Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005710

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION-REPRINT
SEPTIC SYSTEM

Permit # 04380287101

Issued 08/03/04
Expires 02/03/05
Revenue Code 3157

Establishment:
ROSEMARY CHASE
T9N R5E SEC 13 QTR NW
W 1/2 OF NW 1/4-80AC
6707 W OLD CHENEY RD

FEES: $200.00

Permittee:
ROSEMARY CHASE
1111 S 92 ST
OMAHA NE 68124

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: 04380287101

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)

Existing Home
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) DENTON

Address ~~6707~~ 6691 W. OLD CHENEY (no rural route) City ~~LINCOLN~~ NE, Zip 68339

Legal Description W½ NW¼ 13 9N 5E ~~160~~ 80 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 Rosemary

Name ~~SAM~~ CHASE Signature John Chase P.O.A.

Address 1111 So. 92nd City/State/Zip OMAHA, NE. 68124

☐ Check if owner designed system Home Phone 402-393-5136 Work Phone 402-679-7971

C. Contractor

Name GAGNER MELVIN Company Name GAGNER CONST.

Address 4810 W. CLAIRE AVE City/State/Zip LINC, NE, 68523

☐ Check if contractor designed system Work Phone 402-432-5698

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 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 8/3/04 Date frwd 8/4/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/6/04 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-4-04 Date frwd 8-4-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Blough

Installation Final Written Approval

By Doug Amdal

Date 9/10/04

Business Office Use Only
Date Rec'd 08/03/04
Amt Paid 200.00
Rec'd By LS ~~Cash~~/Check No. 4156

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: 04380287 1

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6707 "W" Old Cheney City DENTON NE, Zip 68339
(no rural route)

Owner ROSEMARY CHASE Addresss 1111 So 92nd OMAHA NE 68124

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

Date of Tests 7/20/04 to 7/21/04 Weather: Precipitation 0 Temperature 80

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	30	7/20	5:15	7/21	6:35	7/21	7:05	6	7/21	7:35	30	1/2	
2	29	"	"	"	"	"	"	"	"	"	"	5/8	
3	31	"	"	"	"	"	"	"	"	"	"	5/8	
4	30	"	"	"	"	"	"	"	"	"	"	1/2	
5	30	"	"	"	"	"	"	"	"	"	"	1/2	
6	31	"	"	"	"	"	"	"	"	"	"	5/8	

Person Conducting Percolation Tests

Name: Mel Faegner
Phone: 432-5698
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: .53

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks In WTC2 Wymore silty clay loam 3-7%

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date AUGUST 3, 2004

FORM 23-101 10-96

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

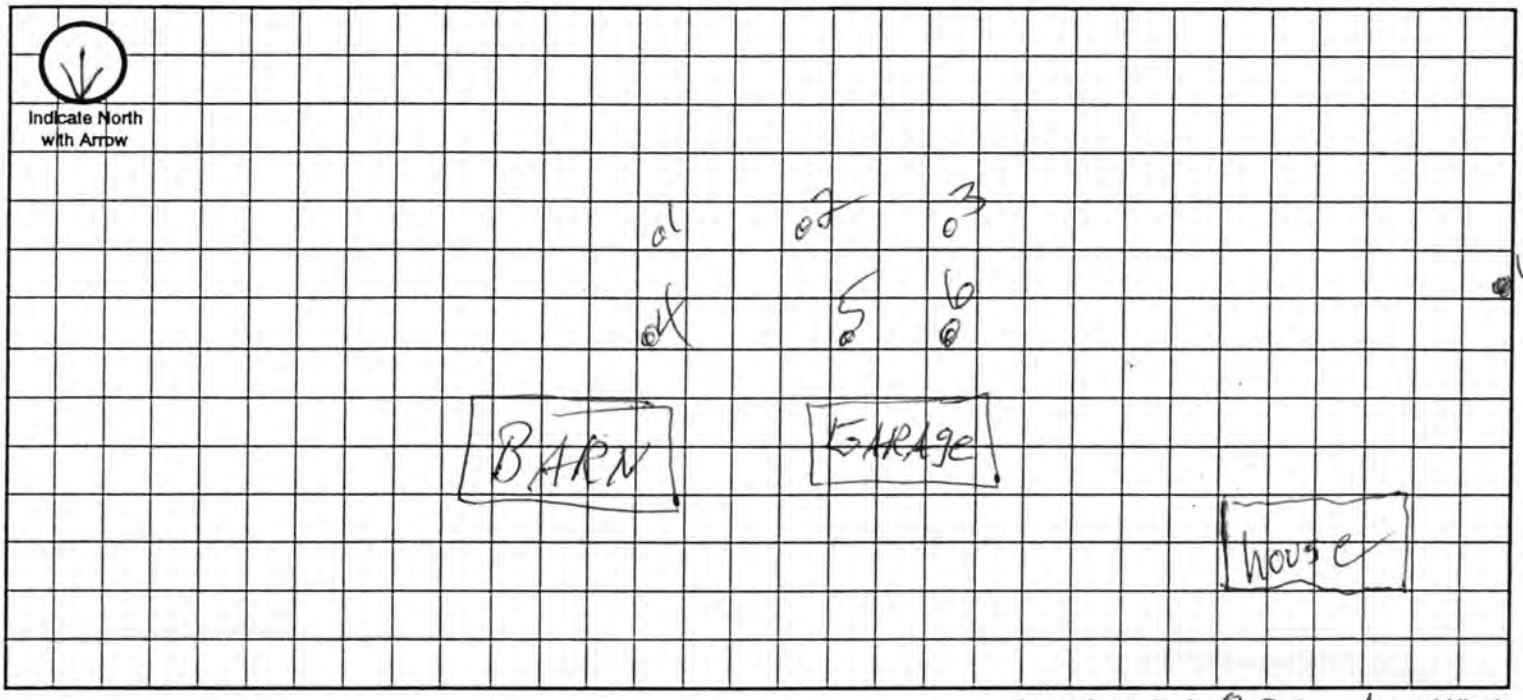
C

Permit Number: 043802871

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6707 "W" old Cheney 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 53 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 700 sq. ft.

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

Capacity of Septic Tank 1000 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 _____ Date _____

Installer Mel Gagner Date 8/3/04

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 9 Sept 04

System Location (Indicate correct number and street)
Address 6707 W. Old Cheney Rd. (no rural route) City DENTON NE, Zip 68339

A. Building Sewer
1. Material: Clay Tile
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 93 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line OVER 30 ft.
   property line OVER 20 ft.

B. Septic Tank
1. Material: CONCRET
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade 0 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 0 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 25 ft.
   Property line _____ ft.

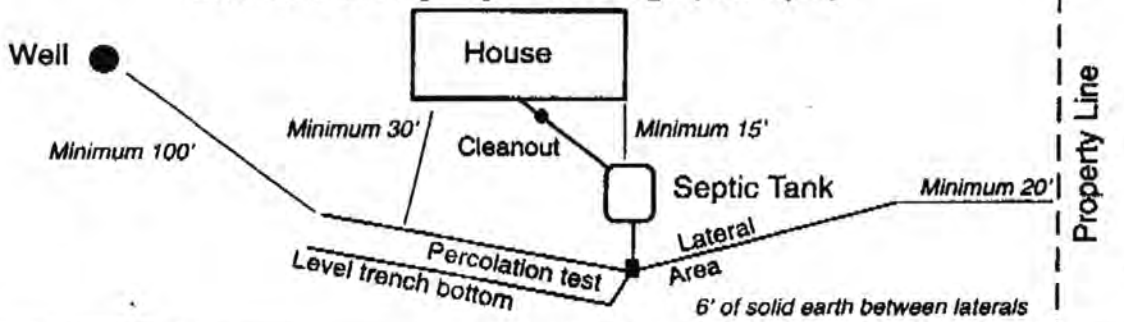
C. Distribution Box
1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12'6" ft.

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 INFILTRATORS
2. Lateral lines: Number 2
   Length of each line: 125 ft. 50 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 30 ft.
   Property line OVER 20 ft.

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

Indicate North with Arrow

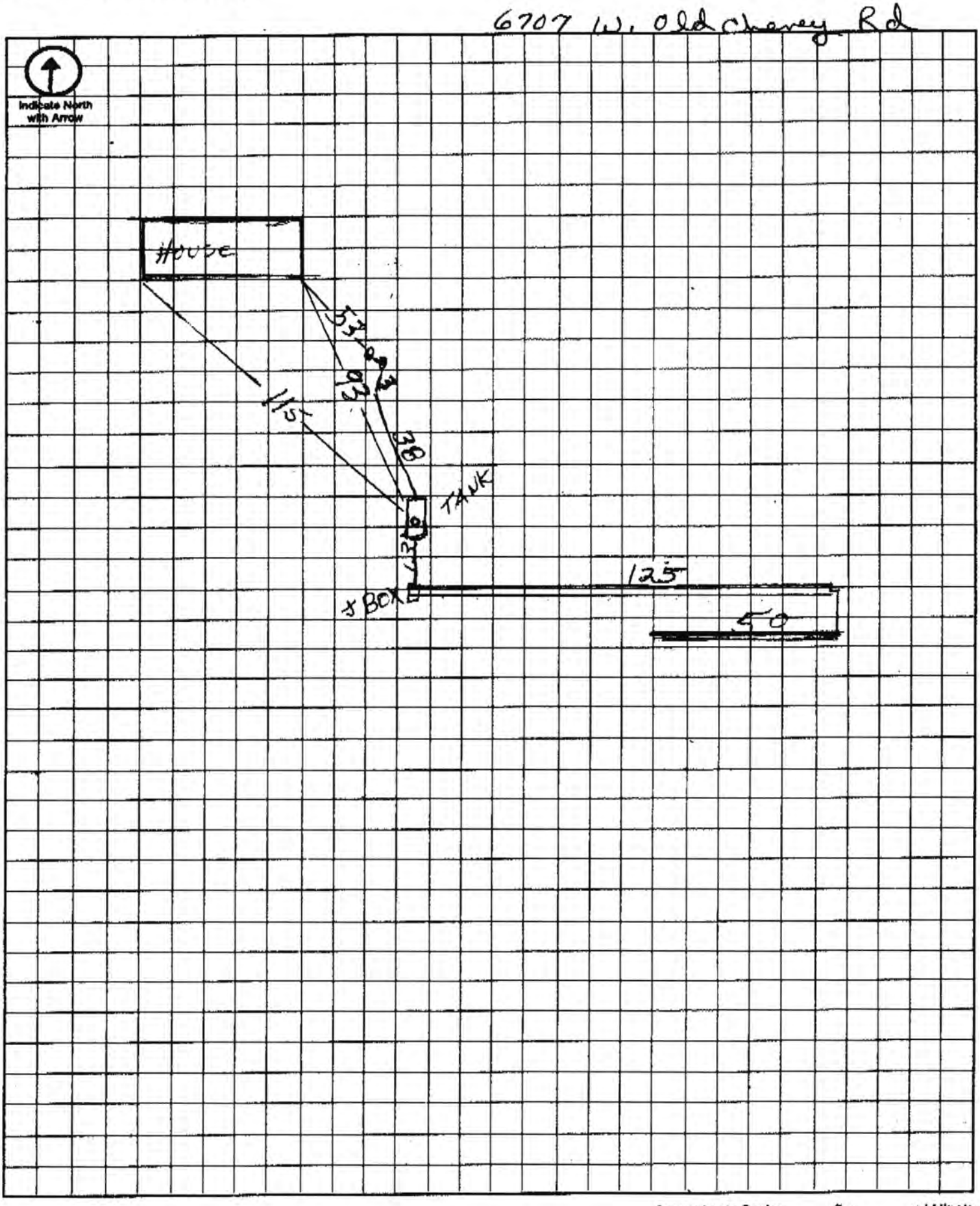
Individual Sewage System Design (Example)



FORM 23-103 10-96

09/09/2004 08:44 14027977475 GAGNER PAGE 03

As Built Drawing



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