Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003187

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380273701

Issued 10/28/03
Expires 04/28/04
Revenue Code 3157

Establishment

C DOUGLAS MOORE
T9N R5E SEC 4 QTR SW
LOT 24IT
SW 112 & W PIONEERS RD-DENTON

FEES: $200.00

Permittee

C DOUGLAS MOORE
2143 N 68 ST
LINCOLN NE 68505

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

RECEIVED
OCT 27 2003

A

Permit Number: 03380273701

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 SW 112th & W PIONEERS BLVD (no rural route) City PENTON NE, Zip 68339

Legal Description SW 4 9N 5E 24 I.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 C. DOUGLAS MOORE Signature [signature]

Address 2143 N. 68th ST. City/State/Zip Lincoln, NE 68505

☐ Check if owner designed system Home Phone 467-1041 Work Phone 421-0474

C. Contractor

Name Earnest Well Company Name Earnest Well Drilling

Address _____ City/State/Zip Milford, NE

☐ Check if contractor designed system Work Phone 761-2281

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

Designer Name Earnest Well Firm Same Work Phone 761-2291

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 10/27/03 Date frwd 10/28/03	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10-29-03 Date frwd 10-29-03	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]	
3. **City or County Engineer**	Date rec'd 10-29-03 Date frwd 10-29-03	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]	

Installation Final Written Approval

By [signature]

Date 6/24/04

Business Office Use Only

Date Rec'd 10/28/03

Amt Paid 200.00

Rec'd By LS ~~Cash~~/Check No. 0093

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

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B

Permit Number: 033802737

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address SW 112th & W. PIONEERS #2 City DENTON NE, Zip 68339
(no rural route)

Owner DOUG & JILL MOORE Addresss 2143 N. 68th LINCOLN, NE 68505

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 10/25 to 10/26/03 Weather: Precipitation CLEAR Temperature 30-40's

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"	10/25	1:00p	10/26	7:00AM	10/26	9:15	27 7/8		10:15	60	1 1/8	44.5
2		OVERNIGHT						24 4/8			60	9/8	53.35
3								27			60	8/8	60.
4								24 4/8			60	13/8	37.5
5								24 6/8			60	10/8	48
6								23 6/8			60	10/8	48

Sum of Percolation Rates: 291.34
Average of Rates: 48.5
Rate Used for Calculation: 7.5 MIN / 1/8 IN

Person Conducting Percolation Tests

Name: Douglas Moore
Phone: 467-1041
Address 2143 N. 68th ST
LINCOLN, NE 68505

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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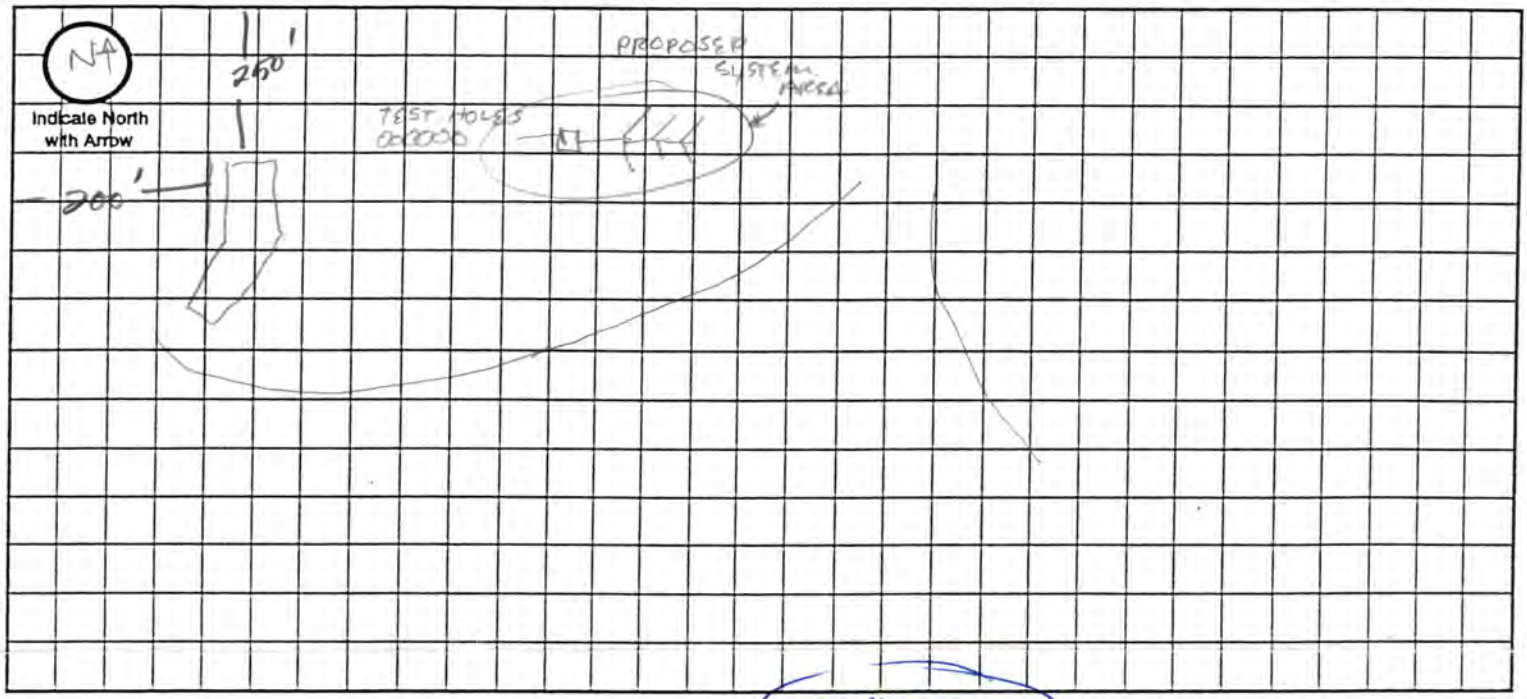
C

Permit Number: 033802737

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.



approx 25 acres Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1000 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 ☐	☐

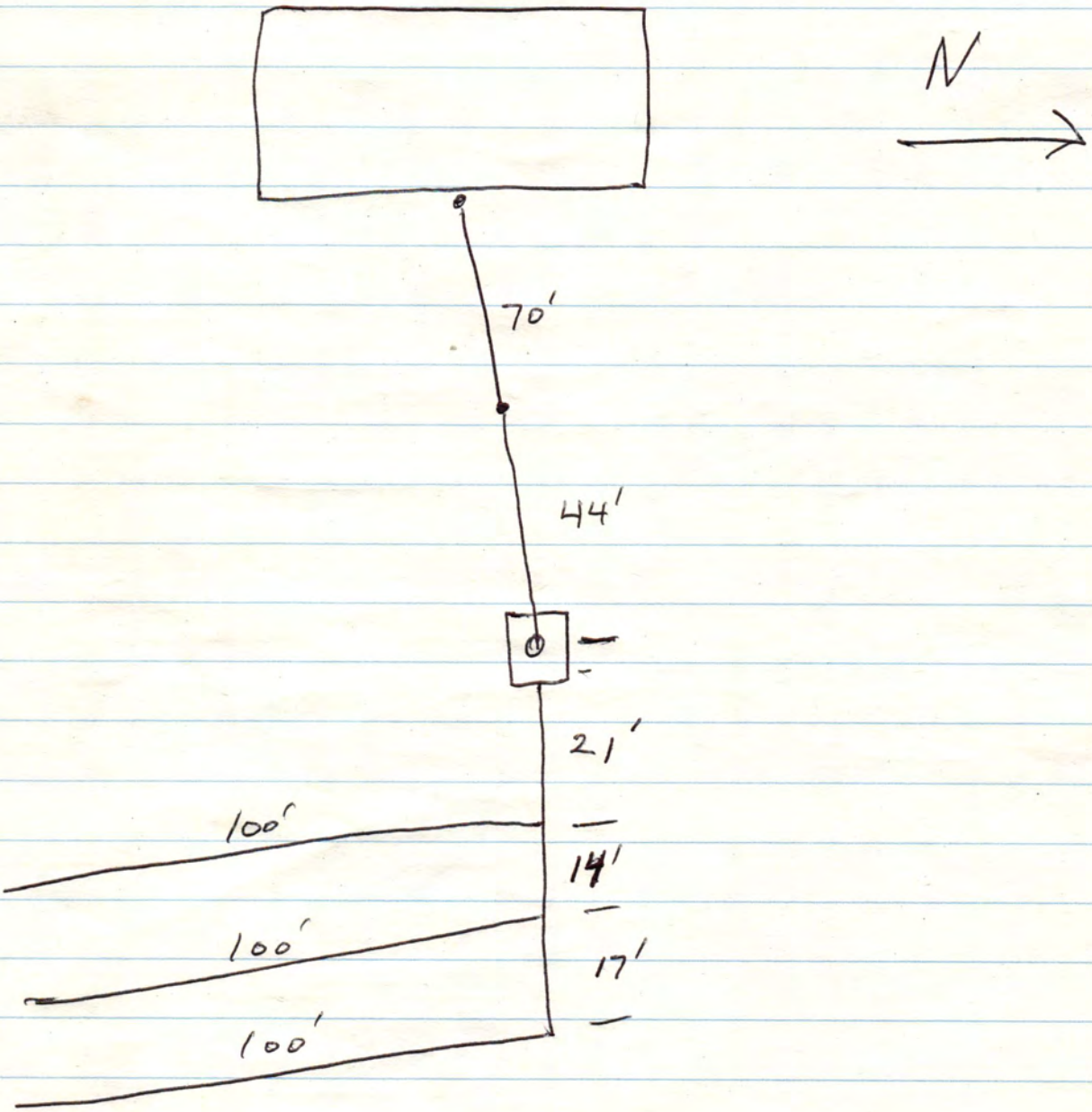
E. Required Signatures

Home Building Contractor C. DOUGLAS MOORE Date 10/26/03

Installer EARNEST WELL DRILLING Date _____

FORM 23-102 10-96

3840.² SW 1/2 th | ~200' • Well



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