Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009540

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380324501

Issued 09/07/06
Expires 09/07/07
Revenue Code 3157

Establishment: PHIL BROGAN
T9N R5E SEC 20 QTR NW
NE1/4 OF NW1/4 LOT 21
12121 W DENTON RD-DENTON

FEES: $275.00

Permittee: PHIL BROGAN
6621 FRANKLIN ST
LINCOLN NE 68506

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 06360324501

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 12121 W. DENTON RD (no rural route) City DENTON NE, Zip 68339

X Legal Description NE NW 20 9N 5E 21
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 096° 53' 06.4" Latitude 40° 44' 23.0"

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

B. Owner

Name PHIL BROGAN Signature X Phil Brogan

Address 6621 FRANKLIN City/State/Zip LINCOLN, NE. 68506

☐ Check if owner designed system Home Phone 402 486 1512 Work Phone 402 560-4420

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

Address 71860-567 AV City/State/Zip FAIRBURY, NE. 68352

☐ Check if contractor designed system Work Phone 402-587-0120

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 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 9/7/06 Date frwd 9/8/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-8-06 Date frwd 9-8-06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☒ Disapproved Signature Jim Plough

Installation Final Written Approval

By _____

Date 5/3/07

Need to build on north end of lot
Stay out of F.P.

Business Office Use Only

Date Rec'd 09/08/06
Amt Paid $275.00
Rec'd By _____ Cash/Check No. 2431

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

B

Permit Number: 06 3803245

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12121 W. DENTON RD (no rural route) City DENTON NE, Zip 68339

Owner PHIL BROGAN Addresss 6621 FRANKLIN, LINCOLN, NE. 68506

Soil Type (SCS): SANDY LOAM MORRILL CLAY LOAM Percolation Rate: 24 min./inch

Date of Tests 031206 to 031306 Weather: Precipitation SOME RAIN+SNOW BALL SHOWERS - CLEAR Temperature 37-43

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	0312	4 30 PM	0313	1030 AM	0313	1100	6"	0313	1500	30	1.0	30/IN
2							11:02			1502	30	1.25	24/IN
3							11 03			1503	30	1.0	30/IN
4							11 04			1504	30	1.5	20/IN
5							11 05			1505	30	1.5	20/IN
6							11 06			1506	30	1.5	20/IN
7							11 07			1507	30	1.0	30/IN
8							1108			1508	30	1.25	24/IN
9							11 10			1510	30	1.5	~~20~~ 24/IN

Sum of Percolation Rates: 218

Average of Rates: 24

Rate Used for Calculation: 24

Person Conducting Percolation Tests

Name: GARY L. HOLLY

Phone: 402-587-0120

Address 71860-567 AV
FAIRBURY, NE. 68352

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date September 8, 2006

FORM 23-101 10-96

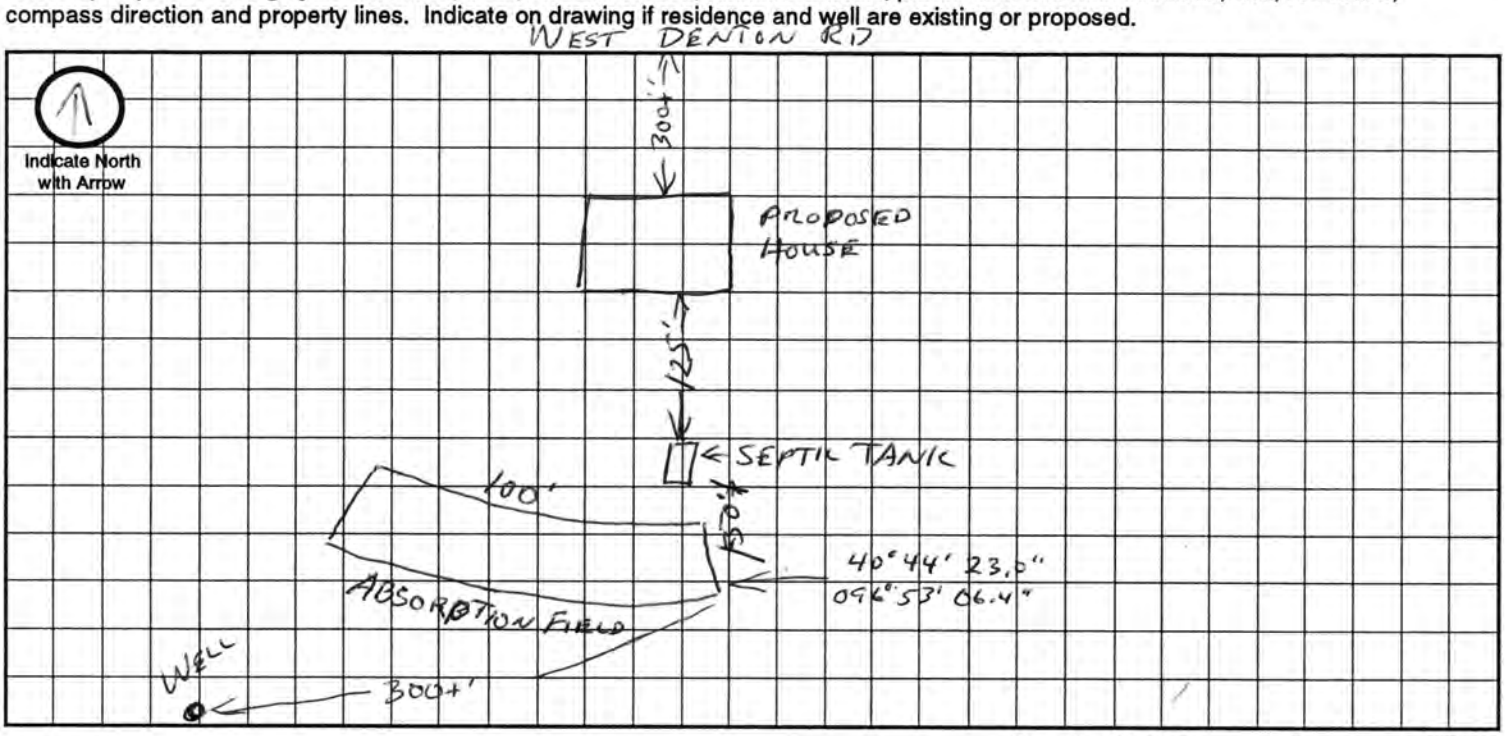
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 06803245

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 NO SCALE

A. System Location (Indicate correct number and street)

Address (no rural route) 12121 W. DENTON 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 24 (min. per inch) Soil Type: SANDY, GRAVELLY, YELL, BR Land Slope: _____ %

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

Total Square Feet of Field Required: 750 sq. ft.

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

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

Total Length of Laterals 200 ft. Number of Trenches 2 Trench Width 3'

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 9-7-6

Installer Gary L. Holly, HOLLY CONTRACTING CO Date AUG 31, 2006

FORM 23-102 10-96

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

MAY 08 2007

D

Permit Number:
06380324501

PHIL BROGAN

Sewage Disposal System
As Built Plans & Specifications

Date MAY 3, 2007

System Location (Indicate correct number and street)
Address 12121 WEST DENTON 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: PLASTIC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line 400+ ft.
   Stream NONE ft.
   Pressure line 180 ft.
   Property line 152 ft.

C. Distribution Box DROP BOX

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

D. Absorption Field

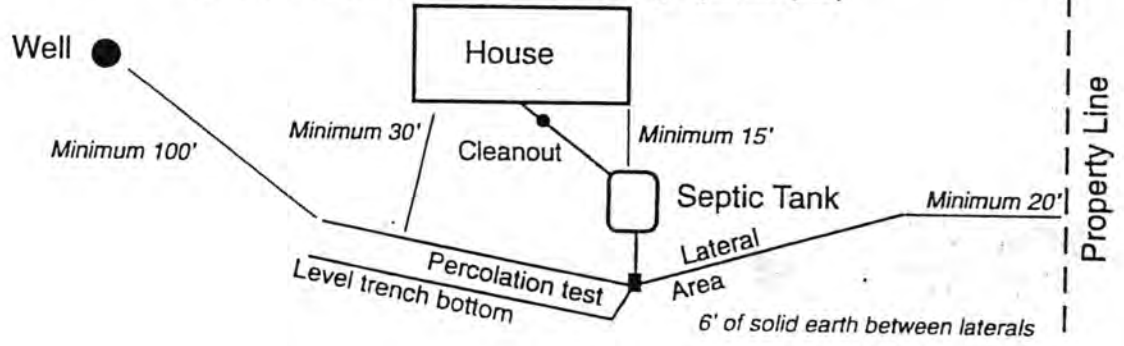
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELLESS CHAMBERS
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope LEVEL in/100 ft.
   Average depth 30 in
4. Filter material: NATIVE SOIL
   Depth of material 30 in.
5. Distances to: Well or suction line 370 ft.
   Stream NONE ft.
   Pressure line 300 ft.
   Property line 152 ft.

Indicate North with Arrow

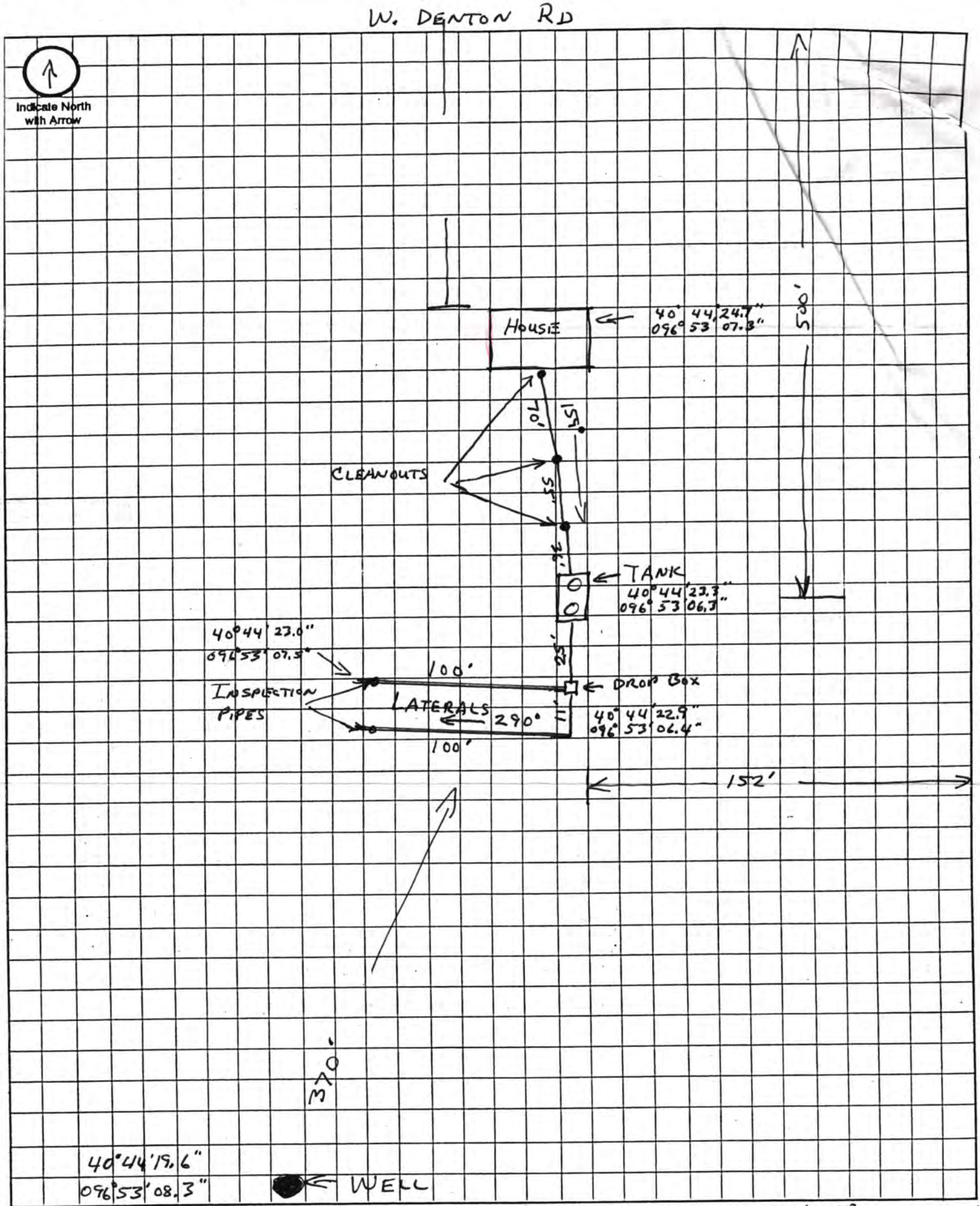
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: NONE ft. = _____ grid line/s