LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

No. 99380195901

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/05/99
Expires 10/05/99
Revenue Code 3157

PAID

Establishment

MICHELA BAHENSKY
T9N R5E SEC 26
WINDSOR RIDGE WEST BLK 7 LOT 4
8201 W MOUNTAIN ASH RD-DENTON

FEES: $150.00

TOTAL $150.00

Permittee

JILL PAULEY & MICHELA BAHENSKY
714 S 45 ST
LINCOLN NE 68510

Issued By Health Director
Lincoln-Lancaster County Health Department

009050

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 8201 W. Mountain Ash Rd. (no rural route) City Denton NE, Zip 68339

Legal Description 26 (1/4) 9N (1/4) 5E Section Township Range Windsor Ridge West Subdivision Addition 7 Block 4 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Jill Pauley/Michela Bahenstock Signature Michela Bahenstock

Address 714 Se 95 City/State/Zip Lincoln, Ne 68510

☐ Check if owner designed system Home Phone 483-0670 Work Phone 436-1707 / 421-3003

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 Se 72 City/State/Zip Hickman Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 4 w/ Bsmt 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 4/5/99 Date frwd 4/5/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-5-99 Date frwd 4-5-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/5/99 Date frwd 4/5/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____

7-13-99 Sewer line only.
8-16-99 tank, drop box & 2 laterals

Installation Final Written Approval

By Ron Magnuson

Date 9-3-99

Business Office Use Only

Date Rec'd 04/02/99
Amt Paid 150
Rec'd By _____ Cash/Check No. 20669

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8201 W. Mountain Ash Rd. (no rural route) City Denton NE, Zip 6

Owner Jill Pauley Addresss Michela Bachenski 7141 S 45th St, Lincoln NE 68510

Soil Type (SCS): Dickenson SANDY LOAM & PAWNEE CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 11-12 to 11-13 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)
1	30	11/12	2:30	11-13	10:00	11/13	2:30	6	11/13	3:00	30	½	60
2	↓	↓	PM	↓	AM	↓	↓	6	↓	PM	30	¾	40
3	↓	↓	↓	↓	↓	↓	↓	6	↓	↓	30	½	60
4	↓	↓	↓	↓	↓	↓	↓	6	↓	↓	30	½	60
5	↓	↓	↓	↓	↓	↓	↓	6	↓	↓	30	½	60
6	↓	↓	↓	↓	↓	↓	2:20	6	↓	2:30	10	1	10
7	↓	↓	↓	↓	↓	↓	PM	6	↓	PM	10	⅞	12

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 475-2462 / 430-7606

Address 17201 S. 72

Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Gerrald C. Wood Date 4/5/99

FORM 23-101 10-96

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 8201 W. MountainAsh Rd. (no rural route) City Denton NE, Zip 68339

Owner Jill Pauley Addresss

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

Date of Tests 8-13 to Weather: Precipitation 0 Temperature 80's

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	8/13	10:30	8/13	2:30	8/13	3:30	23 1/4	8/13	3:40	10	7/8	12
2			AM		PM		PM	24 7/8		PM		7/8	12
3								23 5/8				3/4	13
4								25 5/8				7/8	12
5													11
6													12

Sum of Percolation Rates: 60
Average of Rates: 12
Rate Used for Calculation: 12

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462 / 430-7606
Address 17201 S. 72
Hickman, Ne 68372

176

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

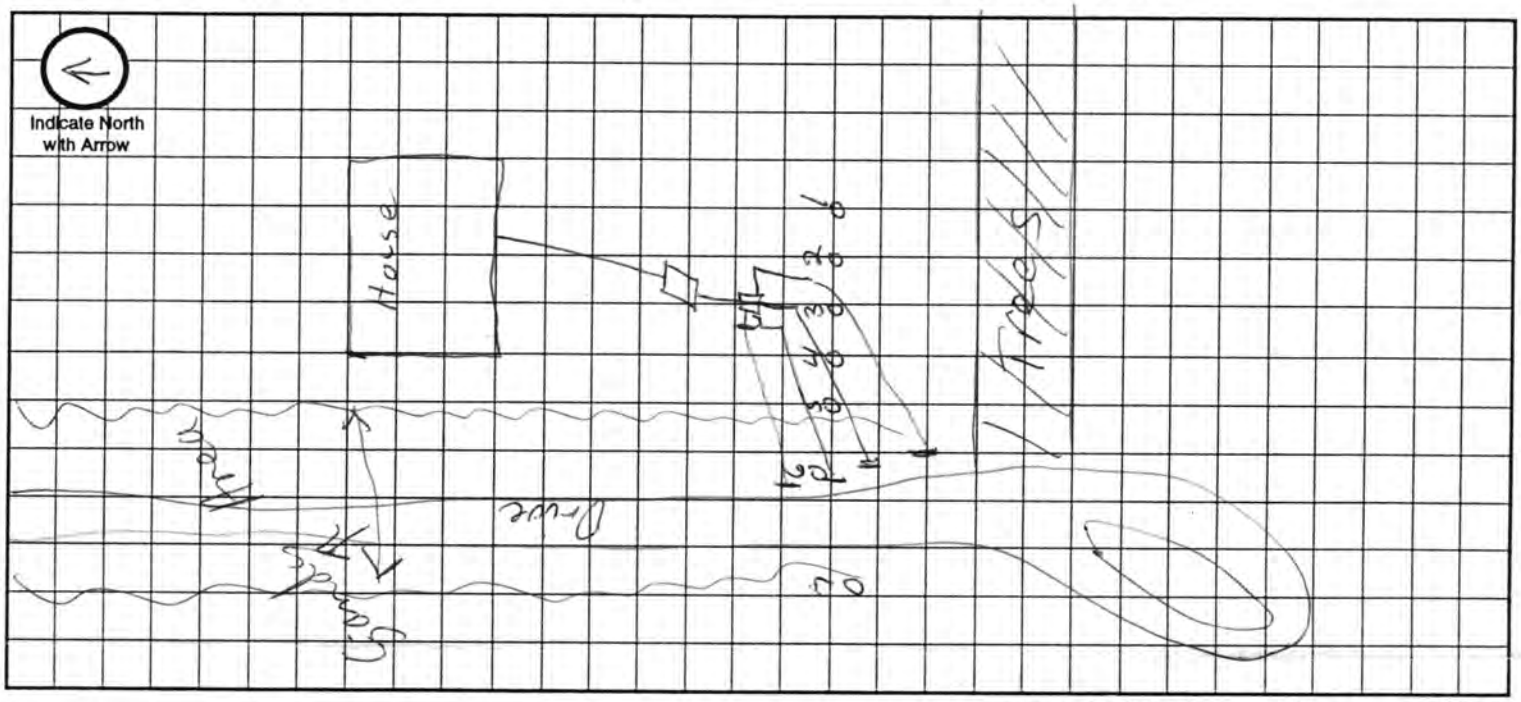
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 8201 W. Mountain Ash Dr. 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1320 sq. ft.

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ 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 Bruce G Collins Date 3-30-99

Installer Brad Smith Date 11-30-98

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-16-99

System Location (Indicate correct number and street)

Address 8201 Mountain Ash Rd. (no rural route) City Denton NE, Zip 68339

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line > 10 ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6X9 in.
   Over outlet, diameter 6X9 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line ~~>50~~ ft.
   Stream NA ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC Drop Box
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10' ft.

D. Absorption Field

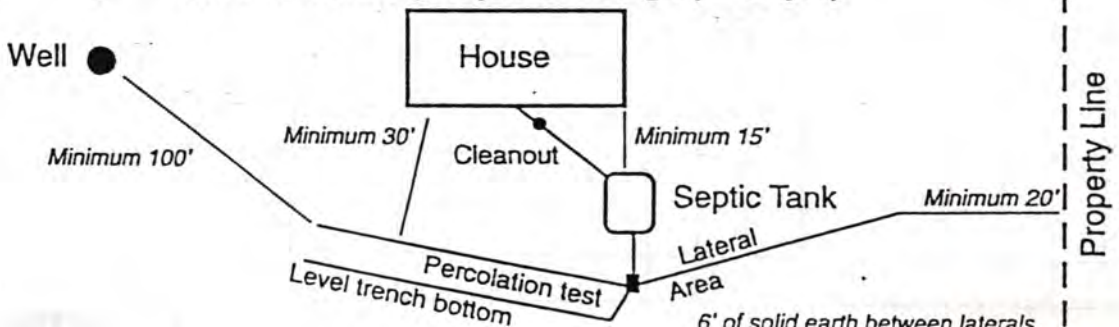
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 84 ft. 92 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope ____ in/100 ft.
   Average depth 34 in
4. Filter material: Road Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line > 100' ft.
   Stream NA ft.
   Pressure line ____ ft.
   Property line ____ ft.

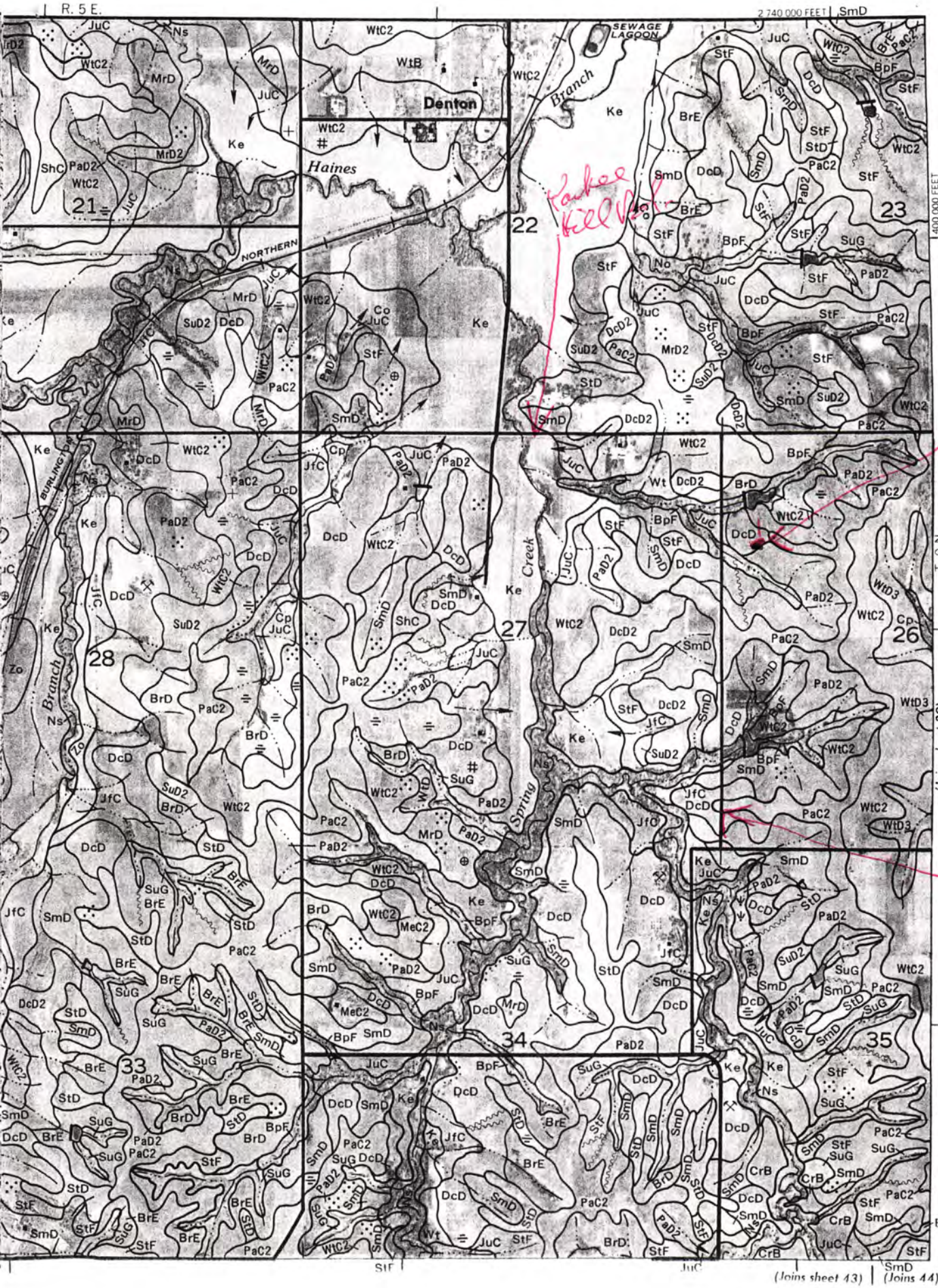
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

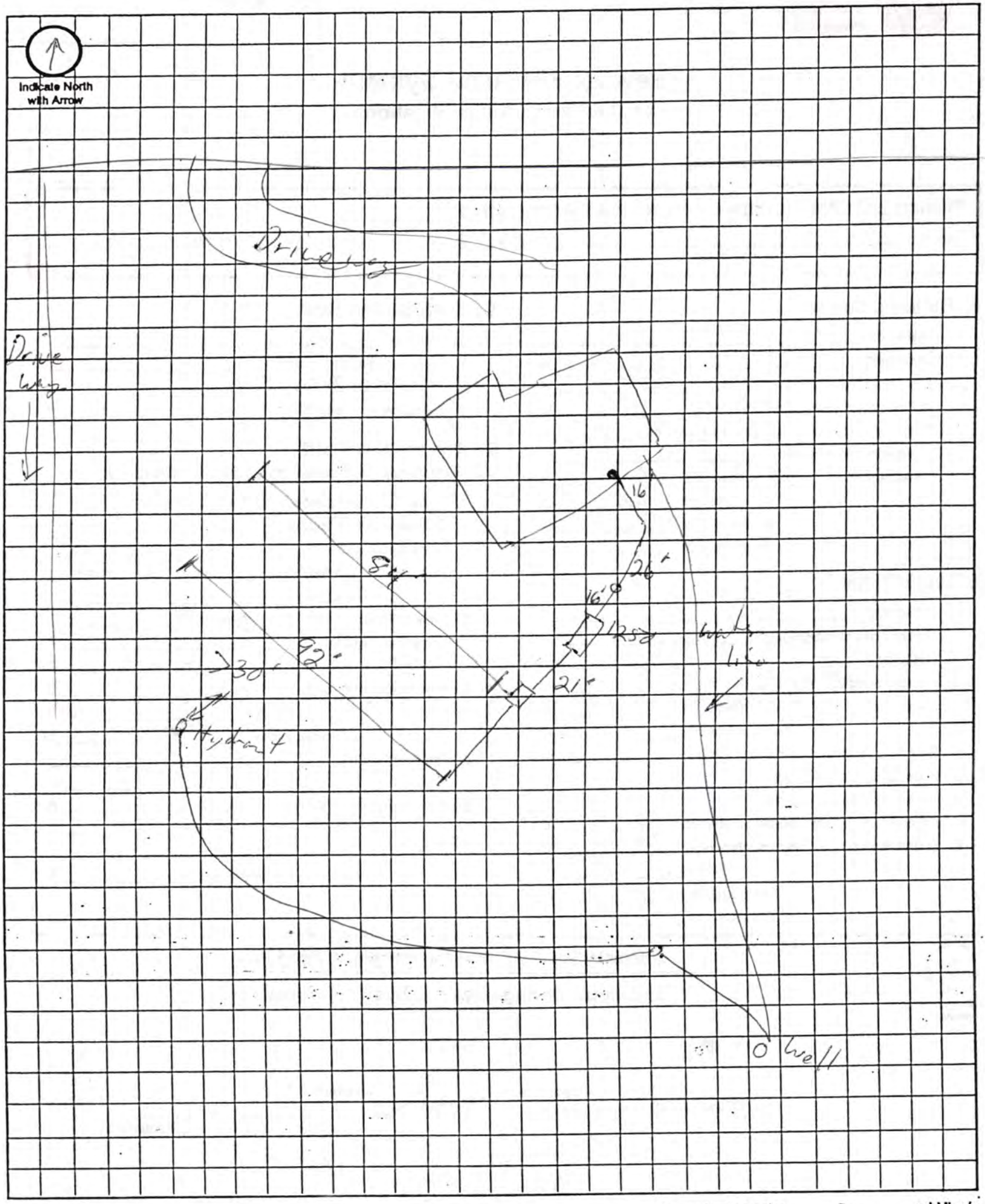
Individual Sewage System Design (Example)



FORM 23-103 10-96


R. 5 E.
2 740 000 FEET
400 000 FEET
T. 9 N.
Denton
Haines
SEWAGE LAGOON
NORTHERN
BURLINGTON
Branch
Creek
Spring
21
22
23
26
27
28
33
34
35
(Joins sheet 39)
(Joins sheet 43)
(Joins 44)
Parker Well
Need Septic
SE 84th

As Built Drawing



Approximate Scale: ft. = _____ grid line/s