# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

**NON TRANSFERABLE**

PERMIT
SEWAGE INSTALLATION

No. 39380006901

Issued 10/08/89
Expires 05/08/90

ESTABLISHMENT
THOMAS MAY
TBN R8E SEC 25 QTR SW
LOT 2
SW 1/4

FEES: Permit 016754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE THOMAS MAY
355 FIR ST
BENNET NE 68317

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| | |

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

8938000 2469

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE:_____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 8E ; Section SW/4 25 ;
   Block _____ : Lot 2 I.T. : Addition _____
   Street Address 180th & Hickman Rd.

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑

4. Distance to public sewer: _____ ft.

Thomas O. May
Signature of Applicant (Owner or Lessee)

Bennet, Ne.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/6/89. Date Frwd. 11/6/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-6-89. Date Frwd. 11-16-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Boerma
3. City or County Engineer: Date Rec'd. 11/16/89. Date Frwd. 11/16/89. ACTION: Approved ☑ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/11/89 by: L.C. Hood Sides of bottom check # bedrooms
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/13/97 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**B**

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 8 ; Section & ¼ Section 25.
Property Dimensions: _____ ft. x _____ ft. Area: 40 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑.
Dates of Tests: 10/23/89 to 10/24/89. Weather: Precip. None Temp. 70's.

OWNER: Thomas O. May

Address: Bennet. NE.

PERCOLATION TEST DATA TABLE

| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. | n. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | | Results | |
| | | Start | | End | | Start | | | End | | | | |
| Hold No. | Hole Depth (in.) | Date (Mo./ Day) | Time (Hr./ Min.) | Date (Mo./ Day) | Time (Hr./ Min.) | Date (Mo./ Day) | Time (Hr./ Min.) | Water Level (in.) | Time (Hr./ Day) | Water Level (in.) | Elapsed Time (Min.) | Water Level Drop (in.) | Percolation Rates (Min./in.) |
| 1 | 36 | 10/23 | 1:00 | 10/24 | 6:00 | 10/24 | 9:30 | 21" | 10:00 | 21½ | 30 | ½" | |
| 2 | 36 | | 1: | | | | | 20½ | | 20¾ | | ¼" | |
| 3 | 36 | | | | | | | 19 | | 19⅛ | | ⅛" | |
| 4 | 36 | | | | | | | 20 | | 20⅛ | | ⅛" | |
| 5 | 36 | | | | | | | 22½ | | 22¾ | | ¼ | |
| 6 | 36 | 10/23 | 1:00 | 10/24 | 6:00 | 10/24 | 9:30 | 19½ | 10:00 | 19¾ | 30 | ¼ | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Thomas O. May
Signature of Person Conducting Test

Address Bennet, NE. Phone 782-2315

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 120 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: November 6, 1989

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

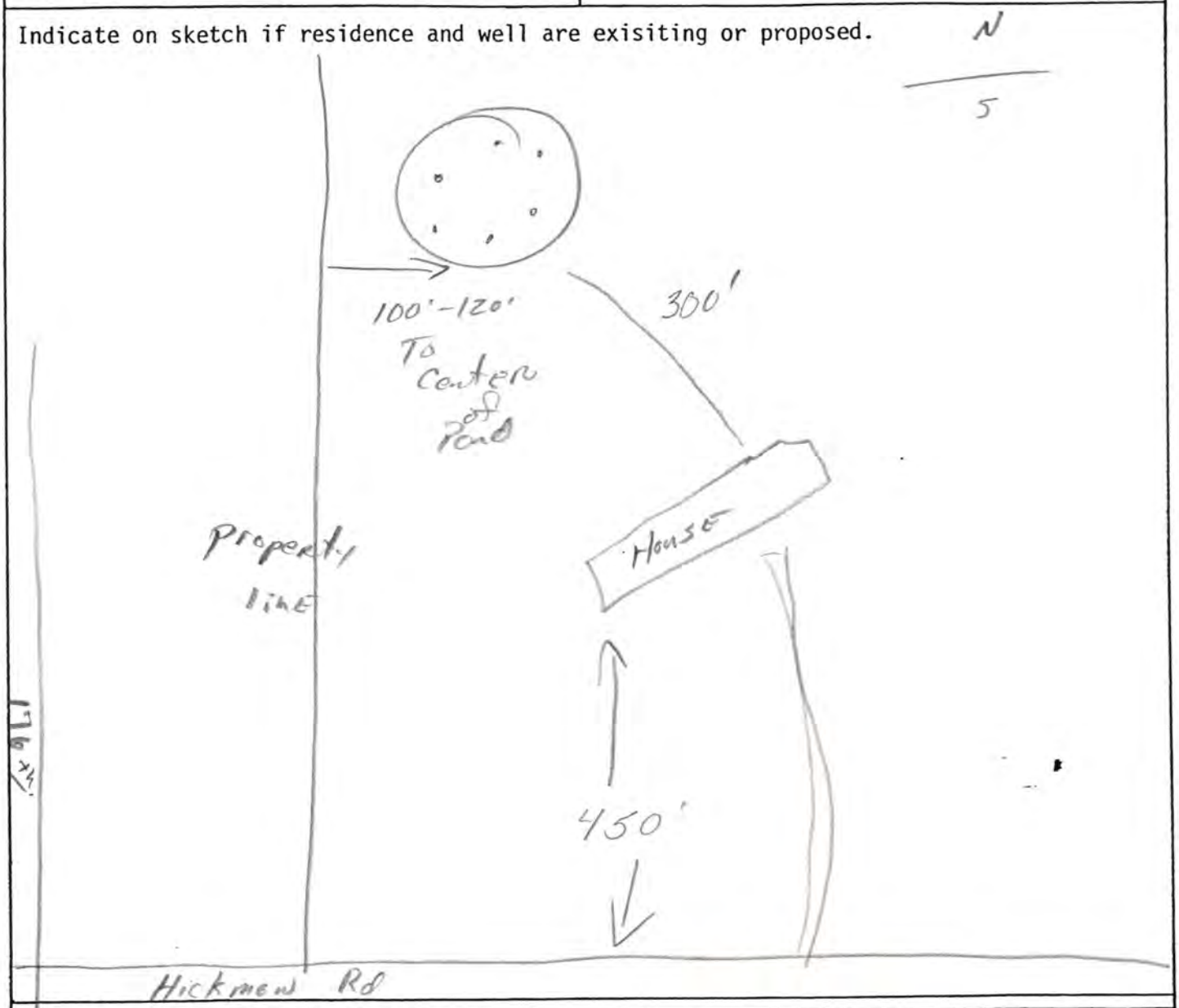
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**C**

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.




REVIEWING ACTION

Remarks:_____

Date: November 6, 1989

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

OCT 1 5 1997

D

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

Permit Number:

(Permit issued to):
Tom May
Bennet NE
(1989)

# Sewage Disposal System

## As Built Plans & Specifications

Date Jan. 15, 1990 Lagoon System

**System Location (Indicate correct number and street)**

Address 17850 Hickman Rd. (no rural route) City Bennet NE, Zip 68317

## A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
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

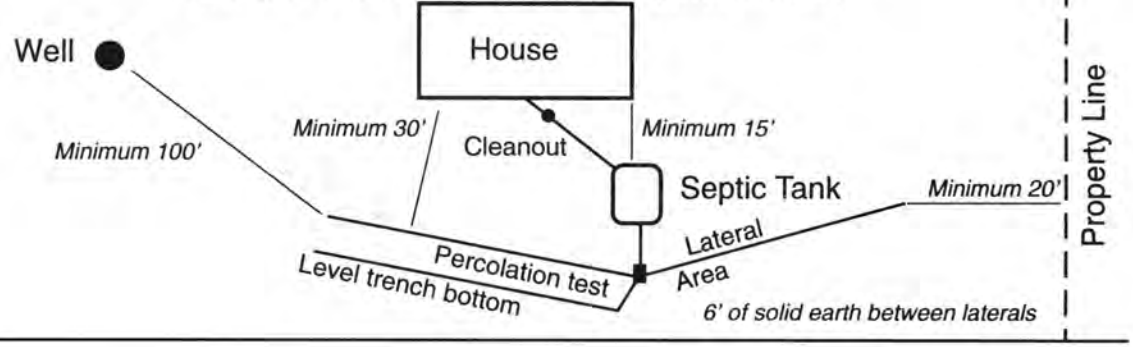
*(Provide as-built drawings on back of this form)*

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

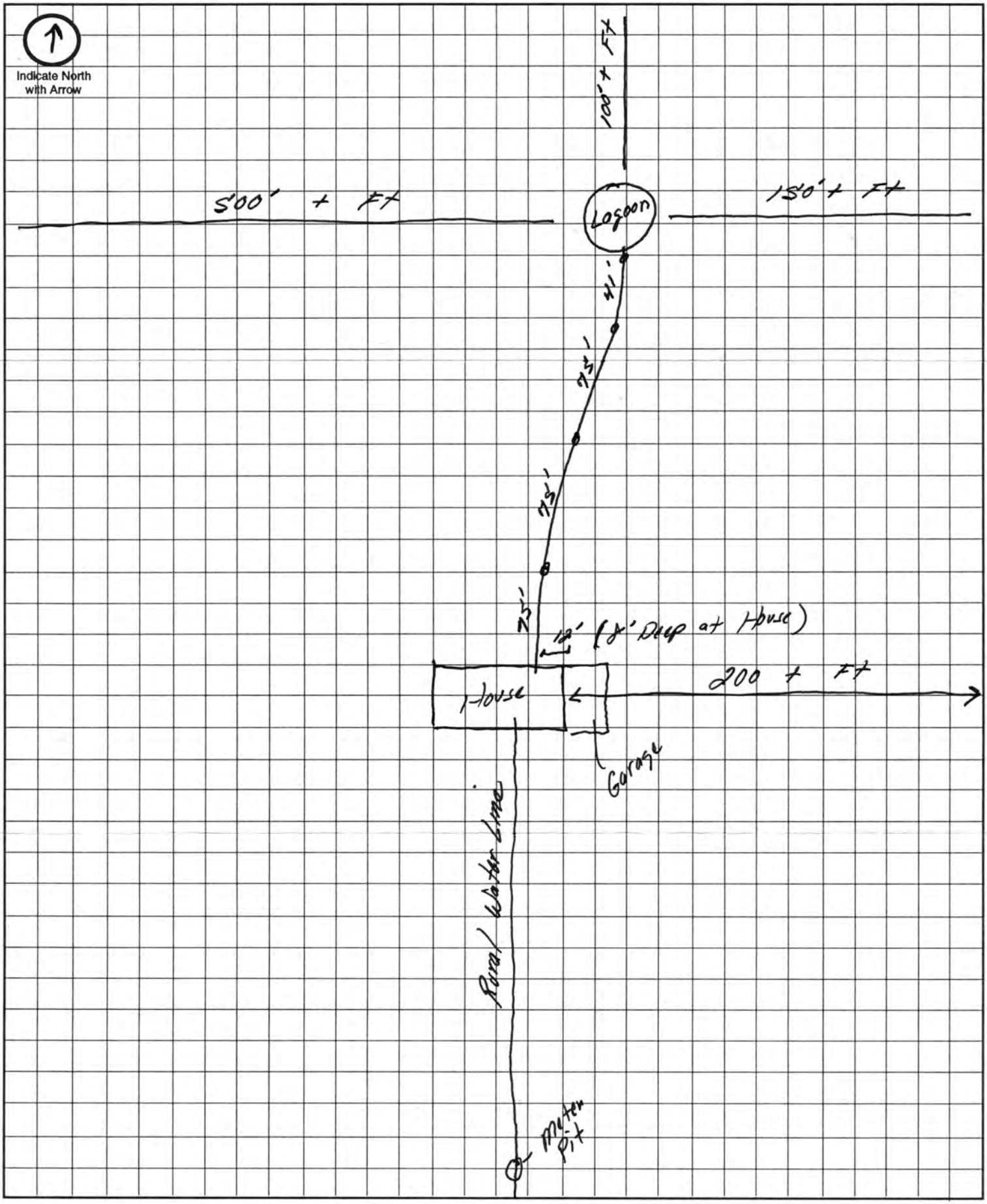
**Complete "As Built" drawing on back of this form.**

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

# As Built Drawing




Approximate Scale: _____ft. = _____ grid line/s