Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000502

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380261101

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

Establishment: WAYNE BENSON
T9N R5E SEC 7 QTR SW
N 1/2
5100 SW 140 ST-DENTON

FEES: $200.00

Permittee: WAYNE BENSON
511 LAKESHORE DR #210
LINCOLN NE 68028

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: 03380261101

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 5100 S.W 140th Street (no rural route) City Denton NE, Zip _____

Legal Description NW1/4 SW1/4 7 9N 5E
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 WAYNE BENSON Signature Wayne Benson

Address APT 210 511 Interlaken Drive City/State/Zip LINCOLN NE 68528

☐ Check if owner designed system Home Phone 476-9180 Work Phone _____

C. Contractor

Name Lloyd J Jakoubek Company Name Raymond Contracting.

Address 12800 NW 70 City/State/Zip Raymond NE.

☐ Check if contractor designed system Work Phone 880-6009

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 4/4/03 Date frwd 4/4/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/4/03 Date frwd 4/4/03 ACTION ☒ Approved ☐ Disapproved Signature Wall
3. **City or County Engineer** Date rec'd 4-4-03 Date frwd 4-4-03 ACTION ☒ Approved ☐ Disapproved Signature Jim Plouzek

7-23-03, rm need bonding

Installation Final Written Approval

By Ron Mayumt

Date 8-22-03

Business Office Use Only

Date Rec'd 04/04/03

Amt Paid 200.00

Rec'd By m Cash/Check No. 7784

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

Attachment C.

Soil Absorption Test Data Report

Owner Information:

Owner Wayne Benton Phone _____

Address: 5100 SCR 140th Str. (NAME)

Location:

Township _____ Range _____ Sec. _____ 1/4 Sec. _____ 1/4 Sec. _____

County Name _____ Area: _____ Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand _____ Silt _____ Clay _____ Sandy Clay _____ Loamy Sand _____

Silty Clay _____ Silty Clay Loam _____ Sandy Loam _____ Silt Loam _____

Dates of Test 7/14 to 7/15 Weather: Precipitation 0 Temp 85

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
1	36"	7/14	10AM	7/15	2PM	7/15	3PM	6	4PM	4	60	2	30
2	"	"	"	"	"	"	"	"	"	3 1/2	"	2 1/2	24
3	"	"	"	"	"	"	"	"	"	3 1/2	"	2 1/2	24
4	"	"	"	"	"	"	"	"	"	3	"	3	30
5	"	"	"	"	"	"	"	"	"	3 1/2	"	2 1/2	24
6	"	"	"	"	"	"	"	"	"	3	"	3	20

Don Anderson
Signature of Person Conducting Test

Address: AWS Well

Phone: 402-624-3895

Sum of Percolation Rates = 152

*Average of Rates in Minutes per Inch = 25.33

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.

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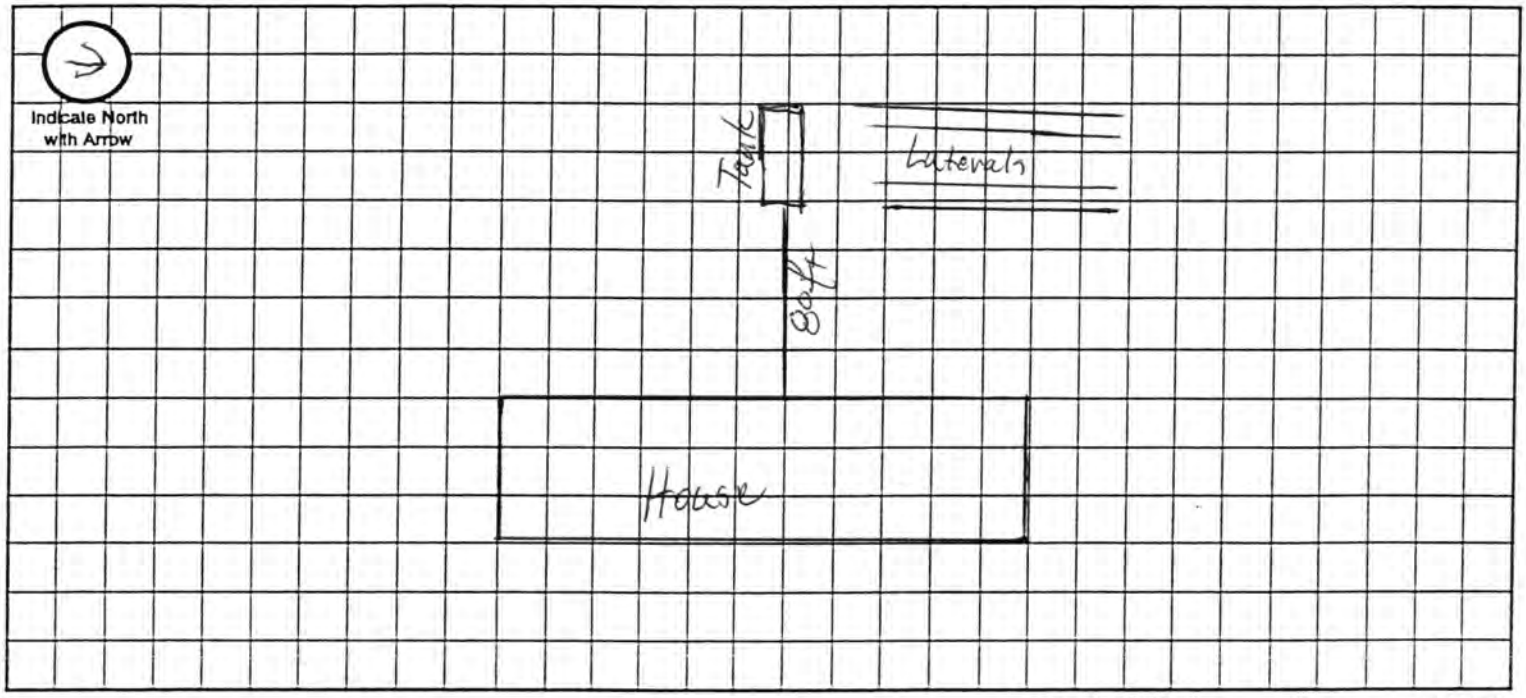
C

Permit Number: 03380216 11

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) 5100 SW 140th City Denton NE, Zip 68339

B. Proposed Septic Tank/s 1

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 1500 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 Don Anderson Date _____

Installer Don Anderson Date 7/22/03

FORM 23-102 10-96

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Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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JUL 2 5 2003

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7/24/03

Wayne Benson

System Location (Indicate correct number and street)

Address 5100 SW 140th Street (no rural route) 9-5-8 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: Cement
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 48 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 11 ft.
   Property line 11 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 100+ ft.

D. Absorption Field

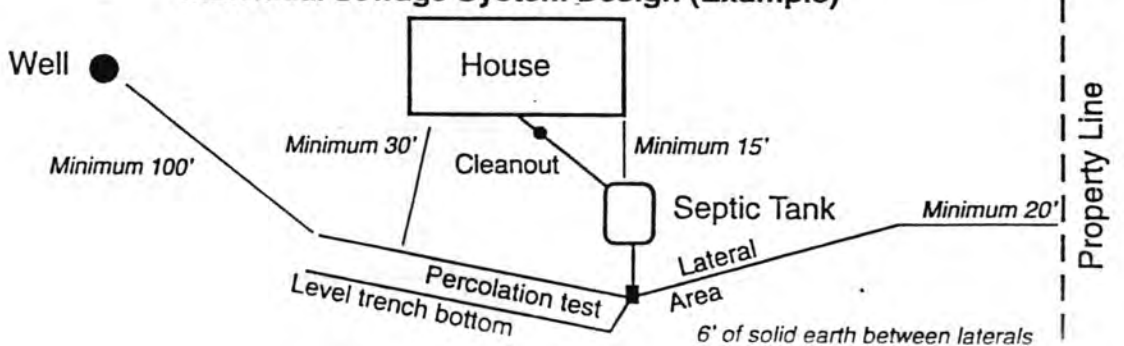
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrators 31" wide
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 114 ft. 80 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 29 in
4. Filter material: Graveless
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 11 ft.
   Pressure line 11 ft.
   Property line 11 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

