Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003044

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYTEM

Permit # 03380270801

Issued 09/03/03
Expires 03/03/04
Revenue Code 3157

Establishment: CHRISTINE M STEPHENSON
T8N R8E SEC 21
LOT 4IT
16100 S 134 ST-BENNET

FEES: $200.00

Permittee: CHRISTINE M STEPHENSON
5033 VALLEY FORGE RD
LINCOLN NE 68521

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: 03380270801

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 16100 S. 134th Street (no rural route) City Bennet NE, Zip 68317

Legal Description NW¼ (1/4) 21 (1/4) 8N (Section) 6E (Township) (Range) Subdivision Addition 4 (Block) T (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Ronald & Christine Stephenson Signature Christine M Stephenson

Address 5033 Valley Forge Road City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 402-435-5973 Work Phone same

C. Contractor

Name Bill BARCLAY Company Name BARCLAY CONSTRUCTION COMPANY

Address 12900 WEST PARKER ROAD City/State/Zip CRETE NE. 68333

☐ Check if contractor designed system Work Phone 402-416-9798

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

Designer Name Melvin Gagner Firm Gagner Const Work Phone 432-5698

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 9/3/03 Date frwd 9/4/03	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Wood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9/4/03 Date frwd _____	**ACTION** ☑ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 9/4/03 Date frwd 9/4/03	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

~~12/8/03 Need drawing J.T.H.~~

Installation Final Written Approval

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

Date DECEMBER 12, 2003

Business Office Use Only

Date Rec'd 9/3/03
Amt Paid $200.00
Rec'd By _____ Cash/Check No. 7201

FORM 23-100 9-00 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: 033802708

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16100 S. 134th Street (no rural route) City Bennet NE, Zip 68317

Owner Ronald & Christine Stephenson Addresss 5033 Valley Forge Road Lincoln, NE 68521

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

Date of Tests 9/1/03 to 9/2/03 Weather: Precipitation 0 Temperature 75

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	28	9/1	9:00	9/2	9:25	9/2	9:30	6	9/2	10:00	30	1/2	60
2	30	9/1	"	"	"	"	"	"	"	"	"	5/8	48
3	30	"	"	"	"	"	"	"	"	"	"	5/8	48
4	32	"	"	"	"	"	"	"	"	"	"	3/4	40
5	29	"	"	"	"	"	"	"	"	"	"	3/4	40
6.	31	"	"	"	"	"	"	"	"	"	"	3/4	40

Sum of Percolation Rates: 176

Average of Rates: 46

Rate Used for Calculation: 44 MIN/IN

Person Conducting Percolation Tests

Name: _____

Phone: 402-432-5698

Address 4810 "W" CLAIRE AVE.
LINCOLN NE 68523

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

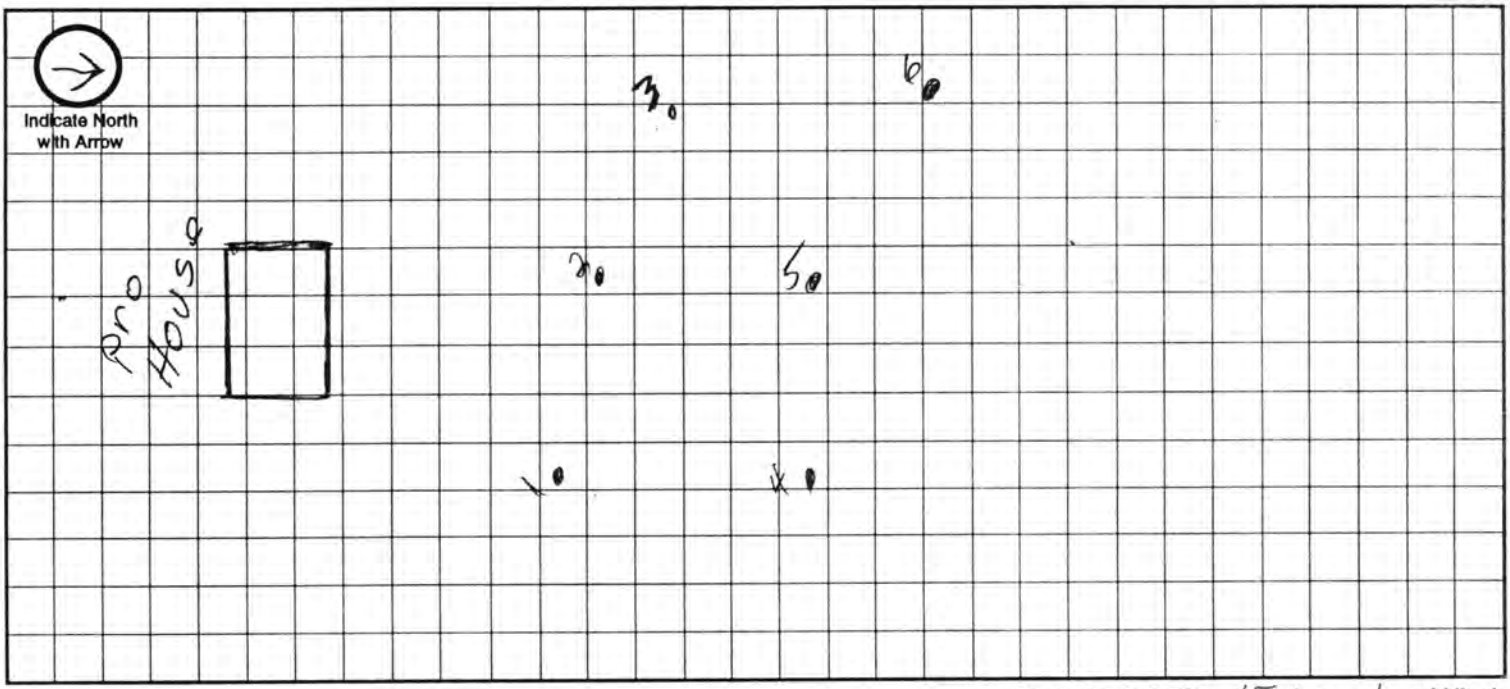
C

Permit Number: 033802708

Sewage Disposal System
Preliminary Plan Specifications

134

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 16100 S. 134th Street City Bennet NE, Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 44 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1320 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches _____ Trench Width 4'

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

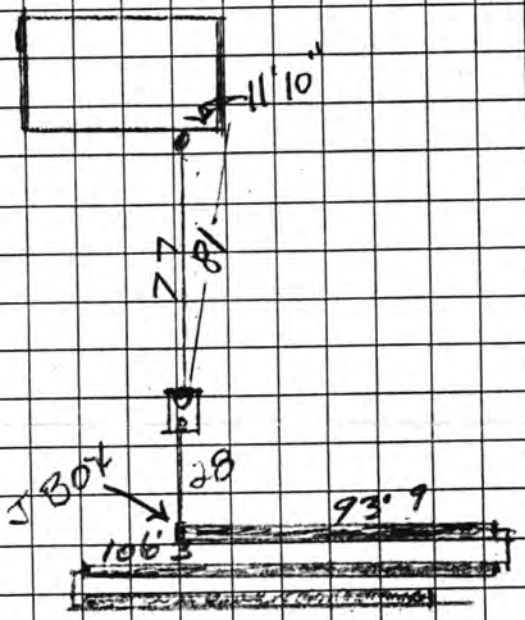
Home Building Contractor _____ Date _____

Installer Melvin Wagner Date 9/2/03

FORM 23-102 10-96

As Built Drawing

Indicate North with Arrow



Approximate Scale: 15 ft. = 1 grid line/s