Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

ROBERT BIERHAUS
T9N R5E SEC 25
LOT 35IT
5858 W ROKEBY RD-DENTON

Permittee

ROBERT BIERHAUS
5858 W ROKEBY RD
DENTON NE 68339

Permit # 01380233301

Issued 06/27/01
Expires 12/27/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Carole [redacted]
Acting
[redacted]H, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015961

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

A

Permit Number: 013802333

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 5858 W. Rocky Rd (no rural route) City Denton NE, Zip 68339

Legal Description 25 9N 5E 35 F.T.
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 Robert Bierhaus Signature Robert Bierhaus

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone 308-383-7165 Work Phone _____

C. Contractor

Name Friesen Ex Company Name _____

Address 1901 West Pleasant Hill Rd City/State/Zip Lincoln, Ne 68523

☑ Check if contractor designed system Work Phone 730-3277

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 6/27/01 Date frwd 6/28/01	**ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 6/28/01 Date frwd _____	**ACTION** ☑ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 6-20-01 Date frwd 6-28-01	**ACTION** ☑ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By _____

Date 6/28/01

Business Office Use Only

Date Rec'd 06/27/01
Amt Paid 200 CK
Rec'd By _____ Cash/Check No. 20424

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

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

B

Permit Number: 01380233

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address SW 56 & Rocky (no rural route) City _____ NE, Zip _____

Owner Robert Bierbaum Addresss _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 30 min./inch

Date of Tests 6/23 to 6/24 Weather: Precipitation _____ Temperature 88

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"	6/23	11:00	6/23	2:00	6/24	1:00	26	6/24	5:00	30	27½	1½"
2	"	"						27			30	28	1"
3	"	"						28				30	2
4	"	"						27				28¼	1¼"
5	"	"						26½				27¾	1¼"
6	"	"						25				26½	1½"

Sum of Percolation Rates: 133
Average of Rates: 22
Rate Used for Calculation: 30 min

Person Conducting Percolation Tests

Name: _____
Phone: _____
Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Lorrald C. Wood R.E.H.S. Date JUNE 27, 2001

FORM 23-101 10-96

As built

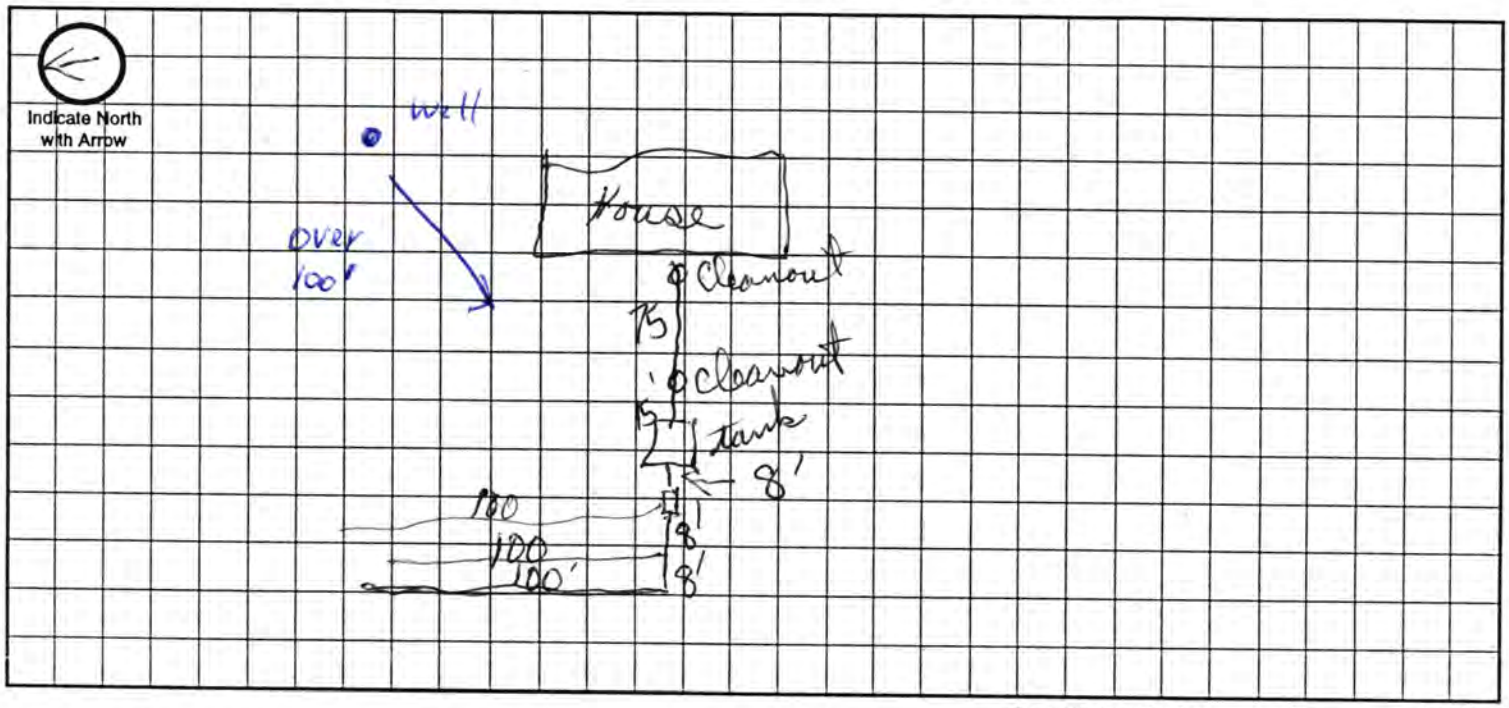
C D

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Phone: 402-441-8022

Permit Number: 1

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) 5858 W. Rocky 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 30 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM 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: _____

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 188 ft. Number of Trenches 2 Trench Width 4

Installed 300'

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 DeWayne Tonnesen Date 6/27/01

FORM 23-102 10-96