LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 623-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

November 22, 1975 — THIS PERMIT EXPIRES

Eugene Kinzie — ISSUED TO

RFD, Bennet, Nebraska — ADDRESS

T8N; R8E; Sec. 2-SW¼; Lot 14; EXTEND

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2
RECEIPTED BY	DATE	AMOUNT	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 623-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: May 20, 1975

The undersigned hereby applies for a permit to ALTER [x], EXTEND [ ], or REPAIR [x] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N ; Range 8E ; Section SW 1/4 2 ;
Block ; Lot 14 ; Addition
Street Address

2. Property Use: Residential [x]; Commercial [ ]
No. Bedrooms 3
Describe
Other Use [ ]
Describe

3. Type of existing Individual Sewage Disposal System: Septic Tank [x]; Other [ ]

4. Description of proposed alteration, extension or repair: Extend 20' South & 100' East with lateral & close North - South run beyond 20' line

5. Work to be done by: Owner [x] ; or Contractor [ ] ,
Contractor's Name

6. Estimated cost of project:

a. Materials	$	150 00
b. Labor	$	100 00
c. Other	$	
TOTAL	$	250.00

Eugene Kemper
Signature of Applicant (owner or lessee)

RFD Bennet, Nebraska 68317
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:
Filing Fee: $ 15.00

2. Site Visits:
Date: June-17-75 by: RM
Date: by:
Date: by:

3. Date: Approved [x]; Disapproved [ ]
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: June-17-75 by: Lonell Maynard

Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380221401

Issued 07/14/00
Expires 01/14/01
Revenue Code 3157

Establishment

SCOTT KINZIE
T8N R8E SEC 2
LOT 14
12800 S 162 STREET-BENNET

FEES: $150.00

Permitee

SCOTT KINZIE
12800 S 162 ST
BENNET NE 68137

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013510

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

A

Permit Number: 003802214

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 12800 So 162nd (no rural route) City Bennet NE, Zip 68317

Legal Description 2 8N 8E (1/4, 1/4, Section, Township, Range) Subdivision Addition Block Lot M.I.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Scott Kinzie Signature _____

Address 12800 So 162nd City/State/Zip Bennet, Ne 68317

☐ Check if owner designed system Home Phone 782-2675 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 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 7/14/00 Date frwd 7/14/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/12/2000 Date frwd 7/12/2000 ACTION ☒ Approved ☐ Disapproved Signature Buffy Cornish
3. **City or County Engineer** Date rec'd 7/14/2000 Date frwd 7/14/2000 ACTION ☒ Approved ☐ Disapproved Signature _____

7/14/00 Need fence, signs, Drawing C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JANUARY 11, 2001

Business Office Use Only

Date Rec'd 07/14/00
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 3979

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

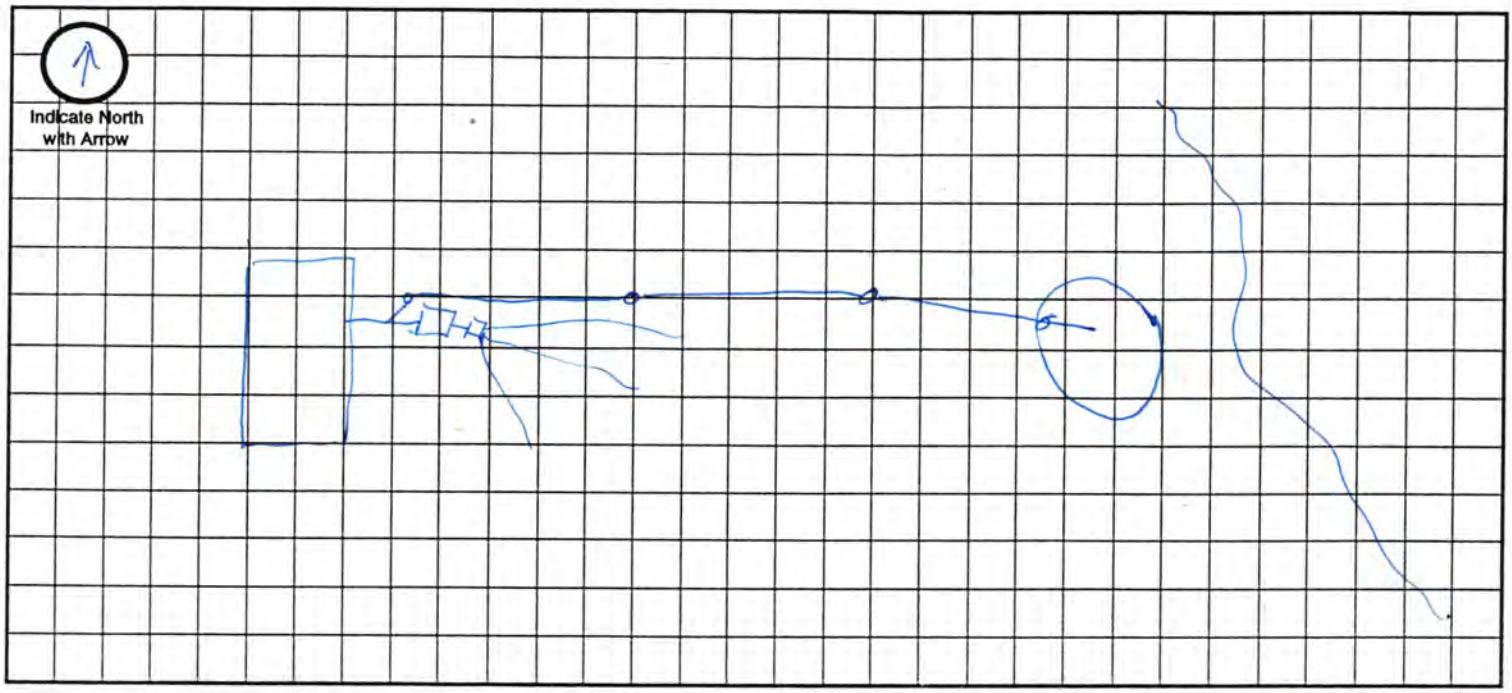
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0038 02214

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) 12800 So 162 City Bennet NE, Zip 68317

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 EXISTING Date _____

Installer Brad Southard Date 7-12-06

FORM 23-102 10-96

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 7-14-00

Scott KINZIE

System Location (Indicate correct number and street)

Address 12800 So 162nd St. (no rural route) City Bennet NE, Zip 68317

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 13 in.
3. Distance between dwelling and ~~septic tank~~ Lateral: 190 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

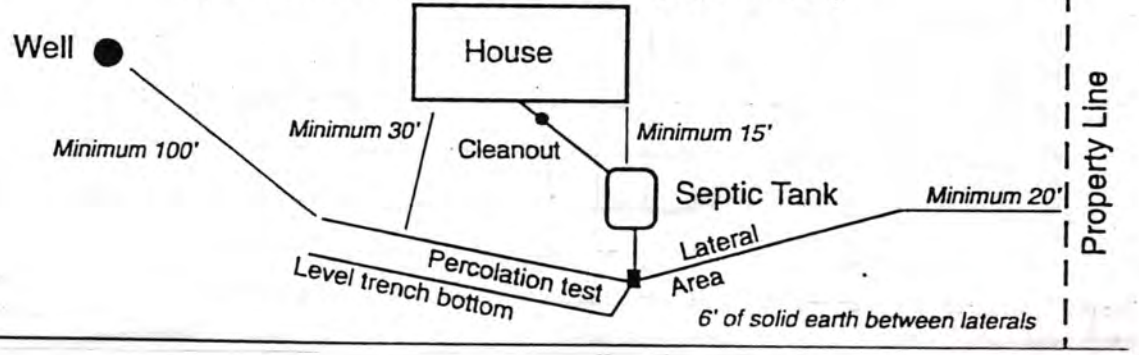
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

001

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to re

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 1 House South of Sons Home At 12800 S 162nd!

Twp 8N Range 8E Section 5 (SW 1/4) 1/4 Block Lot 14 Addition

Directions to Property Hwy 2 SE to Bennet Road – South to Snyder Road then east to 162nd then south apx 1.25 mile.

Location of Well Tap Location: Inside ☐ Outside ☐

Location of Sewage System S to SE of Garage Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	Scott Kinzie	12800 S 162nd St. Bennet, Ne 68137	
Tenant/Buyer:	Eric + Kristie Tang	6110 S 28th St Lincoln, Ne. 68516	
Return to:	Pete Beau	3910 South St. Lincoln Ne. 68506	436-3157

Signature of Applicant Pete Beau Address 3910 South St. Home Real Estate Lincoln, Ne 68510 Date 10/3/95

HEALTH DEPARTMENT USE ONLY

Date Received 10/4/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/3/95

BENNET CITY WATER

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ _____/ml	☐ _____/ml
Nitrate	☐ _____ppm	☐ _____ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date___/___/___by____
Date___/___/___by____
Date___/___/___by____

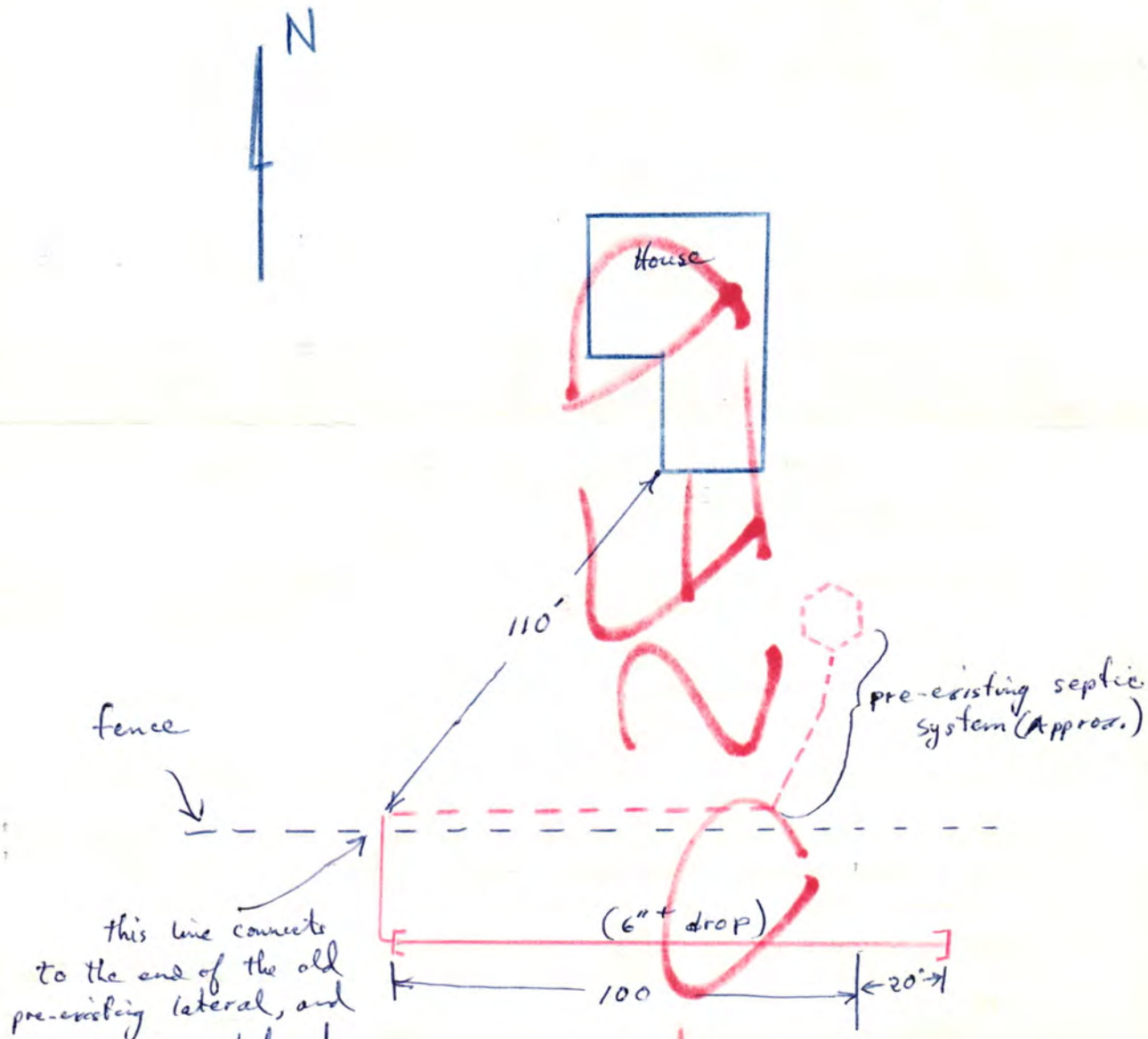
Comments: SEWAGE SYSTEM APPARENTLY PREDATES REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY THEN IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS BENNET CITY WATER

WATER SYSTEM: Approved: ☐ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by Jerrold C. Hood R.E.H.S. Date 10/3/95

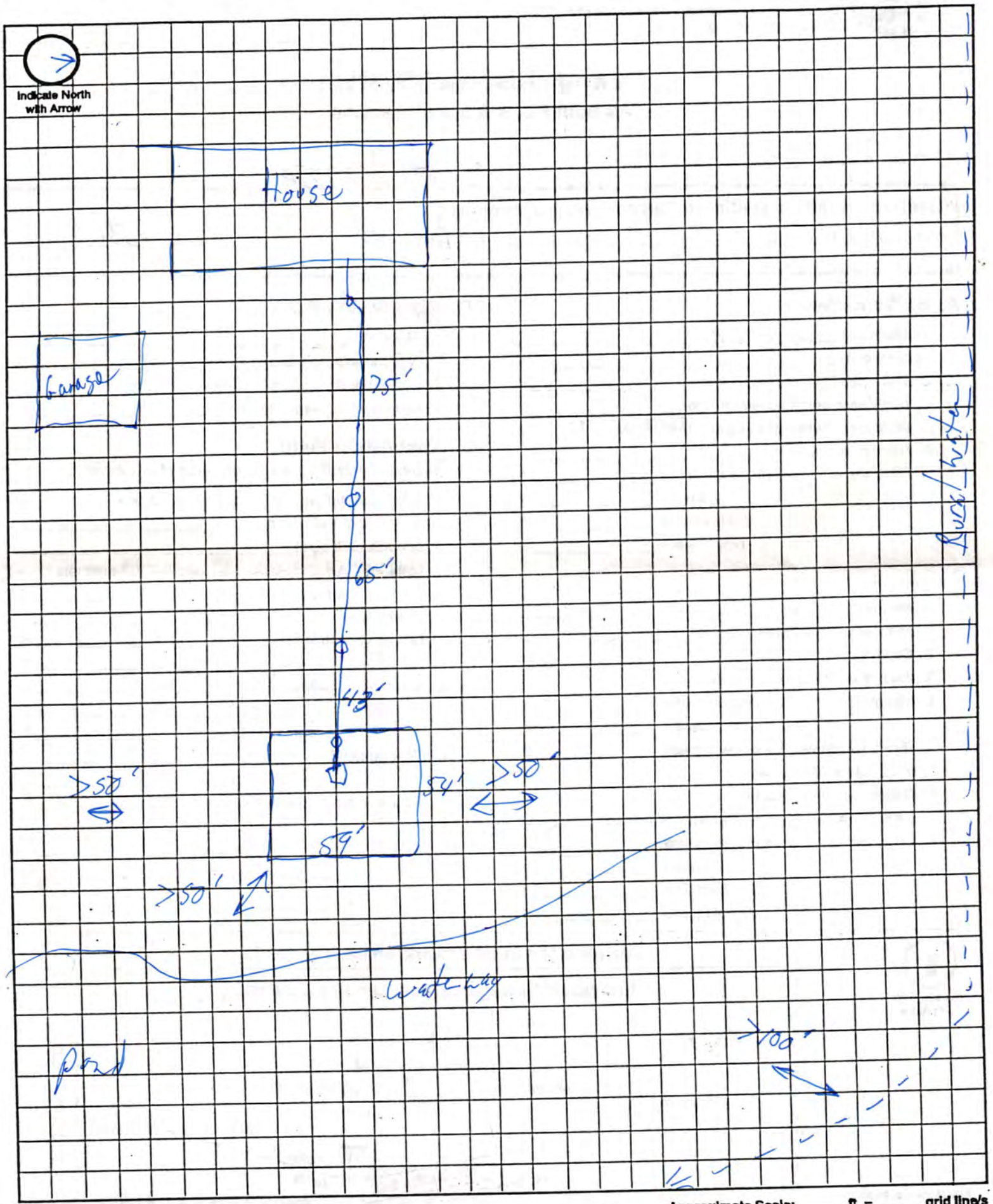
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.



- approved 100' of lateral only.
- 4-5' depth of new lateral
- 48" wide
- used galvanised 1/2 moons (metal).

RM
June-17-75

As Built Drawing



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