LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380182301

Issued 08/19/98
Expires 02/19/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
CHARLES STARR
T8N R8E SEC 15
LOT 8&9
14505 S 158 ST-BENNET

Permittee
CHARLES STARR
BOX00271
BOX 00271
BENNET NE 68317-0271

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007977

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: 98380 1823

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 14505 So. 158 (no rural route) City Bennet NE, Zip 68317

Legal Description Lot 8 #9 15 8N 8E 9 #8
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 C Starr Signature Charles Starr

Address Box 271 Bennet City/State/Zip Bennet Ne 68317

☐ Check if owner designed system Home Phone # 782-2800 Work Phone 4718334

C. Contractor

Name Dave McKinney Company Name McKinney Constr

Address 7112 Phoenix Dr City/State/Zip Linc Ne

☐ Check if contractor designed system Work Phone 4308346

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

Designer Name ~~Vogt Const.~~ Vogt Construction Firm _____ Work Phone 560 4267

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 8/18/98 Date frwd 8/18/98 **ACTION** ☒ Approved ☐ Disapproved Signature Harold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-29-98 Date frwd 7-29-98 **ACTION** ☒ Approved ☐ Disapproved Signature Bubby Cornish
3. **City or County Engineer** Date rec'd 8/18/98 Date frwd 8/18/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Paul Watson

Date 9-14-98

Business Office Use Only

Date Rec'd 08/18/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 3095

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: 98 3801823

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14505 So 158 (no rural route) City Bennet NE, Zip 68317

Owner Charles Starr Addresss Same

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

Date of Tests 081398 to 081498 Weather: Precipitation none Temperature 90°

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"	081398	0800	081398	1200	081498	0800	6"	081498	0830	30	1/8	
2	36"	〃	〃		〃	〃	〃	6"	〃	0830	30	1/2	
3	36"	〃	〃		〃	〃	〃	6"	〃	0830	30	3/4	

Person Conducting Percolation Tests

Name: Charles Starr

Phone: 4663368 or 782-2800 or 471-8334

Address Box 271
Bennet Ne 68317

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Lagoon must be sealed

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

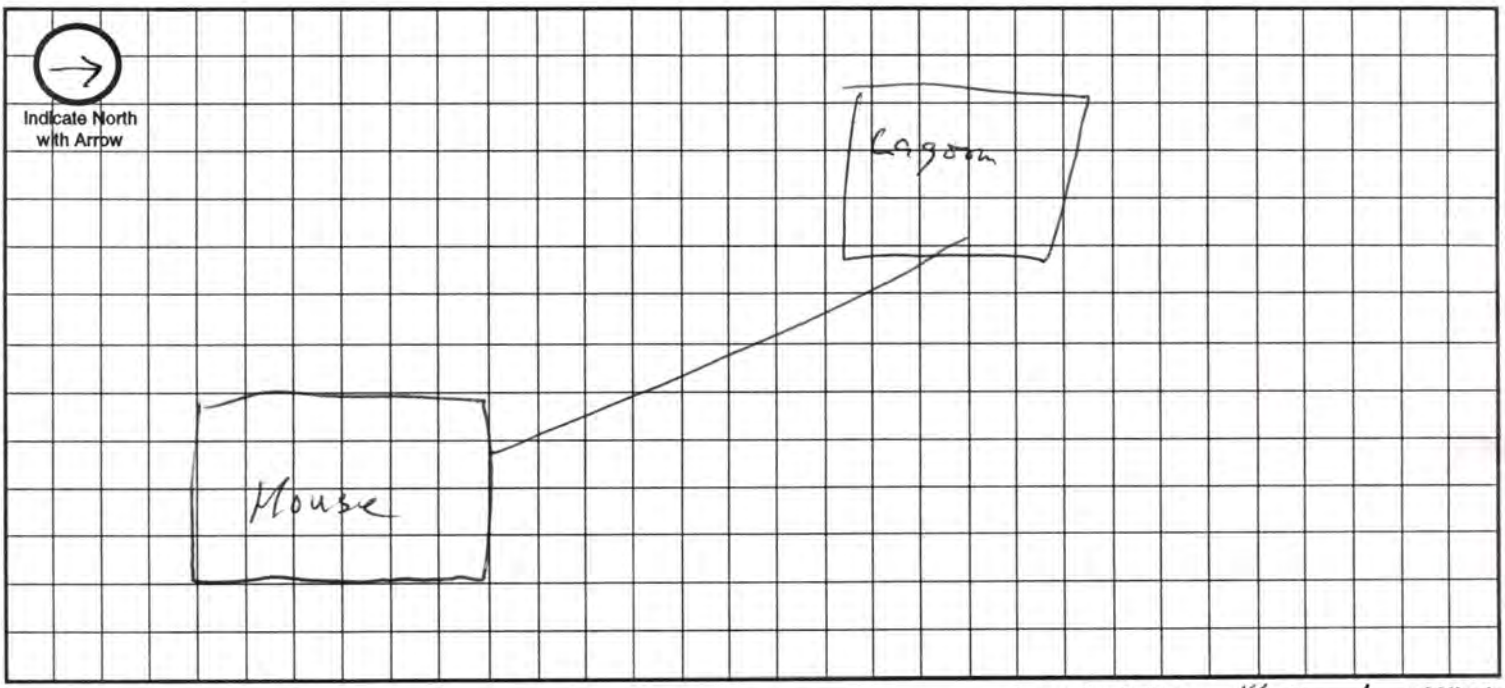
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9838 01823

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: 14 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 14505 So 158 City Bennet NE, Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

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 Lagoon

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 David McKinney Date 7-31-98

Installer Vogt T&T Excavating Date 7-31-98

FORM 23-102 10-96

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

D

Permit Number: 983801823

Sewage Disposal System

As Built Plans & Specifications

Date 7-21-98

System Location (Indicate correct number and street)

Address 14505 So. 158th (no rural route) City Bennet NE, Zip 68317

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ~~18~~ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and ~~septic tank~~: _____ ft.
4. Number of clean-outs: 2 Lagoon
5. Distances to: well or suction line Rural Water ft.
   stream NA ft.
   pressure line NA ft.
   property line 10ft+ 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

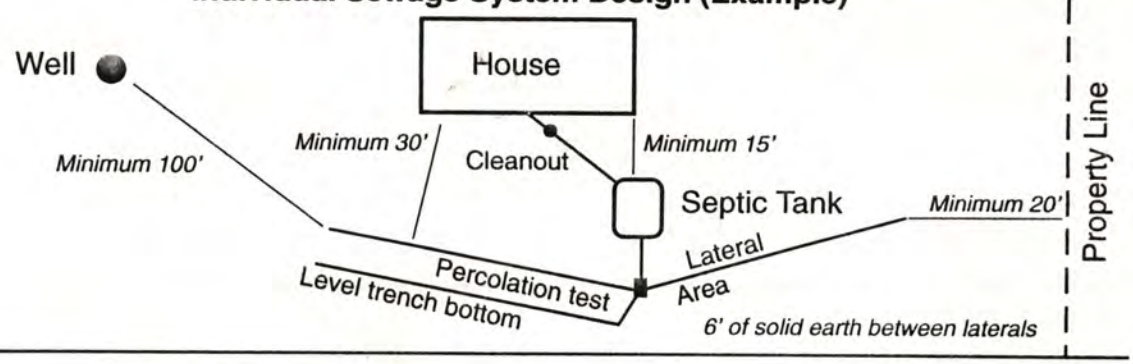
(Provide as-built drawings on back of this form)

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.

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

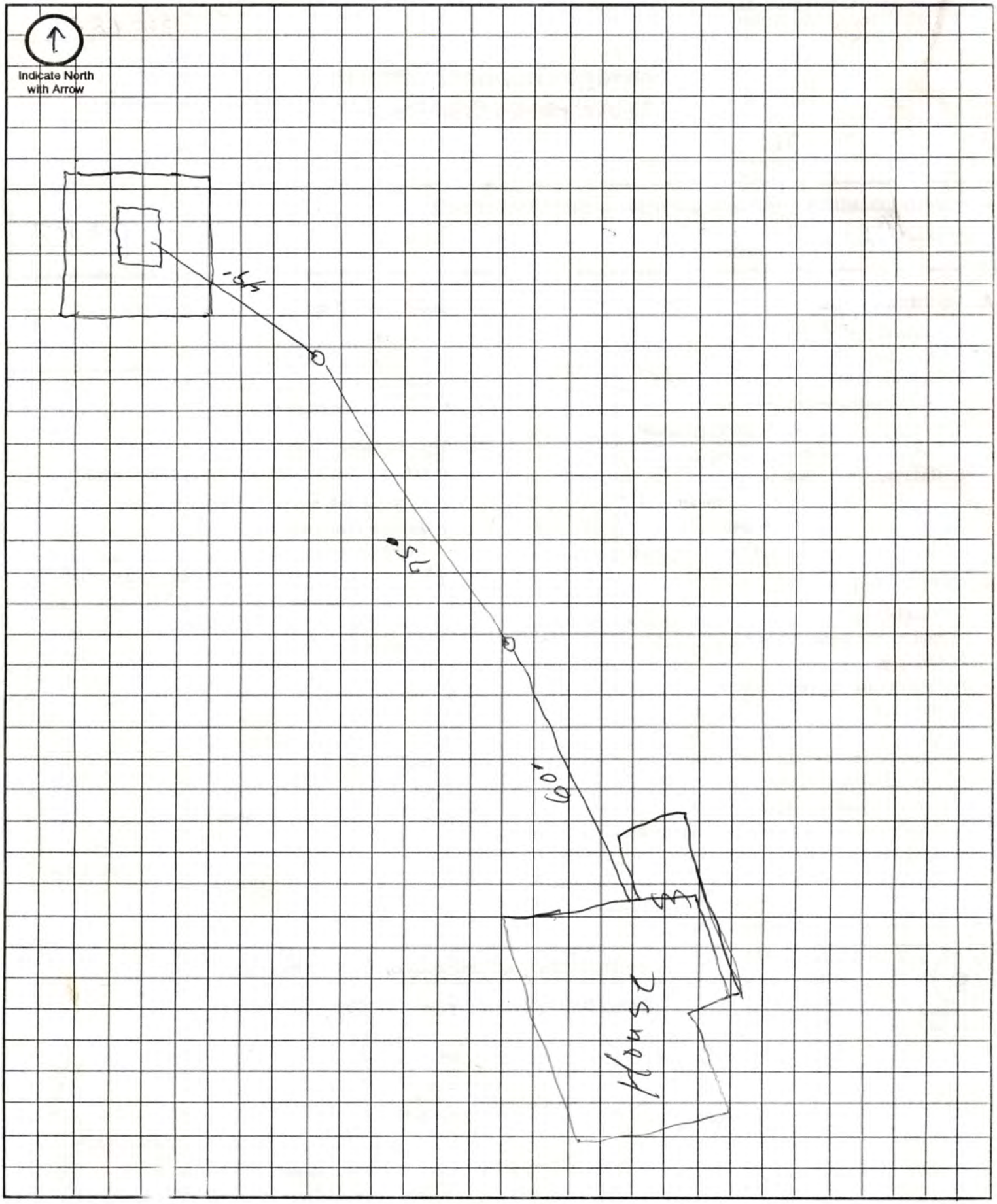
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s