Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380209301

Issued 09/29/99
Expires 03/29/00
Revenue Code 3157

FEES: $150.00

Establishment

TONEY REDMAN, ATTY
T9N R5E SEC 19
13501 W SPRING RD-DENTON

TOTAL: $150.00

Permitee

TONEY REDMAN, ATTY
330 S 10 ST
APT 200
LINCOLN NE 68508

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011009

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 13501 W. Spring Road (no rural route) City ~~Lincoln~~ Denton NE, Zip 68339

Legal Description SW¼ 1/4 19 Section 9N Township 5E Range SEE ATTACHED Subdivision Addition 2 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 Toney Redman Signature _____

Address 3310 So 10th #200 City/State/Zip Lincoln 68508

☐ Check if owner designed system Home Phone 4899293 Work Phone 4755510

C. Contractor

Name ~~Redman~~ BILL OVERMAN Company Name B+R PUMP SERVICE

Address Same 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 Bill Overman Firm B&R Pump Work Phone 464-1745

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 9/29/99 Date frwd 9/29/99	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 9/29/99 Date frwd 9/29/99	ACTION ☒ Approved ☐ Disapproved Signature Gary Spiw	
3. City or County Engineer	Date rec'd 9/29/99 Date frwd 9/29/99	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	

Installation Final Written Approval

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

Date SEPTEMBER 29, 1999

Business Office Use Only

Date Rec'd 09/29/99
Amt Paid 150 cc
Rec'd By [illegible] Cash/Check No. 1826

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

Cedar ~~CREEK~~ HAVEN

B

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

LOT C

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 13501 W Spring Road (no rural route) City Denton NE, Zip 68339

Owner Toney Redman Addresss 330 So 10th #200 Lincoln Ne

Soil Type (SCS): INCLUSION IN PAWNEE CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests April 98 to _____ 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	4/29	10:30	4/30	10:20	4/30	2:30	6	4/30	3:00	30	1/2	60
2	"	"	"	"	"	"	"	"	"	"	"	1/2	60
3	"	"	"	"	"	"	"	"	"	"	"	1/2	60
4	"	"	"	"	"	"	"	"	"	"	"	5/8	48
5	"	"	"	"	"	"	"	"	"	"	"	1/2	60
6	"	"	"	"	"	"	"	"	"	"	"	5/8	48

Sum of Percolation Rates: 336

Average of Rates: 56

Rate Used for Calculation: 56

Person Conducting Percolation Tests

Name: MELVIN LAGNER

Phone: 432-5698

Address 4810 W CLARA AVE LINCOLN NE 68523

DO NOT WRITE BELOW THIS LINE

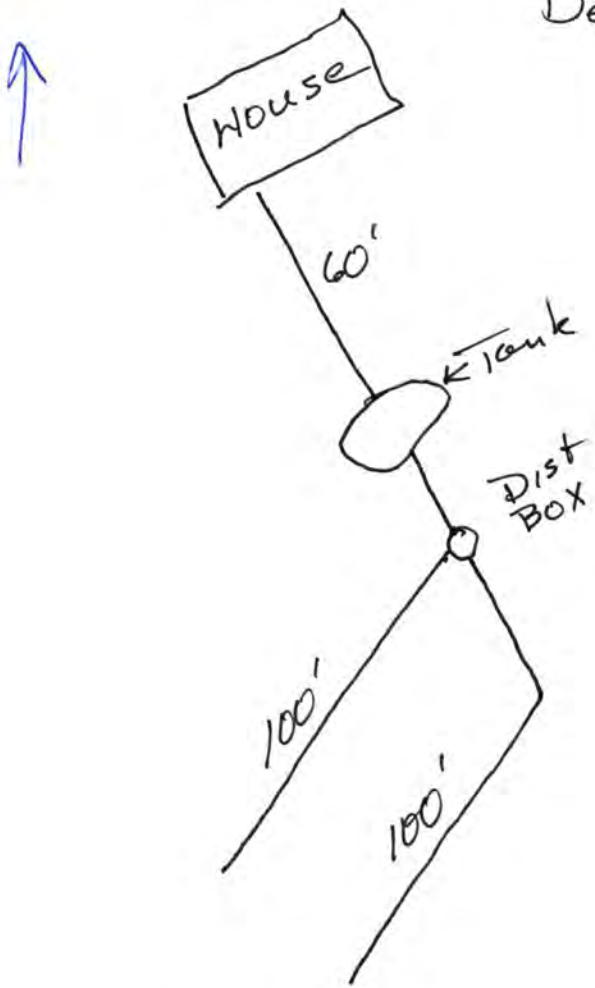
Reviewing Action

Remarks SOIL APPEARS TO BE JUST BARELY ACCEPTIBLE. CHECK FOR FLOOD ZONE.

Signature of Reviewing Official _____ Date 9-14-99

FORM 23-101 10-96

Proposed system for
13501 W Spring Road
Denton Ne



For Questions please
Call Toney Redman
4755510

C

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

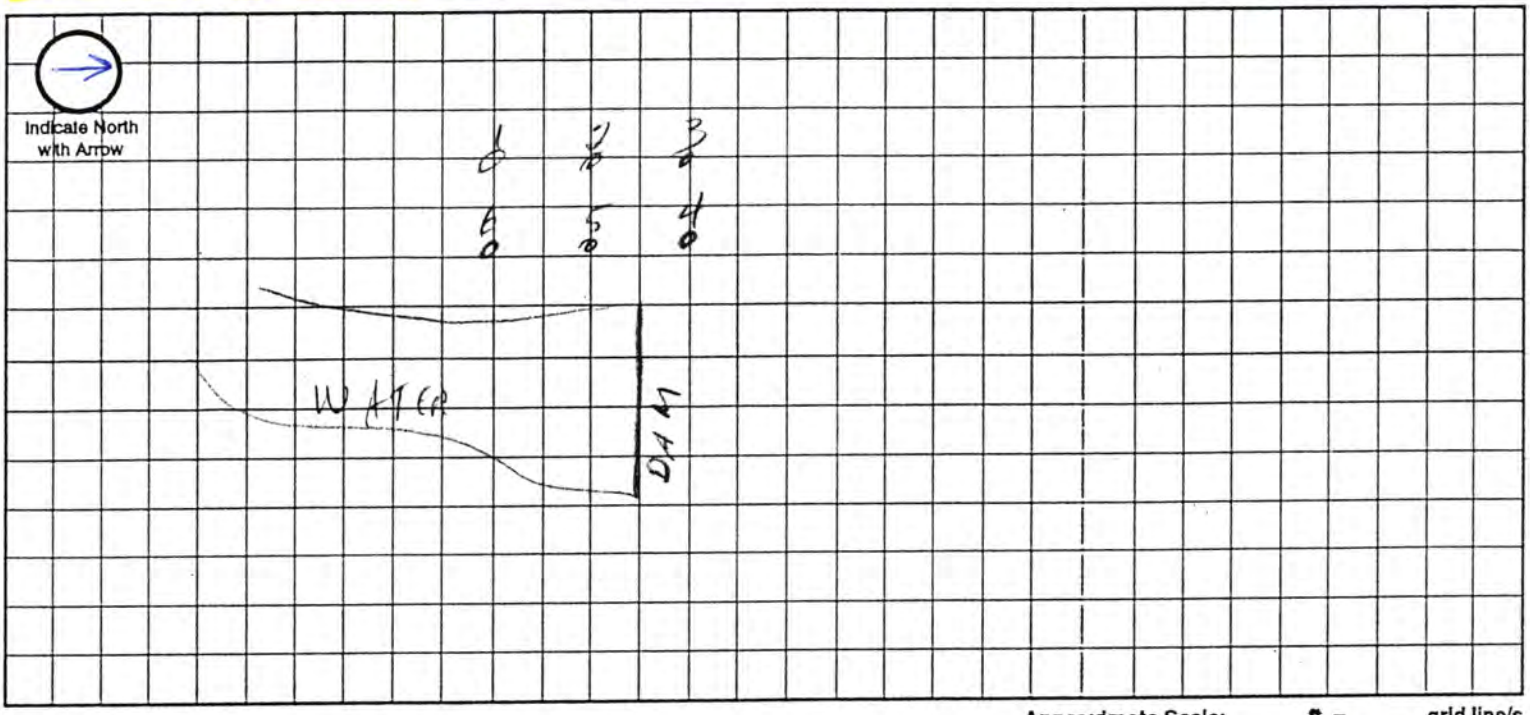
Cedar HAVEN hct C

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) 13501 W Spring Road 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 56 (min. per inch) Soil Type: INCLUSION IN PAWNEE CLAY LOAM? Land Slope: _____ %

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

Total Square Feet of Field Required: 635 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 159 ft. Number of Trenches _____ Trench Width 4'

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 9/14/99

Installer Bill Quinnan Date _____

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9-29-99

System Location (Indicate correct number and street)

Address 13501 WEST SPRING RD City DENTON NE, Zip 68339
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 50" in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 93'6" ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 200+ ft.
   stream 100+ ft.
   pressure line 30 ft.
   property line 100+ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 6 in.
   Riser: ☒ above ☐ below grade 8 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 200+ ft.
   Stream 100+ ft.
   Pressure line 90 ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 15 ft.

D. Absorption Field

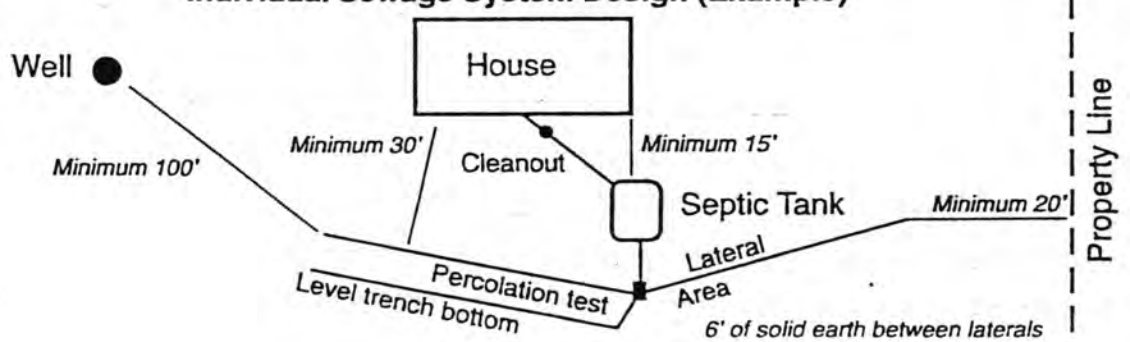
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 8"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 66 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 31 in
4. Filter material: ROAD GRAVEL
   Depth of material 14 in.
5. Distances to: Well or suction line 200+ ft.
   Stream 100 ft.
   Pressure line 150 ft.
   Property line 100+ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



February 1995
DWR Form 981-2

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION PUMP INSTALLATION UPDATE

OCT 1 2 1999

FOR DEPARTMENT USE ONLY

Registration No. _____ Sequence No. _____ Date Filed: _____

Owner Code No. _____ Receipt No. _____ _____ NRD

1. Well Owner TONEY REDMAN Telephone Number (402) 475-5510
   Address 13501 WEST SPRING ROAD
   City ~~[redacted]~~ DENTON State NE Zip Code 68339 +

2. Pump Installation Contractor WILLIAM OVERMAN Telephone Number (402) 464-1745
   Address 4337 MADISON Pump Installer License No. 29007
   City LINCOLN State NE Zip Code 68504 +

3. Water Well Registration _____

4. Purpose of well (indicate one): ___Dewatering (over 90 days) ___Domestic X Geothermal ___Ground Heat Exchanger
   ___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring
   ___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery
   ___Other _____ (indicate use)

5. A. Well location: S ½ SW ¼ of Section 19, Township 9 North, Range 5 East/~~West~~, LANCASTER County.

6. Pump Information.
   A. Pumping rate: 20 gallons per minute. Measured ☐ or Estimated ☒
   B. Pumping water level: 95 feet.
   C. Amount of time pumped: 24 HRS
   D. Pump column diameter: 14 inches.
   E. Length of pump column: 140 feet.
   F. Pumping equipment installed: 9-20, 1999.
   G. Brand/Type: SUBMERSIBLE

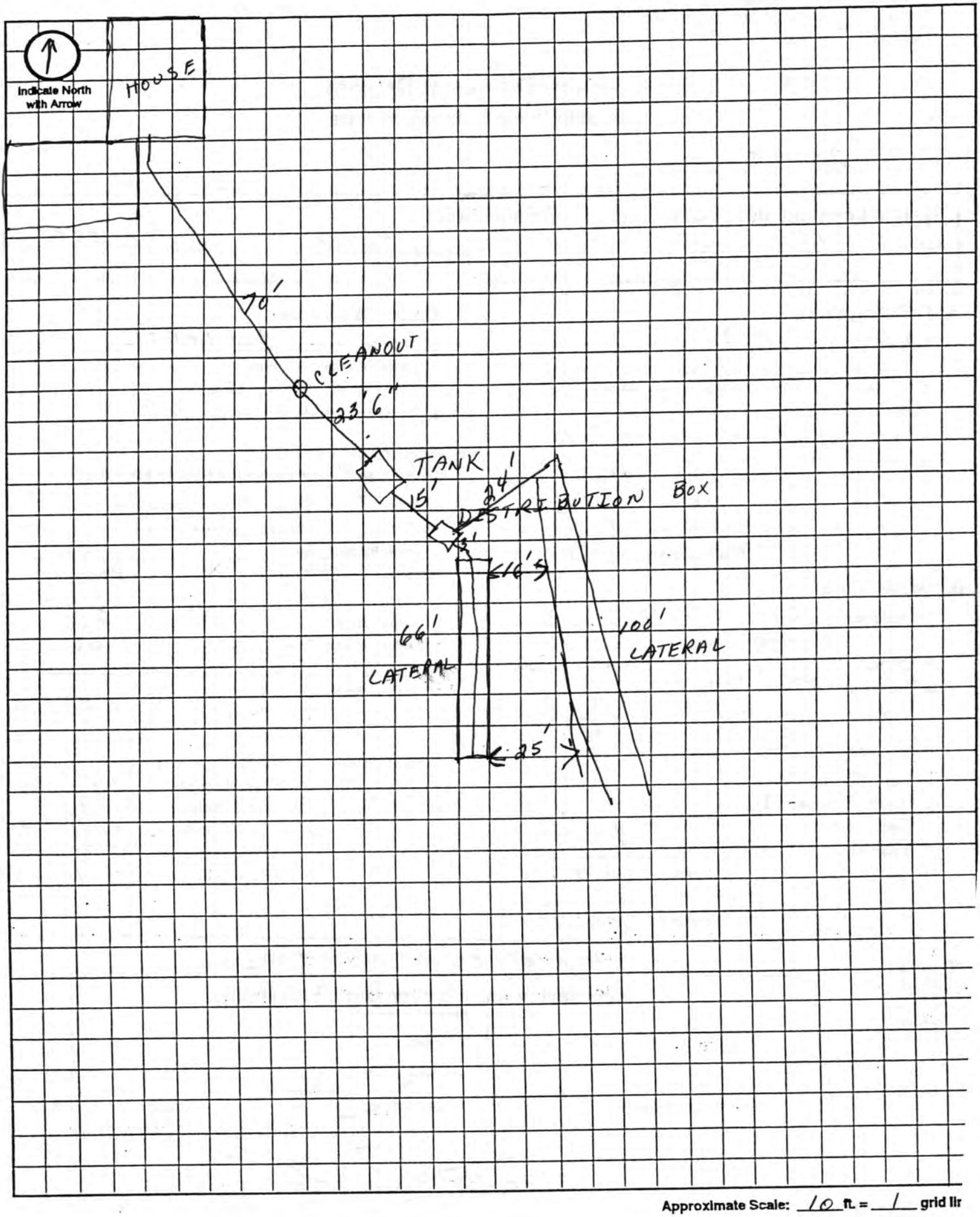
7. I am familiar with the information submitted on this update, and to the best of my knowledge it is true.

William A. Overman — Pump Installer's Signature — 10-1-99 Date

~~Water Well Owner's Signature~~ — 10/1/99 Date

printed on recycled paper

As Built Drawing



Approximate Scale: 10 ft. = 1 grid lir