Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003370

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380278001

Issued 02/13/04
Expires 08/13/04
Revenue Code 3157

Establishment LONNIE GOODRICH
T8N R8E SEC 10 QTR NW
LOT 76IT
15251 GARDEN ST-BENNET

FEES: $200.00

Permittee LONNIE GOODRICH
BOX 304
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

FEB 13 2004
FEB 23 2004

A

Permit Number: 04380278001

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 15251 Garden St. (no rural route) City Bennet NE, Zip 68317

Legal Description Lg 76 NW 10 8N 8E 76 Ft
1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot

Geographical Location (if known): Longitude X Latitude X

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

B. Owner

Name Lonnie Goodrich Signature Lonnie J. Goodrich

Address 470 Monroe Box 304 City/State/Zip Bennet, NE 68317

☐ Check if owner designed system Home Phone 402 782-2203 Work Phone 782-3535

C. Contractor

Name Clint Presnell Company Name Wellmann Plumbing Inc.

Address 3130 S. 6Th City/State/Zip Lincoln Ne. 68502

☑ Check if contractor designed system Work Phone 402-434-2400

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 402-434-2400

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 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 2/13/04 Date frwd 2/24/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/18/04 Date frwd 2/18/04 ACTION ☑ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 2-24-04 Date frwd 2-24-04 ACTION ☑ Approved ☐ Disapproved Signature

4/9/04 Need drawing. L.C.H

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 02/13/04
Amt Paid 280.00
Rec'd By _____ Cash/Check No. 2896

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

B

Permit Number: 043902780

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15251 Garden St. (no rural route) City Bennet NE, Zip 68317

Owner Lonnie Goodrich Addresss 470 Monroe Box 304 Bennet, NE 68317

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

Date of Tests 1-22-04 to 1-23-04 Weather: Precipitation Dry Temperature 40

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"	1-22	9 am	1-23	9 am	1-23	9 am	6	1-23	1 pm	30	3/4	40
2	"	"	"	"	"	"	"	"	"	"	30	1/2	60
3	"	"	"	"	"	"	"	"	"	"	30	1/2	60
4	"	"	"	"	"	"	"	"	"	"	30	5/8	48
5	"	"	"	"	"	"	"	"	"	"	30	3/4	40
6	"	"	"	"	"	"	"	"	"	"	30	2 1/2	12

Sum of Percolation Rates: 260
Average of Rates: 43
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Clint Presnell
Phone: 402-434-2400
Address 3130 So 64 Lincoln Ne.
Wellmann Plumbing

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks MORRILL CLAY LOAM CLOSE

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date FEBRUARY 13, 2004

FORM 23-101 10-96

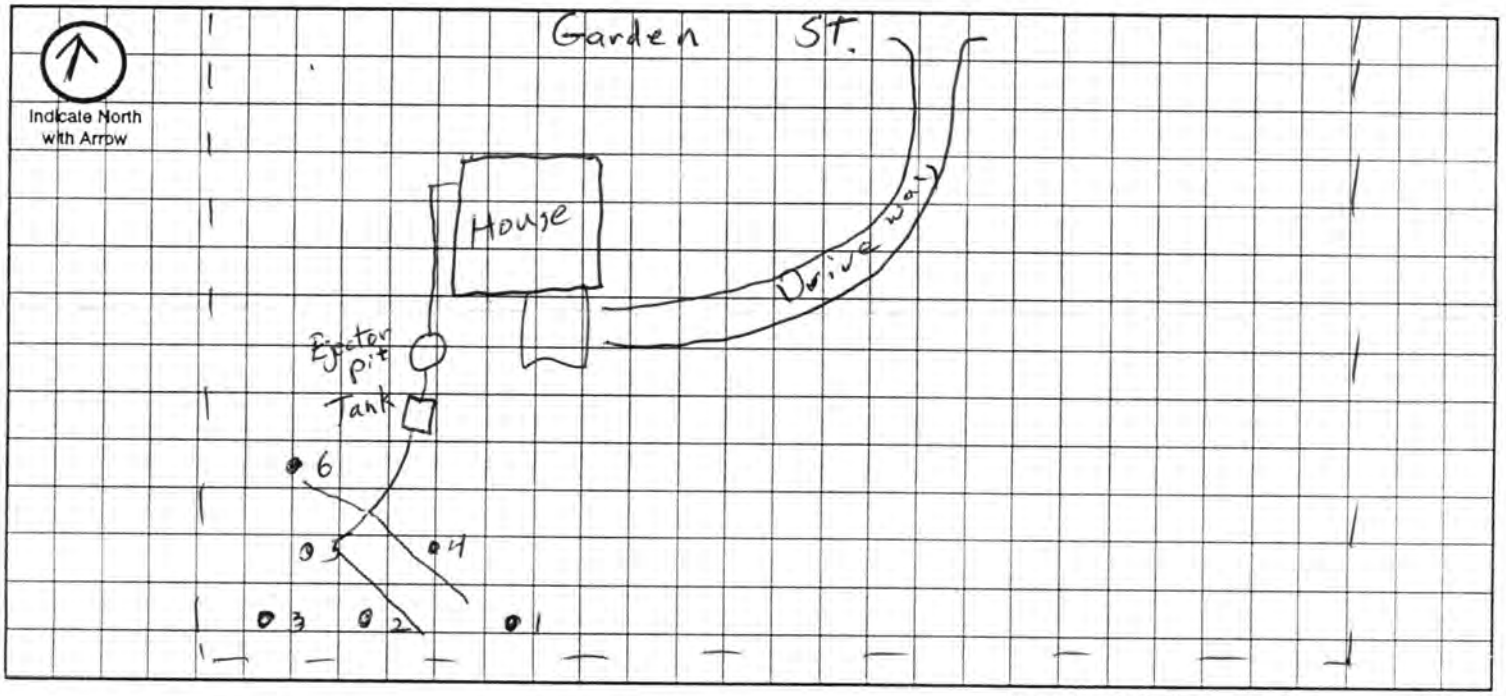
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C

Permit Number: 043802780

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) 15251 Garden St. 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: Sandy Clay WYMORE SILTY CLAY LOAM Land Slope: 3 %

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

Total Square Feet of Field Required: 1000 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: Infil Trator

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 3 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)	na 50 ☐	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	na 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 1-29-04

Installer Chad Pelk Wellmann Plumbing Inc. Date 1-29-04

FORM 23-102 10-96