Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009872

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8006

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380329801

Issued 01/30/07
Expires 01/30/08
Revenue Code 3157

Establishment: MEL F PETTY
T9N R5E SEC 10
8630 W OLD CHENEY RD-DENTON

FEES: $290.00

Permittee: MEL F PETTY
2113 SW 19 ST
LINCOLN NE 68522

TOTAL: $290.00

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

5.01 acres

A

Permit Number: 07380329801 nlf

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 8630 West Old Cheney (no rural route) City Denton NE, Zip 68339

LCR5923

Legal Description 10 (1/4) 9 (1/4) Section 9 Township 5 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

NCR 71617

Name Mel Petty Signature Mel F Petty

Address 2113 SW 19th City/State/Zip Lincoln Ne 68522

☐ Check if owner designed system Home Phone None Work Phone 440-7406

C. Contractor

Name Scott Prange Company Name Prange Const.

Address 22500 So 176th City/State/Zip Adams NE 68301

☐ Check if contractor designed system Work Phone 540-1875

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

Designer Name Scott Prange Firm Prange Const Work Phone 540-1875

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 400 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 1/30/07 Date frwd 1/30/07 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2-1-07 Date frwd 2-1-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Prange

Installation Final Written Approval

By _____

Date 3/19/07

Business Office Use Only

Date Rec'd 1/30/07

Amt Paid 290.00

Rec'd By CW Cash/Check No. 10478

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 8630 West Old Cheney (no rural route) City Denton NE, Zip 68339

Owner Mel Petty Addresss

Soil Type (SCS): Nolaway Percolation Rate: 40 min./inch

Date of Tests 12-1-06 to 12-2-06 Weather: Precipitation none Temperature 32°F

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	12-1	10:00 am	12-2	1:00 pm	12-2	2:30	6"	12/2	3:00	30	5 3/4	48
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	5 3/4	40
3												5 1/4	30
4												5 1/2	34
5												3/4	40
6	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	3 1/4	40

Sum of Percolation Rates: 232

Average of Rates: 38.67

Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Mel Petty

Phone: 440-7406

Address

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

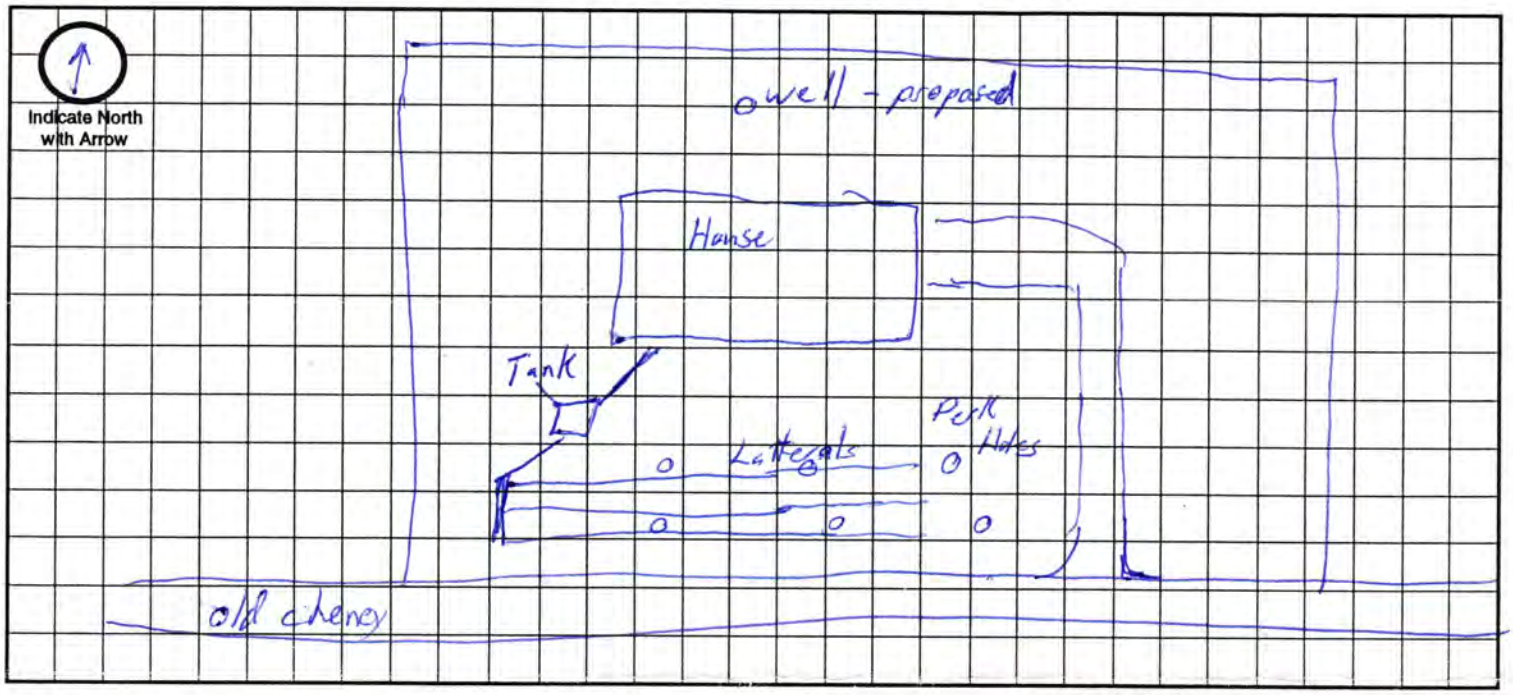
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 8630 west old cherry 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 _____ (min. per inch) Soil Type: Nodaway Land Slope: 1 %

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

Total Square Feet of Field Required: 825 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: H-12

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 220 ft. Number of Trenches 2 Trench Width 3'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

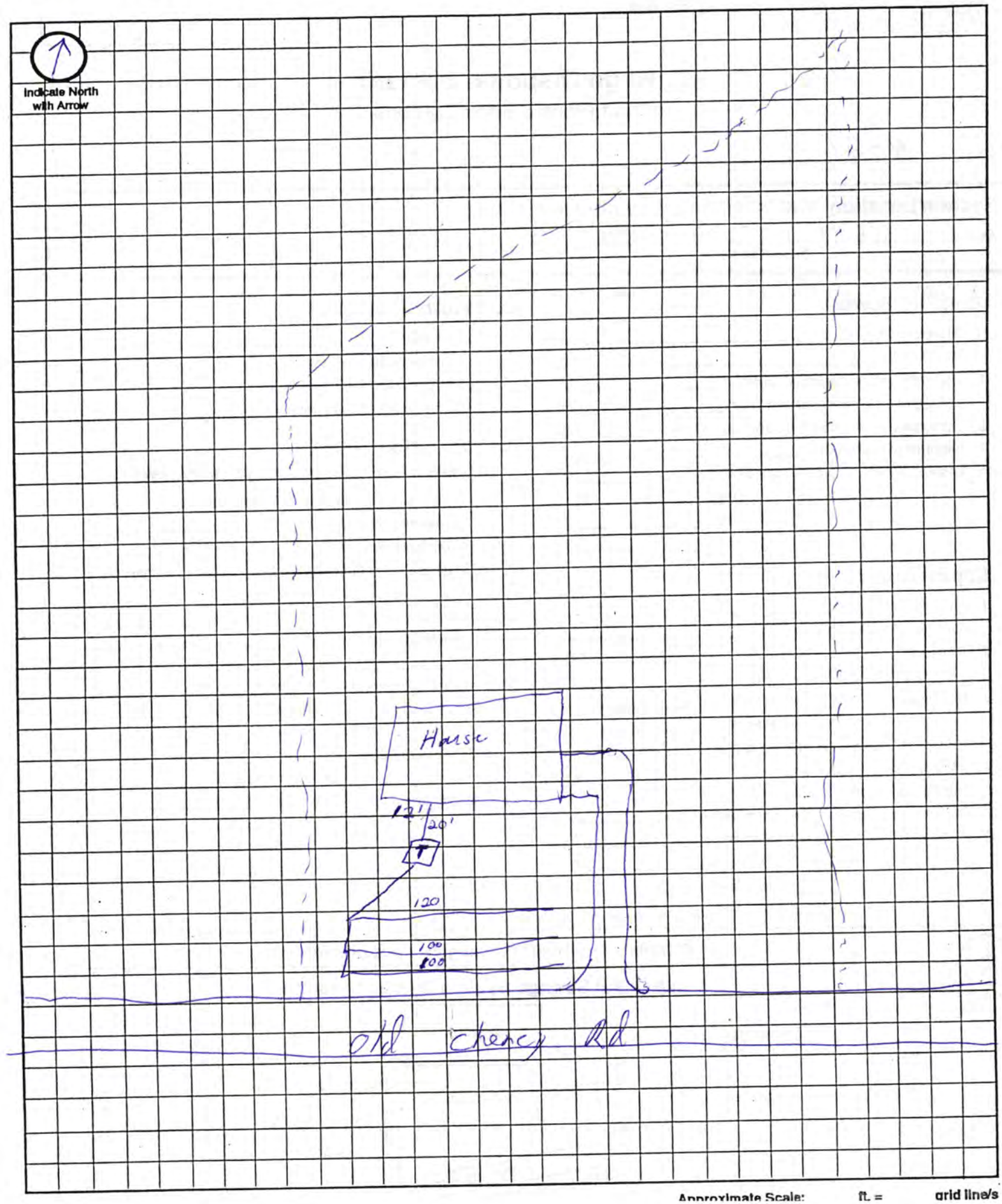
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

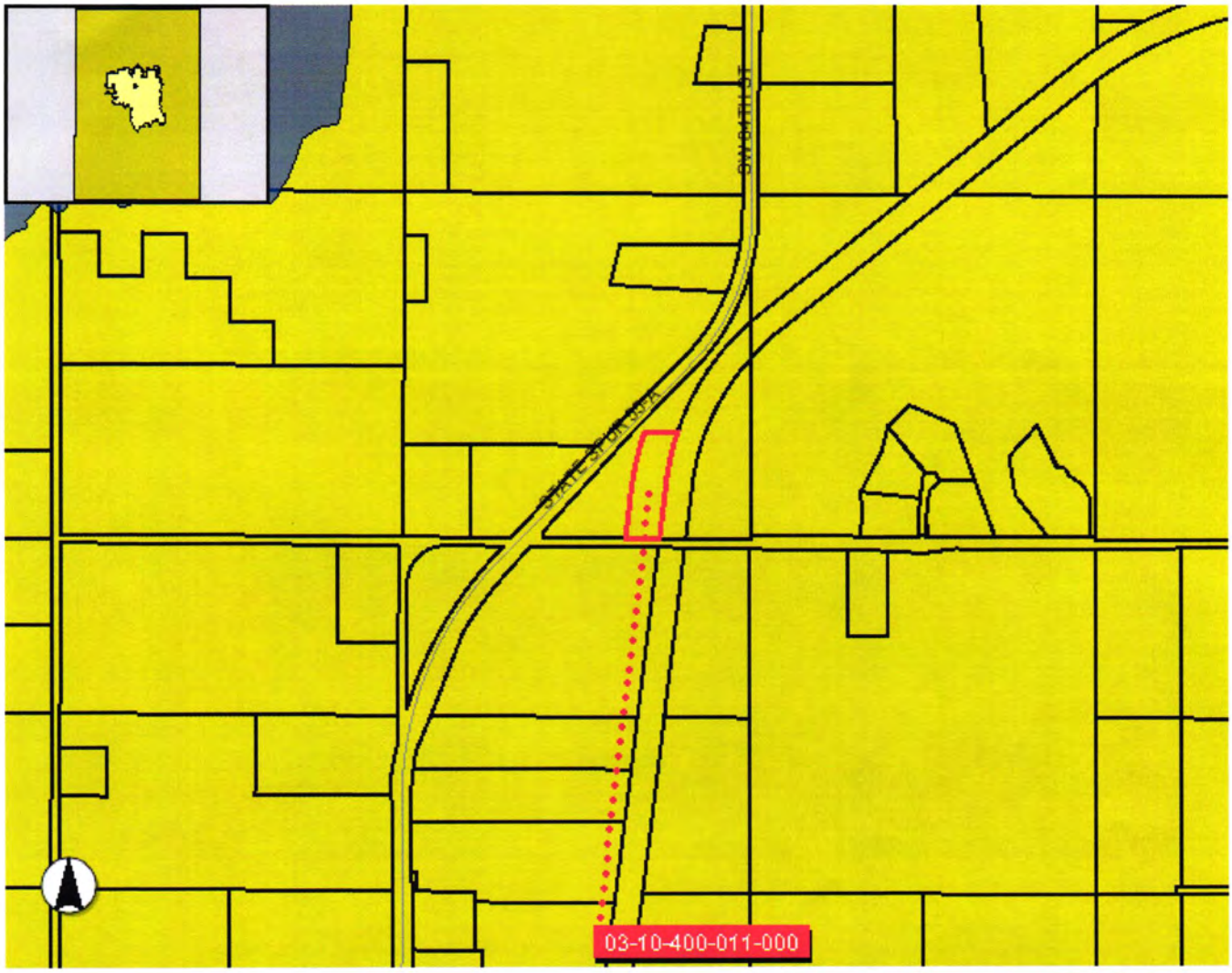
Home Building Contractor _____ Date _____

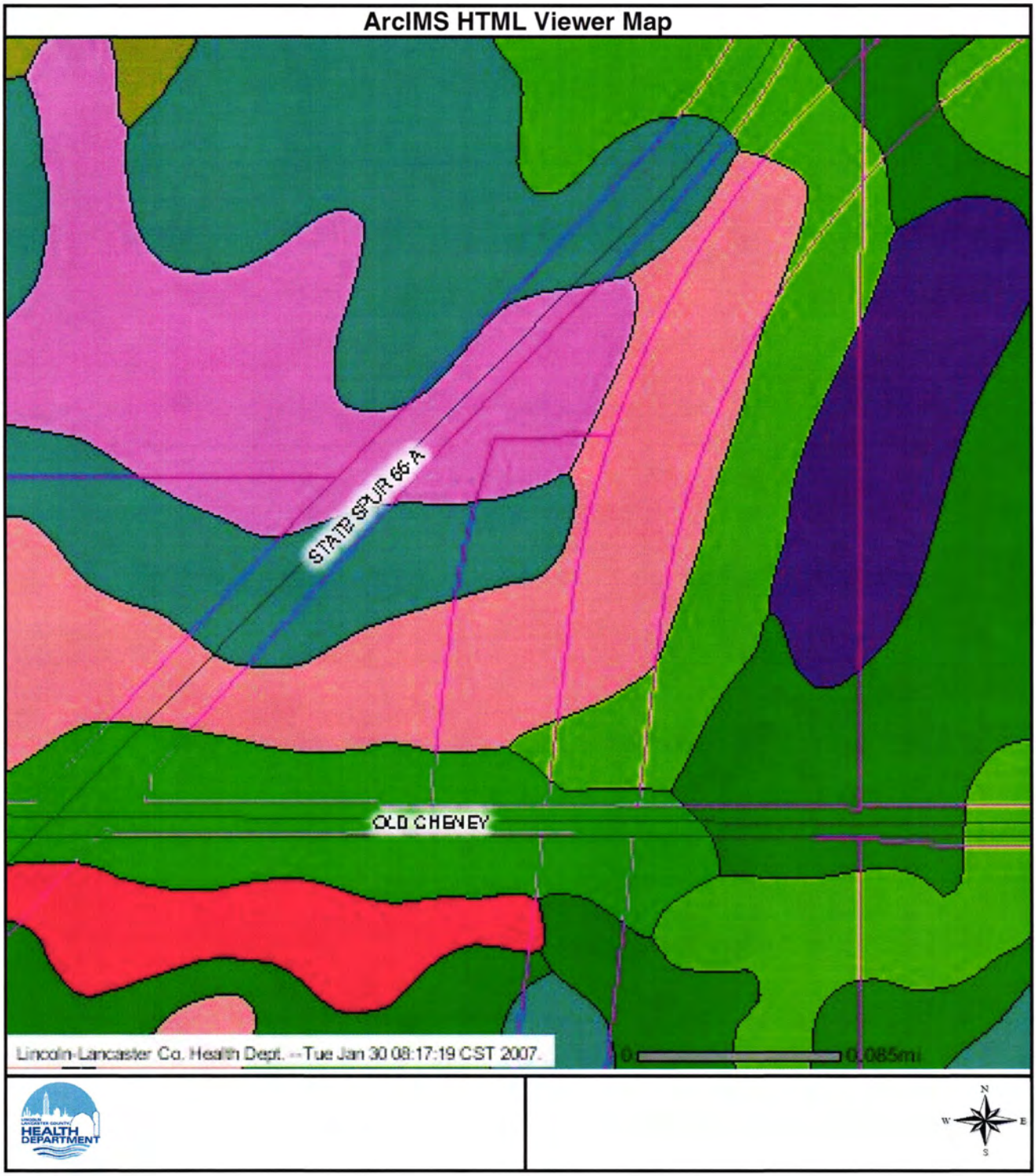
Installer Scott Pinz Date 1-4-07

As Built Drawing



Approximate Scale: ft. = grid line/s


SW 84TH ST
STATE ST OR HWY
03-10-400-011-000


ArcIMS HTML Viewer Map
STATE SPUR 66-A
OLD CHENEY
Lincoln-Lancaster Co. Health Dept. -- Tue Jan 30 08:17:19 CST 2007.
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HEALTH DEPARTMENT
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W
E
S