LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 98380186501

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 10/12/98
Expires 04/12/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

MERLIN PAUL HAYES
T9N R5E SEC 23 QTR E
N 1/4 OF E 1/4
8105 W DENTON RD-DENTON

TOTAL $150.00

Permittee

MERLIN PAUL HAYES
12801 YANKEE HILL RD
LINCOLN NE 68317

Issued By Health Director
Lincoln-Lancaster County Health Department

008179

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

OCT 7 1998

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 8105 WEST DENTON RD (no rural route) City DENTON NE, Zip 68339

Legal Description N (1/4) E (1/4) 23 (Section) 9N (Township) ~~NE~~ 5E (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 MERLIN PAUL HAYES Signature Merlin P Hayes

Address 12801 YANKEE HILL RD City/State/Zip BENNET NE 68317

☐ Check if owner designed system Home Phone 782-8040 Work Phone 430-5051

C. Contractor

Name DAVE VOGT Company Name VOGT EXCAVATING

Address P.O. BOX 181 City/State/Zip ELMWOOD NE. 68349

☑ Check if contractor designed system Work Phone 560-6200

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

Designer Name MERLIN HAYES Firm Self Work Phone 782-8040

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 10/1/98 Date frwd 10/12/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
   County Eng Dept
2. ~~Supt. Bldg. Insp. or Village Clerk~~ Date rec'd 10-12-98 Date frwd 10-12-98 **ACTION** ☑ Approved ☐ Disapproved Signature Larry Mone
3. ~~City or County Engineer~~ Date rec'd 10-6-98 Date frwd 10-6-98 **ACTION** ☑ Approved ☐ Disapproved Signature Charlotte K Bo
   VILLAGE CLERK

~~11/4/98 Sewer, tank, distribution + lateral O.K.~~

Installation Final Written Approval

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

Date NOVEMBER 20, 1998

Business Office Use Only

Date Rec'd 10/1/98
Amt Paid 150.00
Rec'd By CW Cash/Check No. 6418

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

SEP 22 1998

B

Permit Number:

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

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8105 WEST DENTON RD (no rural route) City DENTON NE, Zip 68339

Owner MERLIN HAYES (782-8040) Addresss 12801 YANKEE HILL RD BENNET NE 68317

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

Date of Tests _____ to _____ Weather: Precipitation None Temperature 90

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"	6-28-98	3:30	6-29-98	4:00	6-29-98	4:00	6	6-29-98	4:30	30	½	60
2	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	30	½	60
3	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	30	½	60
4	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	30	½	60
5	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	30	½	60
6	〃	〃	〃	〃	〃	〃	〃	6	〃	〃	30	½	60

Person Conducting Percolation Tests

Name: Dave Vogt

Phone: 560-7267

Address P.O. Box 181

Elmwood, NE 68349

Sum of Percolation Rates: 360

Average of Rates: 60

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

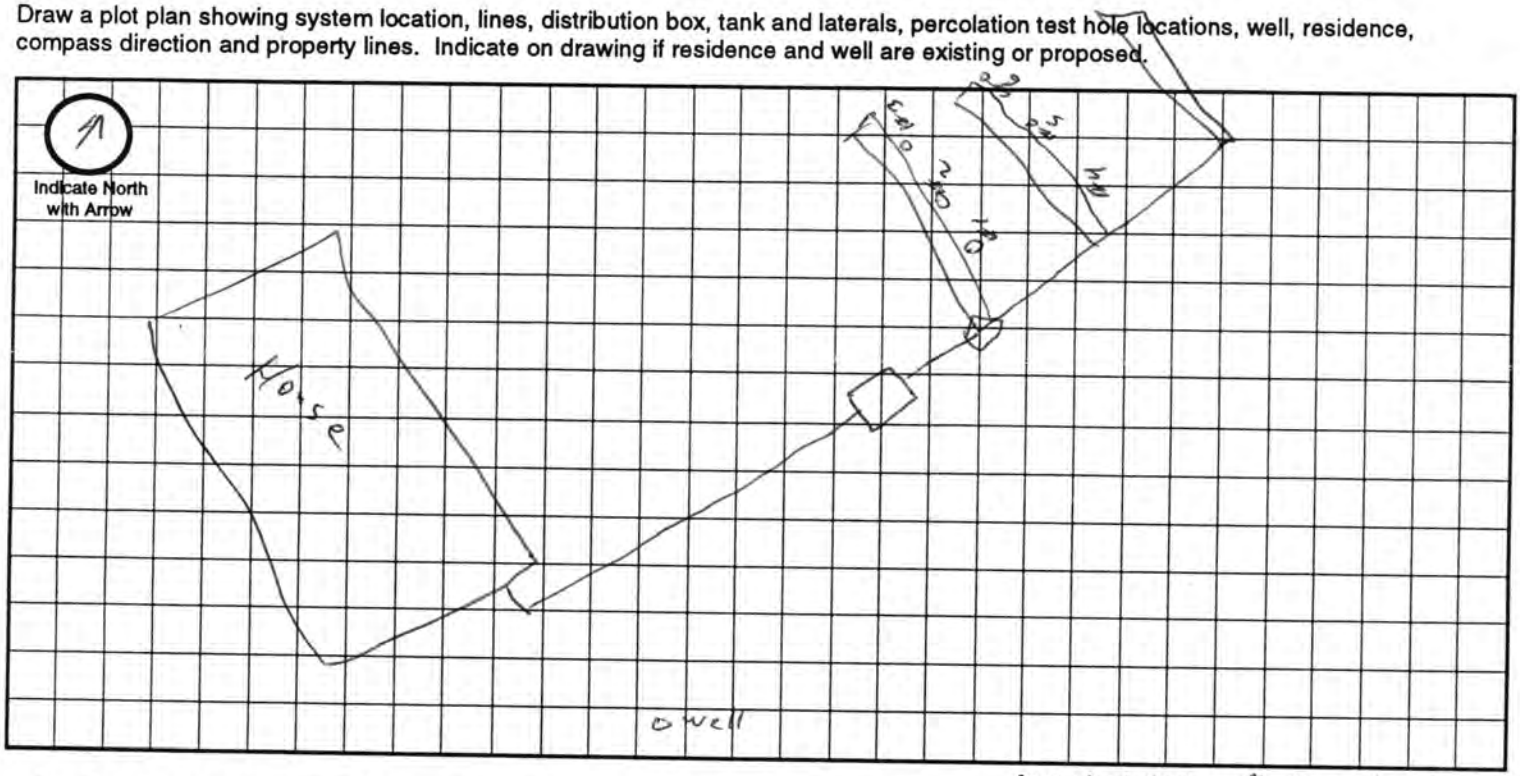
Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

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: Clay Land Slope: 6 %

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 248 ft. Number of Trenches 3 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 10-9-98

Installer _____ Date 9-11-98

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 11-20-98

System Location (Indicate correct number and street)

Address 8105 W Denton Rd (no rural route) City Denton NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ~~28~~ in.
   or distance below basement floor: 28" in.
3. Distance between dwelling and septic tank: ~~18~~ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 60+ ft.
   stream NA ft.
   pressure line 20+ 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 16 in.
   Over outlet, diameter 10 in.
   Riser: ☒ above ☐ below grade 0 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 28 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ 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: 9 ft.

D. Absorption Field

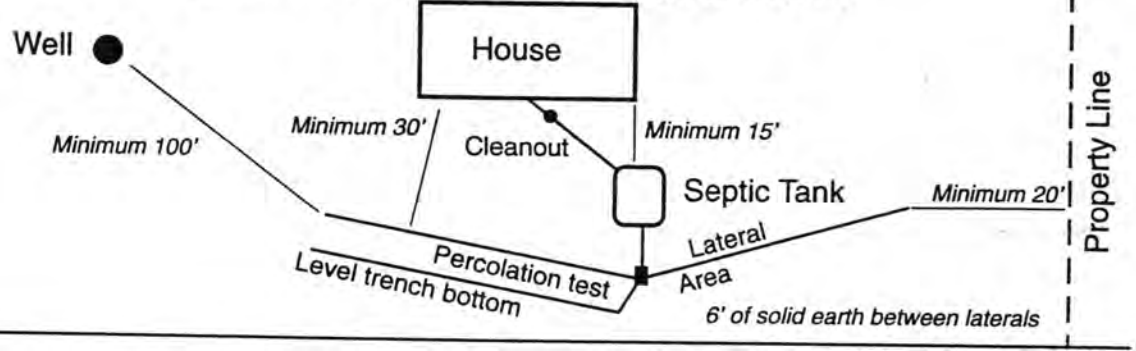
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: To Filtrator
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. ft., ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

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

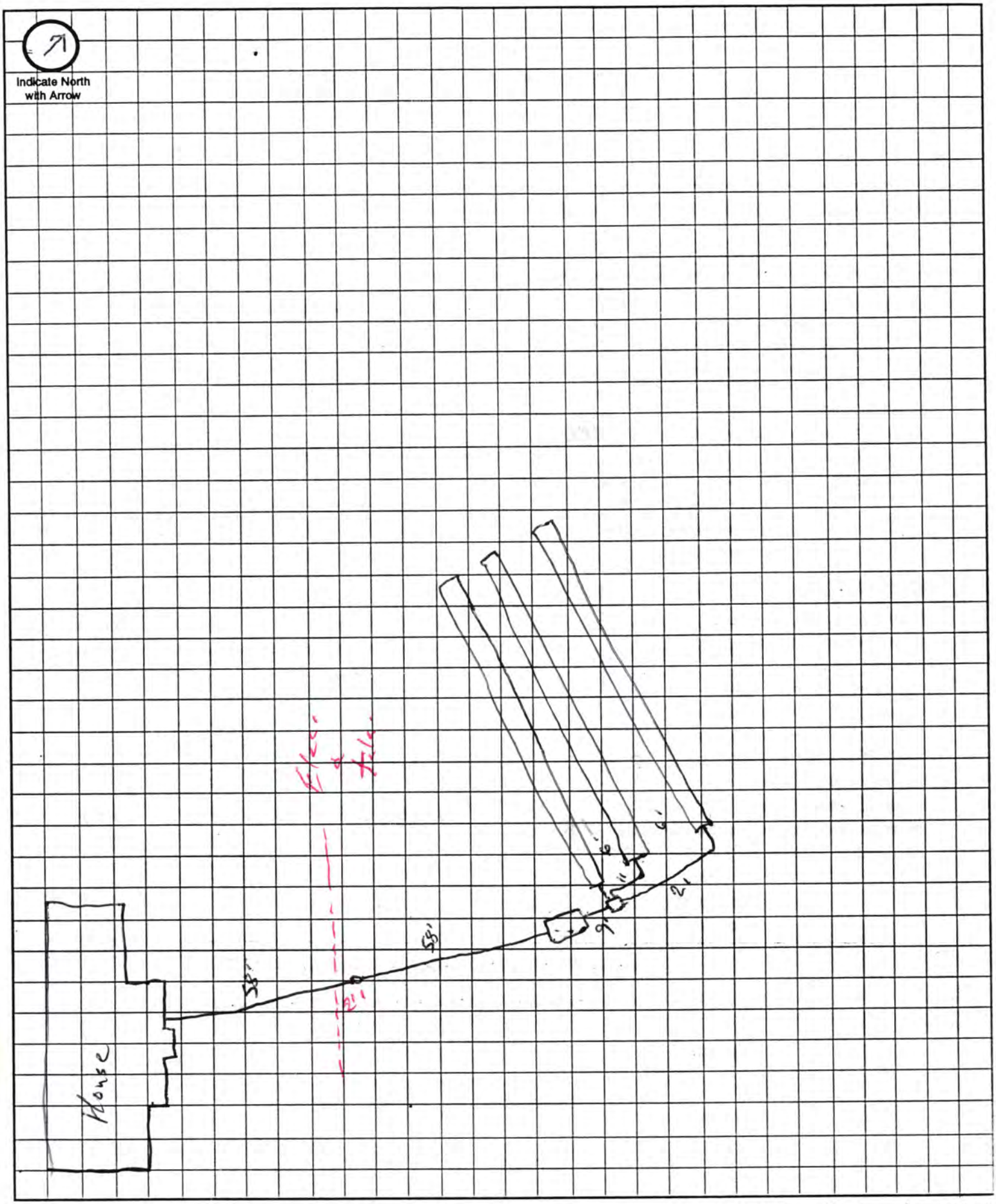
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow



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