4101 So 8 City/State/Zip Lincoln NE 68502

☐ Check if contractor designed system Work Phone _____

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 4 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 4/24/06 Date frwd 4/24/06	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 4/24/06 Date frwd 4/24/06	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 4-24-06 Date frwd 4-24-06	ACTION ☐ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By _____

Date 11/14/06

Business Office Use Only

Date Rec'd 04/24/06

Amt Paid 275.00

Rec'd By _____ Cash/Check No. 2446

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

C

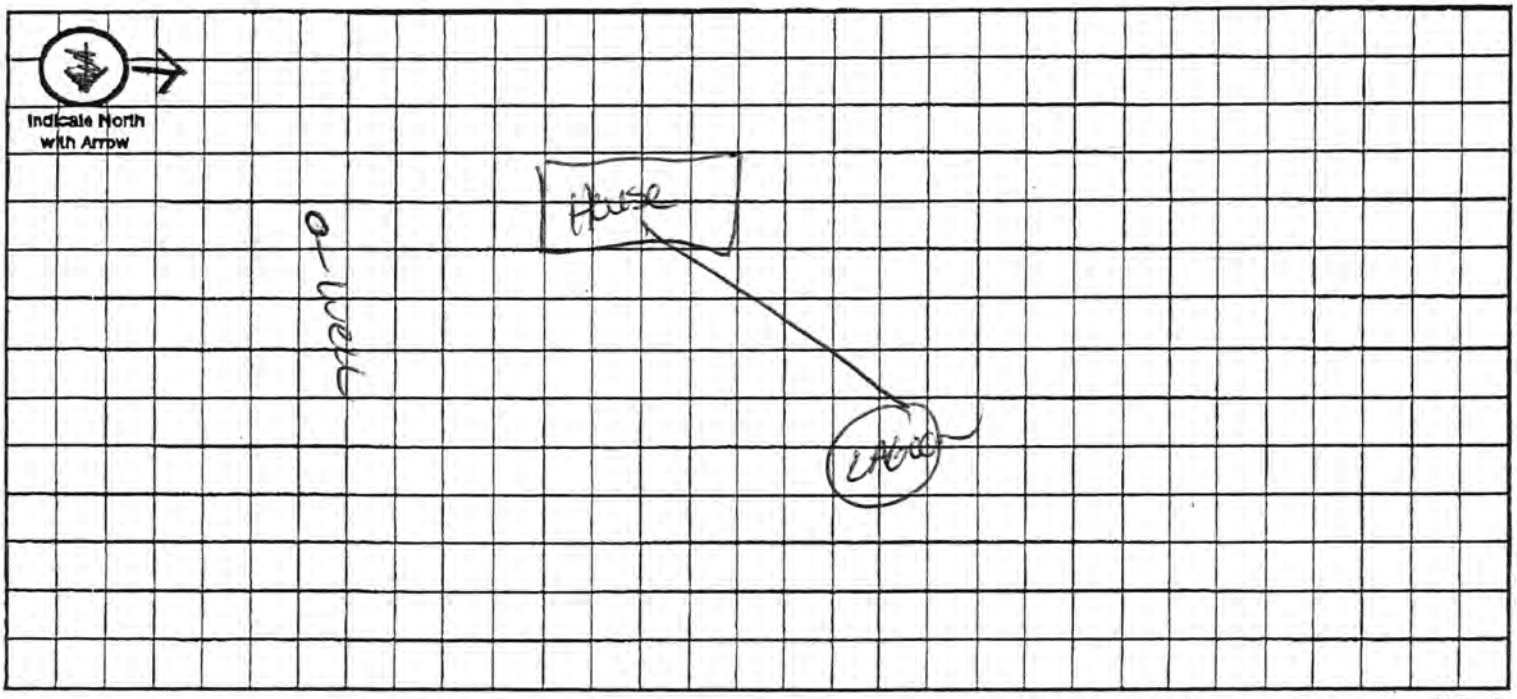
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

APR 2 2006

Permit Number: 03803183

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) 7720 W. Stagecoach City Crete NE, Zip 68333

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 James M Smith Smith Const Date 4-21-06

Installer Jeff Kreifels @ Action Plbg Date 04/21/06

FORM 20-102 10-96

TOTAL P.07