# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

006427

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380298301

Issued 03/16/05
Expires 09/16/05
Revenue Code 3157

Establishment:
DON JOHNSON HOMES
T8N R6E SEC 6 QTR SW
NW1/4 OF SW1/4;PAR B LOT 3
12500 SW 58 ST-MARTELL

FEES: $200.00

Permittee:
DON JOHNSON HOMES
5901 N 27 ST
LINCOLN NE 68521

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: 05380298301

# 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 12500 SW 58th (no rural route) City Martell NE, Zip 68 404

Legal Description NW SW 6 8N 6E N½ Lot 3 & Parcel B
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 Don Johnson Homes Signature _____

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone _____ Work Phone 436-3228

### C. Contractor

Name Don Johnson Homes Company Name Don Johnson Homes

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone 436-3228

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

Designer Name Dave Vogt Firm Vogt Excavating Work Phone 560-4267

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3+(2 Future) 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 3/16/05 Date frwd 3/16/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/14/05 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3-16-05 Date frwd 3-16-05 ACTION ☒ Approved ☐ Disapproved Signature Jim Klouzek

Avoid east end of Parcel B as this is flood plain J.P. - Line to Lagoon 8/2/05 D.S.

### Installation Final Written Approval

By Doug Myers

Date 8/15/05

**Business Office Use Only**
Date Rec'd 3/16/05
Amt Paid $200.00
Rec'd By CW Cash/Check No. 16671

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

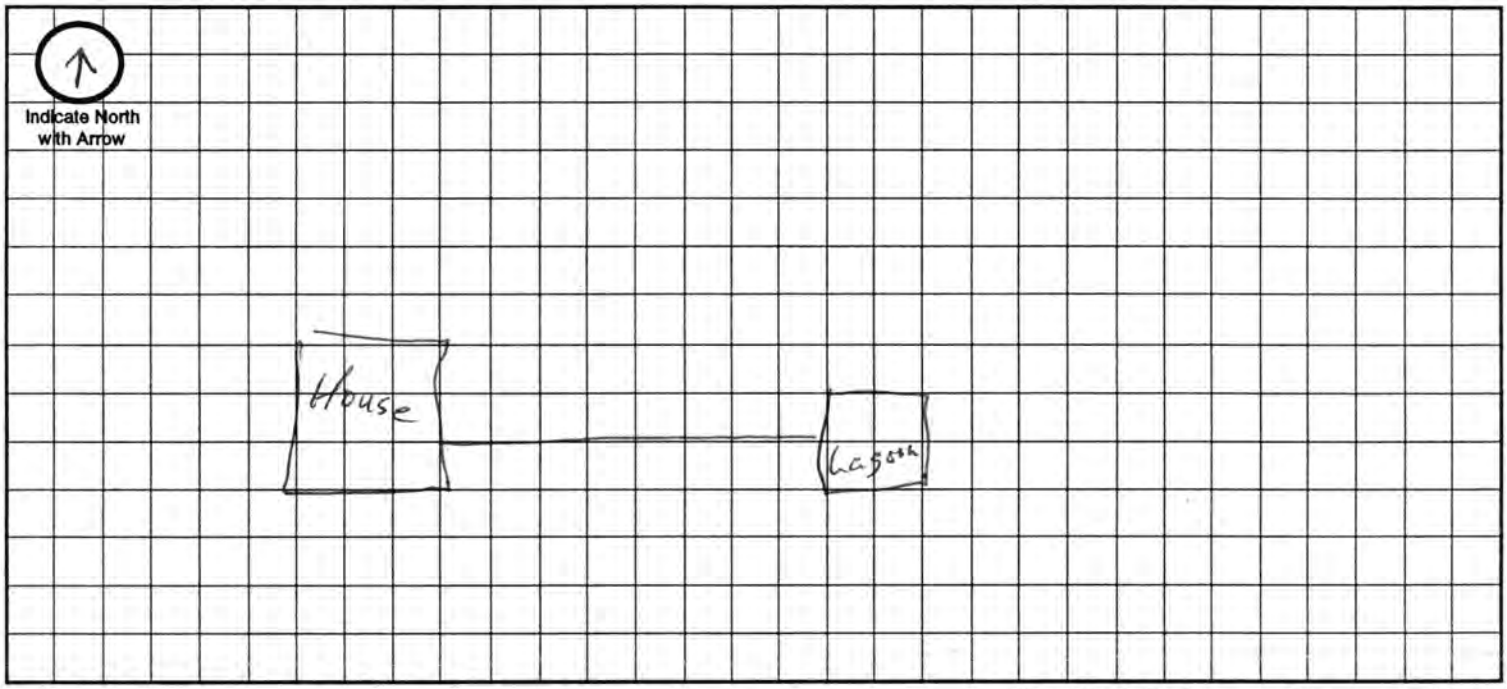
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**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) _____ City _____ NE, Zip _____

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

## 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 _____ Date 3-16-05

Installer _____ Date 3-16-05

# Official Survey Record

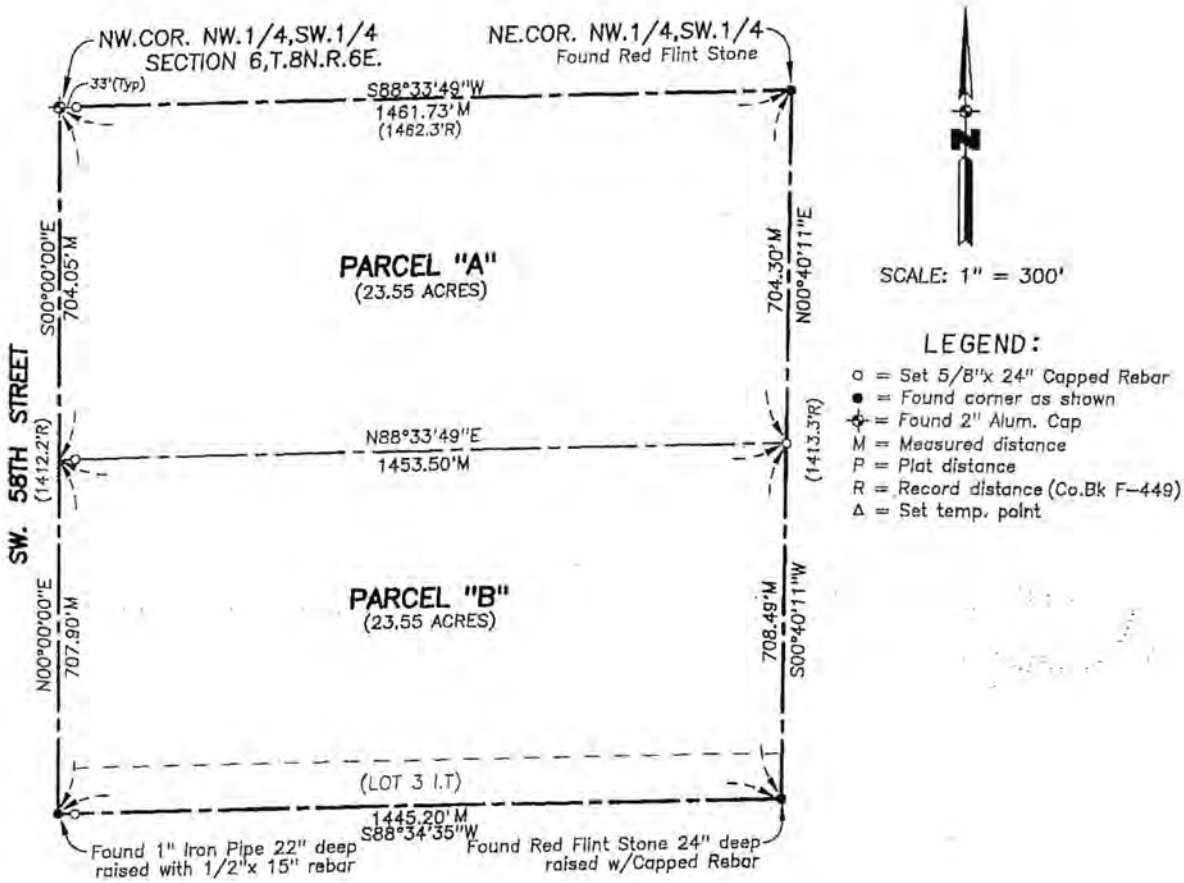
LANCASTER County, Nebraska

Phone (402) 434-2686
Fax (402) 434-2687

*ALLIED SURVEYING AND MAPPING, INC.*
*6120 South 58th Street – Suite "A" – Lincoln, Nebraska 68516*

Survey of the Northwest Quarter of the Southwest Quarter and Lot 3 of Irregular Tracts in the Southwest Quarter of the Southwest Quarter Section 6 T. 8 N., R. 6E of the 6th P.M.

Job No. 33983 January 2005




SCALE: 1" = 300'

LEGEND:

- o = Set 5/8"x 24" Capped Rebar
- ● = Found corner as shown
- ⊕ = Found 2" Alum. Cap
- M = Measured distance
- P = Plat distance
- R = Record distance (Co.Bk F-449)
- Δ = Set temp. point

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Rebar were set at points marked o. All dimensions are in feet and decimals of a foot.

Signed this 31st day of January 2005

NAME Kerry W. Simonds
KERRY W. SIMONDS

Surveyor's License # 333
Nebraska L.S. (SEAL)

NEBRASKA REGISTERED LAND SURVEYOR KERRY W. SIMONDS LS-333

# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007645

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380301101

Issued 05/04/05
Expires 05/04/06
Revenue Code 3157

Establishment: TIM BUNN
T8N R6E SEC 6 QTR SW
NW&SW1/4 OF SW1/4
SW 58TH ST

FEES: $200.00

Permittee: TIM BUNN
1808 GREEN BRIAR CT
MT VERNON IN 47620

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: 05380301101

# 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)** – Not assigned yet / S.W. 58th

Address 12500 SW 58th Street (no rural route) City _____ NE, Zip _____

Legal Description N.W. of SW + Lot 3 in SW of S.W. Sect. 6/T.8/R6E
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 Tim Bunn Signature X Tim Bunn

Address 1808 Green Briar Ct. City/State/Zip Mt. Vernon, Indiana 47620

☐ Check if owner designed system Home Phone 812-649-9794 Work Phone 812-760-9570

**C. Contractor**

Name Ken Bell Company Name Precise Builders, Inc.

Address 7211 S 27th City/State/Zip 68512

☐ Check if contractor designed system Work Phone 402 416 4151

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

Designer Name JEREMY Firm DESIGN ASSOCIATES OF LNK Work Phone 474-3000

**E. This System Will Serve a**

☒ Residential Dwelling Number of Bedrooms 6 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 5/4/05 Date frwd 5/4/05 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/4/05 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-4-05 Date frwd 5-4-05 **ACTION** ☒ Approved ☐ Disapproved Signature _____

**Installation Final Written Approval**

By _____

Date _____

***Business Office Use Only***
Date Rec'd 5/4/05
Amt Paid 200.00
Rec'd By CW Cash/Check No. 5382

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

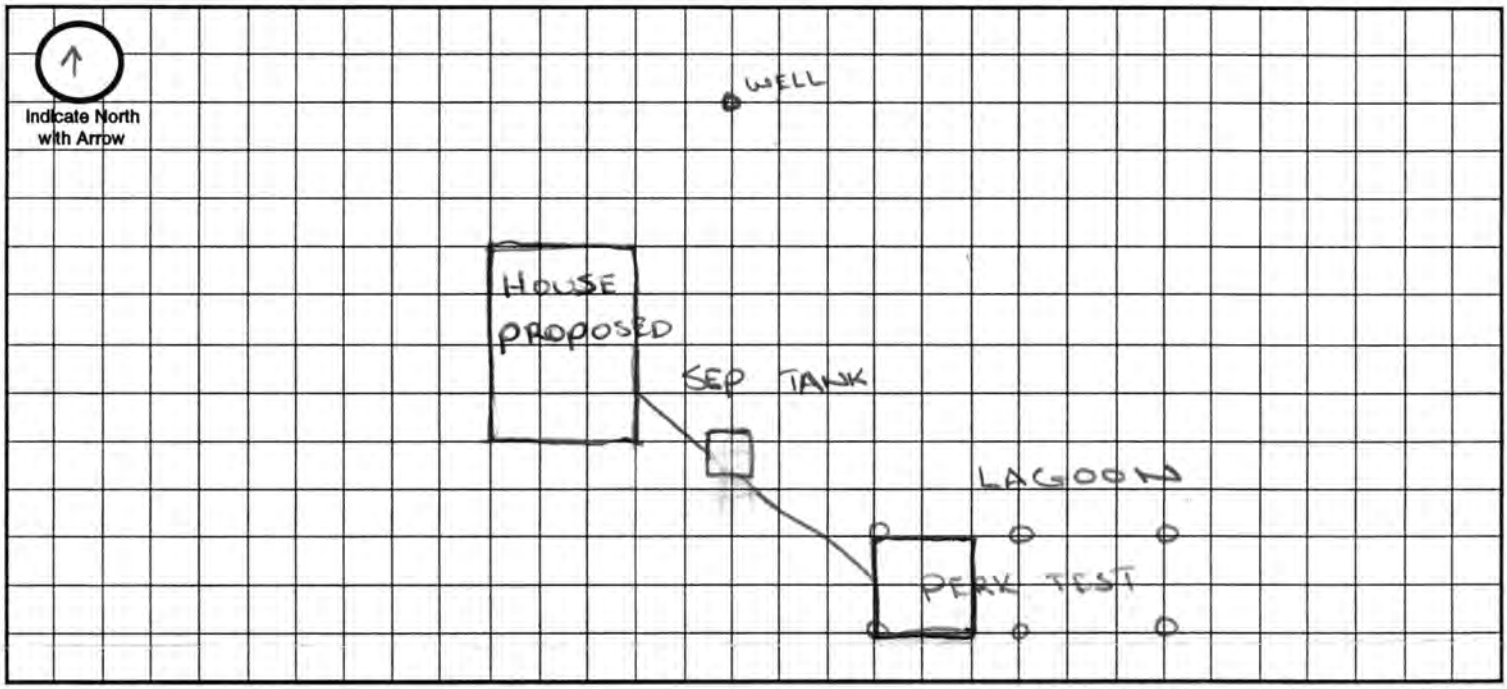
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 05380301

# 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) _____ City _____ 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: _____ %

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 1750 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 X Ken Buel Date 4/29/05

Installer _____ Date 5-3-05

FORM 23-102 10-96

# Official Survey Record

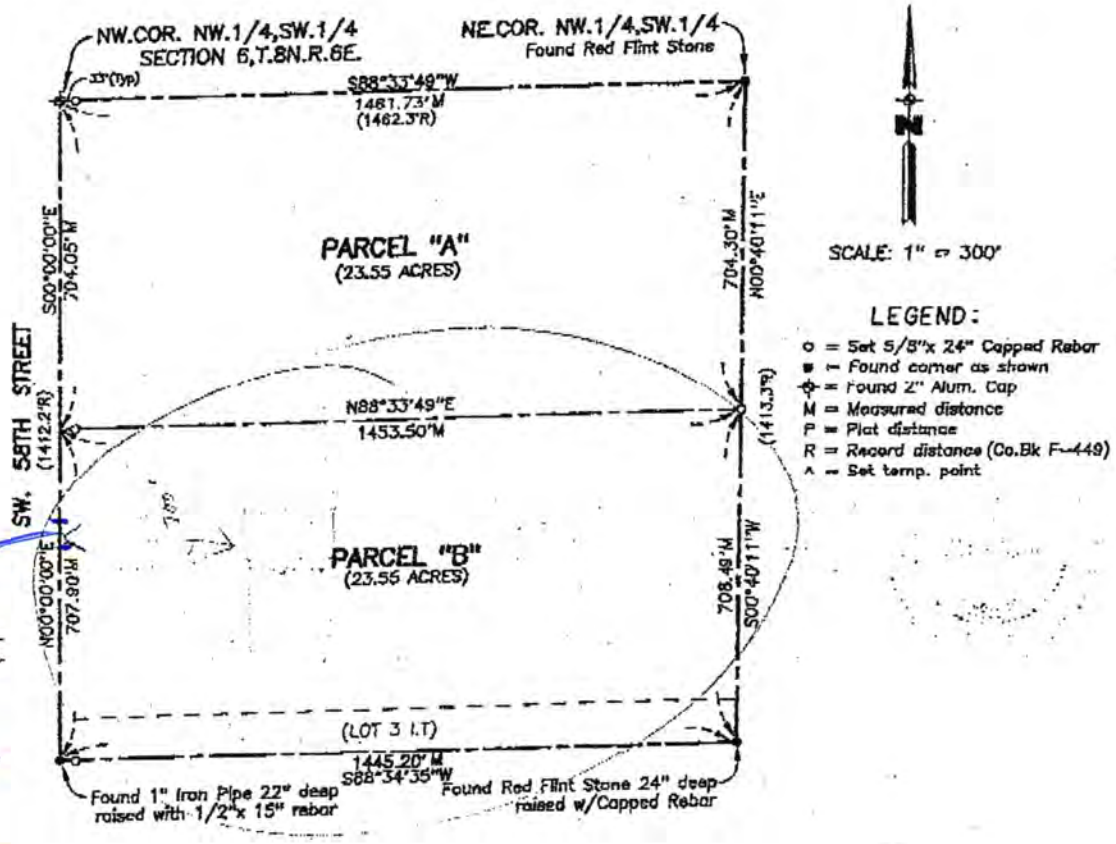
LANCASTER County, Nebraska

Phone (402) 434-2886
Fax (402) 434-2887

*ALLIED SURVEYING AND MAPPING, INC.*
*6120 South 56th Street – Suite "A" – Lincoln, Nebraska 68516*

Survey of the Northwest Quarter of the Southwest Quarter and Lot 3 of Irregular Tracts in the Southwest Quarter of the Southwest Quarter Section 6 T. 8 N., R. 6E of the 6th P.M.

Job No. 33983 January 2006




Road on east from S. Face

SURVEYORS CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. Iron Rebar were set at points marked o. All dimensions are in feet and decimals of a foot.

Signed this 31st day of January 2005

NAME Kerry W. Simonds
KERRY W. SIMONDS

Surveyor's License # 333
Nebraska L.S. (SEAL)

NEBRASKA REGISTERED LAND SURVEYOR KERRY W. SIMONDS

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

**D**

Permit Number:

# Sewage Disposal System
## As Built Plans & Specifications

Date 11-29-05

8-6-6
~~8-5-6~~

**System Location (Indicate correct number and street)**

Address 12480 SW 56th (no rural route) City Martell NE, Zip 68404

## A. Building Sewer

1. Material: Plastic
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 96 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 103 ft.
   stream — ft.
   pressure line 75 ft.
   property line 20 ft.

## B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 20 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line 207 ft.
   Stream — ft.
   Pressure line 180 ft.
   Property line 160 ft.

## C. Distribution Box

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 75 ft.

## D. Absorption Field

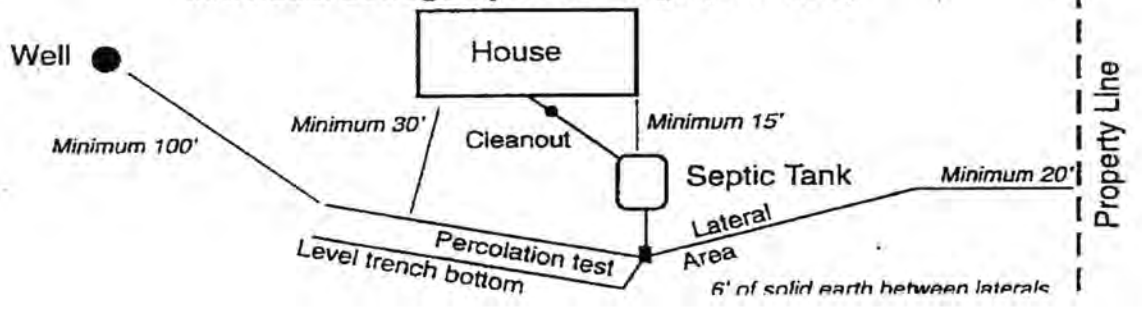
*(Provide as-built drawings on back of this form)*

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 32"
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 4
   Length of each line: 125 ft. 125 ft.
   125 ft. 125 ft., ft.
3. Trench dimensions: Width 5 ft.
   Slope 2 in/100 ft.
   Average depth 36" in
4. Filter material: SAND
   Depth of material 24" in.
5. Distances to: Well or suction line 207 ft.
   Stream — ft.
   Pressure line 180 ft.
   Property line 20 ft.

Indicate North with Arrow

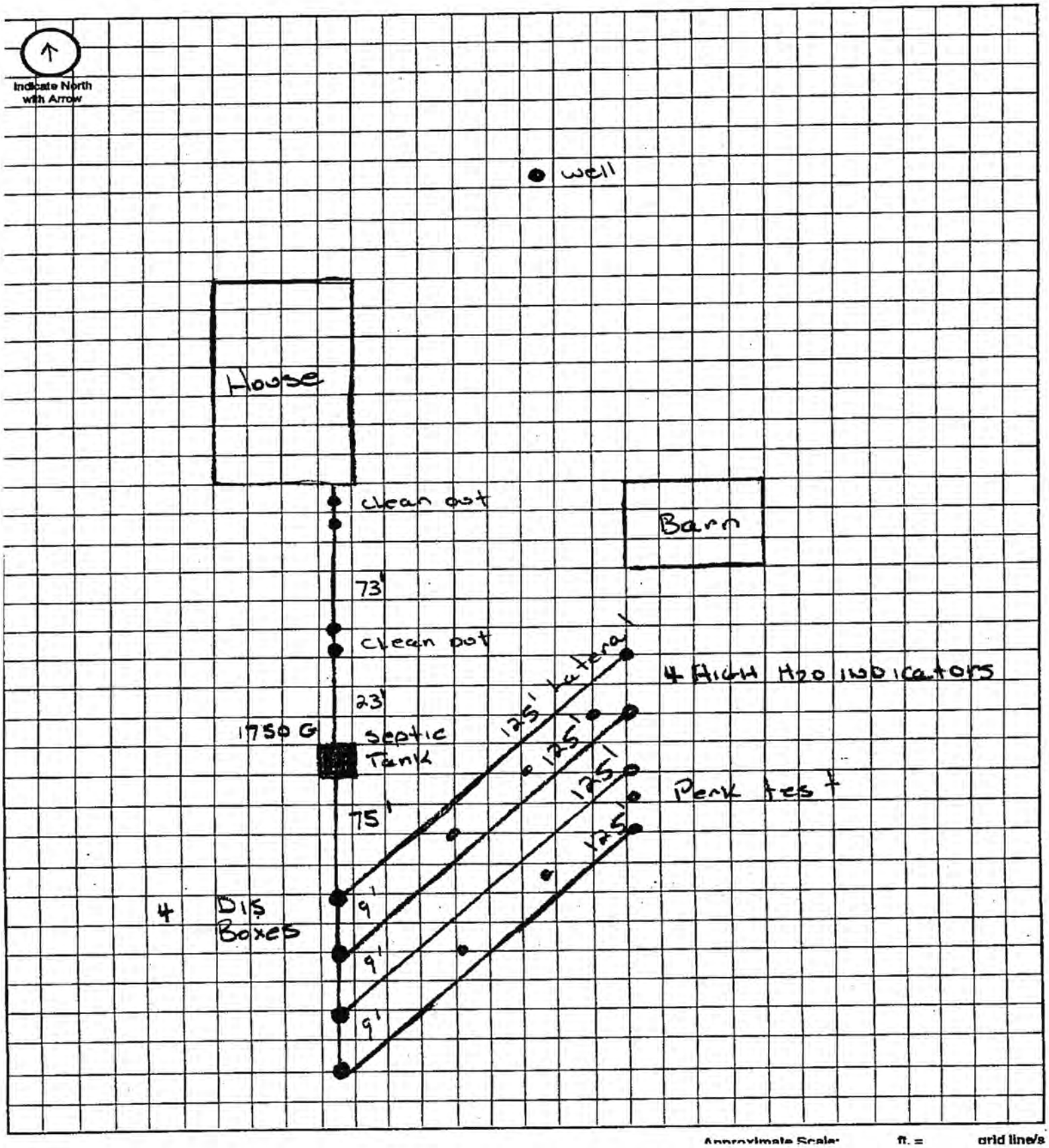
**Complete "As Built" drawing on back of this form.**

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

# As Built Drawing



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

AUG 2 2 2005

D

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date 8-2-05

**System Location (Indicate correct number and street)**

Address 12400 SW 58th St. (no rural route) City Mottell NE, Zip ~~Ne~~

## A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 150 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line _____ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 80+ 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 _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

## C. Distribution Box

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

## D. Absorption Field

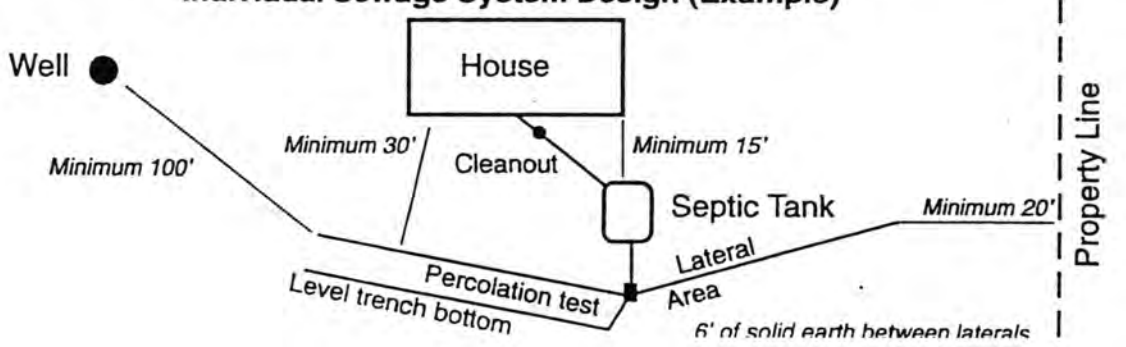
*(Provide as-built drawings on back of this form)*

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.**

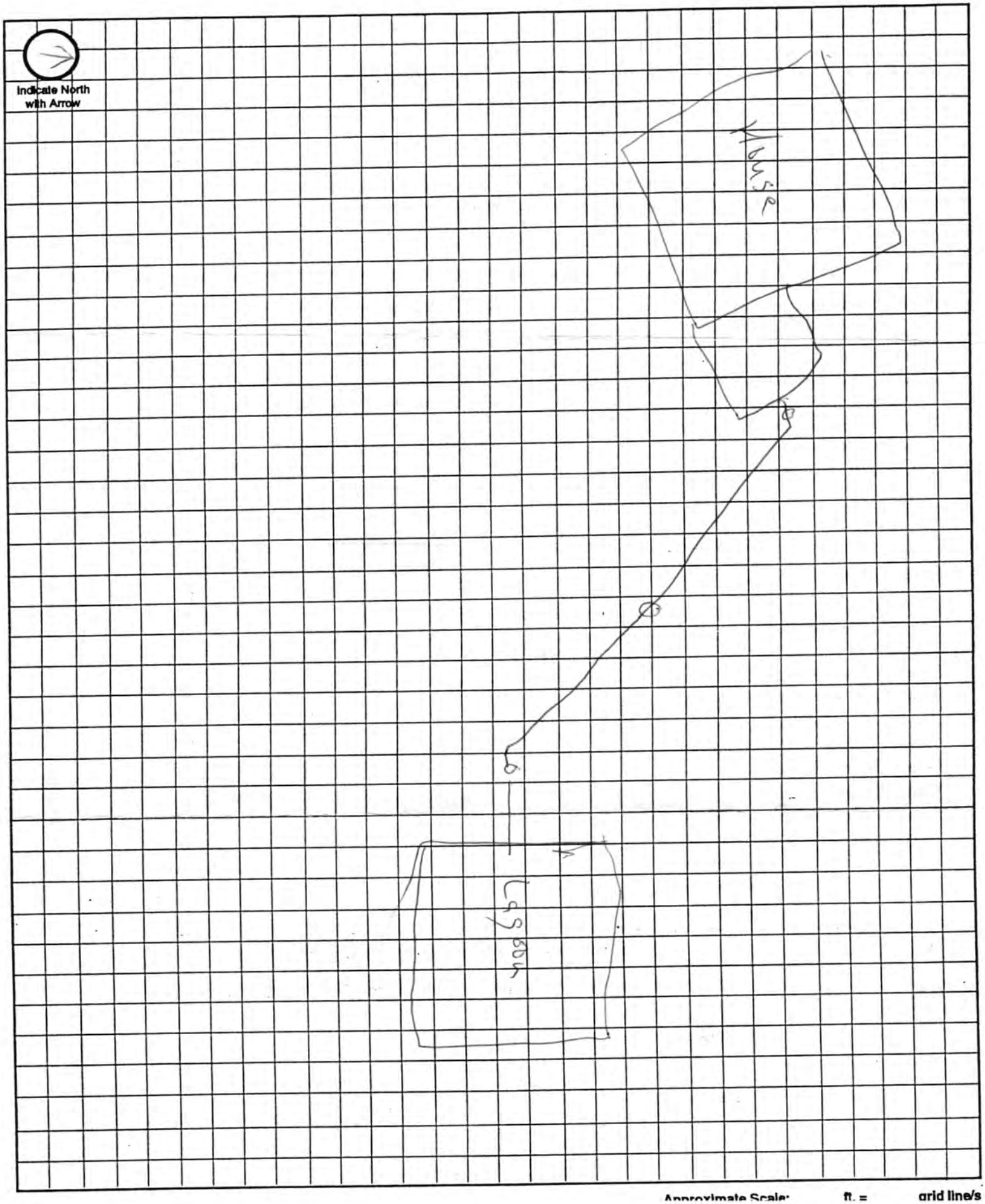
Indicate North with Arrow

### Individual Sewage System Design (Example)




FORM 23-103 10-96

# As Built Drawing




Approximate Scale: ft. = grid line/s