Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEPTIC SYSTEM REPAIR

Permit # 01390069901

Issued 07/12/01
Expires 01/12/02
Revenue Code 3157

FEES: $100.00

Establishment

TED CUNNINGHAM
T9N R5E SEC 7 QTR NW
SW 1/4 OF NW 1/4
4700 SW 98 ST-DENTON

Permittee

1404h St.
TED CUNNINGHAM
5220 LA SALLE ST
LINCOLN NE 68516

TOTAL: $100.00

[redacted]
Acting
Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016100

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

A

Permit Number: 0139 00699

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 4700 SW ~~56~~ 140TH ST. (no rural route) City Denton NE, Zip 68339

Legal Description SW of NW 7 9N 5E 10 ACRES
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 Ted Cunningham Signature _____

Address 5220 LaSalle City/State/Zip Lincoln Ne 68339

☐ Check if owner designed system Home Phone 488-6374 Work Phone NA

C. Contractor

Name Gene Cox Company Name M.J. Con Underground Const. Inc.

Address PO Box 422 City/State/Zip Denton Ne 68339

☑ Check if contractor designed system Work Phone 797-2033

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 7/12/01 Date frwd 7/12/01 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hoop
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

7/31/01 – Lateral inspected – need drawing

Installation Final Written Approval

By Doug Arnold

Date 8/30/01

Business Office Use Only
Date Rec'd 7/12/01
Amt Paid 100.00 repair
Rec'd By CW Cash/Check No. 2373

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

Lincoln-Lancaster County Health Department
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B

Permit Number: 013900699

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4700 SW 140th (no rural route) City Denton NE, Zip 68339

Owner Ted Cunningham Addresss 5220 C.S.lle Lincoln Ne 68516-1341

Soil Type (SCS): Mixed Clay Loam Nodaway Percolation Rate: _____ min./inch

Date of Tests 7-9-01 to 7-10-01 Weather: Precipitation 0" Temperature 94°

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"	7-9	10:30	7-9	2:30	7-10	2:30	6"	~~7-10 6:30~~ 7-10	6:30	30	1.5	20 MIN/IN
2	36"	7-9	10:35	7-9	2:35	7-10	2:35	6"	~~7-10 6:35~~ 7-10	6:35	30	1.8	15 MIN/IN
3	36"	7-9	10:40	7-9	2:40	7-10	2:40	6"	~~7-10 6:40~~ 7-10	6:40	30	2	15 MIN/IN
4	36"	7-9	10:45	7-9	2:45	7-10	2:45	6"	~~7-10 6:45~~ 7-10	6:45	30	2.2	15 MIN/IN
5	36"	7-9	10:50	7-9	2:50	7-10	2:50	6"	~~7-10 6:50~~ 7-10	6:50	30	1.5	20 MIN/IN
6	36"	7-9	10:55	7-9	2:55	7-10	2:55	6"	~~7-10 6:55~~ 7-10	6:55	30	1.75	17 MIN/IN
	[illegible]												

Person Conducting Percolation Tests

Name: Glenn E Cox

Phone: 304-2303

Address 8205 SW 98th Denton Ne

Sum of Percolation Rates: _____

Average of Rates: 17 MIN/IN

Rate Used for Calculation: 17 MIN/IN

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

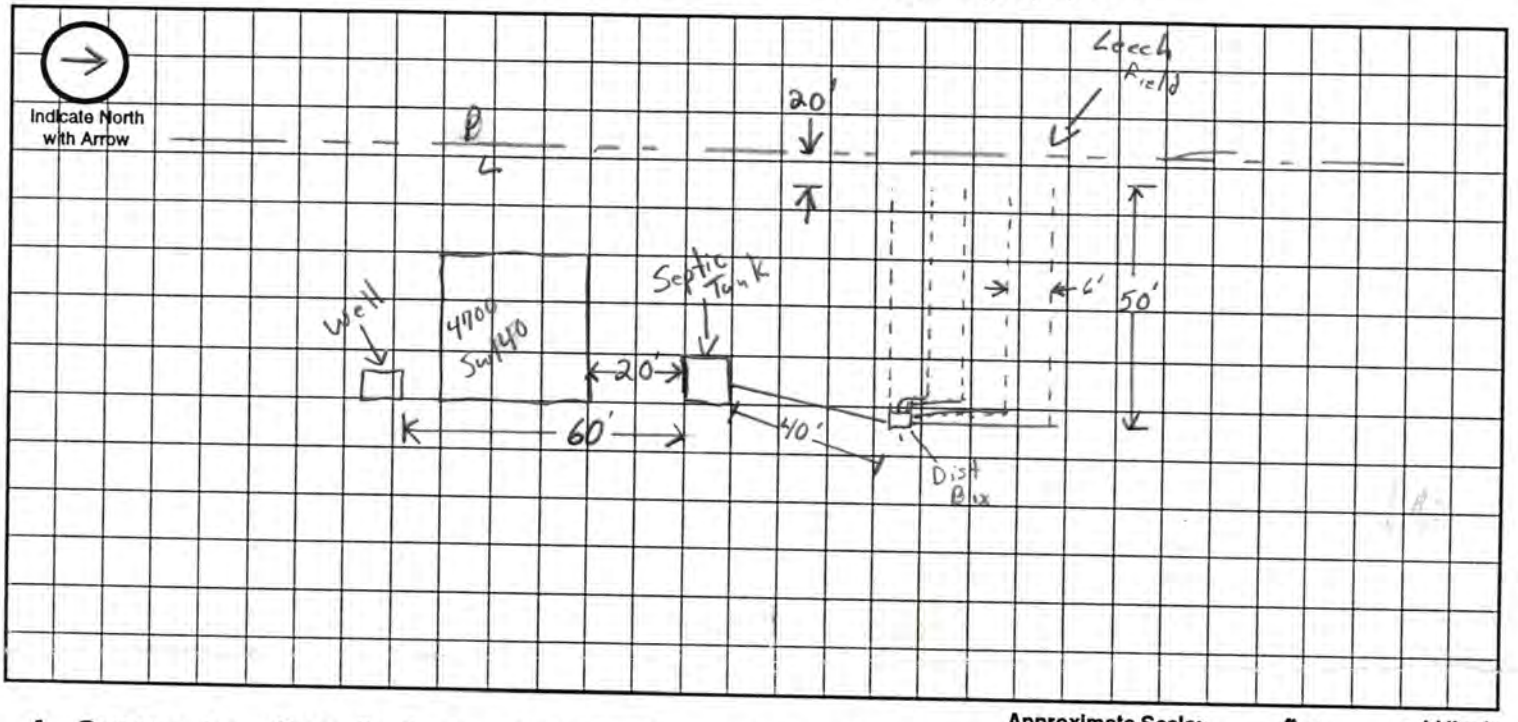
C

Permit Number: 013900699

~ 230'

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) 4700 SW 140th City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Will use Exist Fiberglass Tank

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

Percolation Rate _____ (min. per inch) Soil Type: Nodaway Silt Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 630 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 210 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

Home Building Contractor _____ Date _____

Installer [signature] Date 7-11-01

FORM 23-102 10-96

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

RECEIVED
AUG 14 2001

D

Permit Number:

Gene Cox (MidCon)
304-2303

Sewage Disposal System

As Built Plans & Specifications

9-57

Date 7-31-01

System Location (Indicate correct number and street)

Address 4700 SW 140th (no rural route) City Denton NE, Zip 68339

A. Building Sewer

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

B. Septic Tank

1. Material: Existing Tank
   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: plastic
   Number available outlets: 7
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 40' ft.

D. Absorption Field

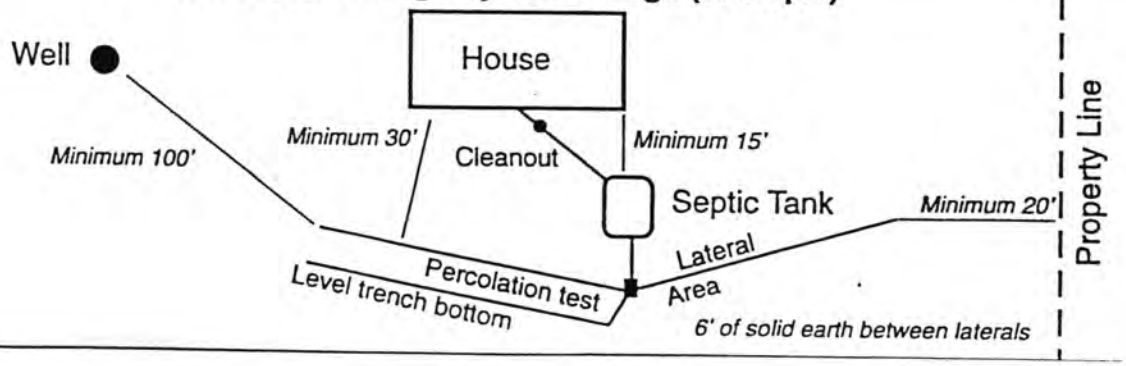
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 60' ft. 60 ft.
   56 ft. 54 ft., _____ ft.
3. Trench dimensions: Width 3' ft.
   Slope 4" in/100 ft.
   Average depth 3' in
4. Filter material: Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

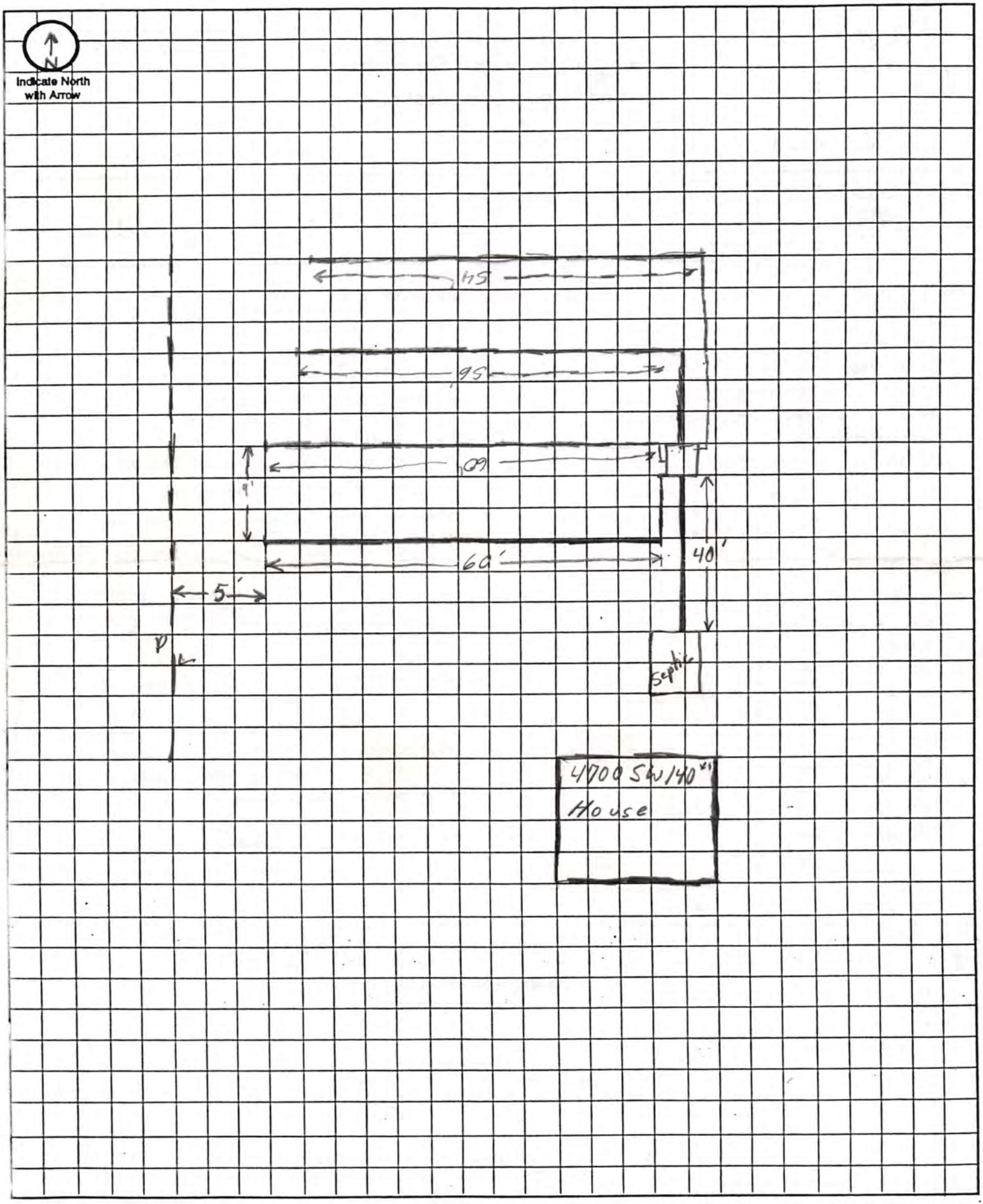
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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