Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002957

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380268601

Issued 08/11/03
Expires 02/11/04
Revenue Code 3157

Establishment:
MIKE & LAURIE CORNELIUS
T9N R5E SEC 26 QTR NW
WINSOR RIDGE-W ADDN BLK 7 LOT 7&8
W1/2OF LOTS-8200 W GINKGO LN

FEES: $200.00

Permittee:
MIKE & LAURIE CORNELIUS
5921 DRAKE CIR
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 033802688601

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 8200 W. GINKGO LANE (no rural route) City DENTON NE, Zip NE 68339

Legal Description NW (1/4) 26 (1/4) 9N (Section) 5E (Township) WINSOR RIDGE WEST ADDN (Range) 7 (Subdivision) W½ Lot 7&8 (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 MIKE & LAURIE CORNELIUS Signature Mike Cornelius

Address 5921 DRAKE Circle City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 423-0754 Work Phone 471-4698

C. Contractor

Name BRAD Southwick Company Name SOUTHWICK SEWER & DRAIN

Address 17201 So 72nd City/State/Zip Hickman, NE 68372

☑ Check if contractor designed system Work Phone 792-2462

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

Designer Name Brad Southwick Firm SOUTHWICK Sewer & Drain Work Phone 475-2462

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 8/11/03 Date frwd 8/12/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/12/03 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-12-03 Date frwd 8-12-03 ACTION ☒ Approved ☐ Disapproved Signature _____

12/23/08 Line + Lagoon - Need fence + drawing

Installation Final Written Approval

By Doug Arnold

Date 5/3/04

Business Office Use Only

Date Rec'd 08/12/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 2232

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: 033802686

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8200 W. GINKGO LANE (no rural route) City DENTON NE, Zip NE 68339

Owner MIKE & LAURIE CORNELIUS Addresss 5921 DRAKE CIRCLE

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)
				SEALED									
		USING			LAGOON								

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

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

Jerry Hood 441-8000

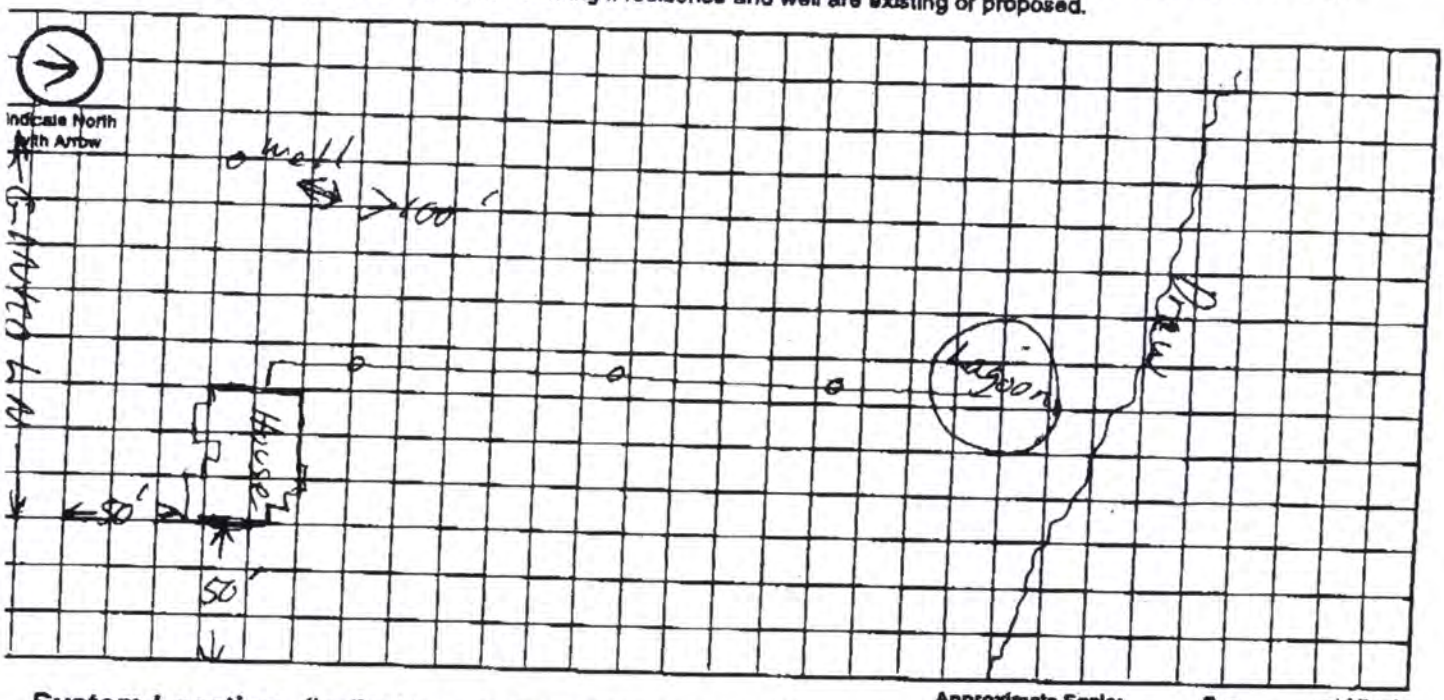
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C

Permit Number: 033802686

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ldress (no rural route) 8200 GINKGO LN City Denton NE, Zip 68339

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

colation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

e of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: _____ sq. ft.

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

acity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

l Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

stance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
eld (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
goon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

Required Signatures

e Building Contractor Mike Campbell – Home owner Date 8-4-03

lder Brad Southwick Date 7-29-03

3-102 10-96

Field Notes

