Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380238901

Issued 10/23/01
Expires 04/23/02
Revenue Code 3157

Establishment

LARRY CHILESE
T9N R5E SEC 23 QTR NW
LOT 14IT
8100 W DENTON RD-DENTON

FEES: $200.00

TOTAL: $200.00

Permittee

LARRY CHILESE
405 N 148 ST
LINCOLN NE 68527

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000194

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

A

Permit Number: 013802389

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 8100 W A Denton Rd (no rural route) City Denton NE, Zip

Legal Description NW (1/4) 1/4 23 (Section) 9N (Township) 5E (Range) Subdivision Addition Block 14 IT Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Larry Chlese Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Gary Daharsh Exca. Company Name Daharsh Exca

Address 1703 154 Rd City/State/Zip Garland Ne 68360

☒ Check if contractor designed system Work Phone 440-3284

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 10/23/01 Date frwd 10/23/01 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-17-01 Date frwd 10-17-01 ACTION ☒ Approved ☐ Disapproved Signature Charlotte L Bldg
3. **City or County Engineer** Date rec'd 10/23/2001 Date frwd ACTION ☒ Approved ☐ Disapproved Signature

10/23/01 J. C.W. Read drawing.

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd 10/22/01
Amt Paid 200.00
Rec'd By CW Cash/Check No. 1879

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

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B

Permit Number: 013802389

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8061 W Denton Rd (no rural route) City Denton NE, Zip _____

Owner Larry & Wiese Addresss _____

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

Date of Tests 10-12 to 10-13 Weather: Precipitation None Temperature 64

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	36	10-12	12:10	10:12	4:30	10:13	12:10	28	10-13	3:26	30	2¼	13 MIN/IN
2	36	10-12	12:10	10:12	4:30	10:13	12:12	28	10-13	3:28	30	½	60 MIN/IN
3	36	10-12	12:10	10:12	4:30	10:13	12:14	28	10-13	3:30	30	2½	12 MIN/IN
4	36	10-12	12:10	10:12	4:30	10:13	12:16	28	10-13	3:32	30	¼	
5	36	10-12	12:10	10:12	4:30	10:13	12:18	28	10-13	3:34	30	1¾	17 MIN/IN
6	36	10-12	12:10	10:12	4:30	10:13	12:20	28	10-13	3:36	30	1⅛	27 MIN/IN

Person Conducting Percolation Tests

Name: Geary Daharsh Jr

Phone: 430-0371

Address 4200 Cornhusker Lot 23

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

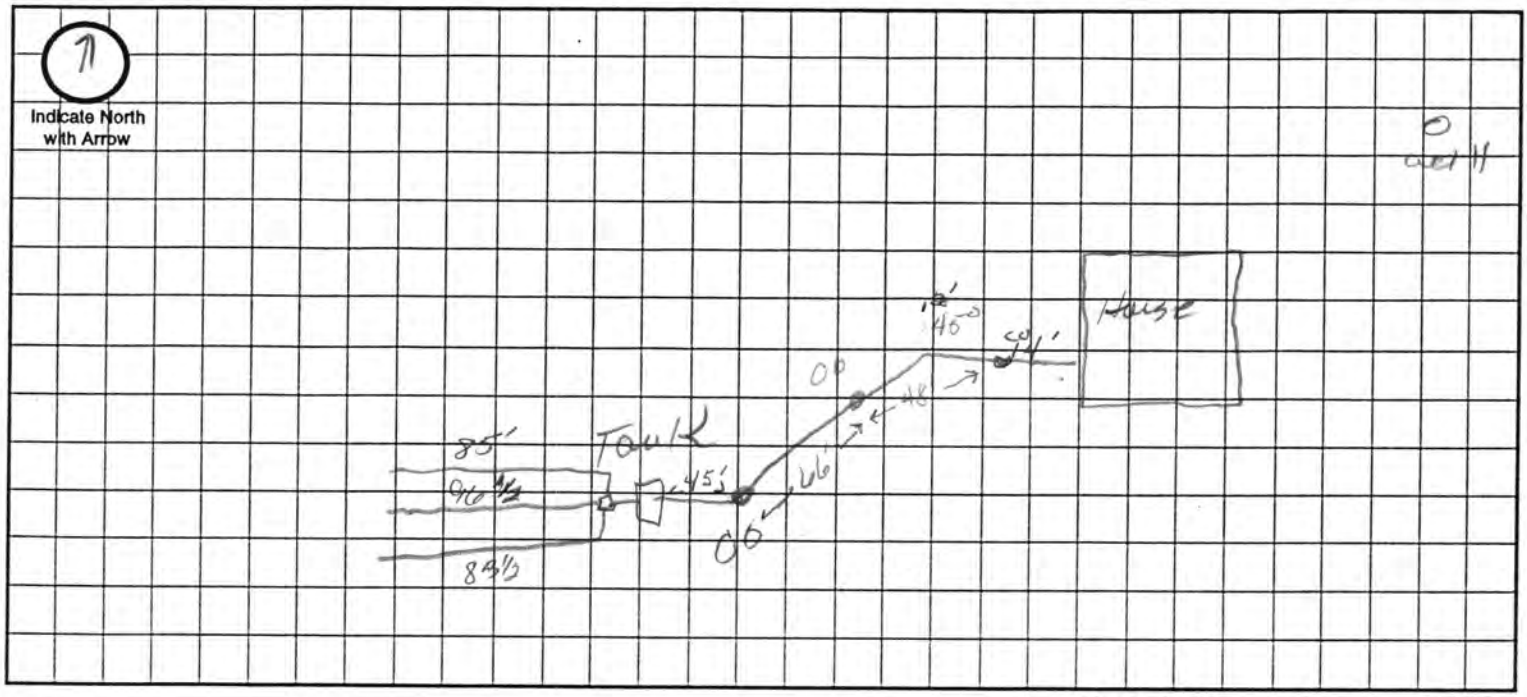
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C

Permit Number: 01380239

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) 3001 W. Denton Rd City Denton NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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 ~~Infiltrator~~

Total Square Feet of Field Required: 1,050 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: ~~3~~ 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals _____ ft. Number of Trenches 3 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 _____ Date _____

Installer _____ Date _____