LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 98380175601

Permit

SEWAGE INSTALLATION -REPRINT
LAGOON

Issued 05/08/98
Expires 11/08/98
Revenue Code 3157

FEES: $150.00

Establishment

ARNOLD D KELLER
T8N R8E SEC 28 QTR NW
LOT 7IT
18000 S 134 ST-BENNET

PAID

TOTAL $150.00

Permittee

ARNOLD D & MARILYN KELLER
6110 ORWELL CIR
LINCOLN NE 68516-2711

Issued By Health Director
Lincoln-Lancaster County Health Department

007348

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 18000 So. 134th Street (no rural route) City Bennet NE, Zip 68317

Legal Description Lot 7 of Irregular Tracts located in the Northeast ~~east~~ WEST Quarter of Section 28 T. 8N., R.8E of the 6th P.M.
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

MIKE POE

Name Arnold D. & Marilyn Keller Signature Arnold Keller Marilyn Keller

Address 6110 Orwell Circle City/State/Zip Lincoln, NE 68516

☒ Check if owner designed system Home Phone 423-6123 Work Phone 486-9161

C. Contractor

Name John Strohmyer Company Name Excavating, Inc.

Address 6667 N.W. 48th City/State/Zip Lincoln, NE 68528

☐ Check if contractor designed system Work Phone 470-3100

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 5/7/98 Date frwd 5/7/98 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hoge
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-11-98 Date frwd 5-11-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-11-98 Date frwd 5-11-98 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Rleigh

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 05/07/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 1036

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 18000 S. 134th Street (no rural route) City Bennet NE, Zip 68317

Owner Arnold & MarilynKeller Addresss 6110 Orwell Circle

Soil Type (SCS): _____ 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)

Person Conducting Percolation Tests

Name: Lagoon to be sealed with Bentonite

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

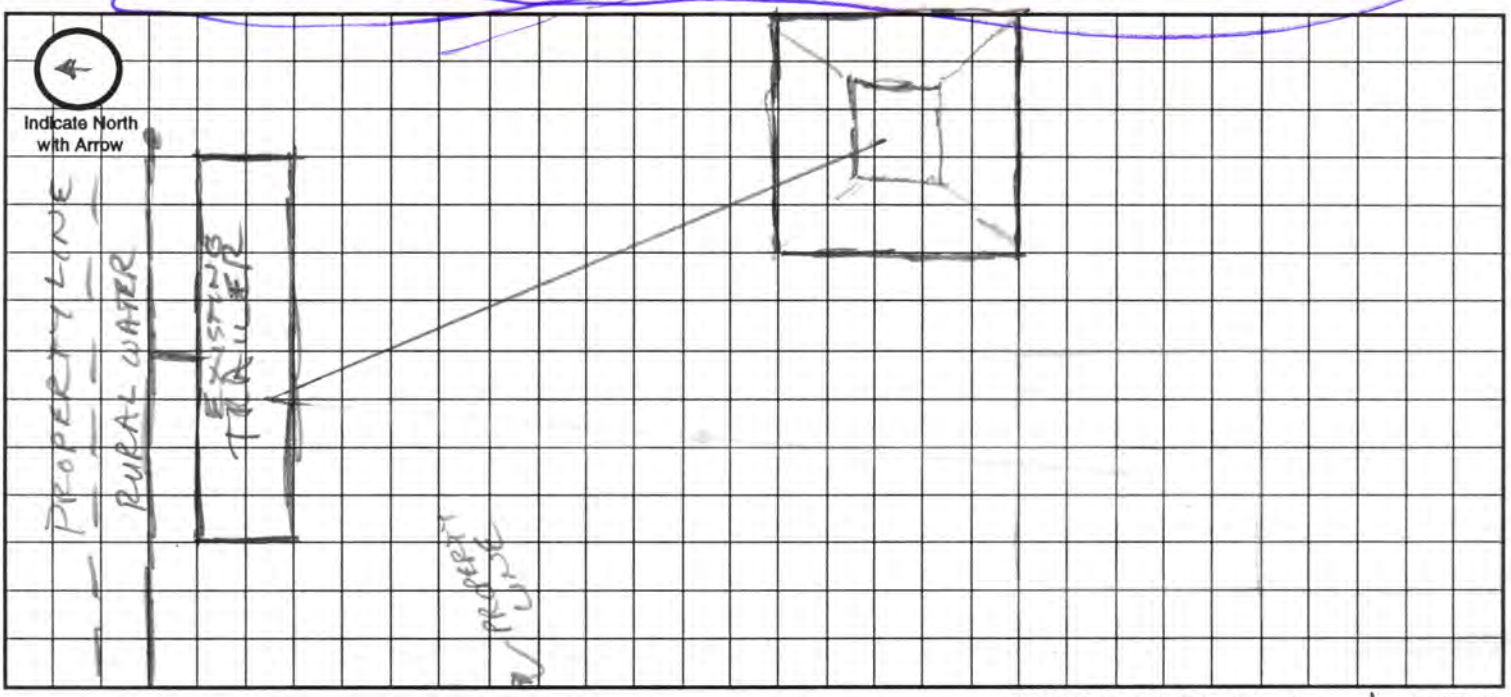
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 18000 So. 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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 (RURAL WATER)	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 Arnold Keller Date 6 MAY 98

Installer John Strohmyer Date 5/6/98

FORM 23-102 10-96

Arnold Keller

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

D

Permit Number:

Lagoon

Sewage Disposal System

As Built Plans & Specifications

Date 6/9/98

System Location (Indicate correct number and street)

Address 18000 So 134th (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4 in.
2. Distance above basement floor: N.A. in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100 + ft.
   stream N.A. ft.
   pressure line _____ ft.
   property line 100 + 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

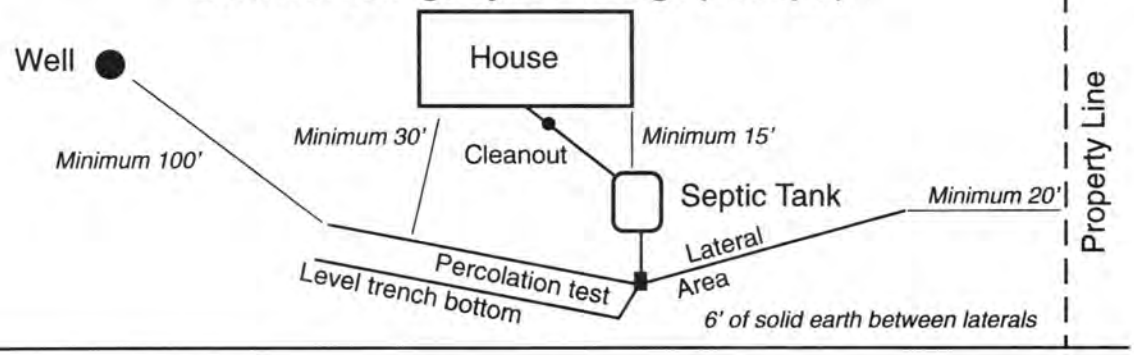
(Provide as-built drawings on back of this form)

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)



Nebr POC

Official Survey Record

LANCASTER County, Nebraska

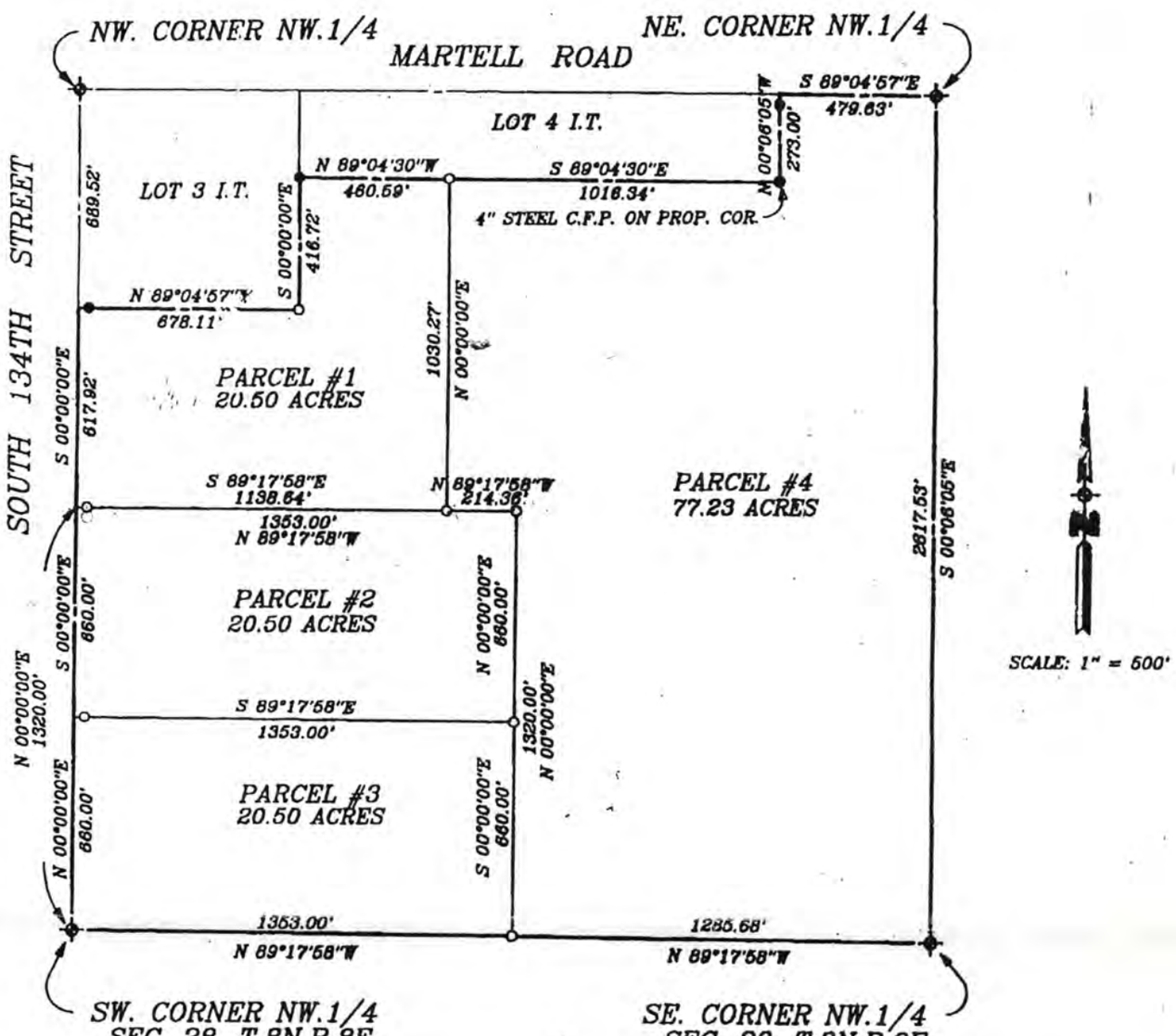
Phone (402) 434-2686
Fax (402) 434-2687

ALLIED SURVEYING AND MAPPING, INC.
6120 South 58th Street – Suite "A" – Lincoln, Nebraska 68516

Survey of Lot 2 of Irregular Tracts located in the Northwest Quarter of Section 28 T. 8 N., R. 8E of the 6th P.M.

Job No. 24646
23372/24646

April, 1997



o = Set 1" x 24" Iron Pipe

● = Monuments Found 1" Iron Pipe

SURVEYORS CERTIFICATE

I hearby certify that I have accurately surveyed the property in the above plat. Iron Pipe were set at points marked o. All dimensions are in feet and decimals of a foot.

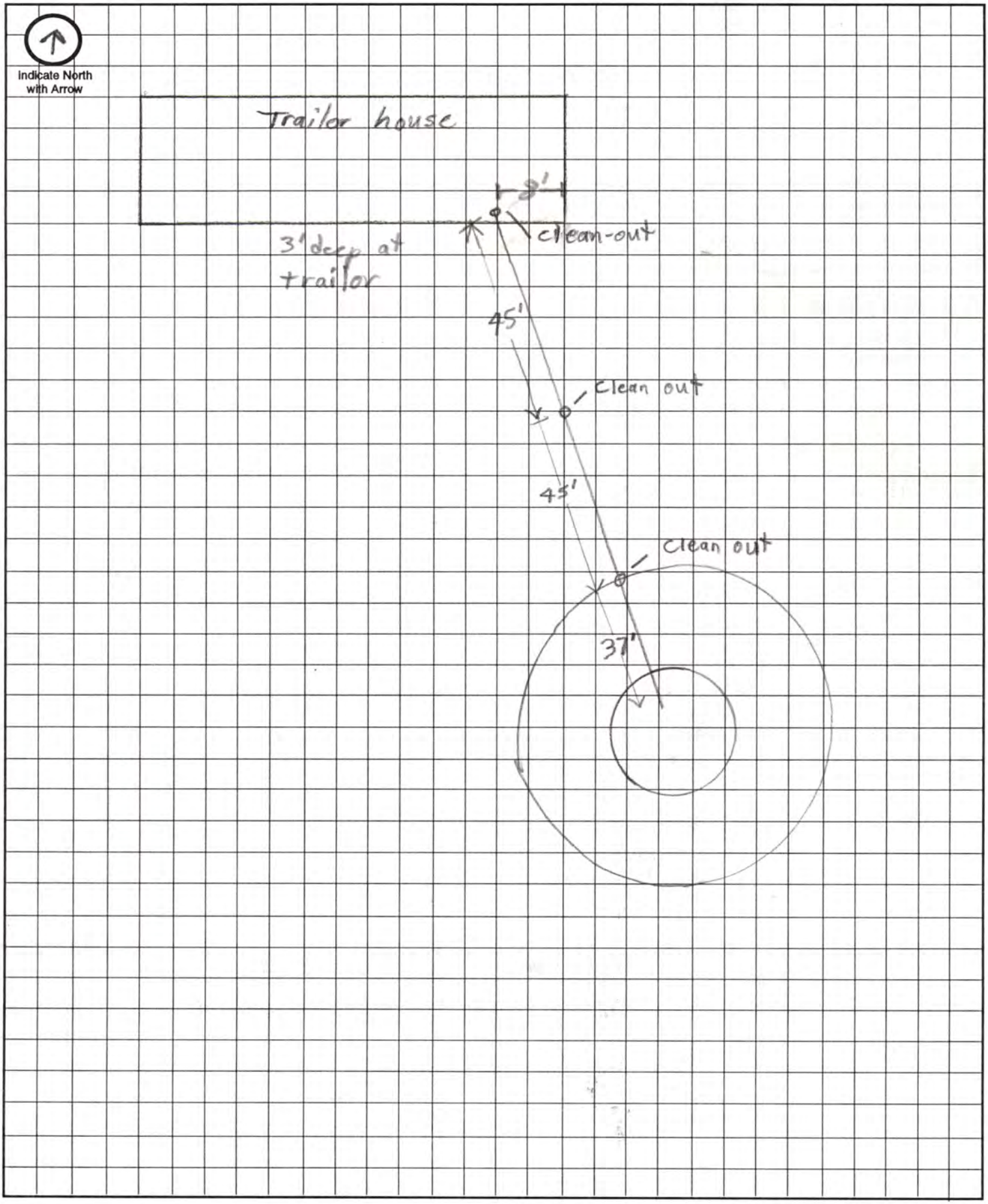
NEBRASKA
REGISTERED
LS-333
LAND SURVEYOR

Signed this 28TH day of APRIL, 1997

NAME [signature]
GARY W. EDMONDS

Surveyor's License # 333
Nebraska L.S. (SEAL)

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s