Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380218201

Issued 05/03/00
Expires 11/03/00
Revenue Code 3157

Establishment

TODD CHAMBERS
T8N R8E SEC 15 QTR SW
NE 1/4 OF SW 1/4
15201 S 158 ST-BENNET

FEES: $150.00

Permitee

TODD CHAMBERS
BOX000037A
BOX 000037A
ADAMS NE 68301

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013029

MAY 1 2000

A

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

Permit Number: 00380218Z

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 15201 So 158th (no rural route) City Bennet NE, Zip 68317

Legal Description Part of the SW1/4, NE1/4 S15 T8N R8E of the 6th PM
(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 Todd Chambers Signature _____

Address 15401 Pella Rd Box 37A City/State/Zip Adams NE 68301

☐ Check if owner designed system Home Phone 791-3002 Work Phone _____

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Sterns, Jerrold Firm Sterns Construction Work Phone 782-6245

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

NOT IN FLOOD PLAIN

1. **Health Department** Date rec'd 5/2/00 Date frwd 5/2/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-24-00 Date frwd 4-24-00 ACTION ☒ Approved ☐ Disapproved Signature Patricia Rule
3. **City or County Engineer** Date rec'd 5/2/00 Date frwd 5/2/00 ACTION ☒ Approved ☐ Disapproved Signature _____

12/14/00

Installation Final Written Approval

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

Date DECEMBER 14, 2000

Business Office Use Only

Date Rec'd 05/02/00
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 2548

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

MAY 1 2000

B

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

Permit Number: 00380218

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15201 [redacted] So 158th (no rural route) City Bennet NE, Zip 68317

Owner Todd Chambers Addresss 15401 Pella Rd Adams 68301

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

Date of Tests 3/1/00 to 3/2/00 Weather: Precipitation 0 Temperature 45

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	3/1	3:30	3/2	2:30	3/2	2:30	6	3/2	6:30	30	0	0
2	36	3/1	3:30	3/2	2:30	3/2	2:30	6	3/2	6:30	30	0	0
3	36	3/1	3:30	3/2	2:30	3/2	2:30	6	3/2	6:30	30	1/2	60
4	36	3/1	3:30	3/2	2:30	3/2	2:30	6	3/2	6:30	30	1/2	60
5	36	3/1	3:30	3/2	2:30	3/2	2:30	6	3/2	6:30	30	0	0
6	36	3/1	3:30	3/2	2:30	3/2	2:30	6	3/2	6:30	30	0	0

Person Conducting Percolation Tests

Name: Tom Burt - Design Assoc

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

MAY 1 2000

D

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

Permit Number: 003802182

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: P.V.C SCH 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line N/A ft.
   stream 1 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

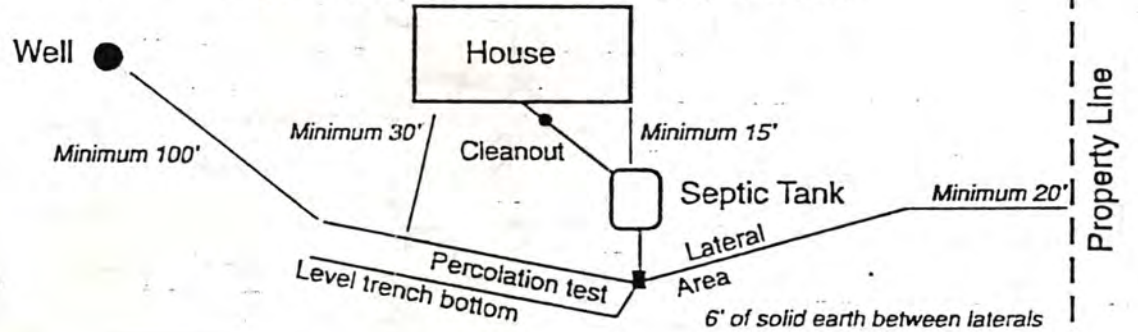
(Provide as-built drawings on back of this form)

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)



RM 23-103 10-96

As Built Drawing

