LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97380157501

SEWAGE INSTALLATION
LAGOON

Issued 04/24/97
Expires 10/24/97
Revenue Code 18754

Establishment

STEVE WHITE
T8N R8E SEC 16
14500 S 134 STREET

FEES: $150.00

Permittee

STEVE WHITE
4535 BIRCHHOLLOW DR
LINCOLN NE 68516

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4455

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 14500 S. 134th Street (no rural route) City Bennet NE, Zip 68316

Legal Description N.W. 1/4 16 1/4 Section 8N Township 8E Range ____ Subdivision ____ Addition ____ Block 7FT. Lot

Geographical Location (if known): Longitude ____ Latitude ____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Steve White Signature Michael K

Address 4535 Birchallow City/State/Zip Lincoln Ne. 68516

☐ Check if owner designed system Home Phone 423-1900 Work Phone ____

C. Contractor

Name Mike Kinning Company Name Kinning Sydow builders Inc.

Address 5401 Rebel D City/State/Zip Lincoln Ne 68516

☐ Check if contractor designed system Work Phone 421-1334

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 4/23/97 Date frwd 4/23/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** ALL SEPTICS TO BE CHECK FOR FLOOD PLAIN Date rec'd 4/23/97 Date frwd 4/23/97 ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4-23-97 Date frwd 4-23-97 ACTION ☒ Approved ☐ Disapproved Signature Jim Blough

10/2/97 L.C.H.

7/16/1997 L.C.H. oops need

Installation Final Written Approval

By Jerrold C. Hood

Date JULY 16, 1997

Business Office Use Only 3198

Date Rec'd 4/23/97

Amt Paid 150 CK

Rec'd By ____ Cash/Check No. 16326

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14500 S. 134th Street (no rural route) City Bennet NE, Zip 68316

Owner Steve White Addresss 4535 Birch hollow Lincoln Ne. 68516

Soil Type (SCS): Clay Loam Percolation Rate: 120 min./inch

Date of Tests 4-18 to 4-19 Weather: Precipitation Dry Temperature 70

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	4-18-97	8 am	4-1997	8am	4-19-97	8 a.m.	6	4-1997	830 am	30	1/4	120

Sum of Percolation Rates: 120
Average of Rates: 120
Rate Used for Calculation: 120

Person Conducting Percolation Tests

Name: Clint Presnell (Wellmann Plumbing)
Phone: 434-2400
Address 3301 So 6th 68502

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

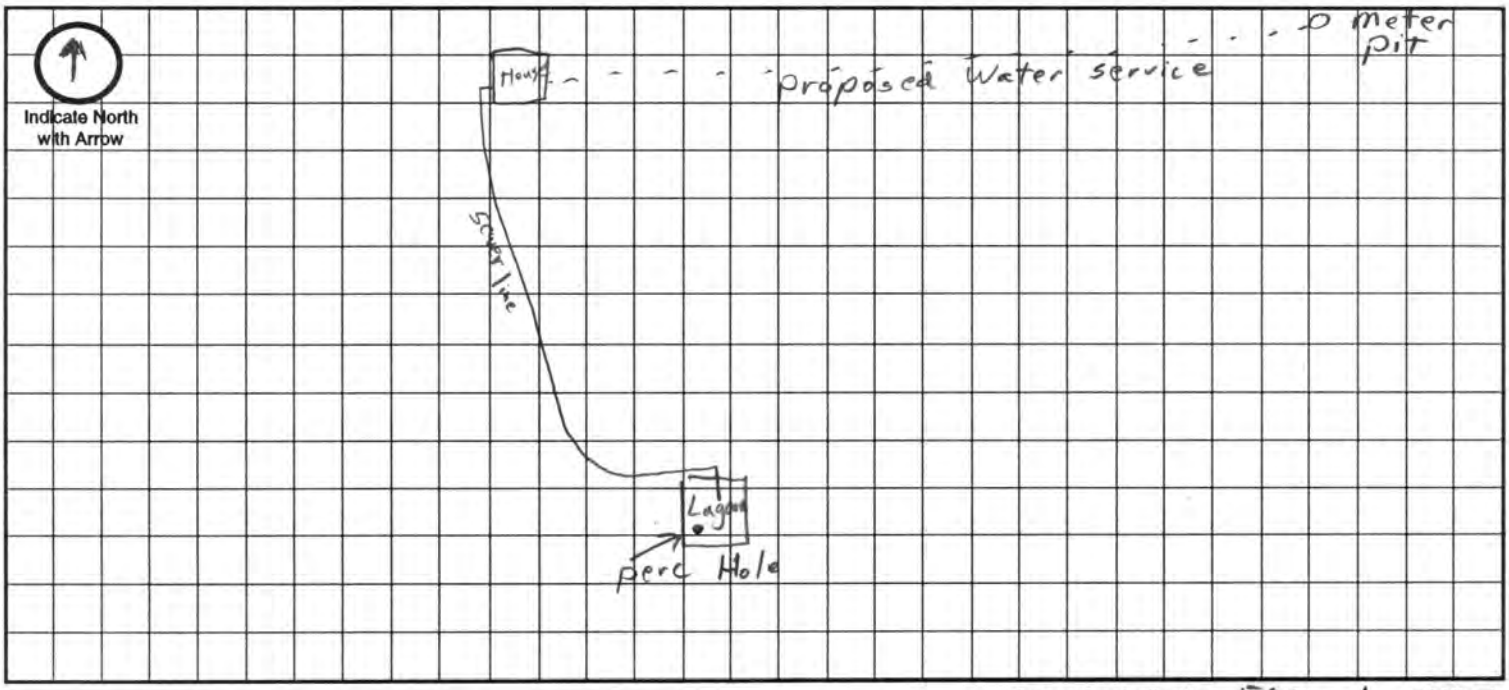
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 14500 So 134th Street City Bennet NE, Zip 68316

B. Proposed Septic Tank/s na

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 120 (min. per inch) Soil Type: Clay Land Slope: 2 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Lagoon

Total Square Feet of Field Required: na sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Lagoon

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

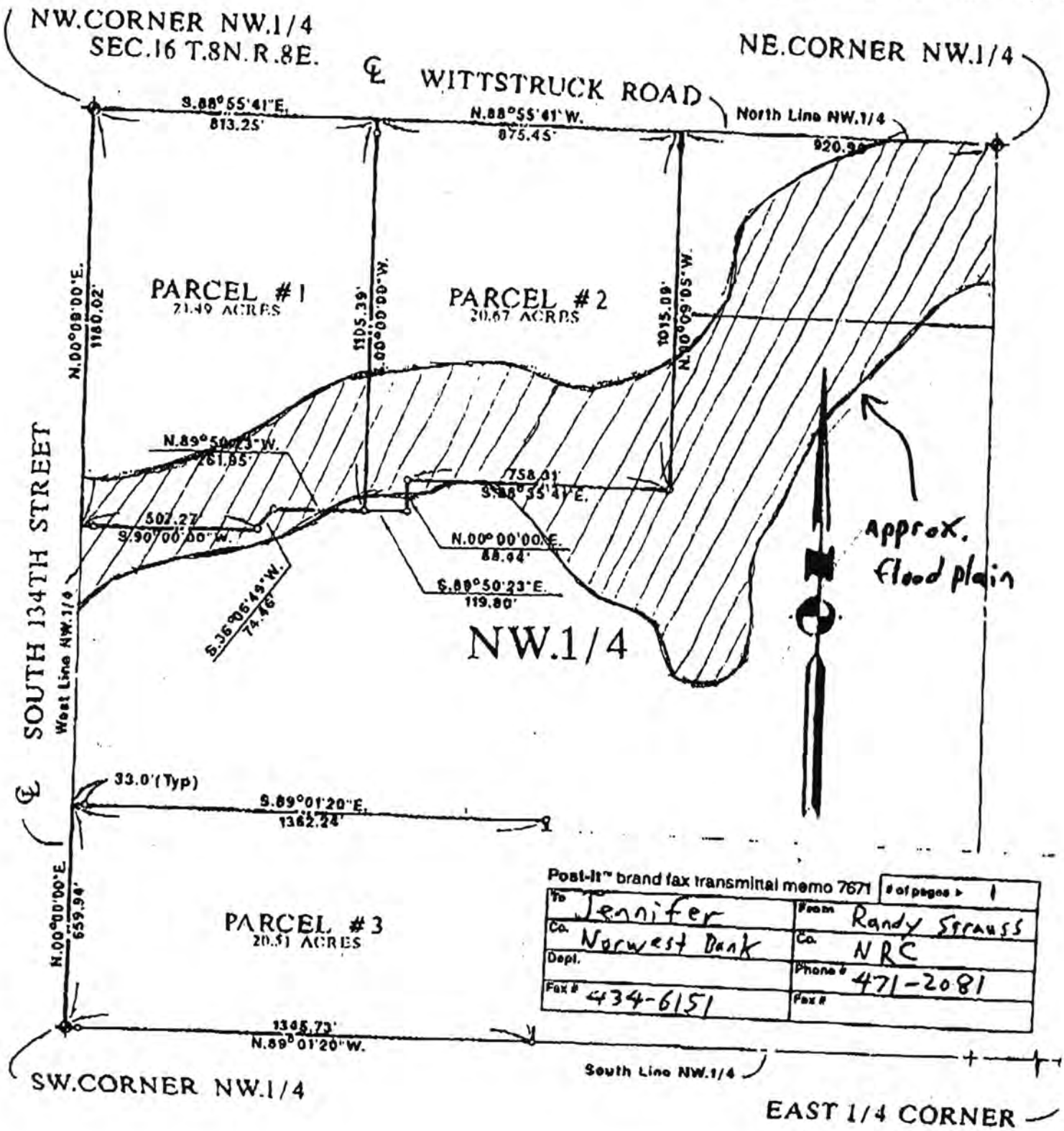
Home Building Contractor _____ Date 4-21-97

Installer _____ Wellmann Plumbing Inc. Date 4-19-97

FORM 23-102 10-96

Survey of a part of the Northwest Quarter of Section 16 T 8 N, R 8 E of the 6th P

Job No. 19871 February 2 , 19



Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 1

To Jennifer	From Randy Strauss
Co. Norwest Bank	Co. NRC
Dept.	Phone # 471-2081
Fax # 434-6151	Fax #

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 134 Wittstruck (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: 4" PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 3 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: ~~0~~ 9
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

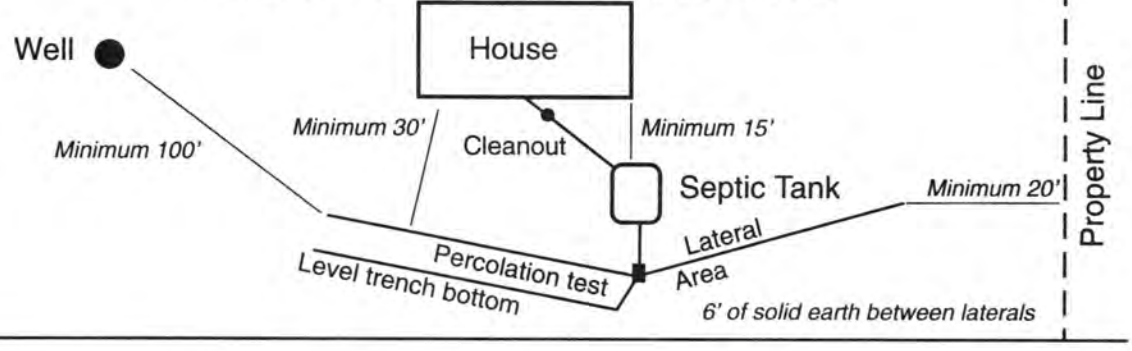
(Provide as-built drawings on back of this form)

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

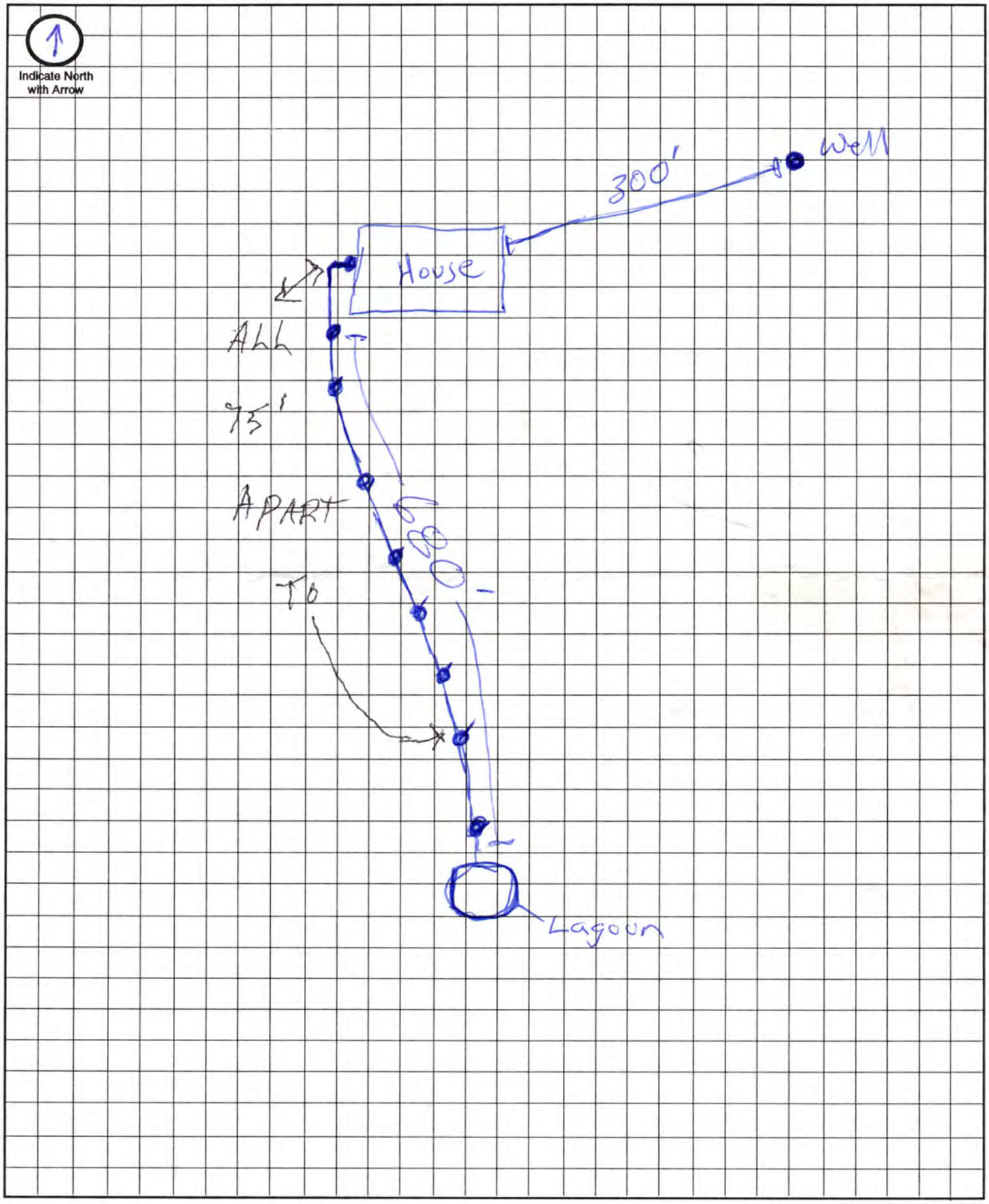
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s