Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 01380236101

Issued 08/13/01
Expires 02/13/02
Revenue Code 3157

Establishment

BRIAN & PAM BULIN
T8N R8E SEC 15
11.75ACRE-N PART OF LOT 11
15000 S 158 ST-BENNET

FEES: $200.00

TOTAL: $200.00

Permittee

BRIAN & PAM BULIN
290 DOGWOOD ST
P O BOX 165
BENNET NE 68317

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000024

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

A

Permit Number: 01380236

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 15000 South 158th (no rural route) City Bennet NE, Zip NE 68317

Legal Description 11.74 +- ACRE Tract Lying in the North Part of Lot 11 15-8-8
Parcel #2 AA-1147-75 (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 Brian + Pam Bulin Signature Pamela Bulin

Address 290 Dogwood PO Box 165 City/State/Zip Bennet NE 68317

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

C. Contractor ~~Gerald Sterns~~ Same (owners)

Name ~~Sterns Construction~~ Company Name ~~Sterns Constructions~~

Address ~~350 Madison~~ City/State/Zip ~~Bennet NE 68317~~

☐ Check if contractor designed system Work Phone ~~782-6245~~

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

Designer Name Gerald Sterns 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

1. **Health Department** Date rec'd 8/13/01 Date frwd 8/13/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hook
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/11/2001 Date frwd 8/11/2001 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 08/13/2001 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature

~~11/30/01 Need fencing, signs, etc. J.E.H.~~

Installation Final Written Approval

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

Date OCTOBER 29, 2004

Business Office Use Only

Date Rec'd 8-13-01
Amt Paid #200.00
Rec'd By _____ Cash/Check No. 1015

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

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B

Permit Number: 01380236

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15000 South 158th (no rural route) City Bennet NE, Zip NE, 68317

Owner Brian + Pam Bulin Addresss 290 Dogwood Bennet NE 68317

Soil Type (SCS): BURCHARD CLAY LOAM 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)

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks SOIL EXTREMELY TIGHT AND TACKY.

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date NOVEMBER 30, 2001

FORM 23-101 10-96

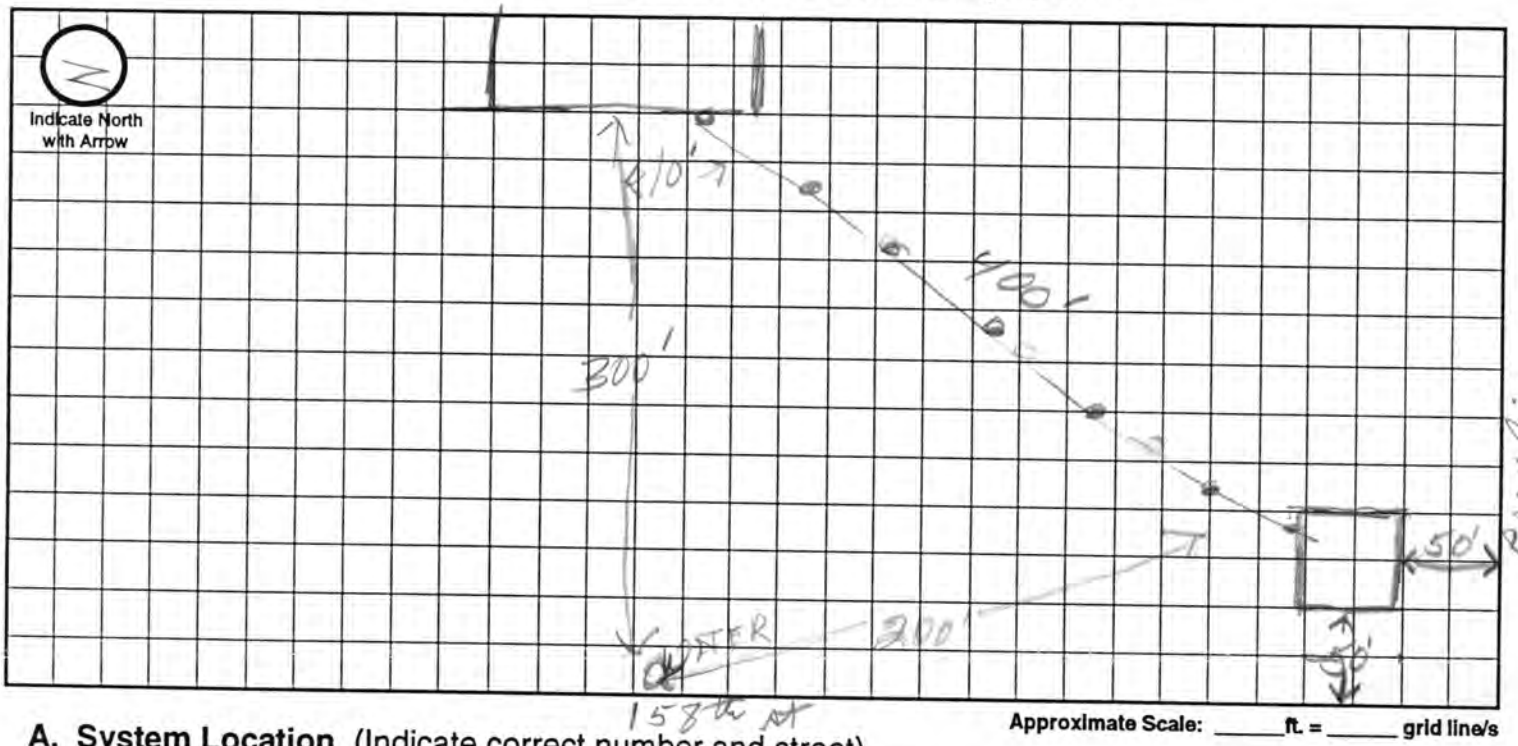
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Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 01380236

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) 15 000 South 158th City Bennet NE, Zip NE 68317

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: BURCHARD CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☑ Other LA GOON

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 Pamela S. Bullis Date Aug 12-2001

Installer Gerald Bullis Date Aug. 12-2001

FORM 23-102 10-96

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 Aug 11-2001

System Location (Indicate correct number and street)

Address 15,000 S. 158th (no rural route) City Bennet NE, Zip DE 68317

A. Building Sewer

1. Material: SCH 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: ~~LAGOON~~ 400' ft.
4. Number of clean-outs: 7
5. Distances to: well or suction line OVER 200 ft.
   stream N/A ft.
   pressure line 10' at House ft.
   property line 50' 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

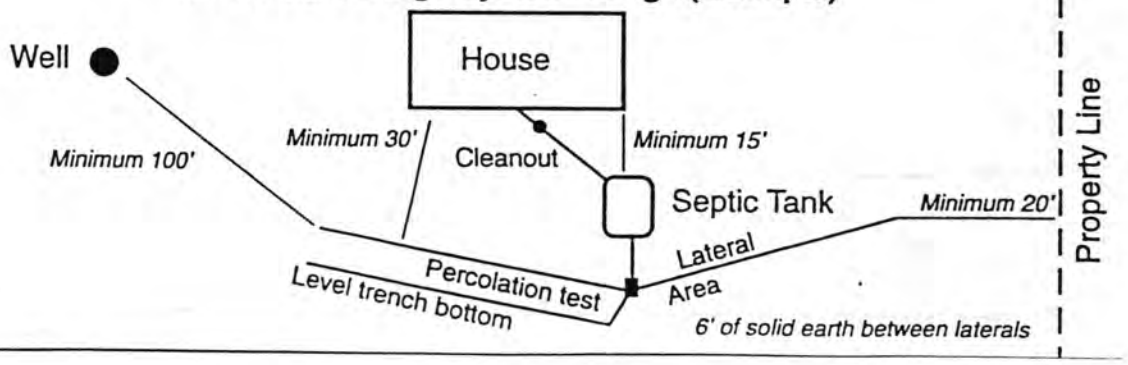
(Provide as-built drawings on back of this form)

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.

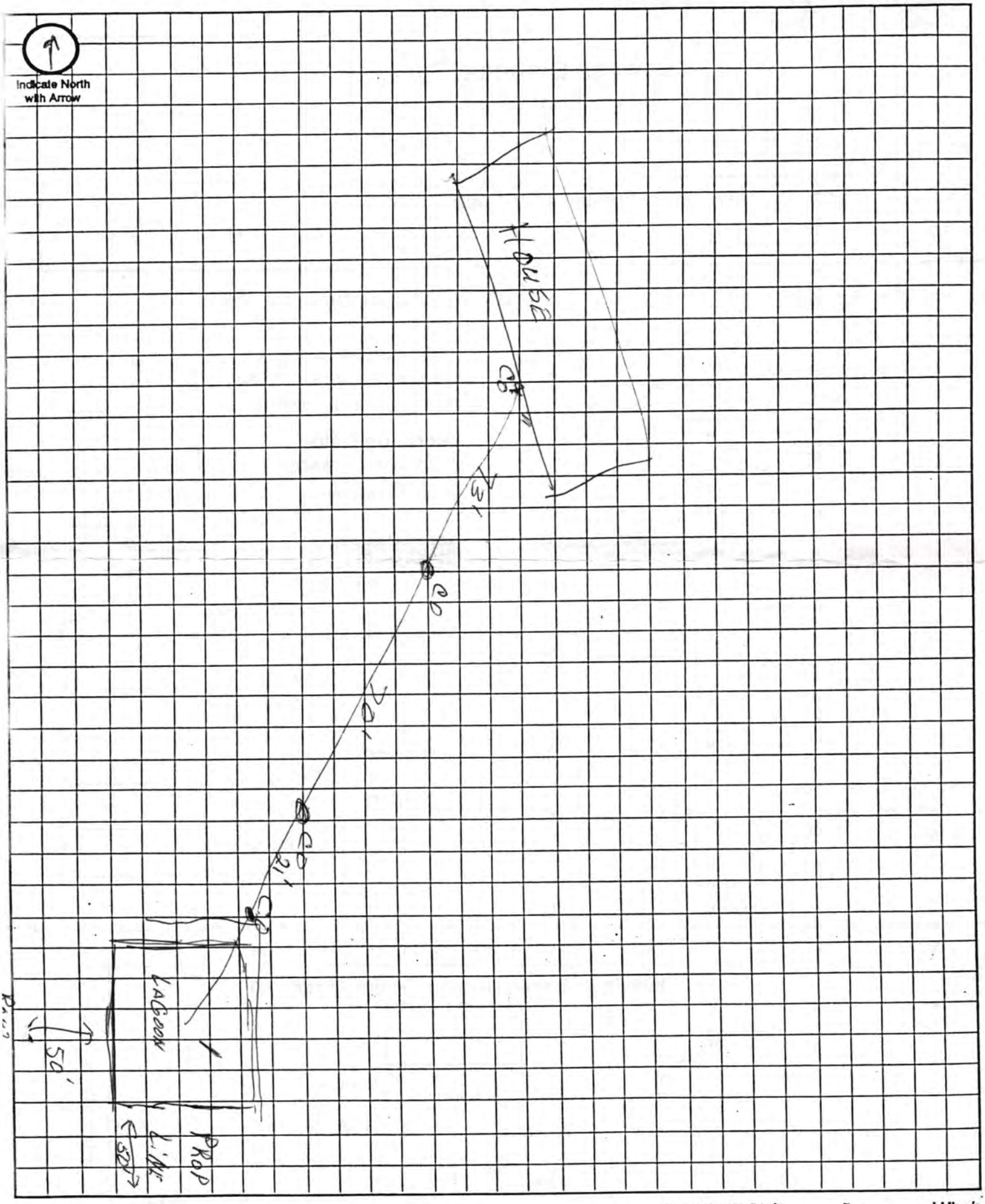
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s