Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

004945

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380282301

Issued: 04/27/04
Expires: 10/27/04
Revenue Code: 3157

Establishment:
KENNETH HUNTER
T9N R5E SEC 11
PARCEL C LOT 18IT
4800 SW 84 ST

FEES: $200.00

Permittee:
CAPITAL CITY TRENCHING
2141 W PLUM ST
LINCOLN NE 68522

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: 04380282301

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 4800 S. NW. 84th (no rural route) City _____ NE, Zip _____

Legal Description ~~W1/4 Cor.~~ 11 T9N R5E ~~PARCEL C~~ SEE ATTACHED LOT 1

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 Ken Hunter Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone 483-4074 Work Phone _____

C. Contractor *

Name Capital City Trenching 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 ← none Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 4/27/04 Date frwd 4/30/04 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-3-04 Date frwd 5-3-04 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-3-04 Date frwd 5-3-04 **ACTION** ☒ Approved ☐ Disapproved Signature _____

7/15/04 Line + tank partial install

Installation Final Written Approval

By Doug Smith

Date 8/4/04

Business Office Use Only

Date Rec'd 4-27-04
Amt Paid 200.00
Rec'd By RW Cash/Check No. 2033

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: 043802823

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address SW 84 (no rural route) City Denton NE, Zip 68339

Owner Ken Hunter Addresss

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

Date of Tests 11-2 to 11-3-01 Weather: Precipitation Temperature

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	11/2	2:30	11/3	9:00	11/3	9:50	19 7/8	11/3	10:20	30	3/4	40
2			PM		AM			16 7/8		AM		5/8	48
3								17 5/8				5/8	48
4								13 3/8				5/8	48
5								18 1/4				3/4	40
6								22 1/8				1 3/8	23

Person Conducting Percolation Tests

Name: Brad Southard

Phone: 430-7606

Address 17201 S. 72nd st.
Hickman, Ne 68372

Sum of Percolation Rates: 247

Average of Rates: 41

Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks SHO Shanghai fine silty clay loam soil need to install outside floodplain

Signature of Reviewing Official Ron Mayfield Date 3-22-04

FORM 23-101 10-96

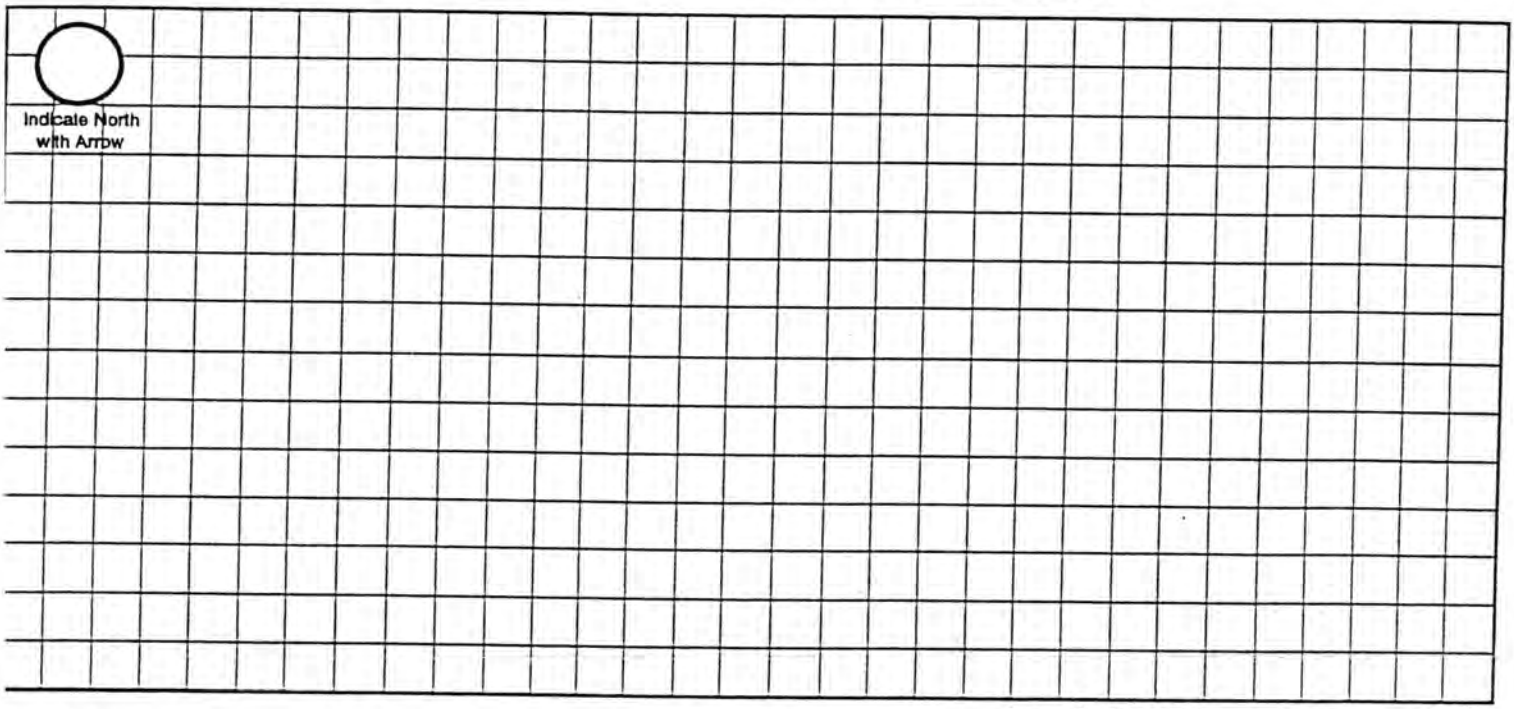
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C

Permit Number: 043802823

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 50 (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 _____ 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 Jack Wall Midwest Coast 450-1448 m 4-29-04 Date _____

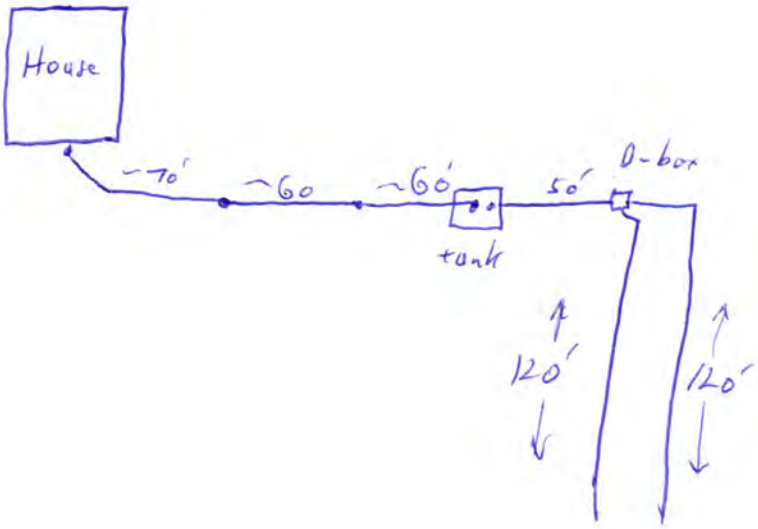
Installer Michael Blue Capital City Trenching Date 4-22-04

IM 23-102 10-96

Perk test to be done later

North

Field Notes



Lincoln-Lancaster County
HEALTH DEPARTMENT

"Working for Your Health for over 100 Years"