Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005370

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380286501

Issued 07/22/04
Expires 01/22/05
Revenue Code 3157

Establishment: KEITH R KING
T8N R8E SEC 14 QTR SW
LOT 1
16210 ROCA RD-BENNET

FEES: $200.00

Permittee: KEITH R KING
16210 ROCA 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: 04380286501

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System (CHANGE TO) ☒ 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 16210 Raca Rd (no rural route) City Bennet NE, Zip 68317

Legal Description Lot 1 SW 14 8N 8E
1/4 1/4 Section Township Range Subdivision Addition 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 Keith King Signature Keith R King

Address 16210 Raca Rd City/State/Zip Bennet, Ne 68317

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name GERALD STERNS Company Name STERNS CONST

Address Box 62 City/State/Zip BENNET NEBR

☑ Check if contractor designed system Work Phone 402-450-0744

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 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 7/22/04 Date frwd 7/22/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-22-04 Date frwd 7-22-04 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 7/22/04 Date frwd 7/22/04 ACTION ☒ Approved ☐ Disapproved Signature

10/4/04 J.C.H.
9/30/04 NEED DRAWING J.C.H

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date APRIL 25, 2005

Business Office Use Only
Date Rec'd 07/22/04
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 2230

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

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 _____ City _____ NE, Zip _____

(no rural route)

Owner Keith King Addresss 16210 Rocka Road

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

Date of Tests 7/28/04 to 7/29/04 Weather: Precipitation 0 Temperature 85

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	7/28	130	7/29	830	7/29	830	6	7/29	1230	30	3 1/4	9
2	36	7/28	130	7/29	830	7/29	830	6	7/29	1230	30	3	10
3	36	7/28	130	7/29	830	7/29	830	6	7/29	1230	30	1/2	60
4	36	7/28	130	7/29	830	7/29	830	6	7/29	1230	30	3/4	40
5	36	7/29	130	7/29	830	7/29	830	6	7/29	1230	30	2 1/4	13
6	36	7/28	130	7/29	830	7/29	830	6	7/29	1230	30	3	10

Next to septic LATERAL

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: 474 3000

Address 1609 N St

Lincoln Ne 68508

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks LAGOON MUST BE SEALED

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date _____

FORM 23-101 10-96

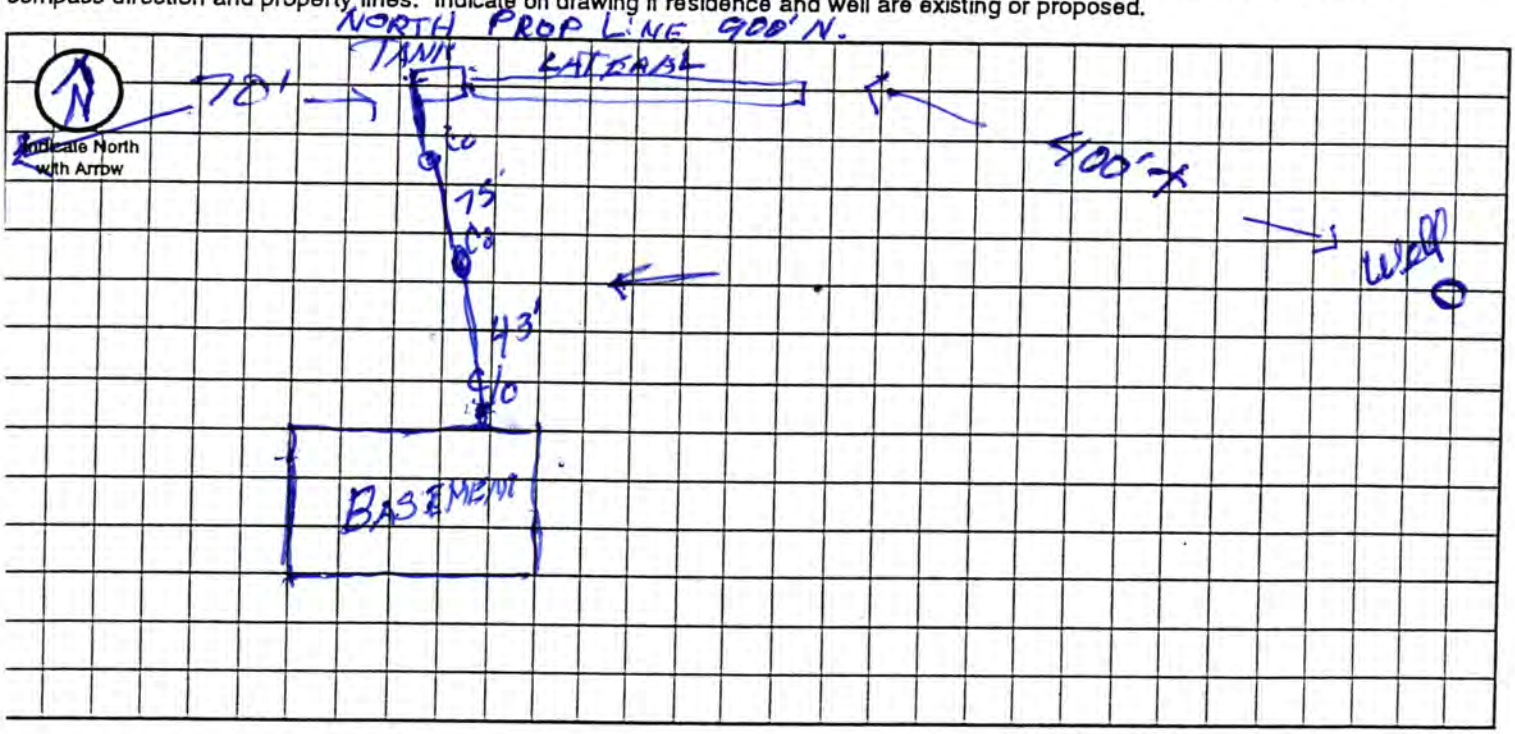
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802865

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) 16210 Rosa Rd City Bennet NE, Zip Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

CHANGE TO LAGOON

Percolation Rate _____ (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM 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 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 100 ft. Number of Trenches 1 Trench Width 3' 4'

ADDITIONAL 188'

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 _____ Date _____

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Phone: 402-441-8022

D

Permit Number: 043802856501

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 16210 ROCA Rd (no rural route) City BENNET NE, Zip 68317

16210

A. Building Sewer

1. Material: P.V.C /60
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and ~~septic~~ LAGOON tank: 210 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 300 ft.
   stream 400 ft.
   pressure line 1004 ft.
   property line 140 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~~ LAGOON

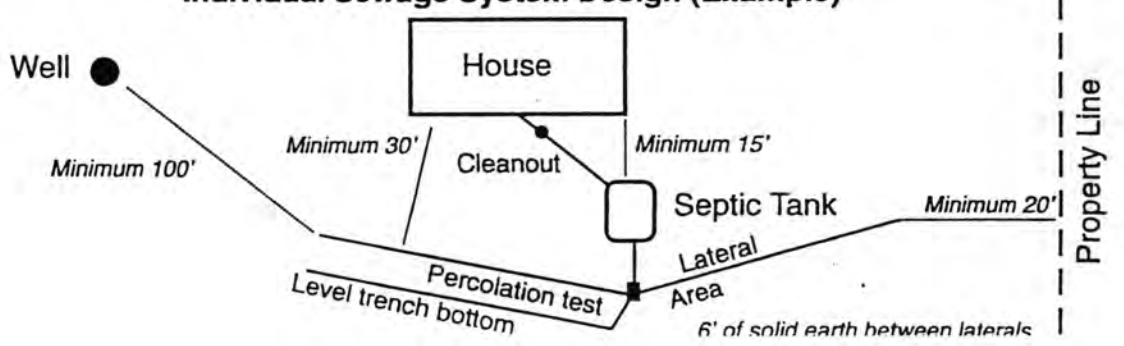
(Provide as-built drawings on back of this form)

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~~ 8' in.
5. Distances to: Well or suction line 26 ft.
   Stream 200 ft.
   Pressure line 200 ft.
   Property line 350 ft.

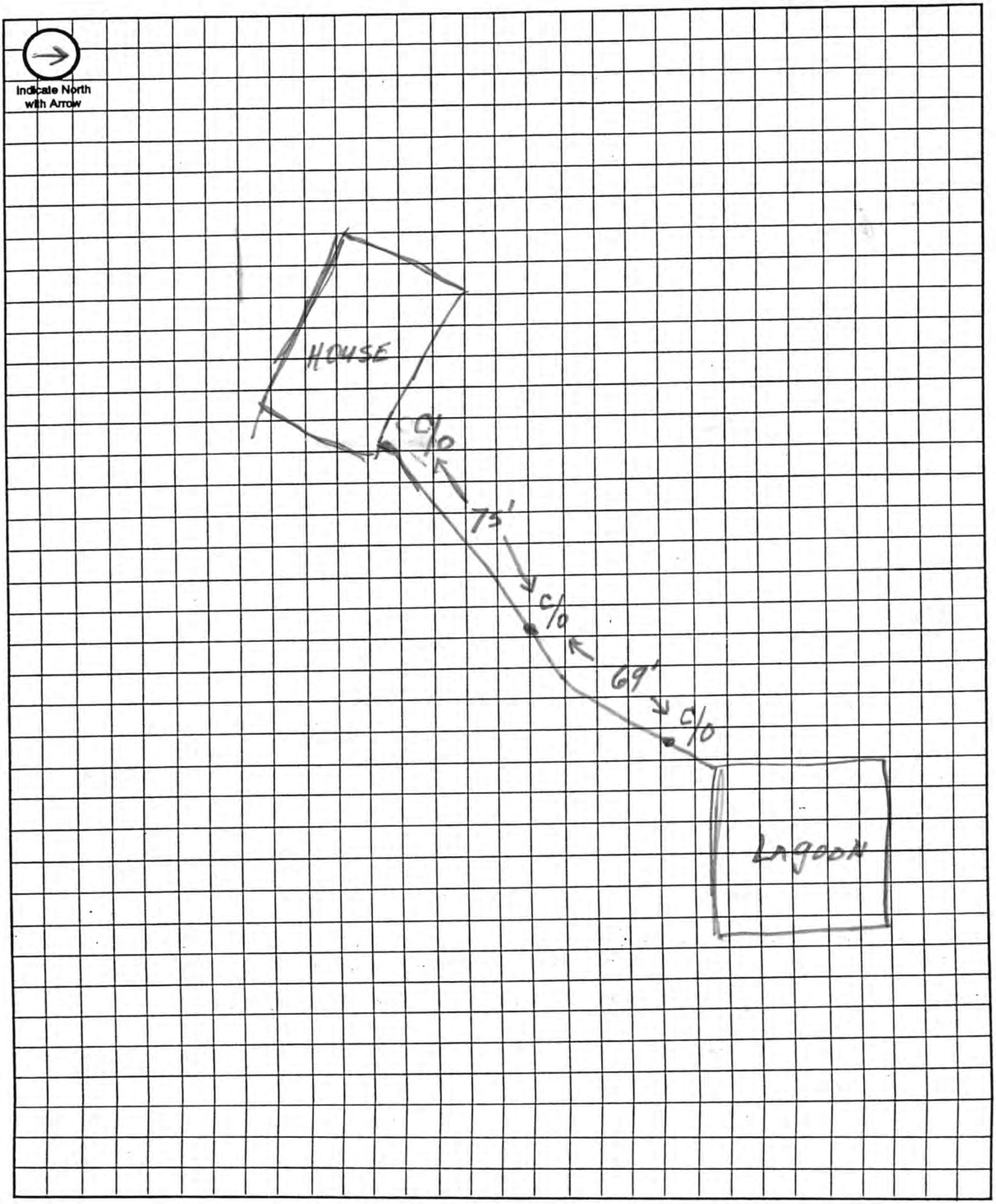
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: ft. = grid line/s