# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

## PERMIT

Permit No. 98380172301

SEWAGE INSTALLATION
LAGOON

Issued 02/27/98
Expires 08/27/98
Revenue Code 3157

Establishment

BRIAN S RHODIG
T9N R5E SEC 23 QTR NE
NE QTR OF NE QTR LOT 11
7101 W DENTON RD-DENTON

FEES: $150.00

Permittee

BRIAN S RHODIG
6300 S 32 ST
LINCOLN NE 68516-4675

TOTAL $150.00

Gregg Wright MO.

Issued By M. Jane Ford
Health Director

6186

**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

**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 7101 West Denton Rd (no rural route) City Denton NE, Zip

Legal Description N½ NE NE 23 9N 5E 11
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 Brian Rhodig Signature Brian S Rhodig

Address 6300 S. 32 City/State/Zip Lincoln Nebr 68516

☐ Check if owner designed system Home Phone 421-7615 Work Phone Cell 499-1216

### C. Contractor

Name Brian Rhodig Company Name

Address 6300 S. 32 City/State/Zip Lincoln Nebr 68516

☐ Check if contractor designed system Work Phone 499-1216

### 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 4 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 2/27/98 Date frwd 2/27/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/27/98 Date frwd 2/27/98 ACTION ☒ Approved ☐ Disapproved Signature Gary Spier
3. **City or County Engineer** Date rec'd Date frwd ACTION ☒ Approved ☐ Disapproved Signature Jim Blough

5/8/98 Sewer, tank, distribution & 3 laterals to CH.

### Installation Final Written Approval

By Jerrold C. Hood

Date MAY 8, 1998

***Business Office Use Only***

Date Rec'd 02/27/98
Amt Paid 150 ⁰⁰
Rec'd By ~~Cash~~/Check No. 7402

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

Lincoln Lancaster County Health Department
Environmental Health Division
[illegible] "N" Street • Lincoln, NE 68510-1514
[illegible] • FAX: 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 [illegible]

Lot [illegible] Block [illegible] Addition [illegible] Tax Zip [illegible]

[illegible] Percolation rate [illegible] min/inch

Date [illegible] (Weather Conditions) Temperature [illegible]

## Percolation Test Data Table

| A | B | C | D | E | F | G | H | I | J | K | L | M | N |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | 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) |
| [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | [illegible] | 30 | 1 | 30 |
| | | | | | | | | | | | | 1/2 | |
| | | | | | | | | | | | | 1 | |
| | | | | | | | | | | | | 1/2 | |
| | | | | | | | | | | | | 1 | |
| | | | | | | | | | | | | 1/2 | |
| 1 | | | | | | | | | | | | 1/2 | |
| 2 | | | | | | | | | | | | 1/2 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name [illegible]

Phone [illegible]

Address [illegible]

Sum of Percolation Rates [illegible]

Average of Rates [illegible]

Rate Used for Calculation [illegible]

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official _____ Date _____

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

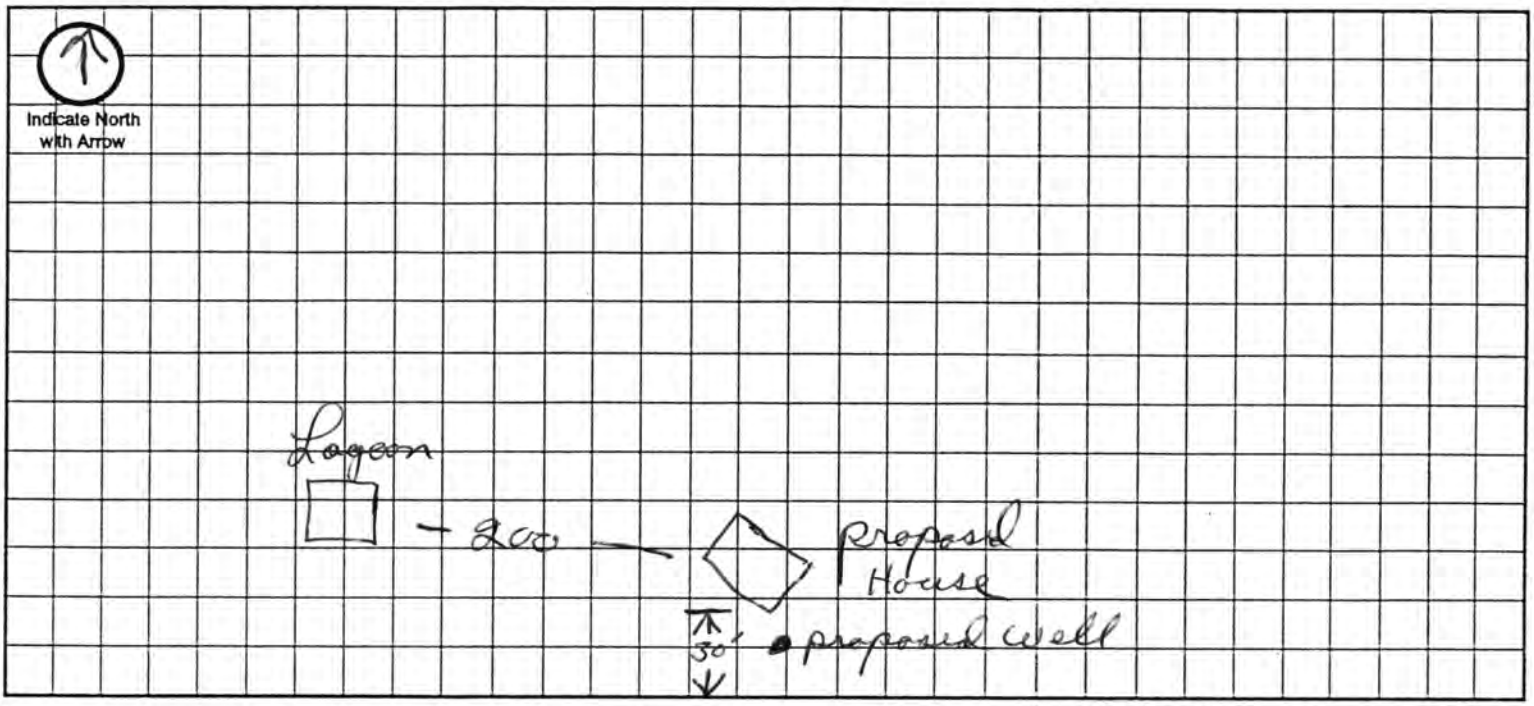
Permit Number:

# Sewage Disposal System

Brian Rhodig

## 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) 7101 W Denton Rd City Denton NE, Zip _____

### 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: 2 % %

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 Brian S Rhodig Date 2-27-98

Installer Larry Schwarck Date 2-26-98

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 5-8-98

**System Location (Indicate correct number and street)**

Address 7101 W Denton Rd. (no rural route) City _____ NE, Zip _____

## A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: 6½" ~~in.~~
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 19' ft.
4. Number of clean-outs: —
5. Distances to: well or suction line 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

## B. Septic Tank

1. Material: Precast
   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: 4" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

## C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 11' ft.

## D. Absorption Field

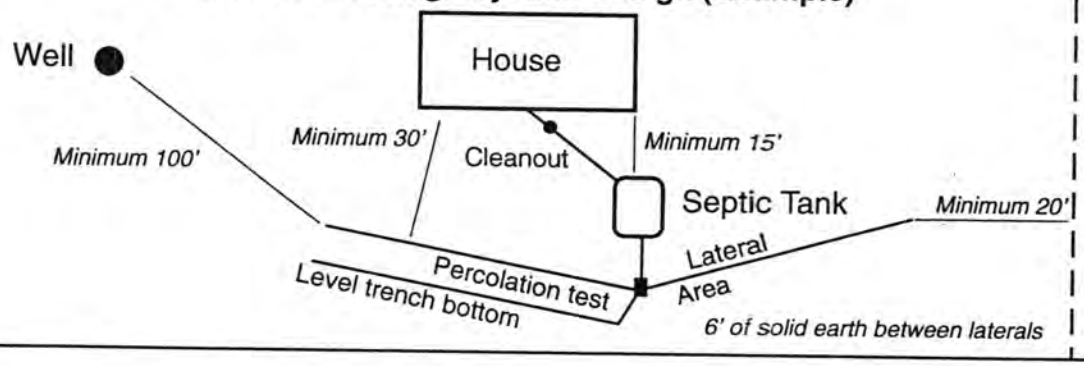
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 70 ft. 80 ft.
   90 ft. 100 ft., 100 ft.
3. Trench dimensions: Width 3 ft.
   Slope 2 in/100 ft.
   Average depth 28" - 50" in
4. Filter material: Road Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line 102 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

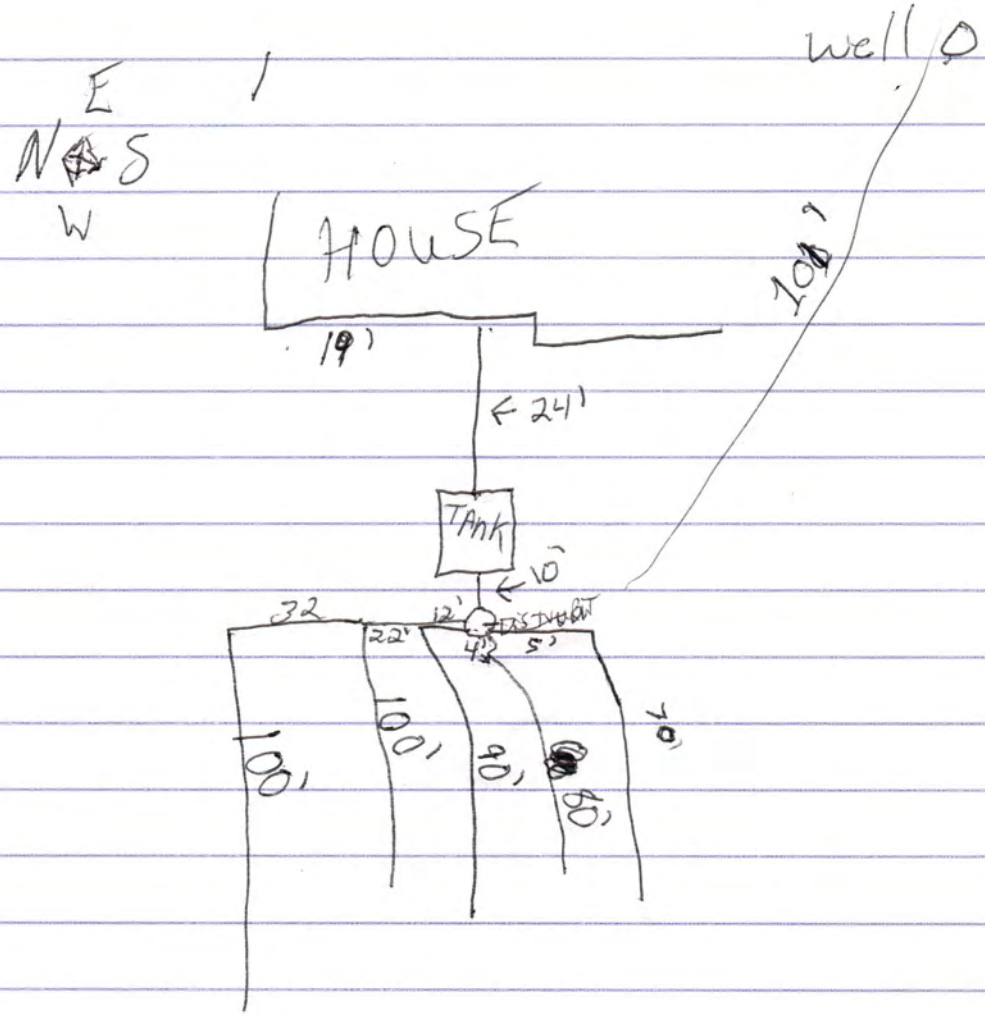
**Complete "As Built" drawing on back of this form.**

Indicate North with Arrow

### Individual Sewage System Design (Example)




FORM 23-103 10-96


well
E
N
S
W
HOUSE
100'
19'
24'
TANK
10'
32'
22'
12'
5'
100'
100'
90'
80'
70'

# Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

**MAKE CHECK PAYABLE TO:** "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 7101 W. DENTON Rd.

Parcel ID 03-23-200-003-000 (i.e. 99-99-999-999-999)

Twp 23 Range 9 Section 5 1/4 ___ 1/4 ___ Block ___ Lot 11 Addition ___

Directions to Property SW 72 ST. & W. DENTON Rd

Location of Well SOUTH SIDE OF CONCRETE DRIVEWAY Tap Location: Inside ☐ Outside ☐

Location of Sewage System SOUTH SIDE OF HOUSE PAD Year Installed 1998

Site Hazards (dogs, etc.) DOGS IN PEN BY BARN

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | LYDEN | 7101 W. DENTON Rd | 797-8715 |
| Tenant/Buyer: | JAY D. and KELLY M. RAINFORTH | 1550 SW 32 68522 | 435-9604 |
| Return to: | DOUG VANDERVORT | 7100 S. 29TH ST LINCOLN NE 68516 | 770.7325 434-3605 (Fax) |

X Signature of Applicant Kelly Rainforth Address 1550 SW 32nd St Lincoln NE 68522 Date 8/5/03

### HEALTH DEPARTMENT USE ONLY

**RECEIVED** Date 8/7/03 Amount $200.00 Check No. 2602 Initials CW

**DATA ENTRY** Date ___/___/___ Case No. ___ Initials ___

**PRELIMINARY STATUS--By** Doug Smith **DATE:** 8/7/03

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ ___/ml | ☐ ___/ml |
| Nitrate | ☒ 0.5 ppm | ☐ ___ppm |

| SEWAGE SYSTEM | |
|---|---|
| Approved | ☒ |
| Provisional | ☐ |
| Disapproved | ☐ |

**Additional Site Visits**

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

**Comments:** No visible malfunction of septic system noted. Owner stated that tank had been pumped approximately one year ago with no problems noted by pumper. Well casing had a small crack beginning to develop. The crack did not appear to extend through the cover. Owner stated that sealant would be applied to prevent moisture from entering and widening crack. See Attached Letter ☐

**FINAL STATUS**

**WATER SYSTEM:** Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by Doug Smith Date 8/13/03

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

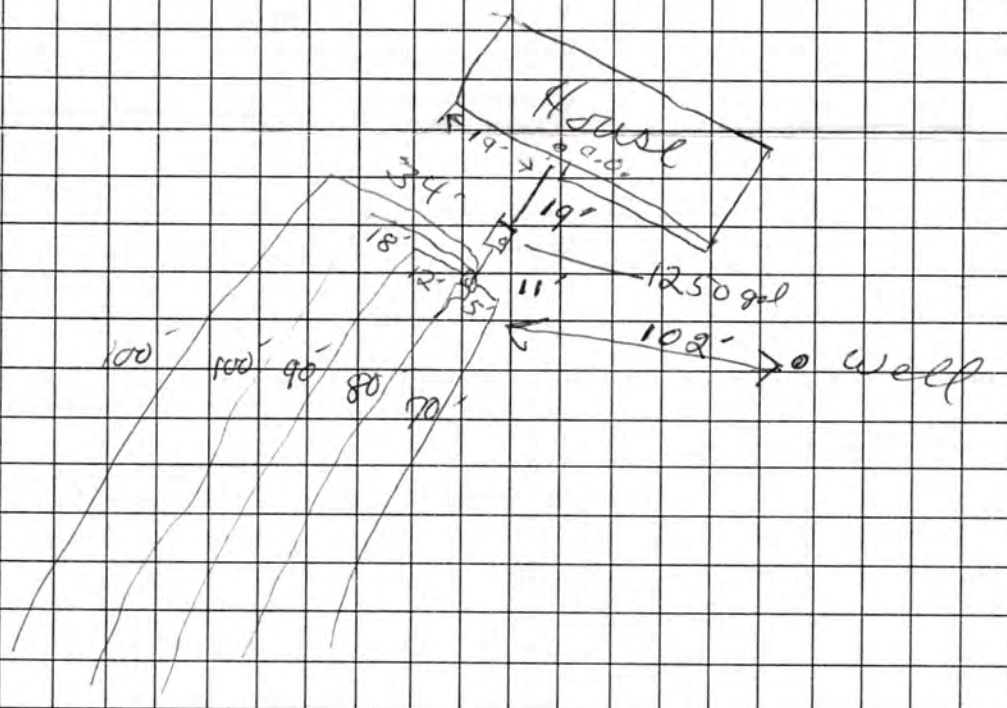
Revised/Reprint: 9-00

# As Built Drawing

by Larry Schwarck
5-8-98

MAY 1 2 1998

Indicate North with Arrow




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