Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380228401

Issued 02/06/01
Expires 08/06/01
Revenue Code 3157

Establishment

JAMES BRANDENBURG
T8N R8E SEC 12 QTR NE
LOT 10IT
18901 BENNET RD-BENNET

FEES: $200.00

Permitee

JAMES BRANDENBURG
5611 ABBEY CT
APT 6
LINCOLN NE 68505

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014302

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

A

Permit Number: 013802284

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 18,901 BENNET RD (no rural route) City N/A NE, Zip 68317

Legal Description NE 1/4 (1/4) 12 (Section) 8N (Township) 8E (Range) OF 6th PM (Subdivision) (Addition) 10 (Block) I (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner JAMES & KATHERINE

Name BRANDENBURG Signature Katherine Brandenburg

Address 5611 ABBEY CT #6 City/State/Zip LINCOLN, NE 68505

☐ Check if owner designed system Home Phone 466-4531 Work Phone _____

C. Contractor

Name DAVE REIBER Company Name MECHANICAL WESTERN

Address BOX 81111 City/State/Zip LINCOLN, NE 68501

☒ Check if contractor designed system Work Phone 474-7761

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

Designer Name SAME/CONTRACTOR Firm _____ Work Phone _____

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 2/6/01 Date frwd 2/13/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/13/01 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 02/13/01 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

tank line + lateral — O.S. 3/5/01

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 02/06/01
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 10280

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18,901 BENNET RD (no rural route) City N/A NE, Zip 68317

Owner J & K BRANDENBURG Address 5611 ABBEY CT #6, LINCOLN NE 68505

Soil Type (SCS): ~~SHANDO~~ STEINAUER CLAY LOAM - SHELBY CLAY LOAM CLOSE Percolation Rate: 65 min./inch

Date of Tests 1/24/01 to 1/25/01 Weather: Precipitation CLEAR Temperature 40 & 30

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	1/24	1:00	1/25	1:00	1/25	1:10	7	1/25	5:10	30	.50	15
2	↓	↓	↓	↓	↓	↓	1:15	6	↓	5:15	30	.50	15
3	↓	↓	↓	↓	↓	↓	1:20	6	↓	5:20	30	.375	80
4	↓	↓	↓	↓	↓	↓	1:25	8	↓	5:25	30	.375	80
5	↓	↓	↓	↓	↓	↓	1:30	7	↓	5:30	30	.375	80
6	↓	↓	↓	↓	↓	↓	1:35	6	↓	5:35	30	.25	120

Person Conducting Percolation Tests

Name: MECHANICAL WESTERN, DAVE REIBER

Phone: 474-7761

Address BOX 81111

LINCOLN, NE, 68501

Sum of Percolation Rates: 390

Average of Rates: 65

Rate Used for Calculation: 65 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18,901 BENNET RD (no rural route) City N/A NE, Zip 68317

Owner J & K BRANDENBURG Address 5644 ABBEY CT #6, LINCOLN NE 68505

Soil Type (SCS): ~~SANDY CLAY~~ ~~WYMORE SILTY CLAY~~ STEINAUER LOAM Percolation Rate: _____ min./inch

Date of Tests 2/7/01 to 2/8/01 Weather: Precipitation CLEAR/CLOUDY Temperature 40 & 30

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	2/7	1:00	2/8	1:00	2/8	1:30	6.5	2/8	5:30	30	.5	60
2	↓	↓	↓	↓	↓	↓	1:35	6.25	↓	5:35	30	.5	60
3	↓	↓	↓	↓	↓	↓	1:40	6.5	↓	5:40	30	.75	40
4	↓	↓	↓	↓	↓	↓	1:45	7.0	↓	5:45	30	1.0	30
5	↓	↓	↓	↓	↓	↓	1:50	6.25	↓	5:50	30	.825	36
6	↓	↓	↓	↓	↓	↓	1:55	6.5	↓	5:55	30	.75	40

Person Conducting Percolation Tests

WESTERN

Name: DAVE-REIDER MECHANICAL

Phone: 474-7761

Address P.O. BOX 81111, LINCOLN, NE 68501

Sum of Percolation Rates: 266

Average of Rates: 44

Rate Used for Calculation: ~~40~~ 60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date FEBRUARY 12, 2001

FORM 23-101 10-95

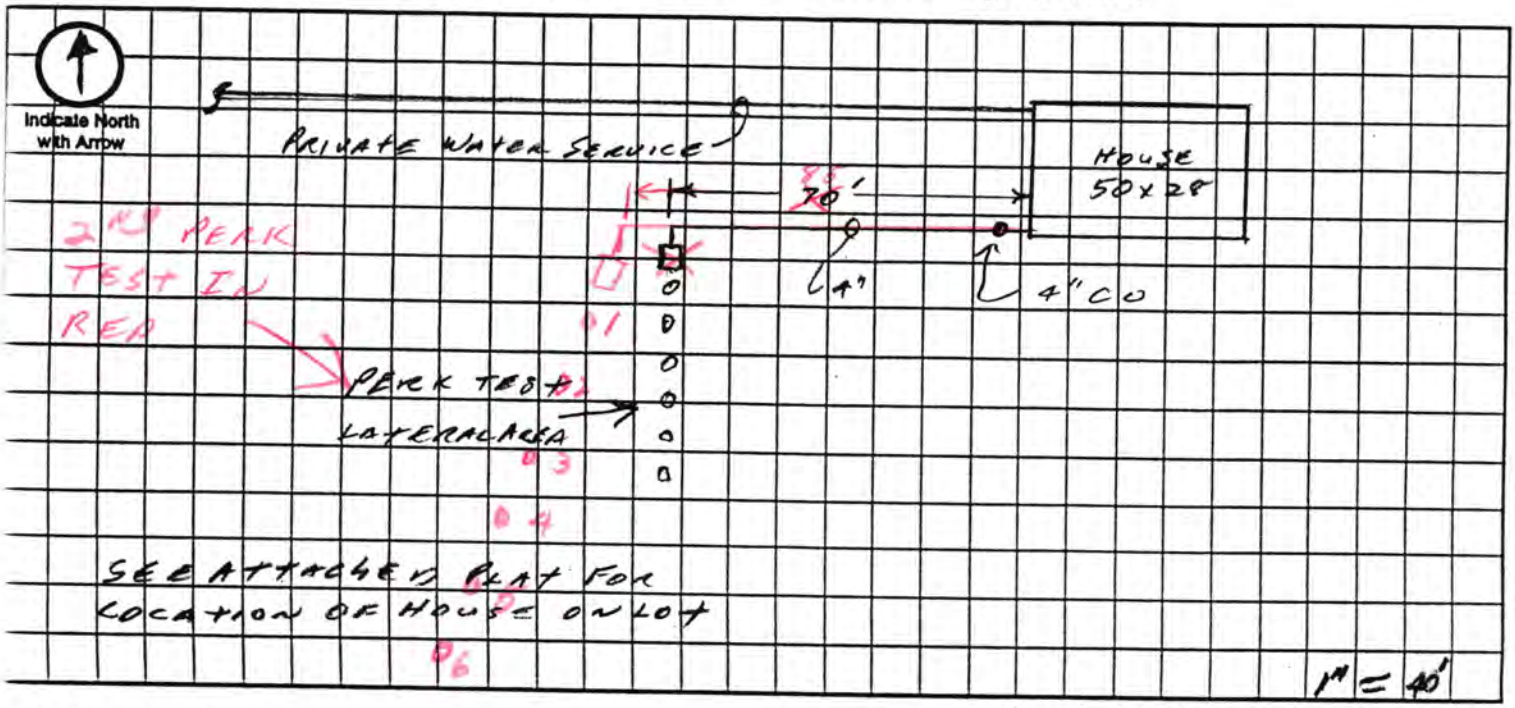
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 18,901 BENNET RD City N/A NE, Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other EQUALIZER

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

Percolation Rate 44 65 (min. per inch) Soil Type: STRUCTURE CLAY LOAM Land Slope: 1 % 0

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 4000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 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)	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 _____

Installer MECHANICAL WESTERN Date 2/7/01 2/12/00

FORM 23-102 10-96

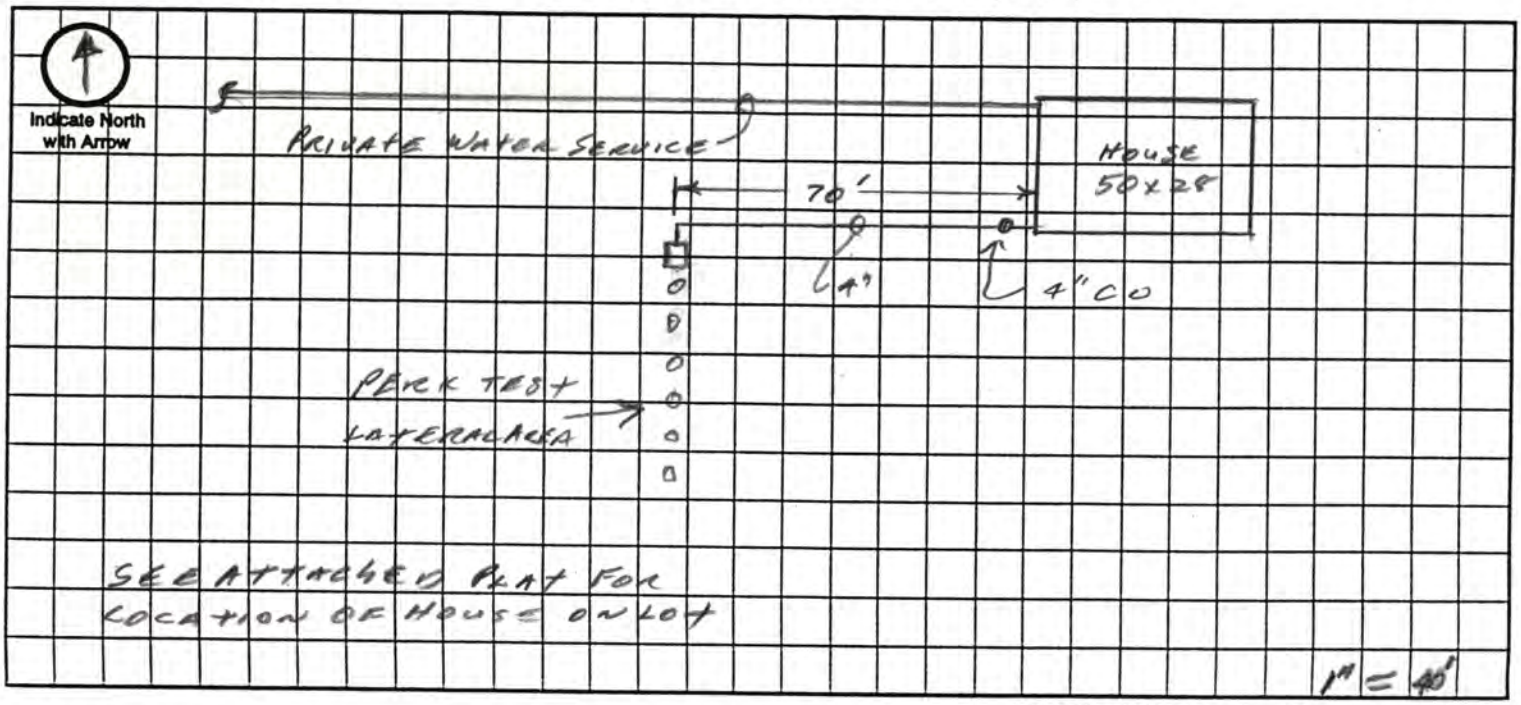
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 18,901 BENNET RD City N/A NE, Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other EQUALIZER

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

Percolation Rate 65 (min. per inch) Soil Type: STEINAUER ~~SANDY~~ CLAY LOAM SHELBY CLAY LOAM CLOSE Land Slope: 1 % 70

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: EQUALIZER

Capacity of Septic Tank 4000 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 Katherine Brandenburg Date 2/6/01

Installer MECHANICAL WESTERN Date 2/7/01

FORM 23-102 10-96

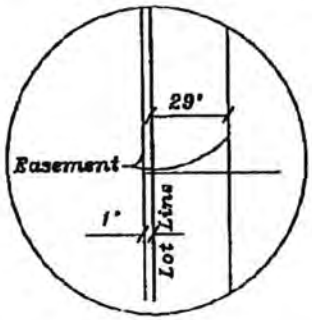
Survey Record

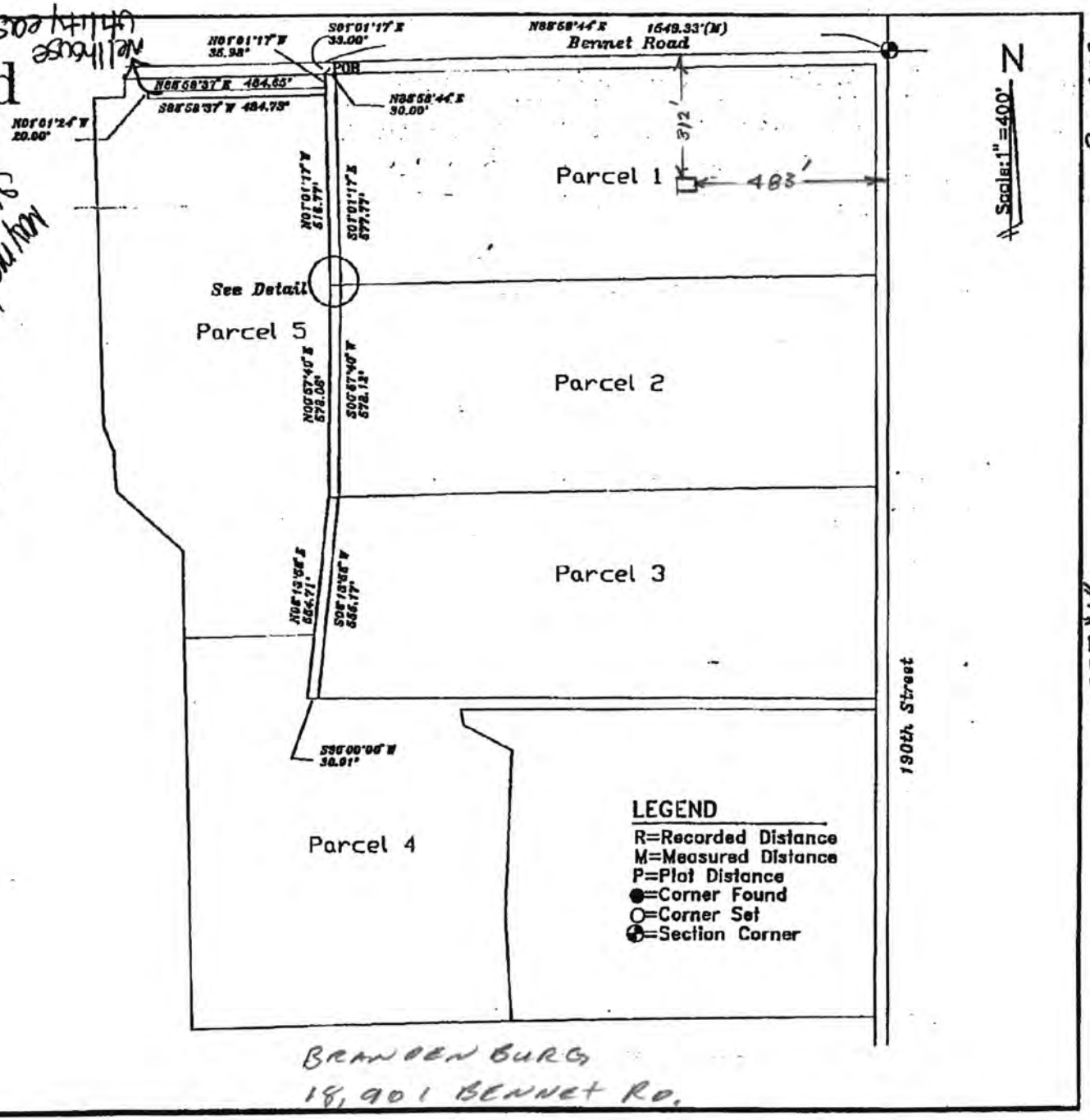
r Land Surveying
ıve., Lincoln, NE. 68507
27
05

8

sements

Rd





ASKA
ıre, survey, or report was executed by me
ision and that I am a duly Registered Land
the State of Nebraska.

516 , 1997

LS 516

BRANDENBURG
18,901 BENNET RD.

Plat One

EXHIBIT "A"

01/29/01 09:56 ☎14024664594 002