LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380173801

Issued 04/13/98
Expires 10/13/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment

ERNEST HEJL
T9N R5E SEC 13 QTR SW
E 1/2 OF E 1/2
6400 W DENTON RD-DENTON

Permittee

ERNEST HEJL
6400 W DENTON RD
DENTON NE 68339

TOTAL $150.00

Gregg Wright MD.

Issued By M. Jane Ford
Health Director

6364

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 6400 West Denton Rd (no rural route) City Denton NE, Zip 68339

Legal Description: East 1/2 of the east 1/2 of the southwest qtr 13 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 Earnest Hesh Signature ERNEST J. HESH

Address 6400 W Denton RD. City/State/Zip Denton, NE 68339

☐ Check if owner designed system Home Phone 797-2090 Work Phone _____

C. Contractor / Permittee

Name Wesley K. Reil Company Name Pleasant Dale Lumber

Address P.O. Box 7 City/State/Zip Pleasant Dale NE 68423

☐ Check if contractor designed system Work Phone 402-796-3290

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

Designer Name _____ Firm Earnest Well Drilling 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 4-13-98 Date frwd 4/13/98 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-13-98 Date frwd 4-13-98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-13-98 Date frwd 4-13-98 ACTION ☐ Approved ☐ Disapproved Signature _____

4/23/98 Need ~~Drainage~~ Permit etc.

Installation Final Written Approval

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

Date December 17, 1999

Business Office Use Only

Date Rec'd 04/13/98
Amt Paid 150 cc
Rec'd By _____ ~~Cash~~/Check No. 8398

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 5 ; Section & ½ Section 13 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .

Dates of Tests: 10-28 to 10-29 98. Weather: Precip. _____ Temp. _____ .

OWNER: Earnest Heil

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings							
		Start		End		Start			End				
Hold 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./Day)	Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	10-28	1:00 PM	10-29	1:00 PM	10-29	4 PM	28½	5:00 PM	29¼	30	¾	40
								29¾		31		1¼	24
2								28¼		29		¾	40
3								28		28¾		¾	40
4								27⅞		28⅝		1	30
5								28⅛		29⅛		¾	40
6													

Sum of Percolation Rates: 214
Average of Rates: 35.66
Mean of Rates: 36

Brad Southwood
Signature of Person Conducting Test

Address Hickman Ne Phone 792-2462

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 36 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: LAGOON

Soil Type (SCS): _____

Date: _____

_____
Signature of Reviewing Official

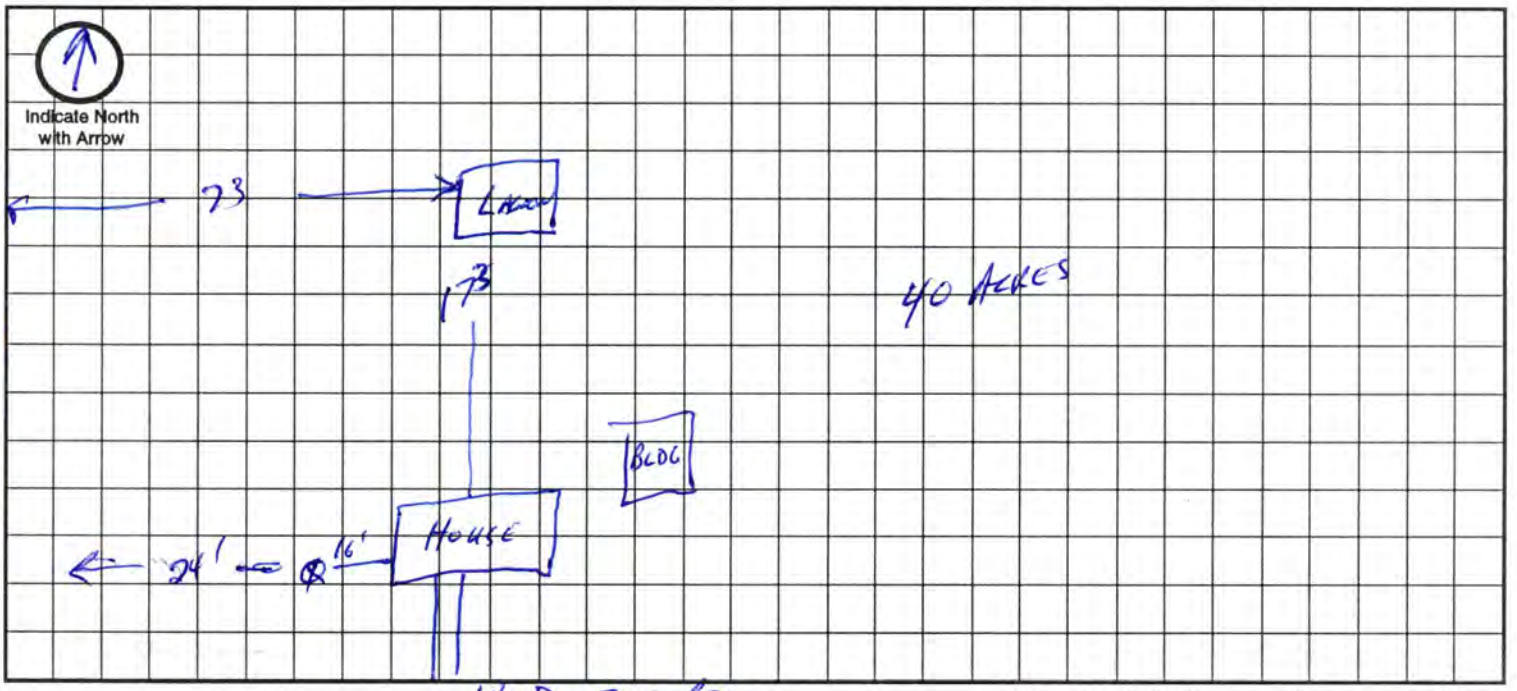
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

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) 6400 W. DENTON RD City DENTON NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

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 _____ 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 ☒	☒

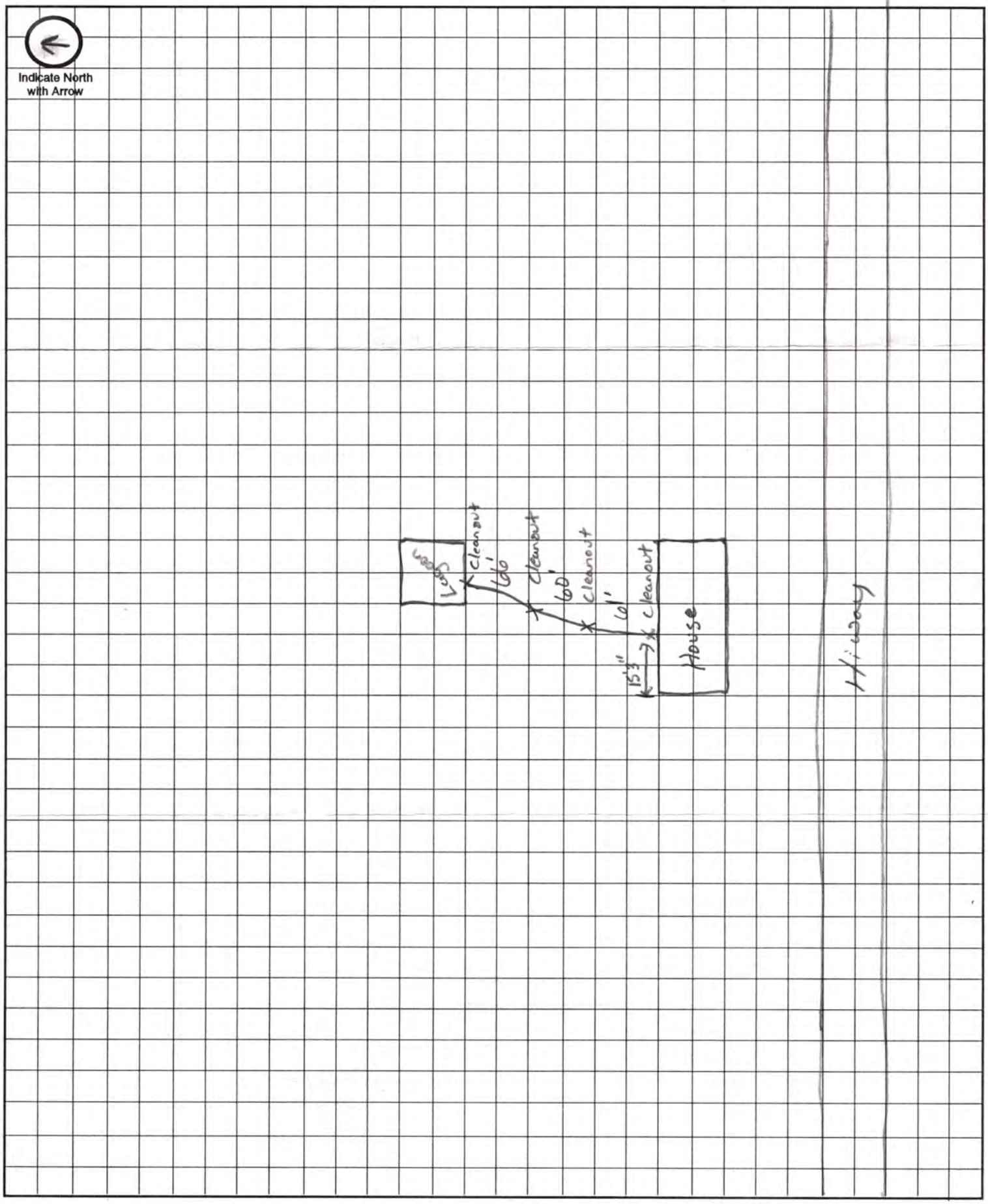
E. Required Signatures

Home Building Contractor ~~EARNST~~ PLEASANT DALE CONSTR. Date 4-13-98

Installer EARNST WELL DRILLING Date _____

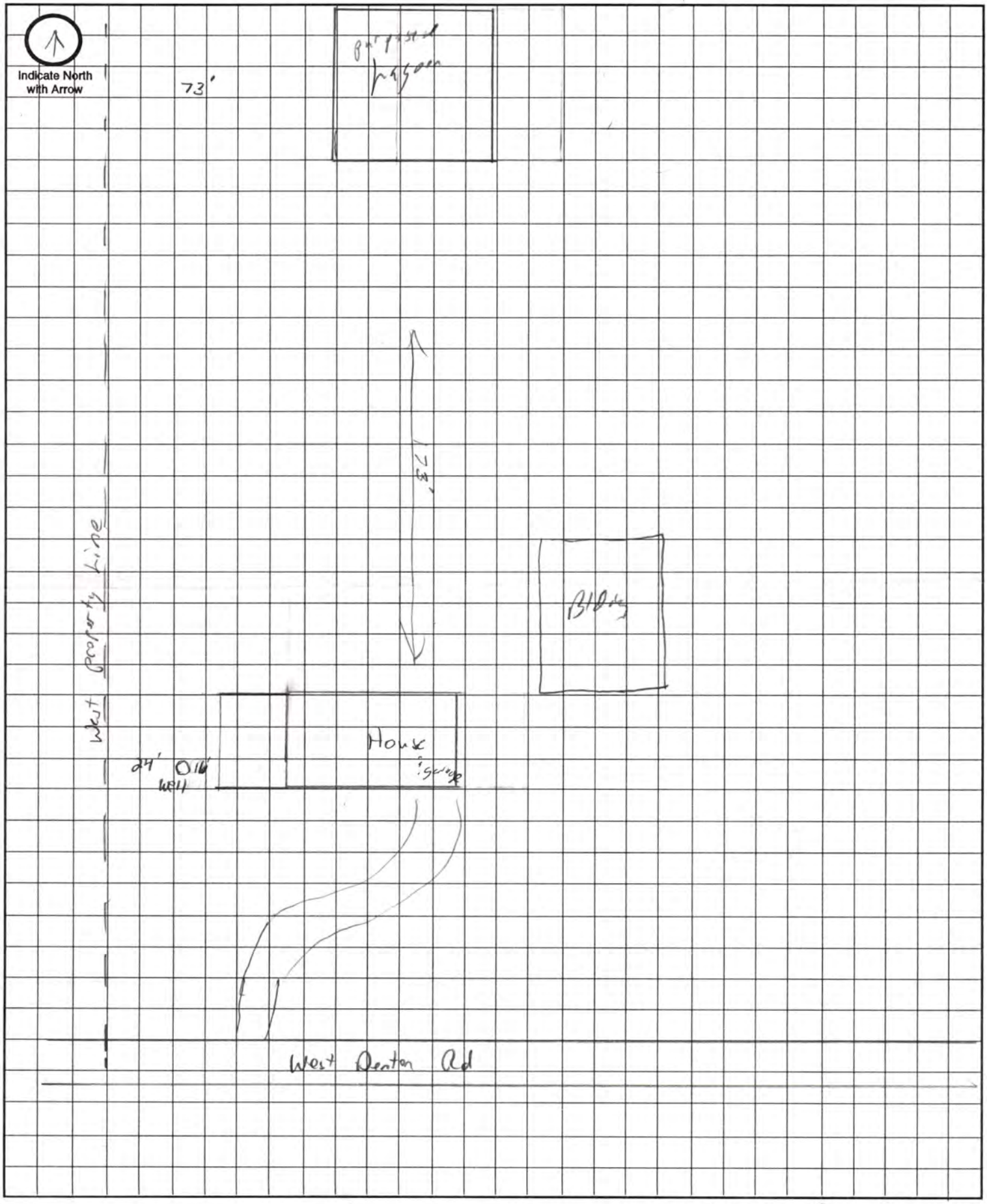
FORM 23-102 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

As Built Drawing



Approximate Scale: 10 ft. = 2 grid line/s