Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009924

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-ADD 150' INFILTRATOR

Permit # 07390086701

Issued 04/16/07
Expires 04/16/08
Revenue Code 3157

Establishment

SCOTT P HELVIE
T9N R5E SEC 19 QTR SW
6TH PRINCIPAL MERID LOT 5IT
13701 W SPRING RD

FEES: $160.00

Permittee

SCOTT P HELVIE
13701 W SPRING RD
DENTON NE 68339

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: Apr 16-07	File No.:

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 9 Range 5 Section 19 1/4 Section ____
   Block ____ Lot 5 Addition ____
   Street Address 13701 W. Spring Rd.
2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____
3. **Type of Present Individual Disposal System:** ☒ septic tank ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair:** Add 150 FT FENCILTRATORS
5. **Work to be done by:** ☐ owner ☐ contractor's name Melvin Traquer
6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Scott P. Helvie Address 13701 W Spring Rd Phone 797-7635
Applicant Signature (owner or lessee) ____

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd ____ REVIEW: ☐ approved ☐ disapproved By: ____

Site visits:
Date ____ By ____
Date ____ By ____
Date ____ By ____

Installation final written approval
Date ____ By ____

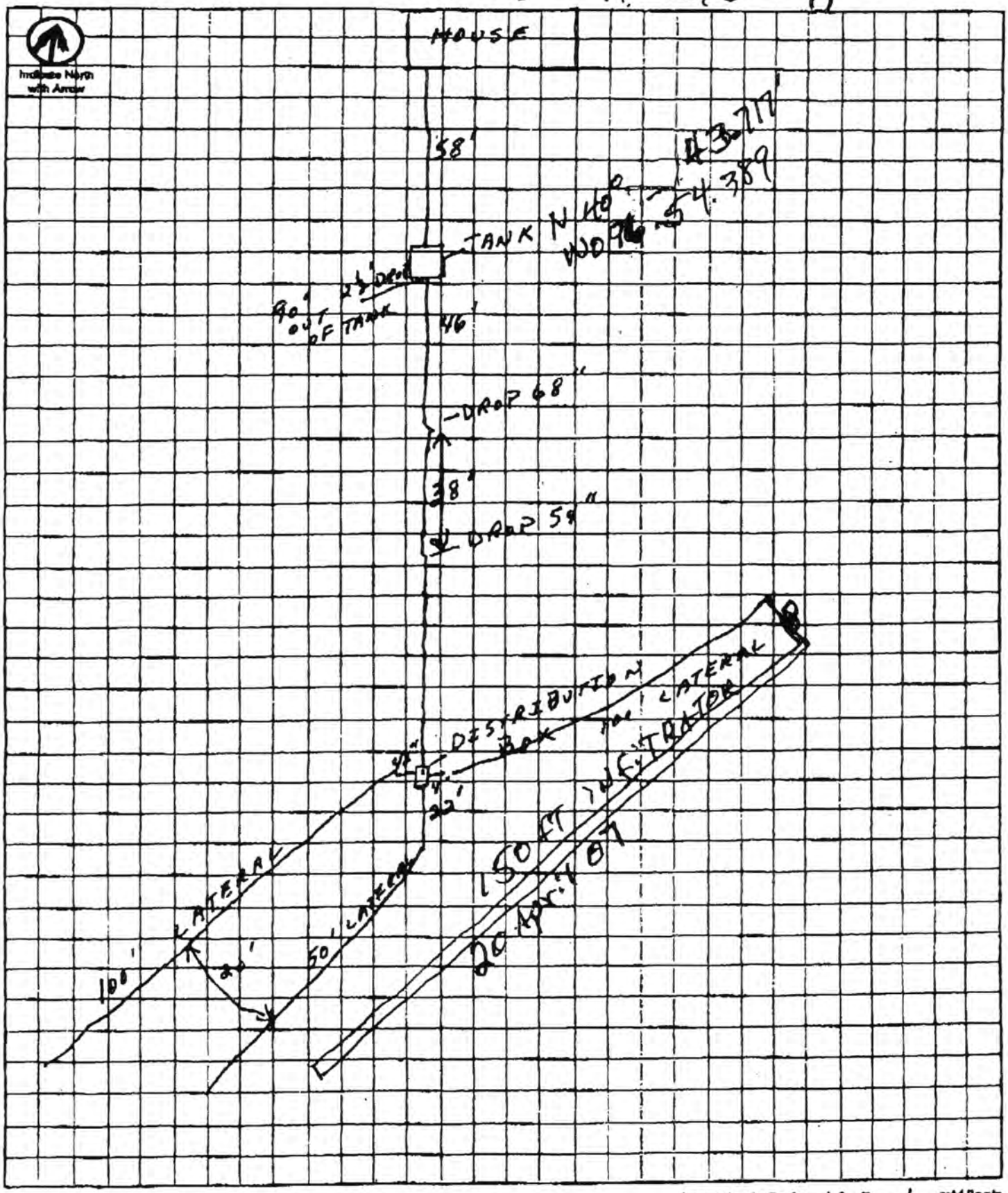
Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - Eh Pink - Business Office Revised 1/91

04/22/2007 21:43 14027977475 GAGNER PAGE 02

As Built Drawing

13701 West Spring Rd.
T-9-R5 — 19 Lot 5



Approximate Scale: 1 in. = 1 ft. add lines

TOTAL P.02

Scott Helvie
13701 West Spring Rd.
Lyn. NE

Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380200401

Issued 06/09/99
Expires 12/09/99
Revenue Code 3157

FEES: $150.00

Establishment

SCOTT P HELVIE
T9N R5E SEC 19
S 1/2-25 ACRES
13701 W SPRING RD-DENTON

Permitee

SCOTT P HELVIE
13701 W SPRING RD
DENTON NE 68339

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010530

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 13701 WEST SPRING RD. (no rural route) City DENTON NE, Zip 68339

Legal Description EAST 782.26' W 1564.64' S½ 19-9-5 25 Acres 5 II.
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 SCOTT P/LAUREN J HELVIE Signature _____

Address 13701 WEST SPRING RD City/State/Zip DENTON, NE 68339

☐ Check if owner designed system Home Phone 402-797-7635 Work Phone 402-441-7619

C. Contractor

Name Bill Overman Company Name B & R Pump

Address 4337 MADISON City/State/Zip LINCOLN, NE 68504

☒ Check if contractor designed system Work Phone 464-1745

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 finished 1 future in basement 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 6/8/99 Date frwd 6/8/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6.8.99 Date frwd 6.8.99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/8/99 Date frwd 6/8/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____

8/16/99 Need Drawing. J.C.H.

Installation Final Written Approval

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

Date AUGUST 20, 1999

Business Office Use Only

Date Rec'd 06/08/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 5787

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

LOT B CEDAR HAVEN

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13701 WEST SPRING RD City DENTON NE, Zip 68339
(no rural route)

Owner SCOTT P. & LAUREL J. HELVIE Addresss 13701 WEST SPRING RD DENTON, NE 68339

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

Date of Tests 5/14/98 to 5/15/98 Weather: Precipitation .25 Temperature 75

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	5/14	5:10	5/15	9:00	5/15	9:00	6	5/15	9:30	30	1/2	60
2	"	"	"	"	"	"	"	"	"	"	"	1/2	60
3	"	"	"	"	"	"	"	"	"	"	"	5/8	48
4	"	"	"	"	"	"	"	"	"	"	"	3/4	40
5	"	"	"	"	"	"	"	"	"	"	"	1 1/4	24
6	"	"	"	"	"	"	"	"	"	"	"	1 1/4	24

Person Conducting Percolation Tests

Name: MELVIN EAGNER
Phone: 432-5698
Address 4810 "W" CLAIRE AVE, LINCOLN NE 68523

Sum of Percolation Rates: 256
Average of Rates: 42.6
Rate Used for Calculation: 60 ~~45~~

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 8, 1999

FORM 23-101 10-96

LOT B CEDAR HAVEN

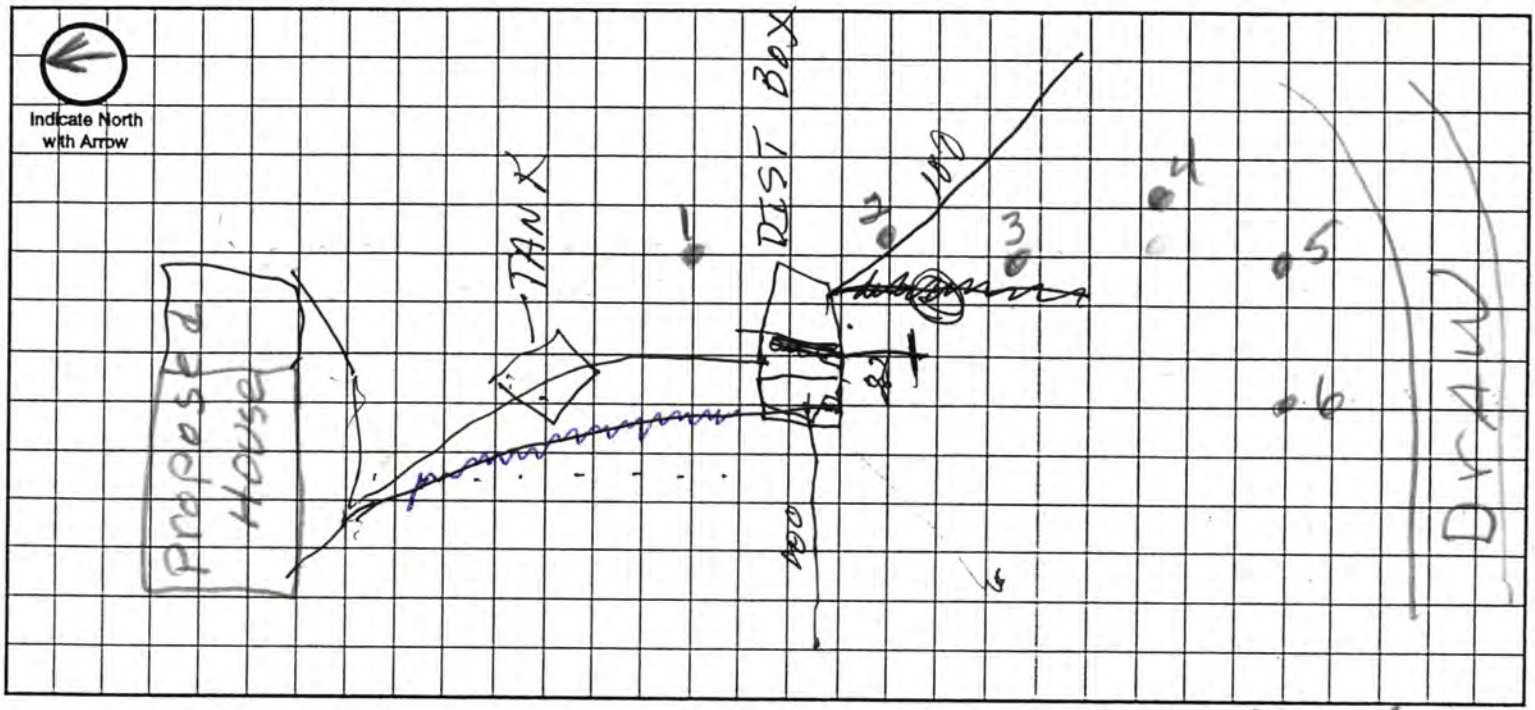
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 13701 WEST SPRING RD City Denton, NE 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 60 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 990 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 247 330 ft. Number of Trenches _____ Trench Width 4 3 ft

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 ☒	☐ OK
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☐	30 ☒	20 ☒	30 ☒	40 ☒	☐ OK
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 6-6-99

Installer x Bill Ousman Date 6-6-99

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 _____

System Location (Indicate correct number and street)

Address 13701 WEST SPRING RD (no rural route) City DENTON NE, Zip 68339

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 9 in.
8. Distances to: Well or suction line 300+ ft.
   Stream 300+ ft.
   Pressure line 30 ft.
   Property line 300+ ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 153 ft.

D. Absorption Field

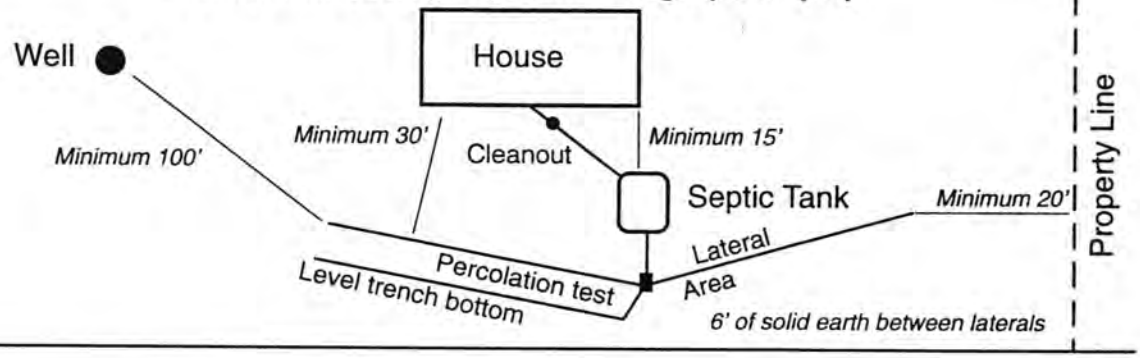
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 1 FT.
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   50 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 27 in
4. Filter material: ROAD GRAVEL
   Depth of material 14 in.
5. Distances to: Well or suction line 300+ ft.
   Stream 200+ ft.
   Pressure line 100+ ft.
   Property line 300+ ft.

Indicate North with Arrow

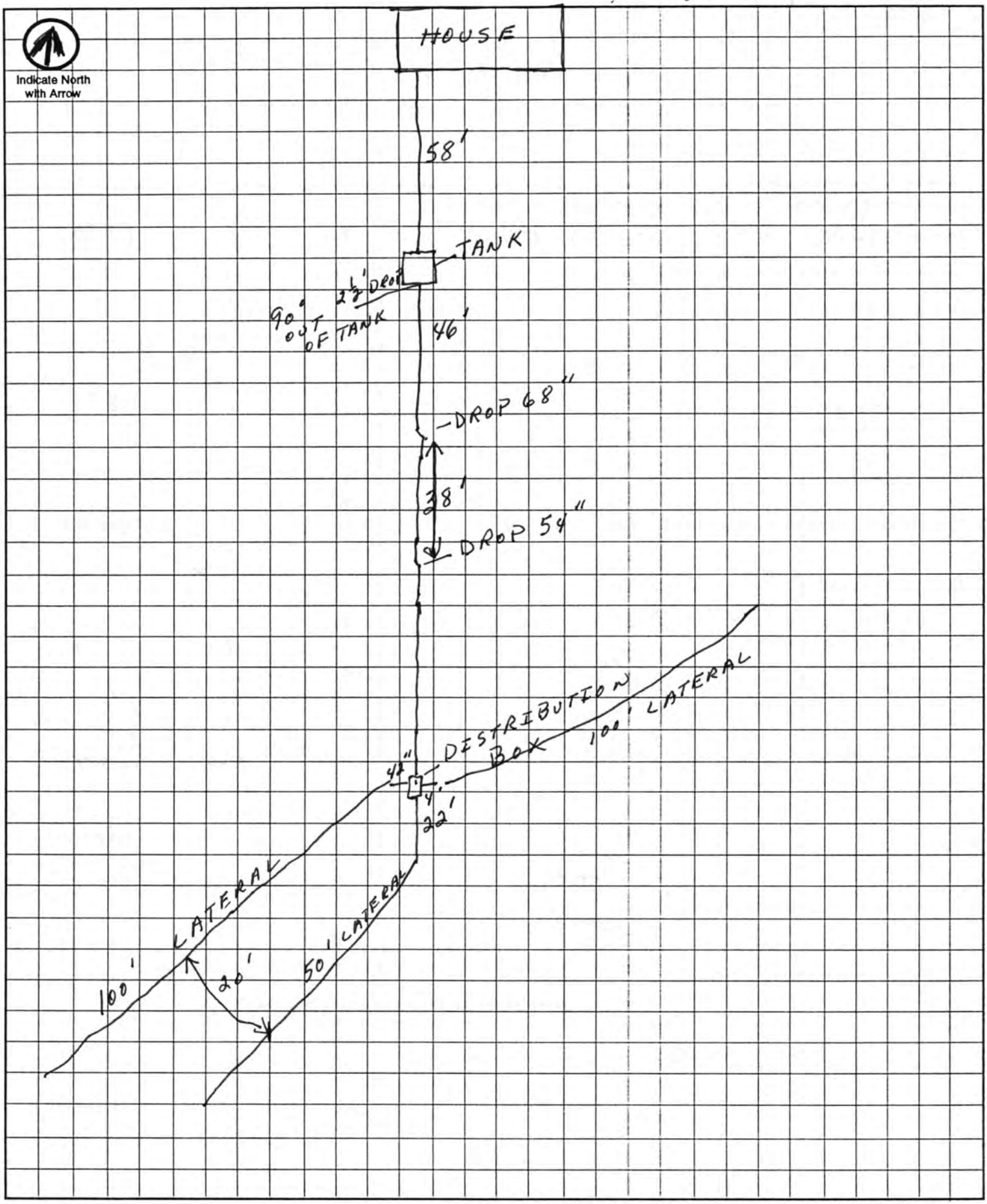
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

13701 West Spring Rd.
T-9-R5 — 19 Lot 5



Approximate Scale: 10 ft. = 1 grid line/s