Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 01380237501

Issued 10/09/01
Expires 04/09/02
Revenue Code 3157

Establishment

ALLAN & KYM HILLHOUSE
T9N R5E SEC 20
LOT 15IT
12401 W DENTON RD-DENTON

FEES: $200.00

TOTAL: $200.00

Permittee

ALLAN & KYM HILLHOUSE
12401 W DENTON RD
LINCOLN NE 68339

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000156

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 12401 W. Denton Rd (no rural route) City Denton, NE NE, Zip 68339

Legal Description T9N, R5E, Sec. 20 (1/4, 1/4, Section, Township, Range) Subdivision Addition Block Lot 151, T

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Alvin & Kym Hillhouse Signature Alvin Hillhouse / Kym Hillhouse

Address 12401 W. Denton Rd City/State/Zip Denton, NE 68339

☐ Check if owner designed system Home Phone 1 month – 402-420-1534 Work Phone 402-475-8441

C. Contractor

Name Clint Wellmann Plumbing Company Name Wellmann Heating & Air Conditioning

Address 3130 S. 6th Suit 100 City/State/Zip Lincoln, NE 68502

☒ Check if contractor designed system Work Phone 434-2400

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

Designer Name CLP&M Firm Wellmann Plumbing Work Phone 610-0563

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 10/9/01 Date frwd 10/9/01 ACTION ☒ Approved ☐ Disapproved Signature Herbert C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/9/01 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature 20.1 AC. NET
3. **City or County Engineer** Date rec'd 10/9/01 Date frwd 10/9/01 ACTION ☒ Approved ☐ Disapproved Signature

10/10/01 – Line + Lagoon – fence + drawing needed field notes 1/23/02 needed fence disconn 10/15

Installation Final Written Approval

By _____

Date 7/7/04

Business Office Use Only

Date Rec'd 10/09/01
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 5137

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

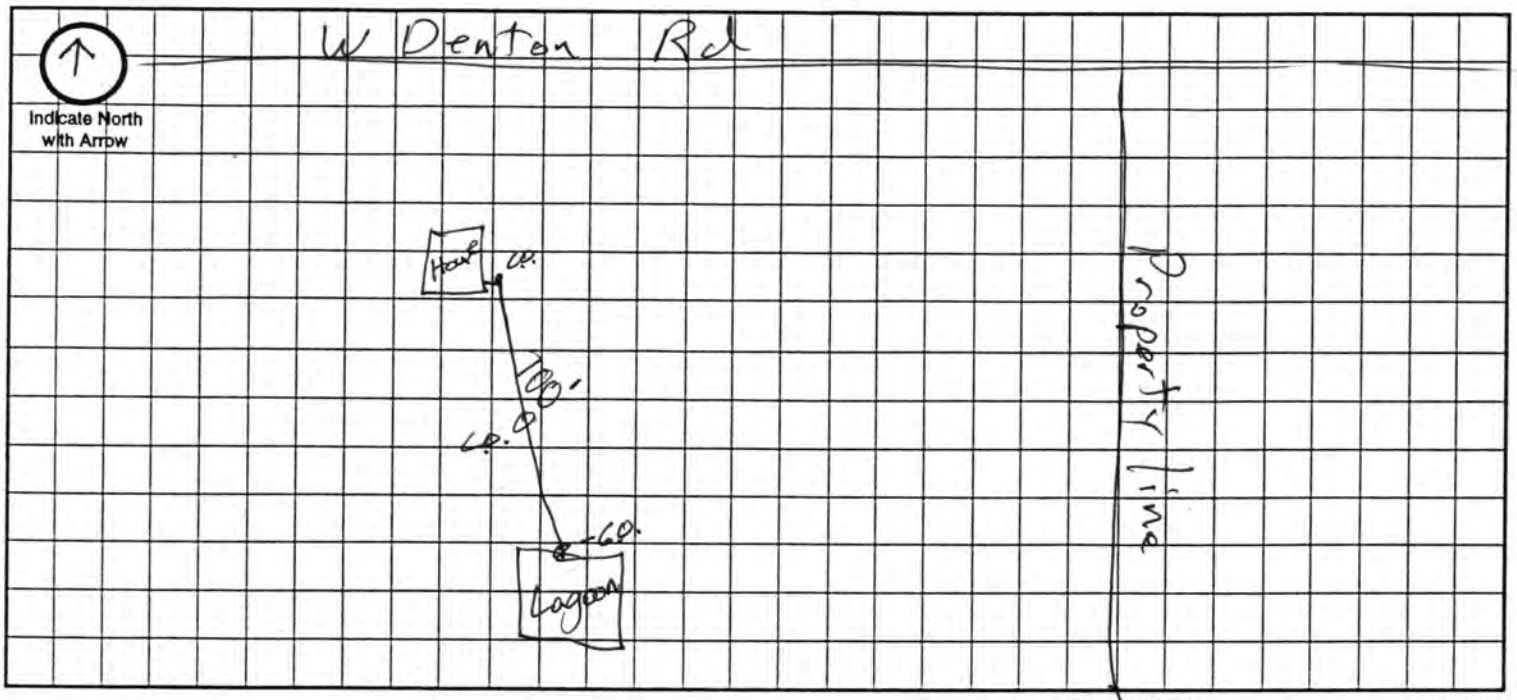
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12401 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 Owner Date _____

Installer Chad Pruitt Date 10-1-01

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 10-8-01

System Location (Indicate correct number and street)

Address 12401 W Denton (no rural route) City Denton NE, Zip

A. Building Sewer

1. Material: CS 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and ~~septic tank~~ LAGOON 2466 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 60 ft.
   stream 100+ ft.
   pressure line 40 ft.
   property line 100+ ft.

B. ~~Septic Tank~~ LAGOON

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~~

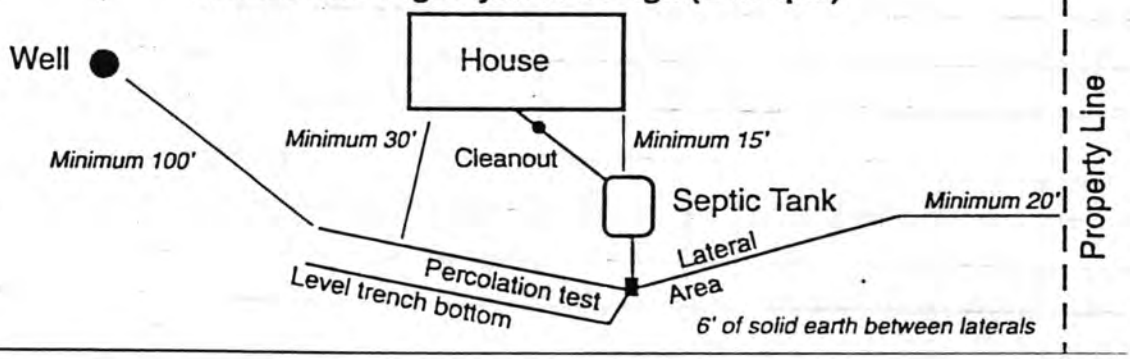
(Provide as-built drawings on back of this form)

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

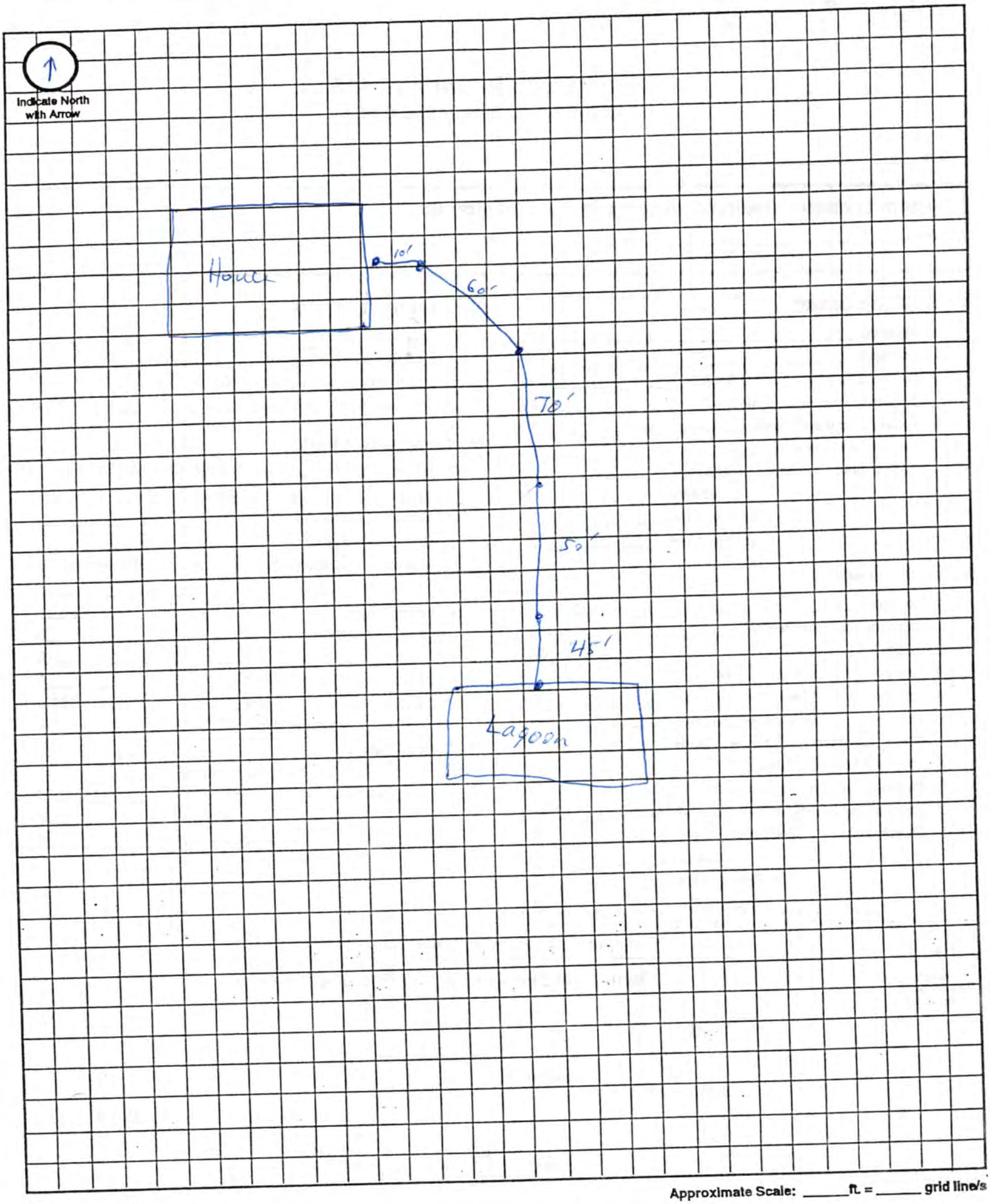
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Field notes by D.S



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