LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 98380171201

SEWAGE INSTALLATION
LAGOON

Issued 01/09/98
Expires 07/09/98
Revenue Code 3157

Establishment

DON JOHNSON
T8N R8E SEC 12 QTR NE
LOT 2
BENNET, NE 68317

FEES: $150.00

Permittee

DON JOHNSON
6940 O ST
APT #3
LINCOLN NE 68510

TOTAL $150.00

5862

Gregg Wright MD
Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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 _____ (no rural route) City Bennet NE, Zip 68317

Legal Description NE (1/4) 12 (1/4 Section) 8 north (Township) 8 of the 6th pm (Range) _____ (Subdivision) _____ (Addition) 2 (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 Don Johnson Signature _____

Address 6940 "O" St. City/State/Zip Lincoln, NE 68510

☐ Check if owner designed system Home Phone _____ Work Phone 465-6000

C. Contractor Don Johnson

Name Don Johnson Company Name Don Johnson Homes

Address 6940 "O" St. City/State/Zip Lincoln, NE 68510

☐ Check if contractor designed system Work Phone 465-6000

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

Designer Name John Strohmyer Firm Excavating, Inc. Work Phone 470-3100

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 1/8/98 Date frwd 1/8/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/8/98 Date frwd 1/8/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 01/07/97 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

Approved Provided Lagoon is Constructed Out of 100 yr Flood Plain

Installation Final Written Approval

By _____

Date _____

1-23-97 Need fence etc – P.D.

Business Office Use Only

3177

Date Rec'd 01/08/98

Amt Paid 150.00

Rec'd By LS ~~Cash~~/Check No. 8999

FORM 23-100 10-96

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 _____ (no rural route) City Bennet NE, Zip 68317

Owner Don Johnson Addresss 6940 "O" St. Lincoln, NE 68510

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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"	1/2	10 AM	1/3	10 AM	1/3	1:30	6"	1/3	2:00	30	3/4"	
2	30"	1/2	10 AM	1/3	10 AM	1/3	1:30	6"	1/3	2:00	30	7/8"	
3	30"	1/2	10 AM	1/3	10 AM	1/3	1:30	6"	1/3	2:00	30	1/2"	
4	31"	1/2	10 AM	1/3	10 AM	1/3	1:30	6"	1/3	2:00	30	3/4"	
5	32"	1/2	10 AM	1/3	10 AM	1/3	1:30	6"	1/3	2:00	30	3/4	
6	28"	1/2	10 AM	1/3	10 AM	1/3	1:30	6"	1/3	2:00	30	1"	

Person Conducting Percolation Tests

Name: John Strohmyer
Phone: 470-3100
Address 6667 NW 48th St.
Lincoln, NE 68524

Sum of Percolation Rates: _____
Average of Rates: 30 min
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Soil Survey maps shows Pawnee clay loam for the area of this onsite system - not approved for a septic system

Signature of Reviewing Official Ron Mayfield Date 1-8-98

FORM 23-101 10-96

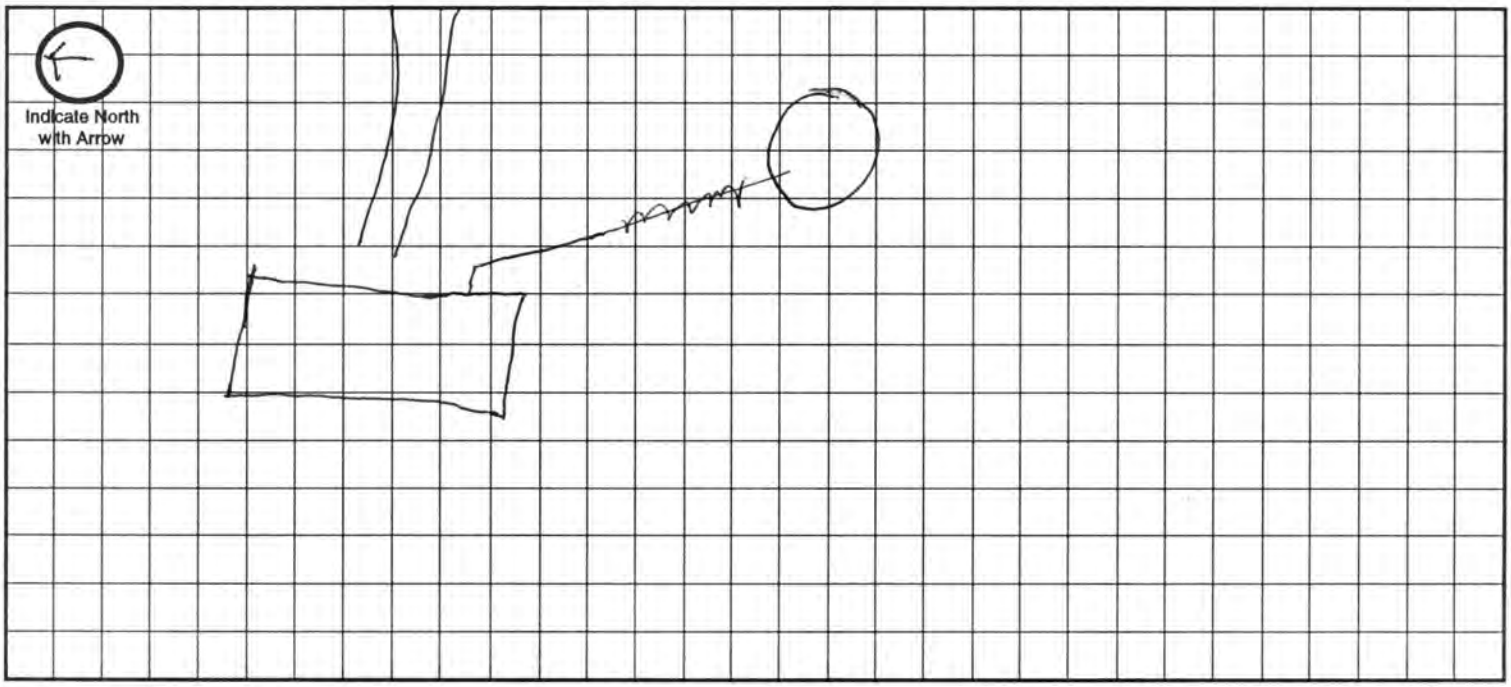
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ City Bennet NE, Zip 68317

B. Proposed Septic Tank/s

~~Tank Material:~~ ☒ Concrete ☐ Plastic ☐ Other Lagoon System

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 ☐	☐

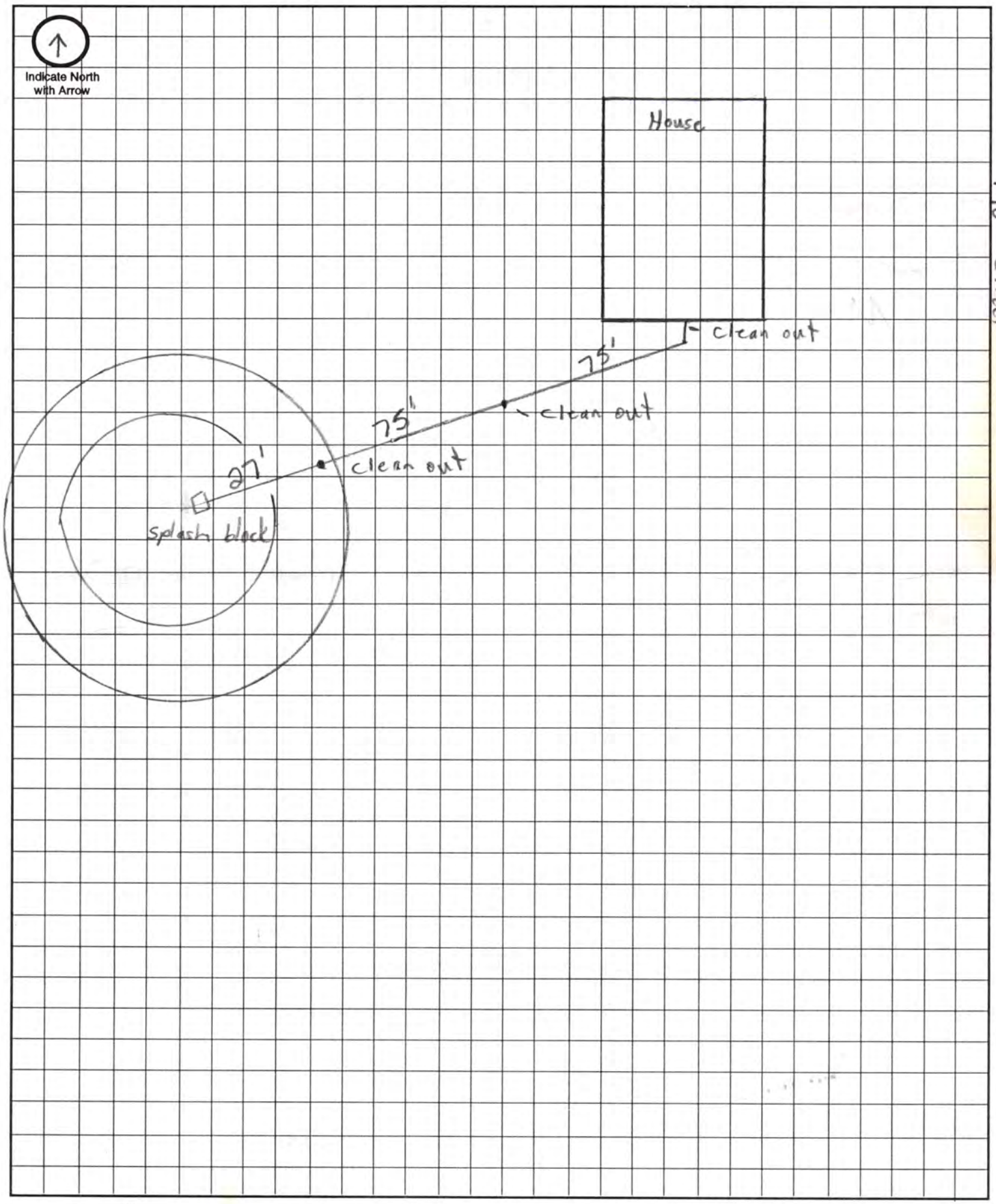
E. Required Signatures

Home Building Contractor Don Johnson Date 1-8-98

Installer John Stadmyer Date 1/8/98

FORM 23402 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

Don Johnson
Lagoon

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date Jan 22, 1998 Installed by Strohmyer

System Location (Indicate correct number and street)

Address 190th + Cottonwood (no rural route) City Bennett Nebr. NE, Zip

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
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

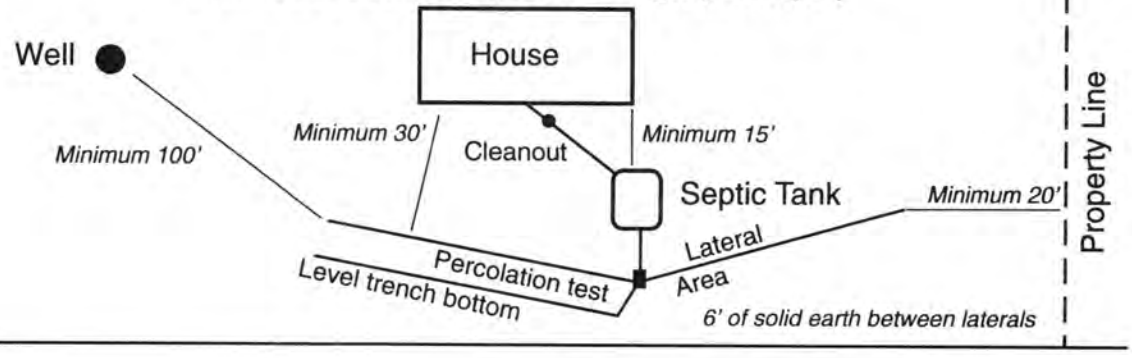
(Provide as-built drawings on back of this form)

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