Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380242201

Issued 01/24/02
Expires 07/24/02
Revenue Code 3157

Establishment

DAN & SHERI DOUGHERTY
T8N R6E SEC 30
BLUESTEM HEIGHTS BLK 5 LOT 1
4201 W BLUESTEM RD-MARTELL

FEES: $200.00

Permittee

DAN & SHERI DOUGHERTY
3151 YANKEE HILL RD
MILFORD NE 68405

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000513

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

A

Permit Number: 023802422

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 4201 Blue Stem Rd (no rural route) City Martell NE, Zip _____

Legal Description _____ 30 8N 6E Blue Stem Heights 5 1
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 Dan and Sheri Daugherty Signature Sheri Daugherty

Address 3351 Yankeetown Rd City/State/Zip Milford, NE 68405

☒ Check if owner designed system Home Phone 761-2114 Work Phone 479-4485

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ 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 ~~3~~ ~~4~~ 2 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 1/24/02 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Nodd
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/25/02 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1/25/02 Date frwd 1/25/02 ACTION ☒ Approved ☐ Disapproved Signature _____

Tank + lateral — more gravel needed
-Need drawing 4/8/02 DS — field notes

Installation Final Written Approval

By Doug Amon

Date 4/30/02

Business Office Use Only

Date Rec'd 01/24/02
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 1001

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: 02380242?

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4201 BLUESTEM RD. (no rural route) City MARTELL NE, Zip

Owner DAN DOUGHERTY Addresss 3151 YANKEE HILL RD. MILFORD

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 1-19 to 1-20 Weather: Precipitation NONE 0.0 Temperature 34°

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"	1-19	2:45	1-19	6:45	1-20	3:15	7"	1-20	9:12	330	1 1/4	24
2	|	1-19	3:00	1-19	7:00	1-20	3:30	8"	1-20	9:16	316	1 3/4	17
3	|	1-19	3:15	1-19	7:15	1-20	3:45	8"	1-20	9:20	305	1/2	60
4	|	1-19	3:30	1-19	7:30	1-20	4:15	7"	1-20	9:24	308	1/2	60
5	|	1-19	3:45	1-19	7:45	1-20	4:30	8"	1-20	9:27	307	1 3/4	17
6	↓	1-19	4:00	1-19	8:00	1-20	4:35	8"	1-20	9:30	305	1 1/4	24

Person Conducting Percolation Tests

Name: DAN DOUGHERTY
Phone: 761-2114
Address 3151 YANKEE HILL RD.
MILFORD, NE 68405

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood Date JANUARY 24, 2002

FORM 23-101 10-96

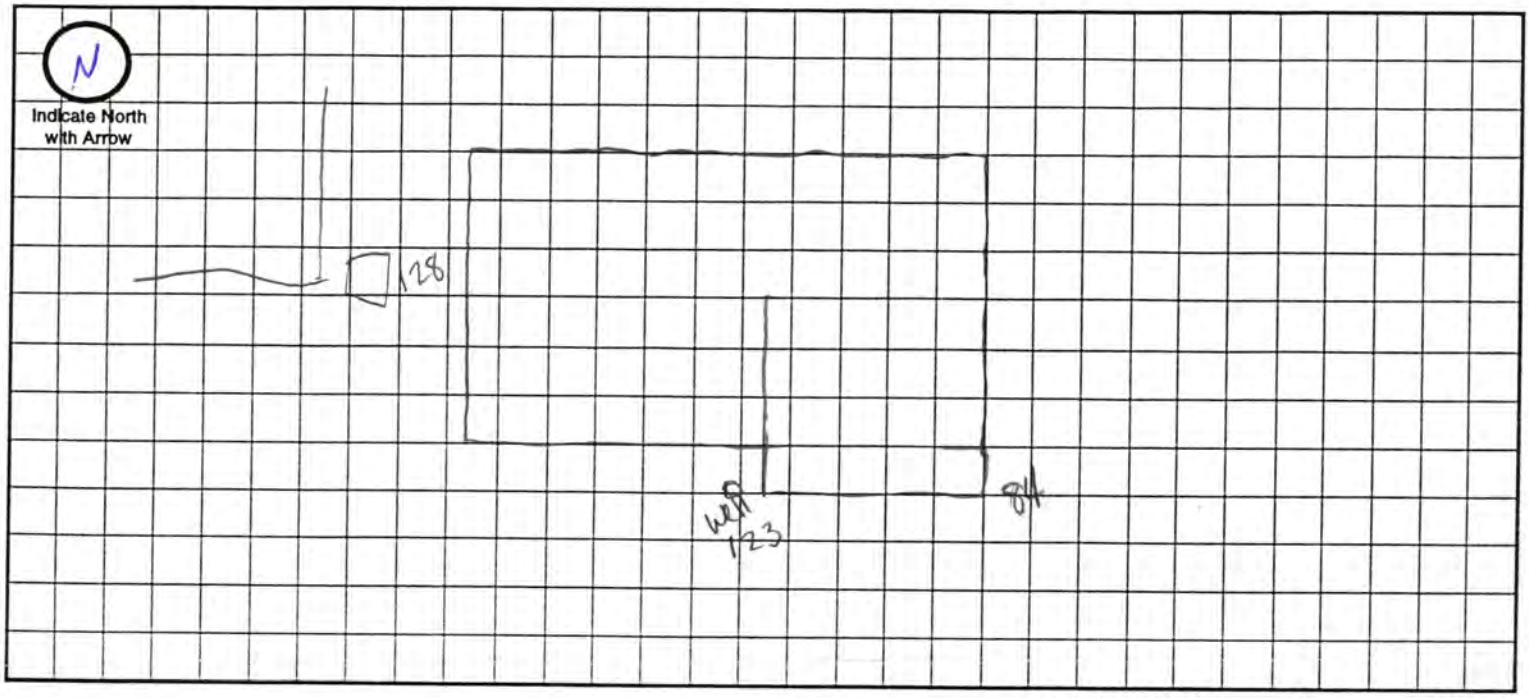
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C

Permit Number: 02380242 2

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) 4201 Bluestem Rd City Martell NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: ~~1460~~ 700 sq. ft.

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

Capacity of Septic Tank 1000 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 Dan Cox Date 1/22/02

Installer Dan Cox Date 1/22/02

FORM 23-102 10-96

Field Notes by OS. 4201 Bluestem

