Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005408

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380286801

Issued 07/28/04
Expires 01/28/05
Revenue Code 3157

Establishment
JIM TIEMANN
T9N R5E SEC 3 QTR SE
LOT 24IT
3831 SW 84 ST-DENTON

FEES: $200.00

Permittee
JIM TIEMANN
803 N 7 ST
BEATRICE NE 68310

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: 04380286801

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 3431 SW 84th (no rural route) City Denton NE, Zip 68339

Legal Description SE 3 9N 5E 24 L.T.
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 Jim Tiemann Signature _____

Address 403 No. 7th St. City/State/Zip Beatrice, NE 68310

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

C. Contractor

Name Earnest Well Drilling Inc. Company Name Earnest Well Drilling

Address 2796 W Milford Rd. City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone (402)-761-2261

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 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 7/28/04 Date frwd 7/29/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/29/04 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 09/29/2004 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 3/16/05

Business Office Use Only
Date Rec'd 07/28/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 4211

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

043802868

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Jim Tiemann
Address: 3901 SW 84th
northside of driveway

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 7-17-04 to 7-18-04. **Weather:** Precip. Ø Temp. 80's

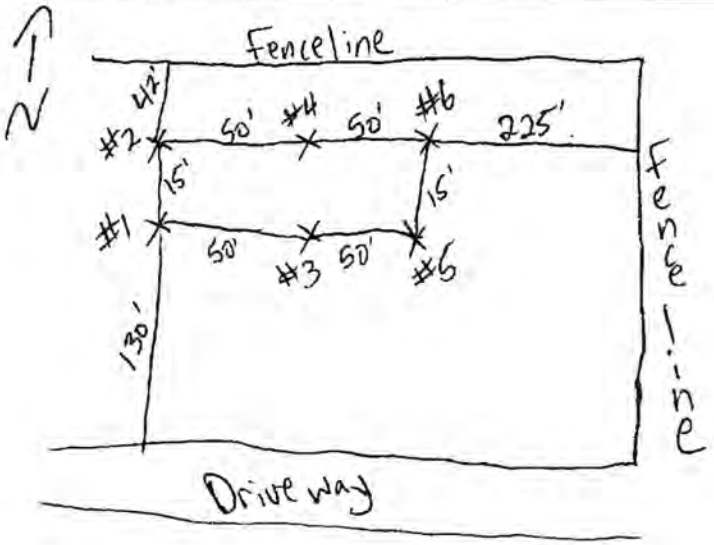
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	7-17	2:00pm	7-17	6:00pm	7-18	1:10pm	6	1:40pm	5¼	30	¾
2	36	7-17	2:00pm	7-17	6:00pm	7-18	1:10pm	6	1:40pm	5¼	30	¾
3	36	7-17	2:00pm	7-17	6:00pm	7-18	1:15pm	6	1:45pm	5	30	1
4	36	7-17	2:00pm	7-17	6:00pm	7-18	1:15pm	6	1:45pm	5¼	30	¾
5	36	7-17	2:00pm	7-17	6:00pm	7-18	1:20pm	6	1:50pm	5	30	1
6	36	7-17	2:00pm	7-17	6:00pm	7-18	1:20pm	6	1:50pm	5	30	1

Sum of Water Level Drops (in.) [Column m]: 5¼
Average of Water Level Drops (in.) [Column m]: _____
Inches per Minute: 34 MIN/IN

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: (402)-761-4414
Signature: Justyn L. Peterson

Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



contact
Jerry Hood
441-8029

Official's Signature

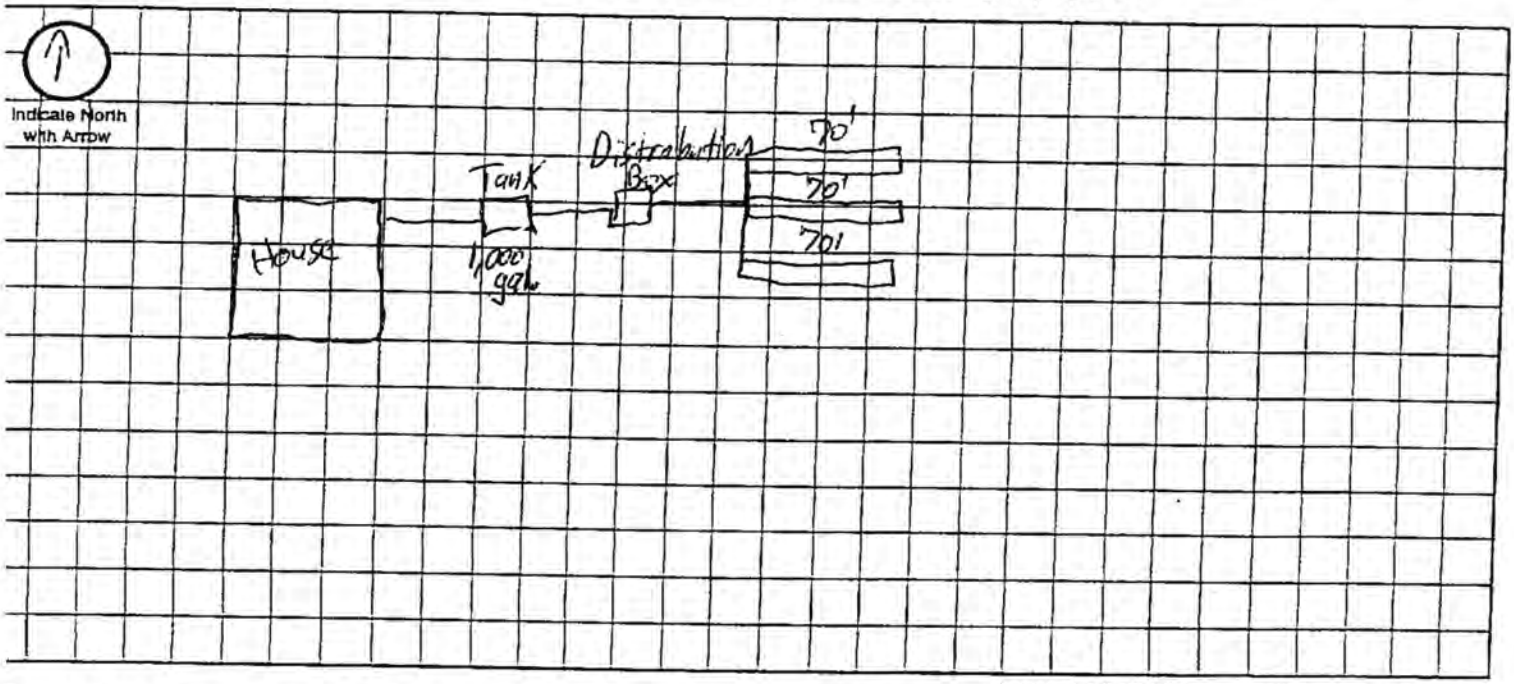
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C

Permit Number: 043802868

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) 3631 SW 64th City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 34 (min. per inch) Soil Type: JUDSON SILT LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 425 sq. ft.

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

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 11

Total Length of Laterals 275 ft. Number of Trenches 3 Trench Width 3'

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 ☐	☐

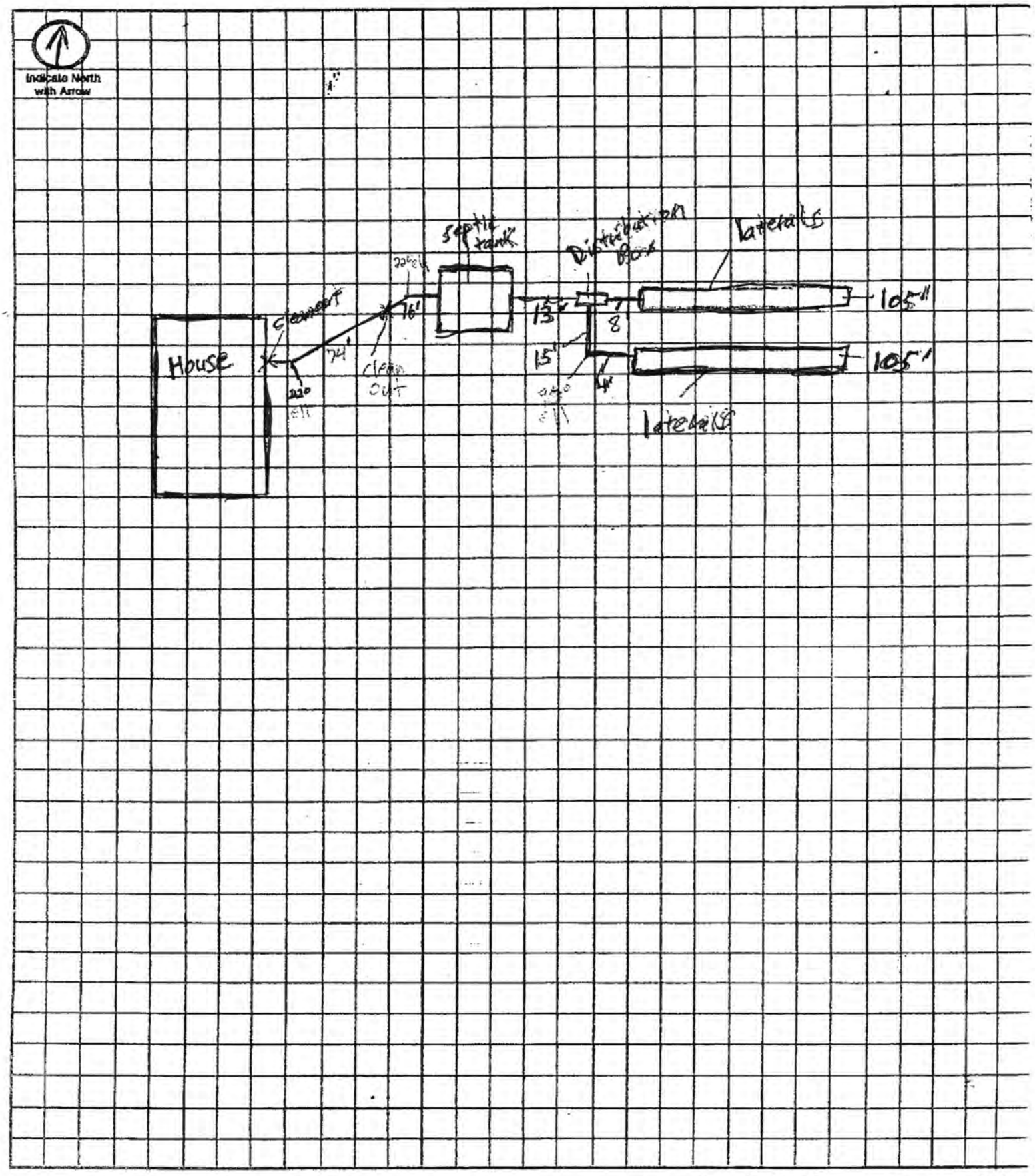
E. Required Signatures

Name Building Contractor Jim Timm Date 7-28-04

Installer Bew Earnest LLC Date 7/28/04

123-102 10-96

As Built Drawing



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