Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET - LINCOLN, NE 68510-1514

009650

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380325401

Issued 09/27/06
Expires 09/27/07
Revenue Code 3157

Establishment:
BILL & CHRIS SIEFKER
T8N R8E SEC 9 QTR SE
LITTLE NEMAHA LK EST LOT 9
14733 W SHILOH RD-BENNETT

FEES: $275.00

Permittee:
BILL & CHRIS SIEFKER
21645 CLYDESDALE DR
EAGLE NE 68347

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: 06380325401

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 14733 W Shiloh Rd (no rural route) City Bennett NE, Zip 68317

Legal Description SE (1/4) 1/4 9 (Section) 8N (Township) 3E (Range) Little Nemaha Lake Estates (Subdivision) (Addition) 9 (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 Bill & Chris Siefker Signature [signature]

Address 21645 Clydesdale Dr City/State/Zip Eagle, NE 68347

☐ Check if owner designed system Home Phone 402-310-9035 Work Phone 308-289-6550

C. Contractor

Name Bill Siefker Company Name _____

Address 21645 Clydesdale City/State/Zip Eagle NE 68347

☐ Check if contractor designed system Work Phone 308-289-6550

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Work Phone 402-890-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 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 9/27/06 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 09/27/2006 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 09/28/2006 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature [signature]

9/27/06 need fence, drawings, signs etc. J.C.H.

Installation Final Written Approval

By _____

Date 2/5/07

Business Office Use Only

Date Rec'd 9/27/06
Amt Paid $275.00
Rec'd By CW. Cash/Check No. 6265

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

Percolation Test Data

D 1/8 1/4 3/8 1/2 5/8 3/4 7/8 1

Raymond Contracting, Inc. Terri L Jakoubek 13800 NW 70th St Raymond, NE 68428 402-783-2663 Office 402-783-2341 Fax 402-890-3870 Mobile

B

063803254

~~System Location/Information:~~ Owner

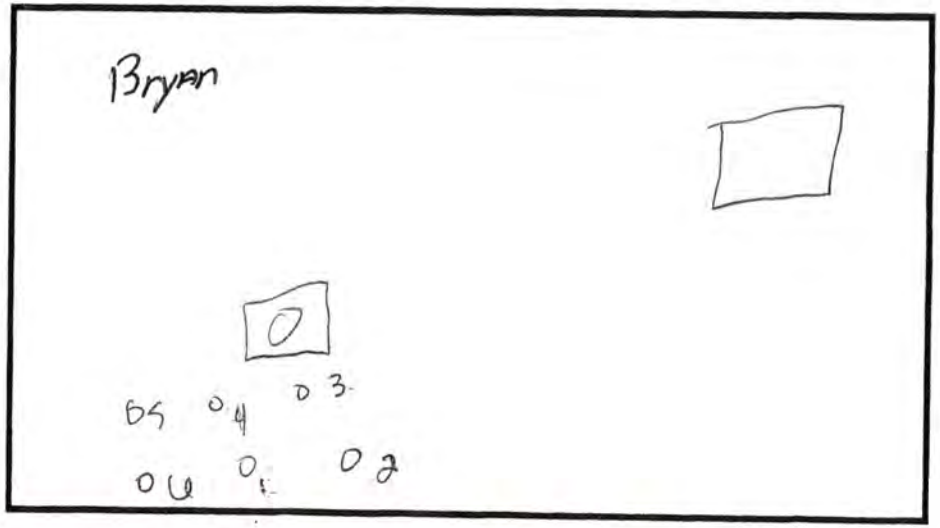
21645 Clydesdale Dr
Engle, NE 68347

~~Owner~~ Information: System

Bill Siefker
14733 E Shiloh Rd
Bennett, NE
402-310-9035

Presoak Information
Date: 8-2-06 Start Time: 12:30 End Time: 4:30
Weather:
Notes:

Percolation Information
Date: 8-3-06 Start Time: 12:30 End Time:
Weather:
Notes:



					Start	Time			Time			Time			Time			Time			Time		
			11 1/4	5 1/4	12:20	12:56			1:26			1:56										
Hole #	Depth	Out	+10.5	+4.5	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop	Fill
1					2 11/16	8 9/16																	
2					11 7/8	11 13/16																	
3					11 3/8	11 1/4																	
4					12 3/16	12 1/8																	
5		2 1/2		7 3/4	7 5/8	10 3/8		7 7/8	7 1/8		7 3/4	7 5/16											
6		3 3/8		8 5/8	8 5/8	8 3/16		8 3/16	7 7/8		8 1/2	8 5/16											
7																							
8																							
9																							

	Time			Time			Time	
Hole #	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop
1								
2								
3								
4								
5								
6								
7								
8								
9								

Results - *Water level drop in 30 minute intervals*

Hole	1:00	1:30	2:00						Perc Rates (min/in)
1	1/8								30/0.13=231
2	1/16								30/0.06=500
3	1/8								30/0.13=231
4	1/16								30/0.06=500
5	1 1/4	3/4	7/16						30/0.44=68
6	7/16	5/16	3/16						30/0.19=158
7									
8									
9									
Sum & Average of Perociation Rates									

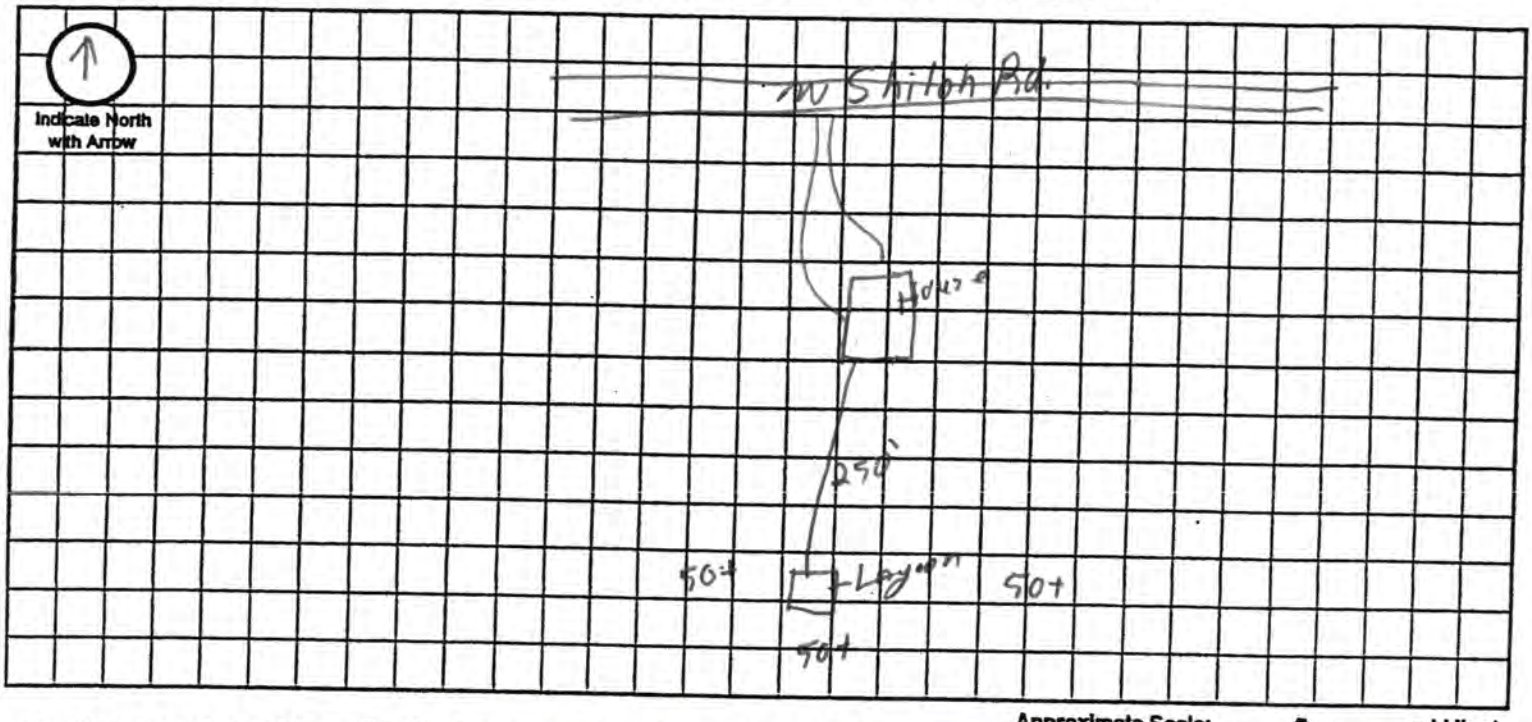
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C

Permit Number: 063803254

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) 14733 W Shiloh Rd City Bennett 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 _____ Date 9-27-06

Installer _____ Date 9/19/06