Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
OTHER

Permit # 01380232301

Issued 05/29/01
Expires 11/29/01
Revenue Code 3157

FEES: $200.00

Establishment

TED STUTZMAN
T9N R5E SEC 14
COUNTRYSIDE ESTATES BLK 2 LOT 3
6800 SW 72 ST-DENTON

Permittee

TED STUTZMAN
4235 A ST
LINCOLN NE 68510

TOTAL: $200.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015740

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

A

Permit Number: 013802323

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 6800 SW 72ND STREET City DENTON, NE, Zip 68339
(no rural route)

Legal Description 14 9N 5E COUNTRYSIDE ESTATES 2 3
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 TED STUTZMAN Signature Ted Stutzman

Address 4235 A STREET City/State/Zip LINCOLN, NE 68510

☒ Check if owner designed system Home Phone (402) 484-7783 Work Phone (402) 481-3188

C. Contractor

Name _____ 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 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 5/29/01 Date frwd 5/29/01 ACTION ☒ Approved ☐ Disapproved Signature Gerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/29/01 Date frwd 5/29/01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 05/29/01 Date frwd _____ ACTION ☒ Approved ☐ ~~Disapproved~~ Signature _____

Line + Lagoon — need drawing + fence 10/3/02

Installation Final Written Approval

By _____

Date 1/23/02

Business Office Use Only
Date Rec'd 05/29/01
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 2977

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

SEP 5 2001

B

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

Permit Number: 013802323 01

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6400 SW 72nd (no rural route) City Denton NE, Zip

Owner Ted Stutzman Address 4235 A Street Lincoln, NE 68510

Soil Type (USDA): Percolation Rate: min./inch

Date of Tests 6-23-01 to 6-24-01 Weather: Precipitation 0 Temperature 82°

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	6-23	2:00PM	6-23	6:00PM	6-24	6:30PM	6	6-24	7:00PM	30	1/4	
2	36	6-23	2:00PM	6-23	6:00PM	6-24	6:35PM	6	6-24	7:05PM	30	0	
3	36	6-23	2:00PM	6-23	6:00PM	6-24	6:40PM	6	6-24	7:10PM	30	0	
4	36	6-23	2:00PM	6-23	6:00PM	6-24	6:45PM	6	6-24	7:15PM	30	0	
5	36	6-23	2:00PM	6-23	6:00PM	6-24	6:50PM	6	6-24	7:20PM	30	0	
6	36	6-23	2:00PM	6-23	6:00PM	6-24	6:55PM	6	6-24	7:25PM	30	1/4	

Person Conducting Percolation Tests

Name: Justyn Peterson
Phone: (402)-643-9063
Address 300 Beech St.
Bee, NE 68314

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

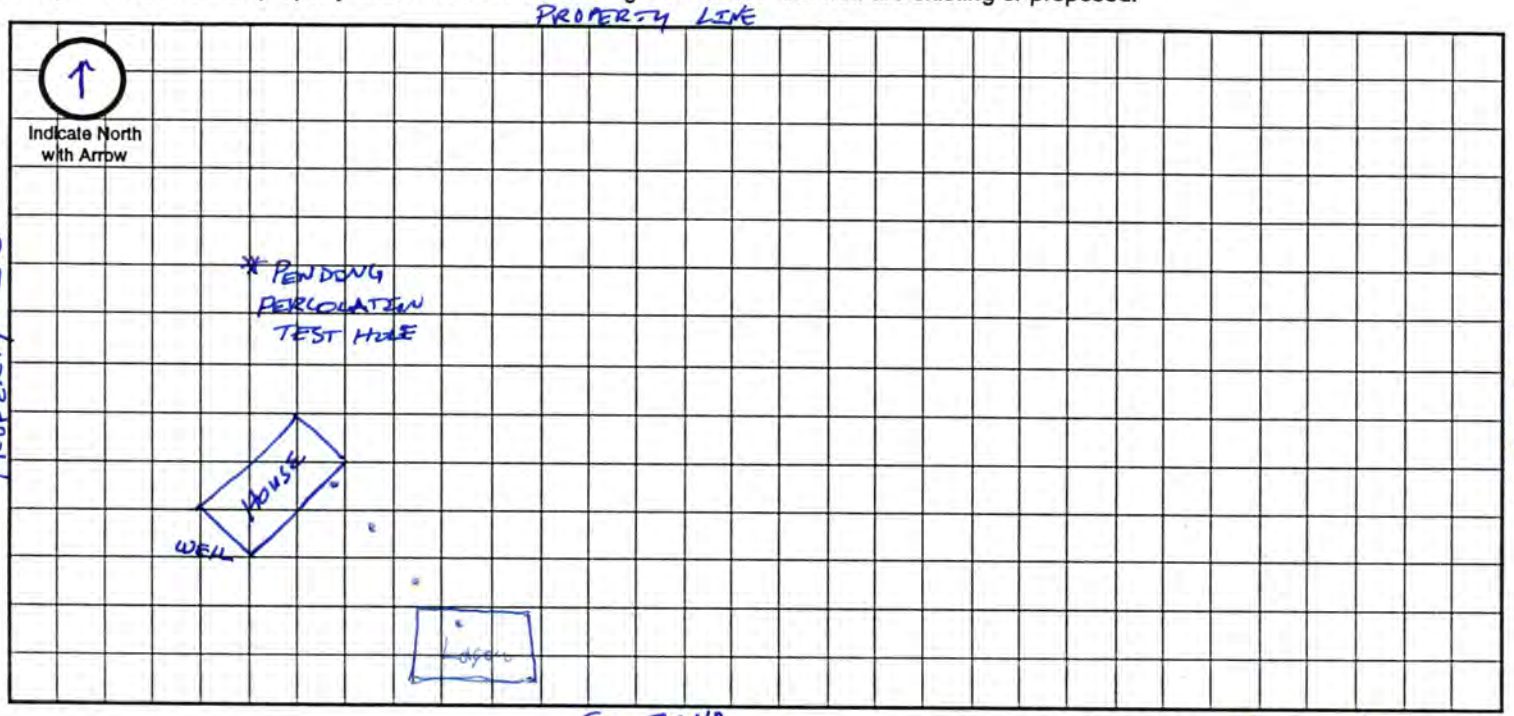
Field note C D drawn

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

Permit Number: 01380232 3

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6800 SW 72ND STREET City ~~LINCOLN~~ 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 _____ (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 Ted Stuthman Date 5/29/01

Installer Ted Stuthman Date 5/29/01

FORM 23-102 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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6800 SW 72nd St.

Parcel ID 03-14-401-003-000 (i.e. 99-99-999-999-999)

Twp ____ Range ____ Section ____ 1/4 ____ 1/4 ____ Block 2 Lot 3 Addition Country Side Estates

Directions to Property From Lincoln West on West Denton Road to SW 72nd St. North on SW 72nd St. - First House on East Side of Road

Location of Well ____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Southeast of House (Lagoon) Year Installed 2001

Site Hazards (dogs, etc.) ____

	NAME	ADDRESS	PHONE
Present Owner:	Ted & Karen Stutzman	6800 SW 72nd St.	323-8026
Contact	Stacia Zitek (Stutzman First)	Denton, NE 68339	(Stacia Zitek)
Tenant/Buyer:	____	____	FAX 402-323-8028
Return to:	Dennis Mehrhoff	7141 'A' St. Lincoln, NE 68510	440-8585 (Fax)

Signature of Applicant Robert W. Hansen Address 8500 Mahaffie Dr Date 7/16/04

Robert W. Hansen 8500 Mahaffie Dr 68516

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/2/04 Amount #200.00 Check No. 6685 Initials ____

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 8/3/04

P25834-48

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☐	Date ____/____/____ by ____
Bacteria	☒ 0.0 /ml	☐ ____ /ml	Provisional	☐	Date ____/____/____ by ____
Nitrate	☒ 0.0 ppm	☐ ____ ppm	Disapproved	☐	Date ____/____/____ by ____

Comments: ____

See Attached Letter ☒

FINAL STATUS

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

Approved by ____ Date ____/____/____

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