Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009656

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380325701

Issued 09/29/06
Expires 09/29/07
Revenue Code 3157

Establishment
PRAIRIE SOLITUDE LLC
T9N R5E SEC 5 QTR NW
LOT 17IT
12325 W VAN DORN ST

FEES: $275.00

Permittee
PRAIRIE SOLITUDE LLC
1801 #6 RD
YORK NE 68467

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

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: 06380325701

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 12325 W. VAN DORN (no rural route) City ~~LINCOLN~~ DENTON NE, Zip 68339

Legal Description LOT 17 Ex. NW 5 9N 5E 17 Ex.
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 PRAIRIE SOLITUDE LLC Signature Martin Rousseau member

Address 1801 ROAD 6 City/State/Zip YORK NE 68467

☐ Check if owner designed system Home Phone 402 366 4252 Work Phone Cell 402-362-9052 best

C. Contractor

Name MARTIN ROUSSEAU Company Name MSR INC.

Address AS IN "B" City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name ALLEN PIEPER Firm PIEPERS INC Work Phone 402-362-7776

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 500 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 9/29/06 Date frwd 10/2/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-2-06 Date frwd 10-2-06 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10-2-06 Date frwd 10-2-06 ACTION ☒ Approved ☐ Disapproved Signature Jim Plauck

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 10/02/06
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 14244

FORM 23-100 10-96 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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12325 W. VAN DORN (no rural route) City DENTON NE, Zip 68339

Owner PRAIRIE SOLITUDE LLC Addresss 1801 ROAD 6 YORK NE 68467

Soil Type (SCS): BLACK DIRT / SILT Percolation Rate: 27.26 min./inch

Date of Tests 9-14-06 to 9-15-06 Weather: Precipitation NONE 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	48"	9/14	10:00	9/15	10:00	9/15	10:00	40	9/15	14:00	240	8.5	28.24
2	48	9/14	10:00	9/15	10:00	9/15	10:00	40	9/15	14:00	240	9.5	25.26
3	48	9/14	10:00	9/15	10:00	9/15	10:00	40	9/15	14:00	240	9.0	26.67
4	48	9/14	10:00	9/15	10:00	9/15	10:00	40	9/15	14:00	240	8.0	30.00
5	48	9/14	10:00	9/15	10:00	9/15	10:00	40	9/15	14:00	240	9.25	25.95
6	48	9/14	10:00	9/15	10:00	9/15	10:00	40	9/15	14:00	240	8.75	27.43

Sum of Percolation Rates: 1163.55
Average of Rates: 27.26
Rate Used for Calculation: 27.26

Person Conducting Percolation Tests

Name: A. Allen Trejo
Phone: 402-362-7776
Address P.O. Box 178
York NE 68467

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Gerald C. Hood Date September 29, 2006

FORM 23-101 10-96

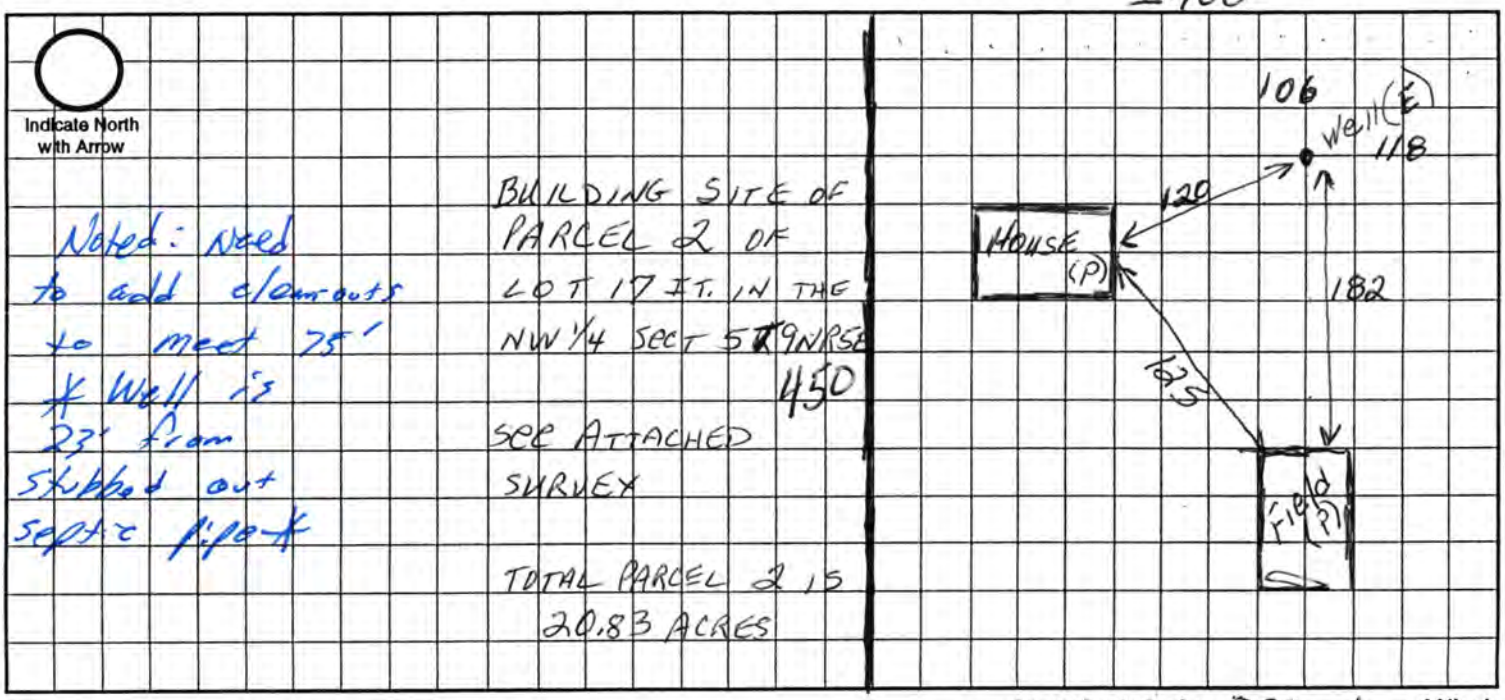
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12325 W. VAN DORN 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 27.26 (min. per inch) Soil Type: BLACK DIRT / SILT Land Slope: %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1,000 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 1

Total Length of Laterals 200 ft. Number of Trenches 2 Trench Width 5 FT

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 Martin Rousseau Date 9-25-06

Installer A. Dow Prospire Date 9-28-06

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

EPS
N40° 47.041'
W096° 53.292'

Date _____

System Location (Indicate correct number and street)

Address 12305 "W" VAN DORN (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 30 in.
3. Distance between dwelling and septic tank: 105 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 24 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 50 ft.
   Property line OVER 100 ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

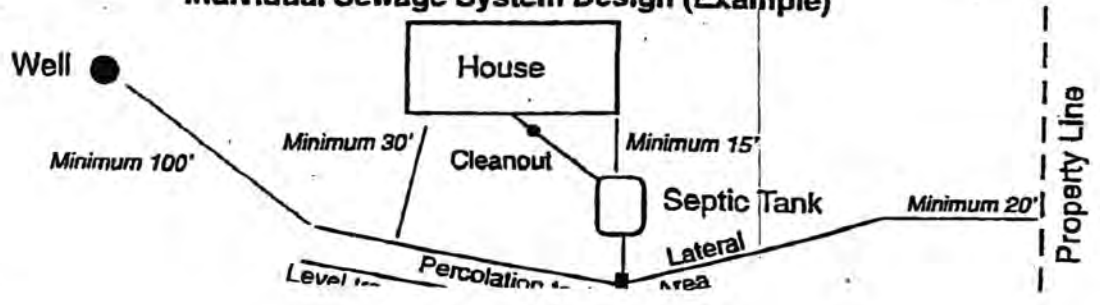
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line OVER 30 ft.

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

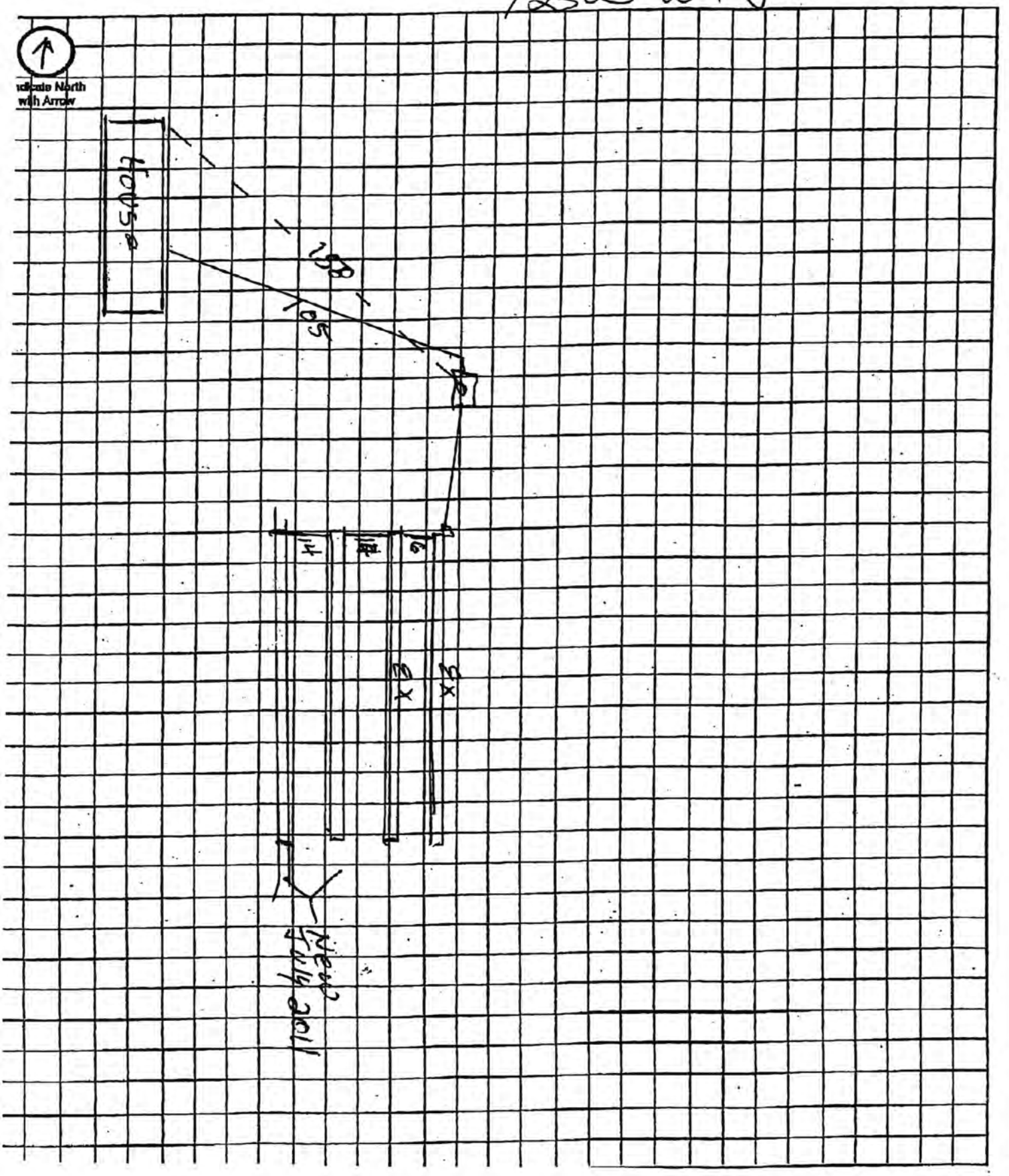
cate North
th Arrow

Individual Sewage System Design (Example)



s Built Drawing

12305 W. Van Dorn



Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 3

To Doug Smith	From Linda
Co.	Co. Gagner Const.
Dept.	Phone # 402-797-2365
Fax # 402-441-3890	Fax # 402-797-7475

GAGNER CONST. CO. INC.
4810 W. CLAIRE AVE.
LINCOLN, NE 68523
PH. 797-2365 FAX 797-7475

Aug 24-11

Hi Doug, I'm just noticed that I haven't sent this to you.

Thanks,
Linda

180

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

SCANNED

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS600523

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

Brad 730-2768

1. **Legal description of property:**
   Township 9N Range 5 1/4 NW 1/4 _____ Section 5
   ~~Block~~ PARCEL 2 Lot 17 Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 12325 W VAN DORN

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Add 200FT LATERALS INFILTRATORS WITH SAND ABOUT 5' FT Wide

5. **Work to be done by:** ☐ owner ☐ contractor's name GAGNER CONST

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Bradley S. Barrows Address 12325 W. Van Dorn, Denton NE 68339 Phone: (402) 484-7450

Applicant Signature (owner or lessee) _____

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 7/28/11 REVIEW: ☑ Approved ☐ Disapproved By: _____

Site visits
Date 7/25/11 By D.S.
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 7/25/11 By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 7/28/11 Amount 185.00 Check No. 6623 Initials BH

Revised 3-09