# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402)
Lincoln, NE 68510-1514 441-8000
NON TRANSFERABLE

## PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380168401

Issued 11/18/97
Expires 05/18/98
Revenue Code 3157

FEES: $150.00

Establishment

DEWAYNE KINNEY
T9N R5E SEC 23 QTR NW
LOT 41.T.
8107 W DENTON RD--DENTON

Permittee

DEWAYNE KINNEY
6127 HUNTINGTON AVE
LINCOLN NE 68507

TOTAL $150.00

Gregg Wright MO
Issued By ~~M. Jane Ford~~
Health Director

5480

**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 8107 W Denton Rd (no rural route) City Denton NE, Zip 68336

Legal Description NW 1/4 23 1/4 Section 9N Township 5E Range ____ Subdivision ____ Addition ____ Block 12 Lot I.T.

Geographical Location (if known): Longitude ____ Latitude ____

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

### B. Owner

Name DeWayne Kinney + Vicky Signature ____

Address 6127 Huntington City/State/Zip Lincoln, Ne 68507

☐ Check if owner designed system Home Phone 466-3553 Work Phone 435-4947

### C. Contractor

Name M Hayes Company Name ____

Address 8101 W Denton Rd City/State/Zip Denton Ne 68336

☐ Check if contractor designed system Work Phone 434-5054

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

Designer Name Dave Vogt Firm ____ Work Phone 560-4267

### 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 11/17/97 Date frwd 11/18/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-16-97 Date frwd ____ ACTION ☒ Approved ☐ Disapproved Signature Charlotte LeBrit
3. **City or County Engineer** Date rec'd 11-19-97 Date frwd ____ ACTION ☒ Approved ☐ Disapproved Signature ____ *

* Provided Construction Is NOT In Flood Plain

### Installation Final Written Approval

By ____

Date ____

***Business Office Use Only***

Date Rec'd 11/17/97
Amt Paid 150.00
Rec'd By ____ Cash/Check No. 2353

FORM 23-100 10-96 Need drawing - P.D. 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:

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

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

Address 8107 W. Denton Rd (no rural route) City Denton NE, Zip 68339

Owner D. KINNEY Addresss 8107 W Denton Rd

Soil Type (SCS): Clay STEINAUER LOAM Percolation Rate: 41.33 min./inch

Date of Tests 11-6-97 to 11-7-97 Weather: Precipitation None Temperature 48°

## 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 | | 11-6 | 9:00 | 11-7 | 14:00 | 11-7 | 14:00 | 6 | 11-7 | 14:30 | 30 | 5/8 | 48 .6250 |
| 2 | | " | " | " | 14.00 | " | " | 6 | " | " | " | 7/8 | 34 |
| 3 | | " | " | " | " | " | " | 6 | " | " | " | 3/4 | 40 |
| 4 | | " | " | " | " | " | " | 6 | " | " | " | 1 | 30 |
| 5 | | " | " | " | " | " | " | 6 | " | " | " | 5/8 | 48 |
| 6 | | " | " | " | " | " | " | 6 | " | " | " | 5/8 | 48 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 248
Average of Rates: 41.33
Rate Used for Calculation: All

### Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 560.4267
Address P.O. Box 181
Elmwood, NE 68349

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date 11/18/97

FORM 23-101 10-96

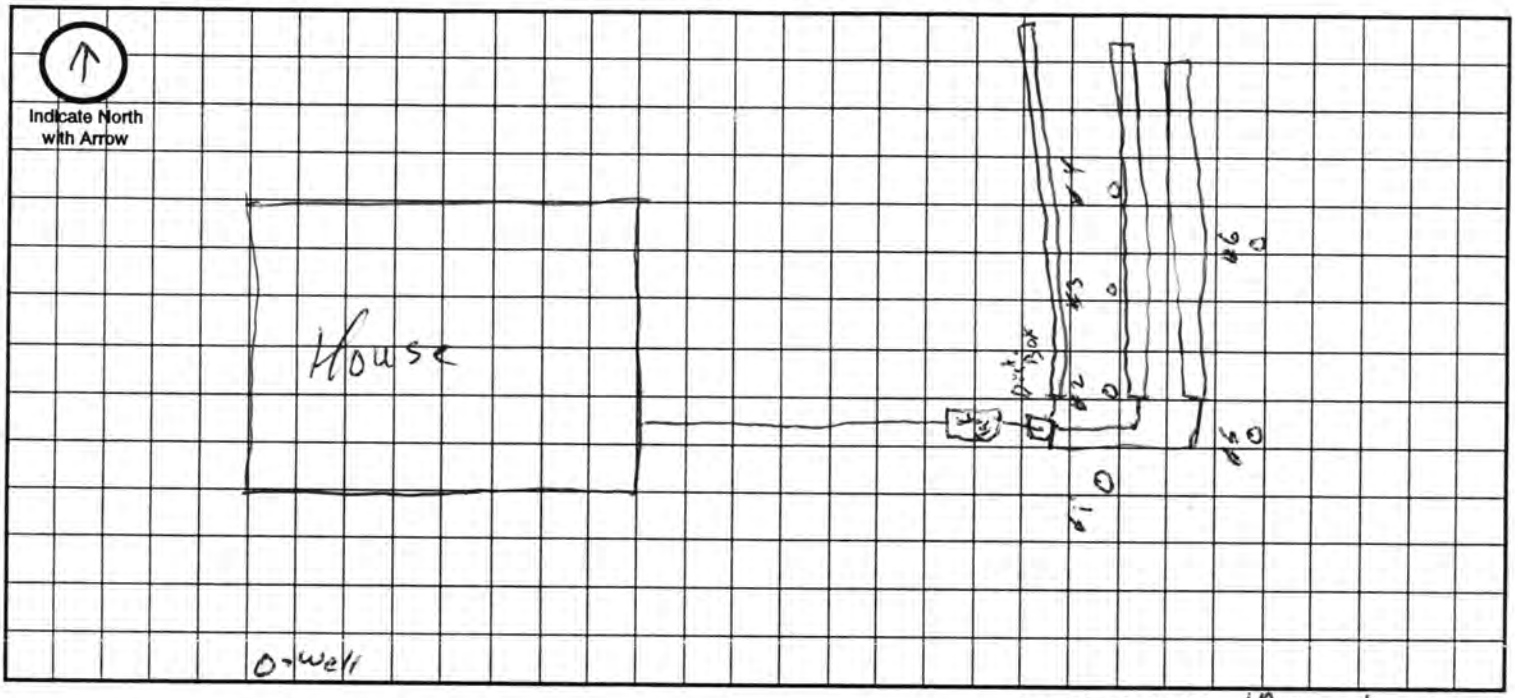
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**C**

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) 8107 W Denton Rd City Denton NE, Zip 68337

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 41.33 (min. per inch) Soil Type: Clay STEINAUER LOAM Land Slope: 8 %

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 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 220 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 _____

Installer _____ Date 11-11-97

8107 West Denton

Merle Hayes

3:00 p.m.

Dave Vogt

