Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002986

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380269501

Issued 08/20/03
Expires 02/20/04
Revenue Code 3157

Establishment

MIKE ANDERSON
T8N R8E SEC 9
LITTLE NEMAHA LK EST LOT 1
14130 E SHILOH RD-BENNET

FEES: $200.00

Permittee

MIKE ANDERSON
14130 E SHILOH RD
BENNET NE 68317

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:

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 14130 E Shiloh Rd (no rural route) City Bennet Rural NE, Zip

Legal Description 1/4 9 1/4 SN Section 6E Township Range LITTLE NEMAHA LAKE ESTATES Subdivision Addition Block 1 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name mike & Bonda anderson Signature

Address 14130 e Shiloh Rd City/State/Zip Rural

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

master installer #0049

Name William J Smith Company Name Roberts excavation

Address 420 Blue Heron ct City/State/Zip Lincoln neb 68522

☐ Check if contractor designed system Work Phone 610-2588

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 8/20/03 Date frwd 8/20/03 ACTION ☒ Approved ☐ Disapproved Signature Carroll C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/21/03 Date frwd 8/21/03 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8-22-03 Date frwd 8-22-03 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

System is to above level 8/22 Line, tank, lateral D.L. of dam spillway

Installation Final Written Approval

By Doug Smith

Date 4/22/04

Business Office Use Only

Date Rec'd 8-20-03
Amt Paid 200.00
Rec'd By TW Cash/Check No. 8229

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

need check for septic system

B

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

Permit Number: 033802685

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Shiloh Rd (no rural route) City Bennet NE, Zip 68317

Owner Anderson Addresss

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

Date of Tests 5-6 to 5-7-03 Weather: Precipitation Temperature 60-70

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	30	5/6	4:00	5/7	12:00	5/7	5:30	18	5/7	6:00	30	5/8	48
2			PM		Noon		PM	19 3/8		PM		1/2	60
3								17 7/8				5/8	48
4								16 1/2				5/8	48
5								20 7/8				5/8	48
6								22				1 3/4	18

Sum of Percolation Rates: 270
Average of Rates: 45
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address 17201 Se 72nd st.
Hickman, Ne. 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

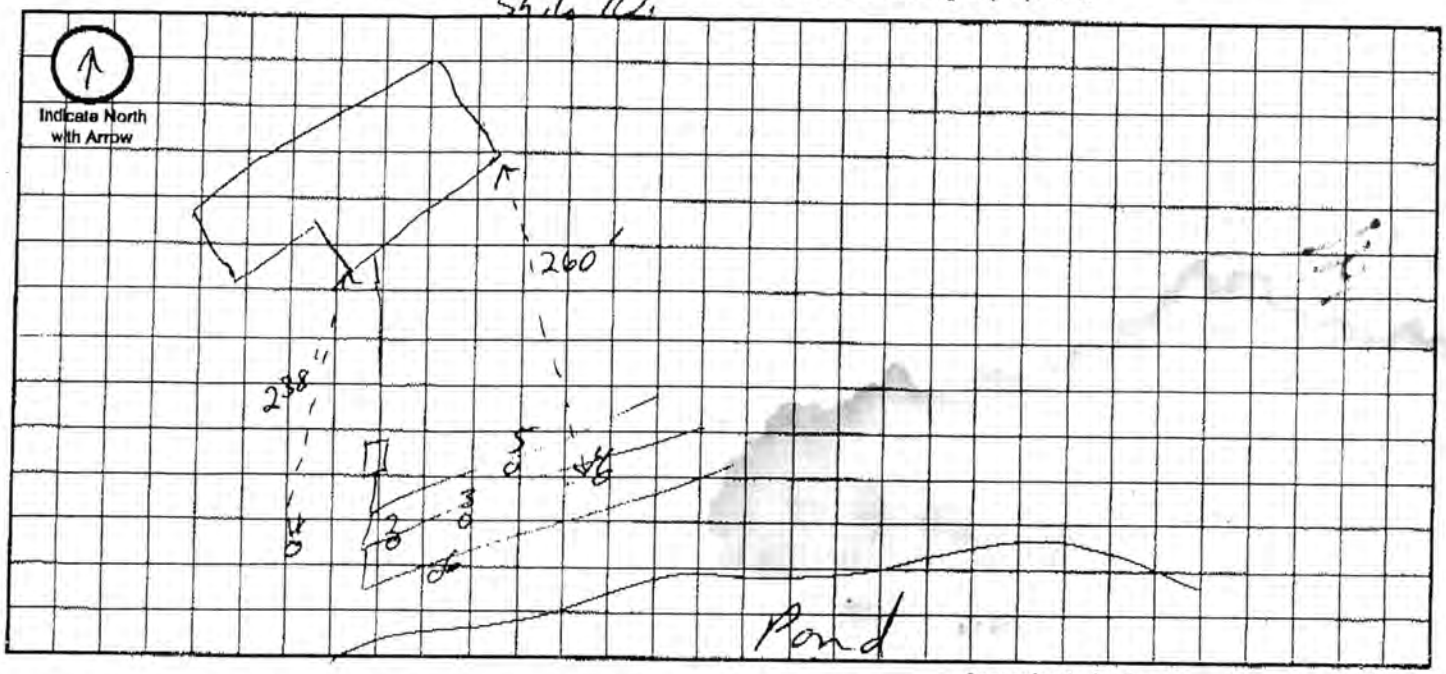
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C

Permit Number: 033802695

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) Shilo 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft.

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

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

Total Length of Laterals 350 ft. Number of Trenches _____ Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

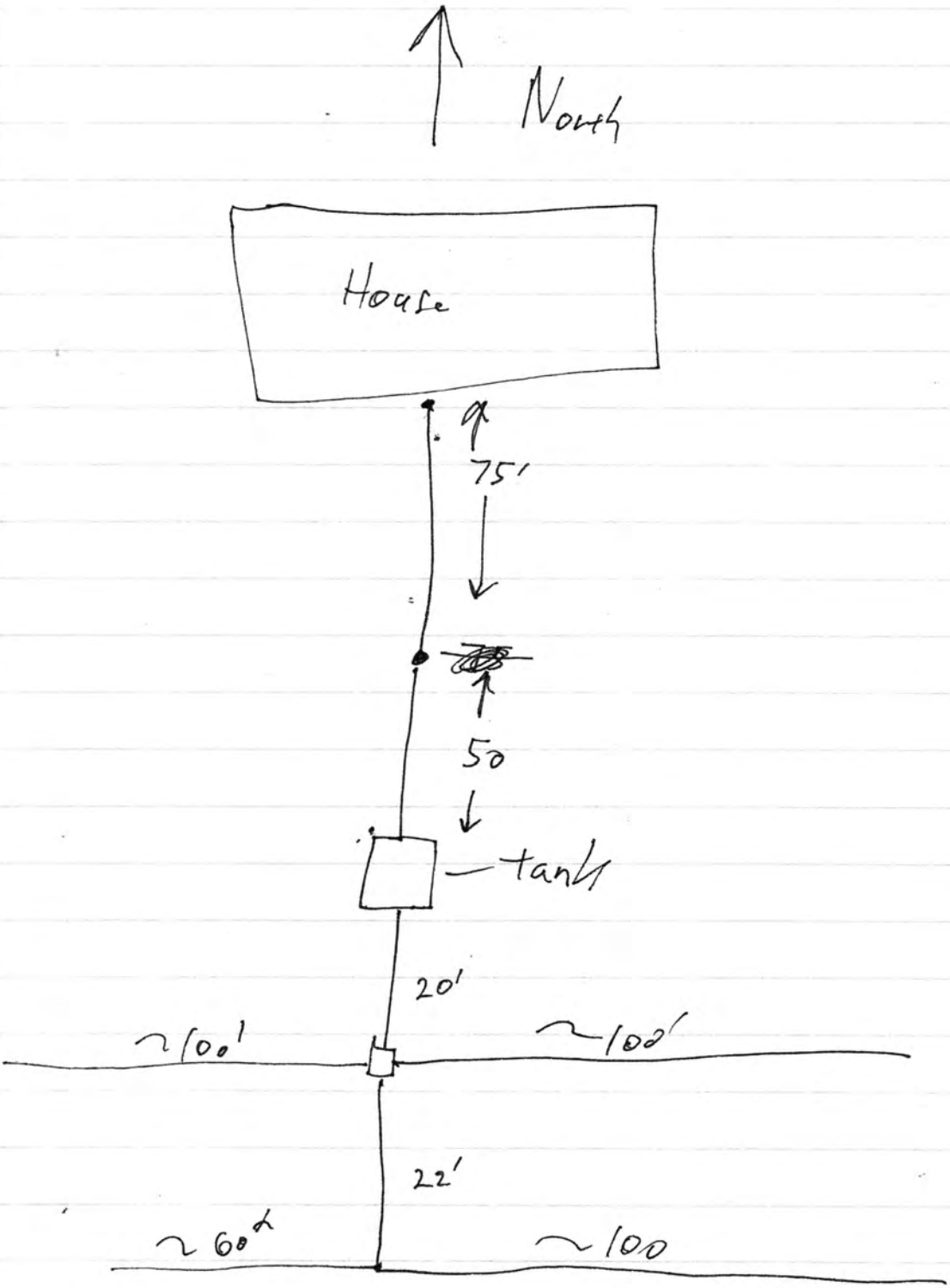
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Tom artz Date _____

Installer Brad Southwick Date 5-27-03

FORM 23-102 10-96


North
House
75'
50
tank
20'
~100'
~100'
22'
~60'
~100