Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380246001

Issued 05/01/02
Expires 11/01/02
Revenue Code 3157

Establishment

DAVE & KATHY SIESELMAN
T9N R5E SEC 14
COUNTRYSIDE ESTATES BLK 1 LOT 4
7200 W PLEASANT HILL RD-DENTON

FEES: $200.00

Permittee

DAVE & KATHY SIESELMAN
1717 N 71 ST
LINCOLN NE 68505

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002143

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

A

Permit Number: 02380246O

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 7200 W PLEASANT HILL RD. (no rural route) City DENTON NE, Zip 68339

Legal Description 14 (1/4) 1/4 Section 9N Township 5E Range COUNTRYSIDE ESTATES Subdivision Addition 1 Block 4 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name DOUG & KATHY STEGELMAN Signature _____

Address 1717 N 71ST City/State/Zip LINCOLN 68505

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

C. Contractor

Name MIKE REZAC Company Name REZAC CONST.

Address 140 NORTON 1ST City/State/Zip LINCOLN 68508

☐ Check if contractor designed system Work Phone 477-8844 Cell 890-3180

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

Designer Name VOGT EXCAVATING Firm _____ Work Phone 560-4267

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 5/1/02 Date frwd 5/1/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-1-02 Date frwd 5-1-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/1/02 Date frwd 5/1/02 ACTION ☒ Approved ☐ Disapproved Signature _____

Line + Lagoon, drawing – Needs fence 11/15/02

Installation Final Written Approval

By Doug Stegelman

Date 3/20/03

Business Office Use Only

Date Rec'd 05/01/02
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 5355

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

B

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

Permit Number: 023802460

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 7200 W Pleasant Hill (no rural route) City Denton NE, Zip 68339

Owner Dave + Kathy Eiselman Address 1717 N. 71ST Lincoln NE 68505

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

Date of Tests 10-19-00 to 10-20-00 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	30	10-19-00	10:00	10-20-00	11:30	10-20-00	11:30	6	10-20-00	12:00	30	3/4	40
2	30	10-19-00	10:00	10-20-00	11:30	10-20-00	11:30	6	10-20-00	12:00	30	7/8	34
3	30	10-19-00	10:00	10-20-00	11:30	10-20-00	11:30	6	10-20-00	12:00	30	3/4	40
4	30	10-19-00	10:00	10-20-00	11:30	10-20-00	11:30	6	10-20-00	12:00	30	7/8	48
5	30	10-19-00	10:00	10-20-00	11:30	10-20-00	11:30	6	10-20-00	12:00	30	3/4	40
6	30	10-19-00	10:00	10-20-00	11:30	10-20-00	11:30	6	10-20-00	12:00	30	3/4	40

Sum of Percolation Rates: 242

Average of Rates: 40.33

Rate Used for Calculation: 41

Person Conducting Percolation Tests

Name: Dave Vogt

Phone: 560-7267

Address: P.O. Box 181

Elmwood NE 68349

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

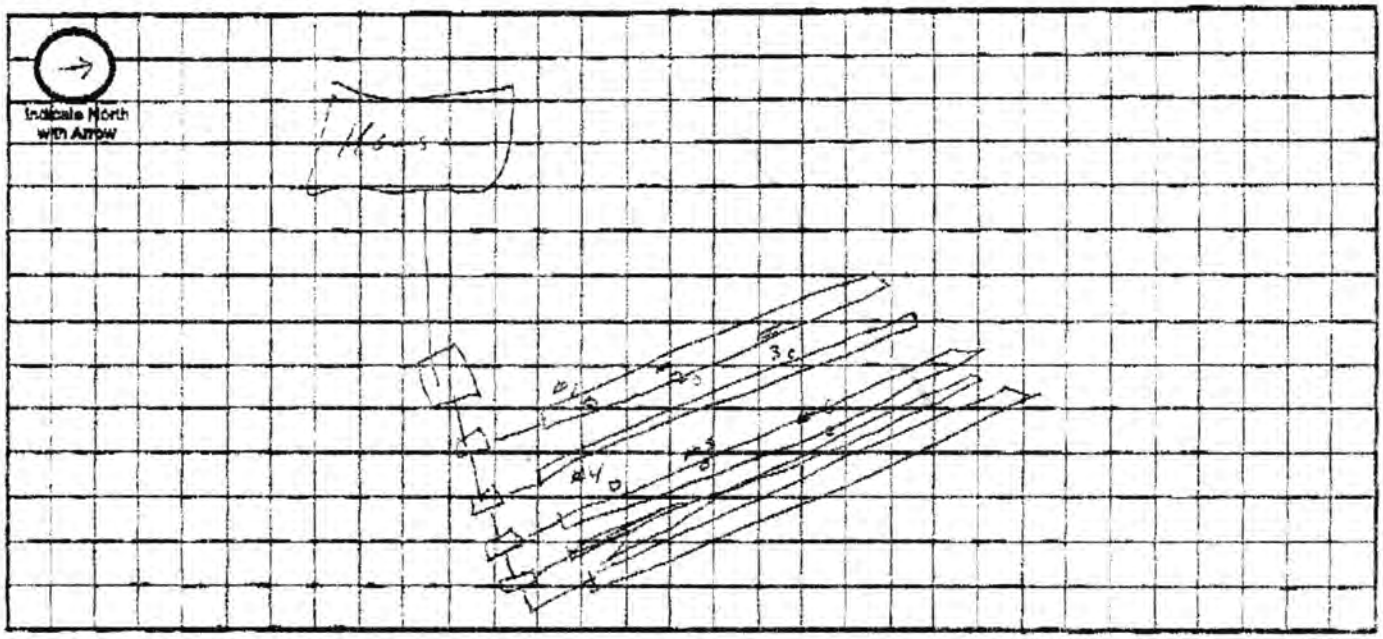
C

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

Permit Number: 023802460

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) 7200 W Pleasant Hill Rd 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 41 (min. per inch) Soil Type: Clay Land Slope: 5 %

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

Total Square Feet of Field Required: 1650 sq. ft.

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

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

Total Length of Laterals 414 ft. Number of Trenches 5 Trench Width 4'

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 ☐	☐

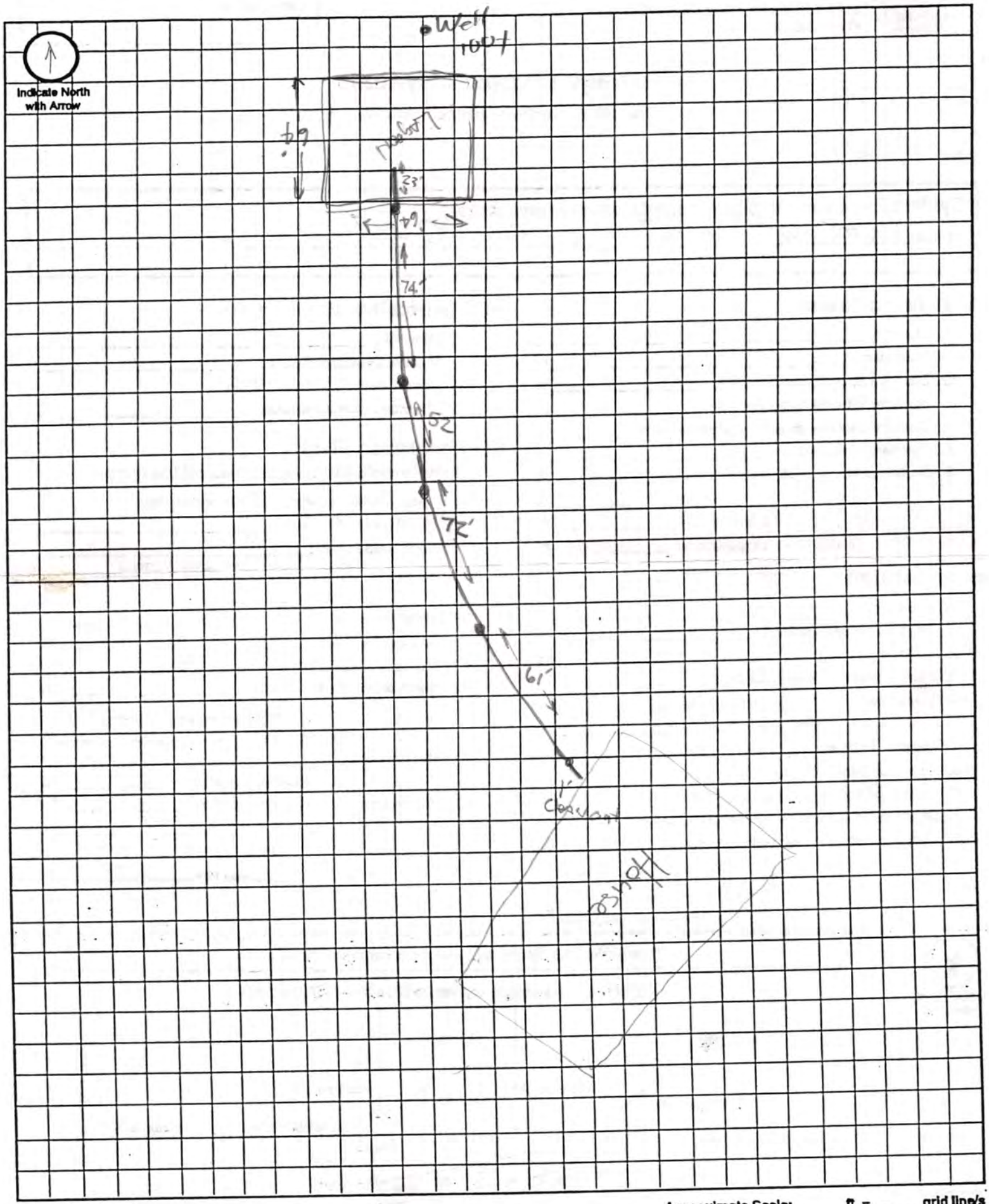
E. Required Signatures

Home Building Contractor MKozak Date 5/1/02

Installer _____ Date 5-1-02

FORM 23-102 10-96

As Built Drawing



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

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 7200 W. Pleasant Hill Rd.

Parcel ID 02-14-401-204-000 (i.e. 99-99-999-999-999)

Twp____ Range____ Section____ 1/4____ 1/4____ Block__1__ Lot 4 Addition Countryside Estates

Directions to Property _____

Location of Well Cap Fill Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

Site Hazards (dogs, etc.) _____

	NAME	ADDRESS	PHONE
Present Owner:	Dave & Kathy Tieselman	7200 W Pleasant Hill Rd Denton	797 2008
Tenant/Buyer:	Jay Stolz & Eileen Hedges	3400 Guiso St Carlsbad CA 92008	510 482 4955
Return to:	Jan Briscoe Acme Real Estate	7200 S 27th Lincoln NE	440 9810 436 3299 (Fax)

Signature of Applicant Jan Briscoe Address " Date 5/31/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5/31/05 Amount 200 Check No. 2802 Initials JW

DATA ENTRY Date____/____/____ Case No. _____ Initials _____

PRELIMINARY STATUS--By Doug Smith **DATE:** 5/25/05

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

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 6/15/05 by DS

Date____/____/____ by____

Date____/____/____ by____

Comments: Lagoon - well meet construction standards

Lagoon is well maintained

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 6/15/05

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: 9-00

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 11/14/02

System Location (Indicate correct number and street)

Address 7200 SW Pleasant Hill Road (no rural route) City Denton NE, Zip

A. Building Sewer

1. Material: PVC S-160
   Diameter: 4" in.
2. Distance above basement floor: ~~50"~~ in.
   or distance below basement floor: 50" in.
3. Distance between dwelling and septic tank: ____ ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ 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

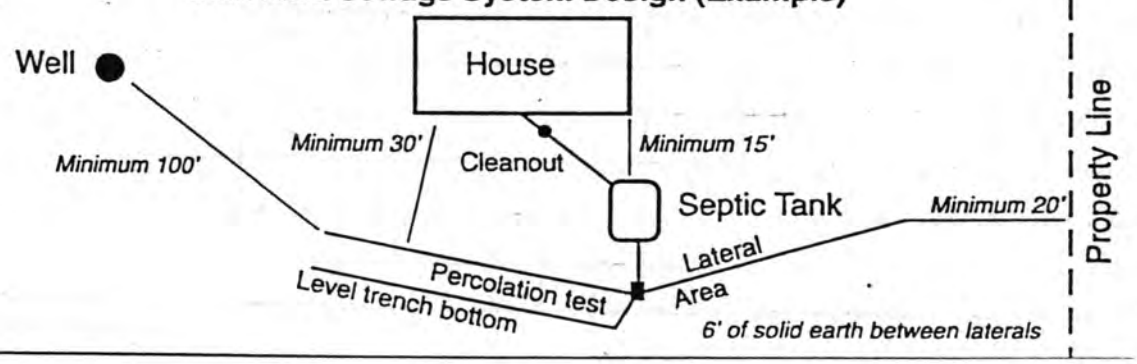
(Provide as-built drawings on back of this form)

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