Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380222001

Issued 07/26/00
Expires 01/26/01
Revenue Code 3157

Establishment

ROBERT HOPPE
T9N R5E SEC 11 QTR NW
8005 W PIONEER BLVD--DENTON

FEES: $150.00

Permitee

ROBERT HOPPE
8005 W PIONEERS BLVD
DENTON NE 68339-3059

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013546

430-7606

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

A

Permit Number: 003802220

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 8005 W Pioneers (no rural route) City Dewitt NE, Zip _____

Legal Description NW 1/4 11 1/4 Section 9N Township 5E Range _____ Subdivision _____ Addition _____ Block _____ Lot I.T.

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Robert Hoppe Signature _____

Address 8005 W Pioneers City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 7/26/00 Date frwd 7/26/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/28/00 Date frwd 7/26/00 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** HAS TO BE OUT OF FLOOD PLAIN Date rec'd 7/28/00 Date frwd 7/28/00 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JULY 31, 2000

Business Office Use Only

Date Rec'd 7-26-00

Amt Paid $150.00

Rec'd By tdf Cash/Check No. 1178

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

D

Permit Number: 00302220

Sewage Disposal System

As Built Plans & Specifications

Date 7-27-00

System Location (Indicate correct number and street)

Address 8005 W. Pioneer (no rural route) City Denton NE, Zip 68339

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 8 in.
3. Distance between dwelling and ~~septic tank~~ Lagoon 300 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

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

D. Absorption Field

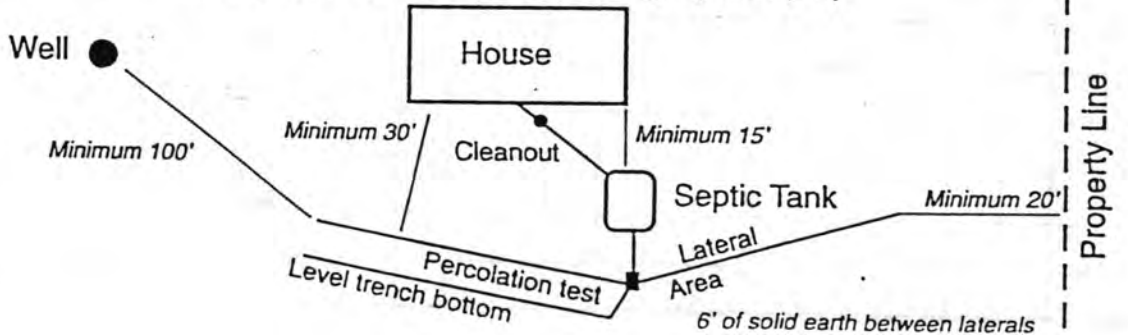
(Provide as-built drawings on back of this form)

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

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 8005 West Pioneers Lenton NE

Twp 9N Range 5E Section 11 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 5W 6th & West Pioneers go East to 1st Drive South

Location of Well 80' West of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of Building Year Installed 2000

	NAME	ADDRESS	PHONE
Present Owner:	Bob & Gail Hoppe	8005 W Pioneers	797-5345
Tenant/Buyer:			
Return to:	John Ball	3737 S 27th Lincoln NE	430-6603

Signature of Applicant John Ball Address 3737 S. 27th Lincoln NE Date 7/17/2000

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 7/17/00
Initials ___
Amount $150.00
Check No. 1070

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/31/00

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 10 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☑
Provisional ☐
Disapproved ☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

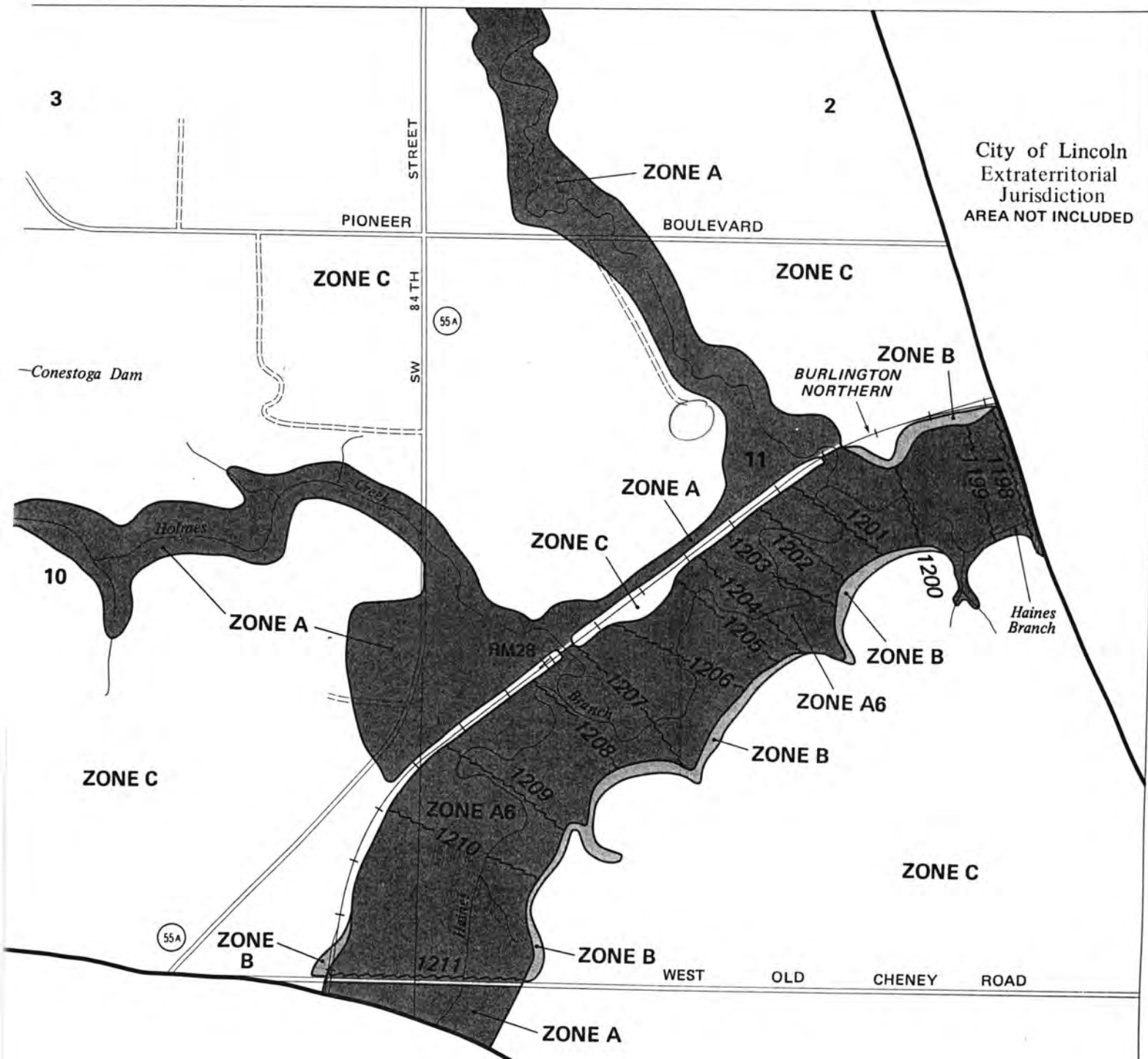
WATER SYSTEM: Approved ☑ **SEWAGE DISPOSAL SYSTEM:** Approved ☑ Provisional Approval ☐

Approved by Jerrold C. Hood R.E.H.S. Date 7/31/00

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95



ERENCE MARKS

DESCRIPTION OF LOCATION

y benchmark disk stamped "1206.989 J 13 1933" set in top of
ier at south end of Burlington Northern Railroad bridge over

y benchmark disk stamped "U 208 1940" set in top of concrete
outheast of intersection of dirt road and Burlington Northern
h of Pioneers Boulevard.

benchmark disk stamped "1183.452 H 13 1933" set in top of

Fld. 2005

STATE OF NEBRASKA
HEALTH AND HUMAN SERVICES SYSTEM
DEPARTMENT OF REGULATION AND LICENSURE
SANITATION PROGRAMS
P.O. BOX 95007, LINCOLN, NE 68509-5007
(402) 471-0903

APPLICATION FOR EVALUATION OF INDIVIDUAL WATER SUPPLY & SEWAGE TREATMENT SYSTEM

TYPE OF LOAN ☒ CONV ☐ FHA ☐ VA ☐ OTHER

BUYERS NAME Jawis Agee

ADDRESS OF PROPERTY TO BE INSPECTED 8005 West Rowers Denton
Street or RR City Zip County Lancaster 6

DIRECTIONS TO PROPERTY NW 84 & West Rowers 1/4 mile East South side

IS HOUSE PRESENTLY OCCUPIED? ☒ YES ☐ NO IF NO, HOW LONG HAS HOUSE BEEN VACANT? _____

RESULTS OF EVALUATION SHOULD BE SENT TO John Ball
3737 So 27th Lincoln NE 68502

NAME AND TELEPHONE NUMBER OF CONTACT PERSON TO ARRANGE APPOINTMENT FOR INSPECTION John Ball 402/430/6603

SELLERS NAME Robert & Gayle Hoppe

DIRECTIONS: IF THE SYSTEM BEING EVALUATED WAS CONSTRUCTED AFTER JANUARY 1, 1995, PLANS OF THE SEWAGE TREATMENT SYSTEM (CONSULT CONTRACTOR), INCLUDING PERCOLATION TESTS MUST BE PROVIDED

Information must be provided as completely as possible before an onsite evaluation will be conducted. If some information is unknown, indicate this; if not applicable, indicate NA. All blanks must be filled in. If you have any questions concerning completion of this form, please call (402) 471-0903 for assistance.

PART A: WATER SUPPLY PRIVATE ☒ PUBLIC ☐

WELL SITE: Distance of Well from:

closest frost proof hydrant	≅ 200'
basement or house foundation	70'
sewer line	200'
septic tank	N/A
drain field	N/A
seepage pit	N/A
cesspool	N/A
barnyard	N/A

1. Are there any unused or abandoned wells on the property? Yes ☐ No ☒

2. Distance from any abandoned water wells ND ft.

Distance from any other active wells NA ft.

Distance from any heat pump injection wells NA ft.

WELL CONSTRUCTION: Type of well:

Driven ☐ Dug ☐ Bored ☐ Drilled ☒

1. Well casing diameter 4, total well depth ± 100'

2. Type of casing: steel ☐ plastic ☒ concrete ☐ other ☐

3. Exterior space around casing sealed with _____ cement _____ puddled clay _____ bentonite _____ gravel ✓ ordinary backfill

4. Is well in a well pit? Yes ☐ No ☑

5. Is well equipped with a sanitary well seal? Yes ☑ No ☐

6. Is well equipped with a pitless adaptor or pitless unit? Yes ☑ No ☐

*7. Year well constructed LATE 70's * Mandatory information - please complete.

8. Does well have a recent history of repair or insufficient supply? Yes ☐ No ☒
If yes, please explain Pump Replaced 92

9. List water quality sample results, if any, for previous years.

Bacteria _____ (date) _____

Nitrate _____ (date) _____

Other _____ (date) _____

PART B: WASTEWATER TREATMENT SYSTEM NEW LAGOON being built

1. Are septic systems customary in the neighborhood? Yes ☐ No ☐

2. All household wastewater and waste is routed through the septic system?
Yes ☒ No ☐
If no, explain _____

3. Is there any surface discharge or surface seepage of household wastewater?
Yes ☐ No ☒

4. Are there any drinking water supply wells within 100' of the septic tank or drain field? Yes ☐ No ☑

5. Primary treatment consists of _____ septic tank _____ cesspool ✓ other

SEPTIC TANK INFORMATION: Distance of septic tank from:

building foundation _____ ground water table _____ well _____

1. Construction material of septic tank: concrete _____

fiberglass _____

steel _____

plastic _____

other _____ explain _____

*2. Total Liquid Capacity _____ gallons *Mandatory information - please complete. (If unknown the tanks should be pumped to determine size, location and material)

3. Has the septic tank been maintained by pumping and cleaning periodically? Yes ☐ No ☐ Unknown ☐

4. Date of last clean out _____(It is strongly advised that those tanks not pumped within the last 3 to 5 years be checked and pumped if needed).

SECONDARY TREATMENT INFORMATION: Drain field consists of:

perforated pipe _____, diameter _____ inches

half round or half moon _____

mound _____

leach pit _____

other _____ explain _____

1. Is there a distribution box? Yes ☐ No ☐

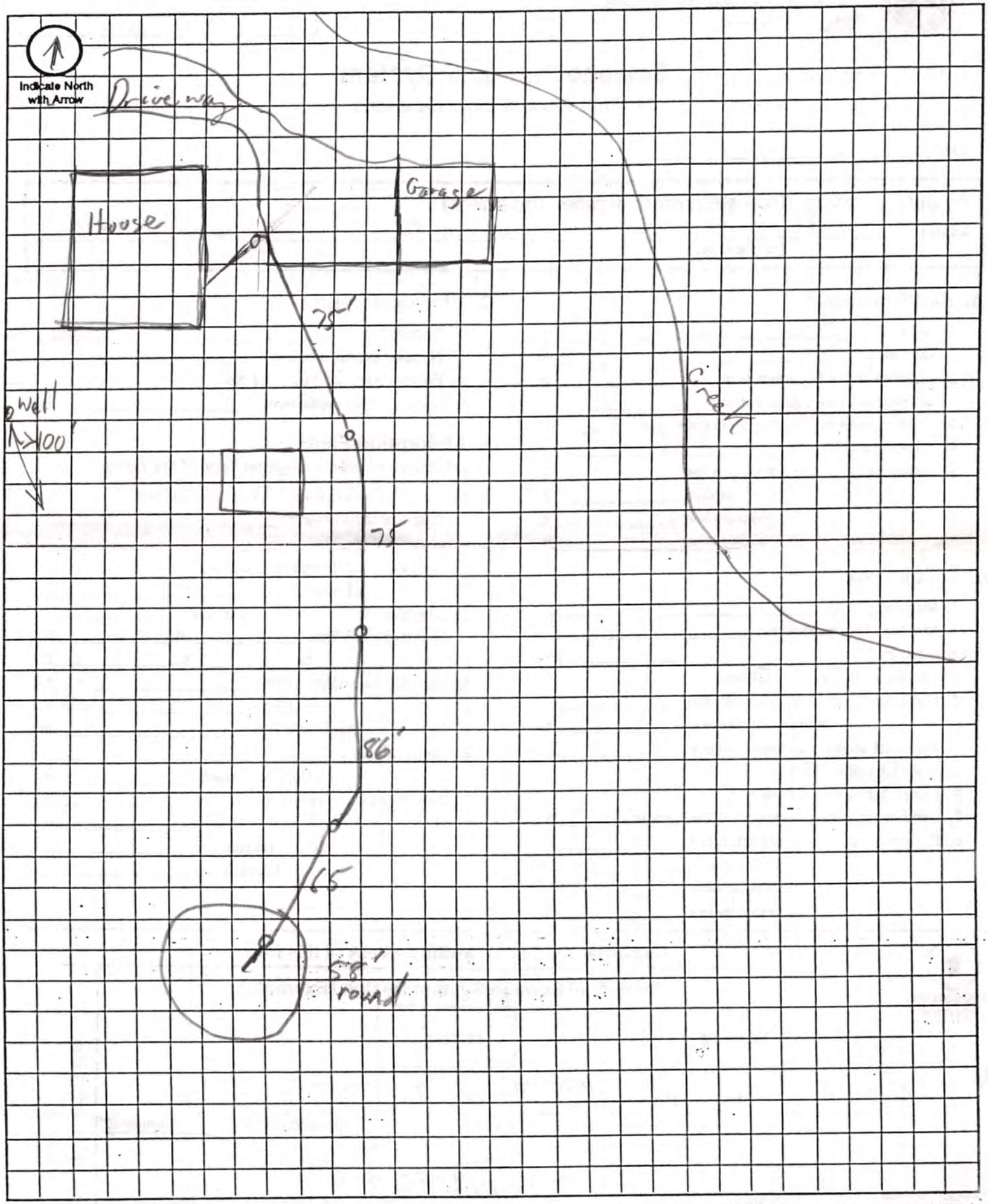
2. Total length of disposal field lines _____ ft.

3. Number of lines _____

4. Length of each line _____ ft.

5. Trench width _____

As Built Drawing



Approximate Scale: ■ = grid line/s