Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380203101

Issued 06/30/99
Expires 12/30/99
Revenue Code 3157

Establishment

ALAN D GOODMAN
T9N R5E SEC 26
WINDSOR RIDGE WEST BLK 1 LOT 1
8300 W MOUNTAIN ASH RD-DENTON

FEES: $150.00

Permitee

ALAN D GOODMAN
825 S 34 ST
LINCOLN NE 68510

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010625

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

A

Permit Number: 9938 02031

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 8300 West Mountain Ash Rd (no rural route) City Denton NE, Zip Ne

Legal Description Lot 1 Block 1 Windsor Ridge West

1/4	1/4	Section	Township	Range	Subdivision	Addition	Block	Lot
		26	9N	5E			1	1

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Alan D Goodman Signature Alan D Goodman

Address 825 So 34th City/State/Zip Lincoln, Ne 68510

☒ Check if owner designed system Home Phone 474-1336 Work Phone 479-1597

C. Contractor

Name ~~Alan~~ Goodman Company Name Goodman Construction

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 430-4415 / 474-1336

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 6/23/99 Date frwd 6/25/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-25-99 Date frwd 6-25-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/25/99 Date frwd 6/25/99 ACTION ☒ Approved ☐ Disapproved Signature _____

~~9/15/99 Need Drawing L.C.H.~~

Installation Final Written Approval

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

Date JANUARY 19, 2000

Business Office Use Only

Date Rec'd 06/24/99

Amt Paid 150 ~~00~~

Rec'd By _____ ~~Cash~~/Check No. 5435

FORM 23-100 10-96 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: 9938 0203 1

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8300 West Mountain Ash Rd (no rural route) City Denton NE, Zip NE

Owner Alan D Goodman Addresss 825 So 34th

Soil Type (SCS): ~~Sandy~~ DICKENSON SANDY LOAM Percolation Rate: _____ min./inch

Date of Tests 6/13/99 to 6/14/99 Weather: Precipitation Clear Temperature 75°

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)
1	36"	6/13	1300	6/13	1700	6/14	1550	6"	6/14	1650	60	7½	10/2" 5MIN/IN
2	36	6/13	1300	6/13	1700	6/14	1550	6"	6/14	1650	60	8"	10/2¼ 4MIN/IN
3	36	6/13	1300	6/13	1700	6/14	1550	6"	6/14	1650	60	8½	10/1½ 7MIN/IN
4	36	6/13	1300	6/13	1700	6/14	1550	6"	6/14	1650	60	7¾	10/1½ 7MIN/IN
5	36	6/13	1300	6/13	1700	6/14	1550	6"	6/14	1650	60	7"	10/2" 5MIN/IN
6	36	6/13	1300	6/13	1700	6/14	1550	6"	6/14	1650	60	7"	10/2½ 4MIN/IN

Sum of Percolation Rates: 60min / 11¾"

Average of Rates: _____

Rate Used for Calculation: 5' MIN/IN

Person Conducting Percolation Tests

Name: Alan D Goodman

Phone: 825 So 34th

Address Lincoln NE 68510

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Confirmed Dickenson Sandy Loam.

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 24, 1999

FORM 23-101 10-96

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

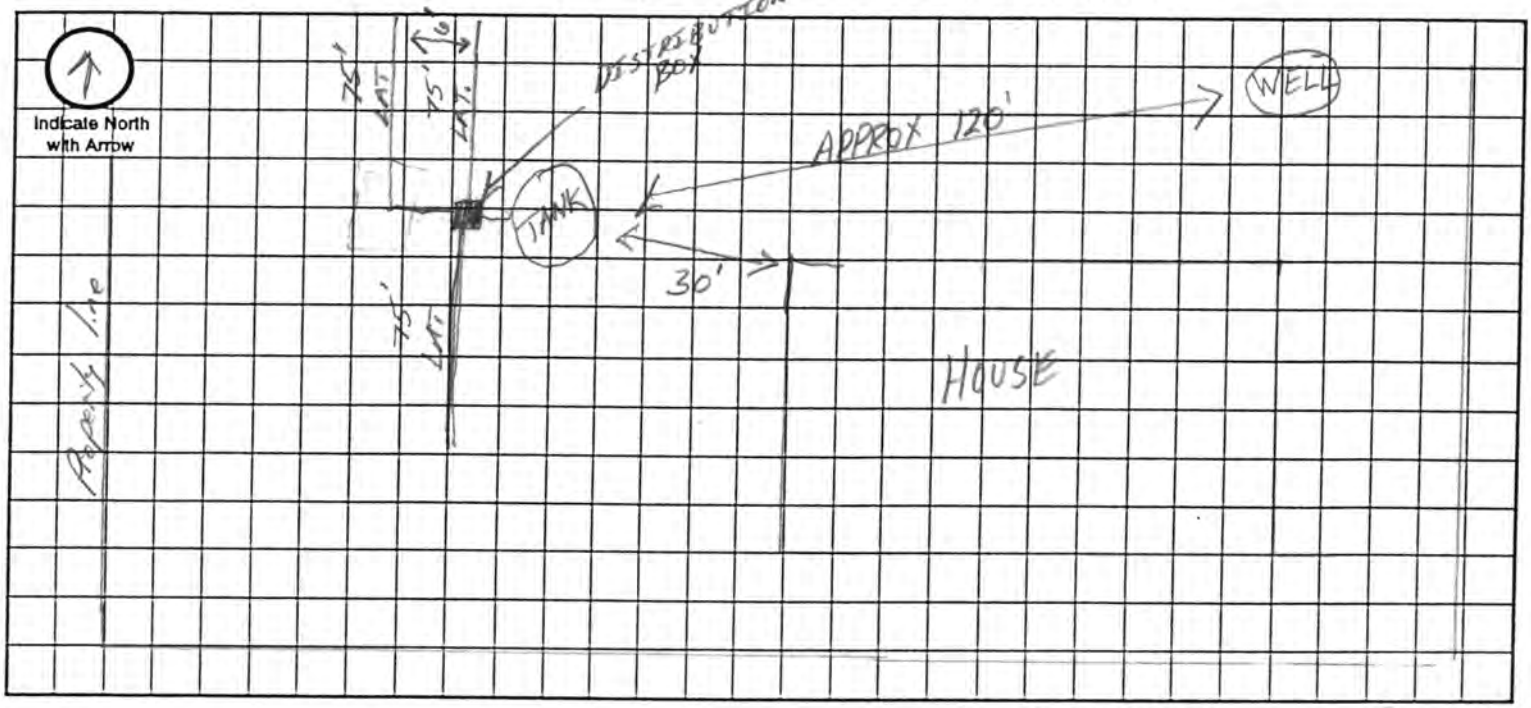
C

Permit Number: 9938 02031

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) 8300 West Mt Ash Rd City Denton NE, Zip Ne

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 5 (min. per inch) Soil Type: DICKENSON Sandy LOAM Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 375 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 225 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 6/24/99

Installer _____ Date 6/24/99

FORM 23-102 10-96

JAN 1 8 2000

D

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

Permit Number: 99380231

Sewage Disposal System

As Built Plans & Specifications

Date 1/10/99

System Location (Indicate correct number and street)

Address 8300 West Mountain Ash Dr. (no rural route) City Denton, Ne NE, Zip _____

A. Building Sewer

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

B. Septic Tank

1. Material: Concrete
   Number of compartments: 2
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 18" in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12" in.
8. Distances to: Well or suction line 130' ft.
   Stream 75' ft.
   Pressure line 50' ft.
   Property line 30' ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 3'9" ft.

D. Absorption Field

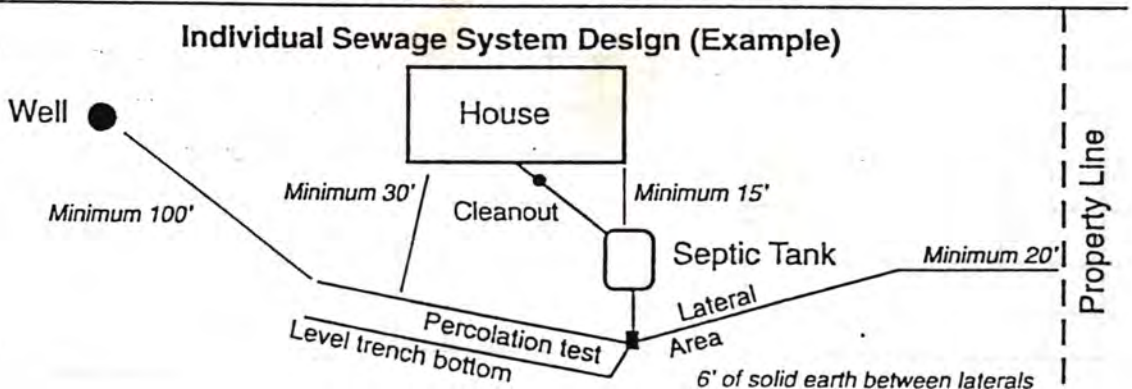
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Equalizers
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 60 ft. 60 ft.
   60 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 2 ft.
   Slope 4" in/100 ft.
   Average depth 36" in
4. Filter material: Gravel
   Depth of material 8" in.
5. Distances to: Well or suction line 120' ft.
   Stream 100' ft.
   Pressure line 100' ft.
   Property line 40' ft.

Indicate North with Arrow

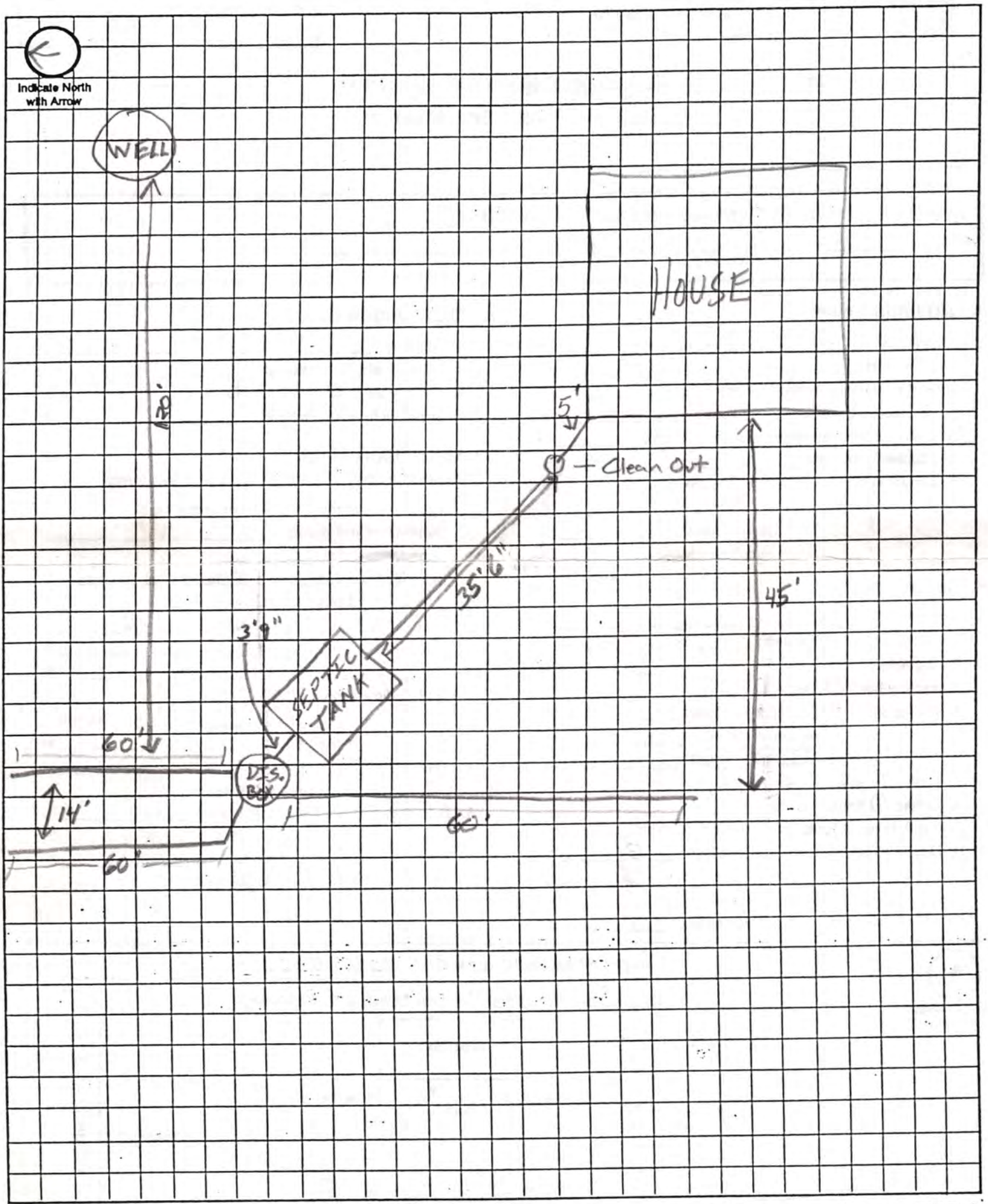
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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