LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97380155401

SEWAGE INSTALLATION
LAGOON

Issued 04/01/97
Expires 09/01/97
Revenue Code 18754

Establishment

JOHN MUIR
T9N R5E SEC 26
WINSOR RIDGE WEST BLK 7 LOT 5&6
8101 W MOUNTAIN ASH DRIVE

FEES: $150.00

TOTAL $150.00

Permittee

JOHN MUIR
2810 JAMESON NORTH ST
APT 27
LINCOLN NE 68516

3484

Issued By M. Jane Ford
Health Director

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 8101 WEST MOUNTAIN ASH DRIVE (no rural route) City DENTON NE, Zip 68339

Legal Description NWest 26 9N 5E WINSOR RIDGE WEST 7 5 6
1/4 1/4 Section Township Range Subdivision Addition Block Lot

PARCEL 142

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name JOHN R. MUIR Signature John R. Muir

Address 2810 Jamestown N #27 City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 423-6687 Work Phone 486-7836

C. Contractor

Name ADAM MYER Company Name DICKEY & BURHAM INC.

Address 3421 S. 7th SUITE E. City/State/Zip LINCOLN NE. 68502

☑ Check if contractor designed system Work Phone (402) 421-6000

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

Designer Name _____ Firm FRIESEN Work Phone 423-7076

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 3/26/97 Date frwd 3/26/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/26/97 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 03/26/97 Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

6/9/97 by J.C. Approved drawing Offset Reed lockwood gate

Installation Final Written Approval

By Jerrold C. Hood

Date October 29, 1997

Business Office Use Only 3164

Date Rec'd 3/26/97

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 5173

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8101 W. Mountain Ash Drive (no rural route) City Denton NE, Zip 68339

Owner John Muir Addresss 2810 Jameson N. #27

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

Date of Tests 3/19/97 to 3/20/97 Weather: Precipitation 0 Temperature 60°-70°

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	3/19	6:00	3/19	10:00	3/20	6:30	1/8"	3/20	10:00	30	1/8"	240/in
2	36	3/19	6:00	3/19	10:00	3/20	6:30	-0-	3/20	10:00	30	0"	—
3	36	3/19	6:00	3/19	10:00	3/20	6:30	-0-	3/20	10:00	30	0"	—
4	36	3/19	6:00	3/19	10:00	3/20	6:30	1/8	3/20	10:00	30	1/8	240/in
5	36	3/19	6:00	3/19	10:00	3/20	6:30	-0-	3/20	10:00	30	0"	—
6	36	3/19	6:00	3/19	10:00	3/20	6:30	1/8"	3/20	10:00	30	1/8"	240/in
7	36	3/19	6:00	3/19	10:00	3/20	6:30	0	3/20	10:00	30	0"	—
8	36	3/19	6:00	3/19	10:00	3/20	6:30	0	3/20	10:00	30	0"	—

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: John R. Muir

Phone: 423-6687 486-7836-Work

Address 2810 Jameson N. #27
Lincoln, NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

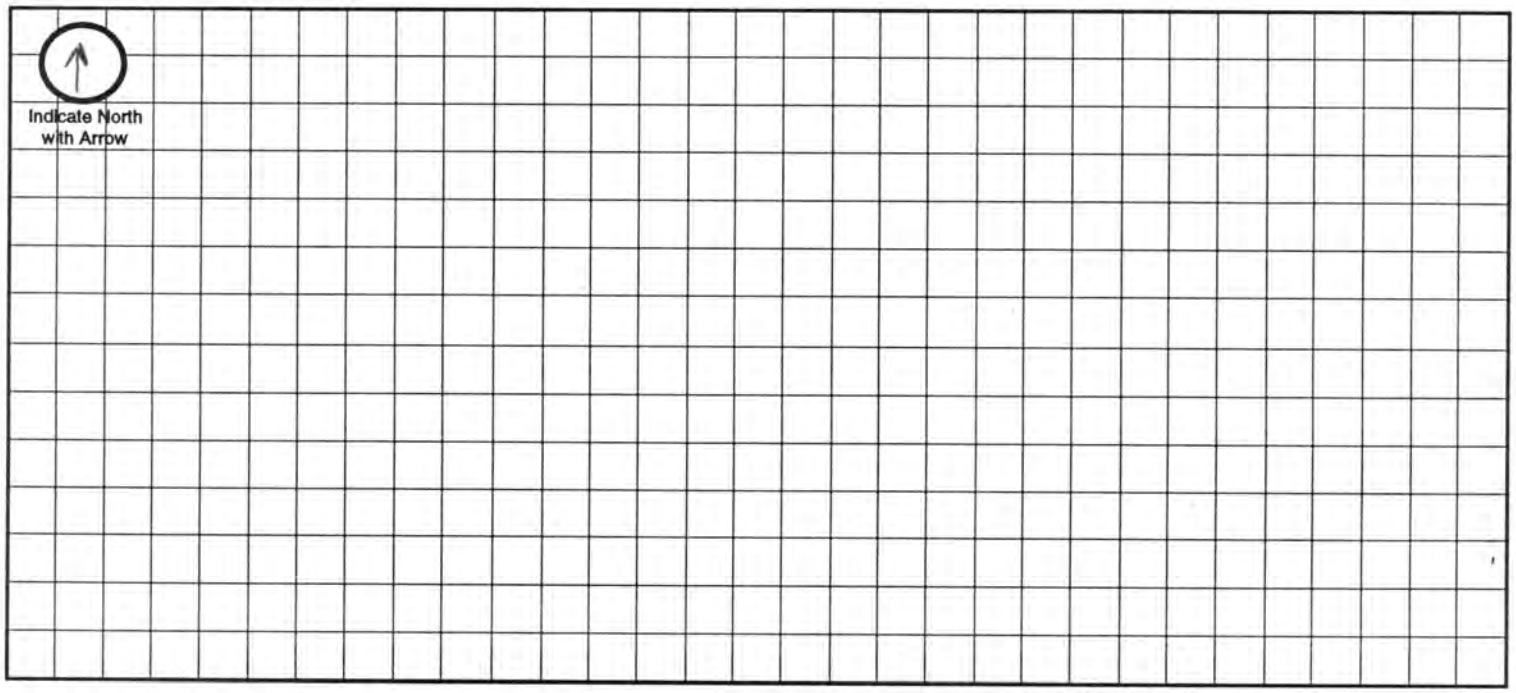
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 8101 W. Mountain Ash Dr. City DENTON NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☑ Other LAGOON

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 _____

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

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

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

Total Length of Laterals NA ft. Number of Trenches NA Trench Width NA

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 ☑	☑

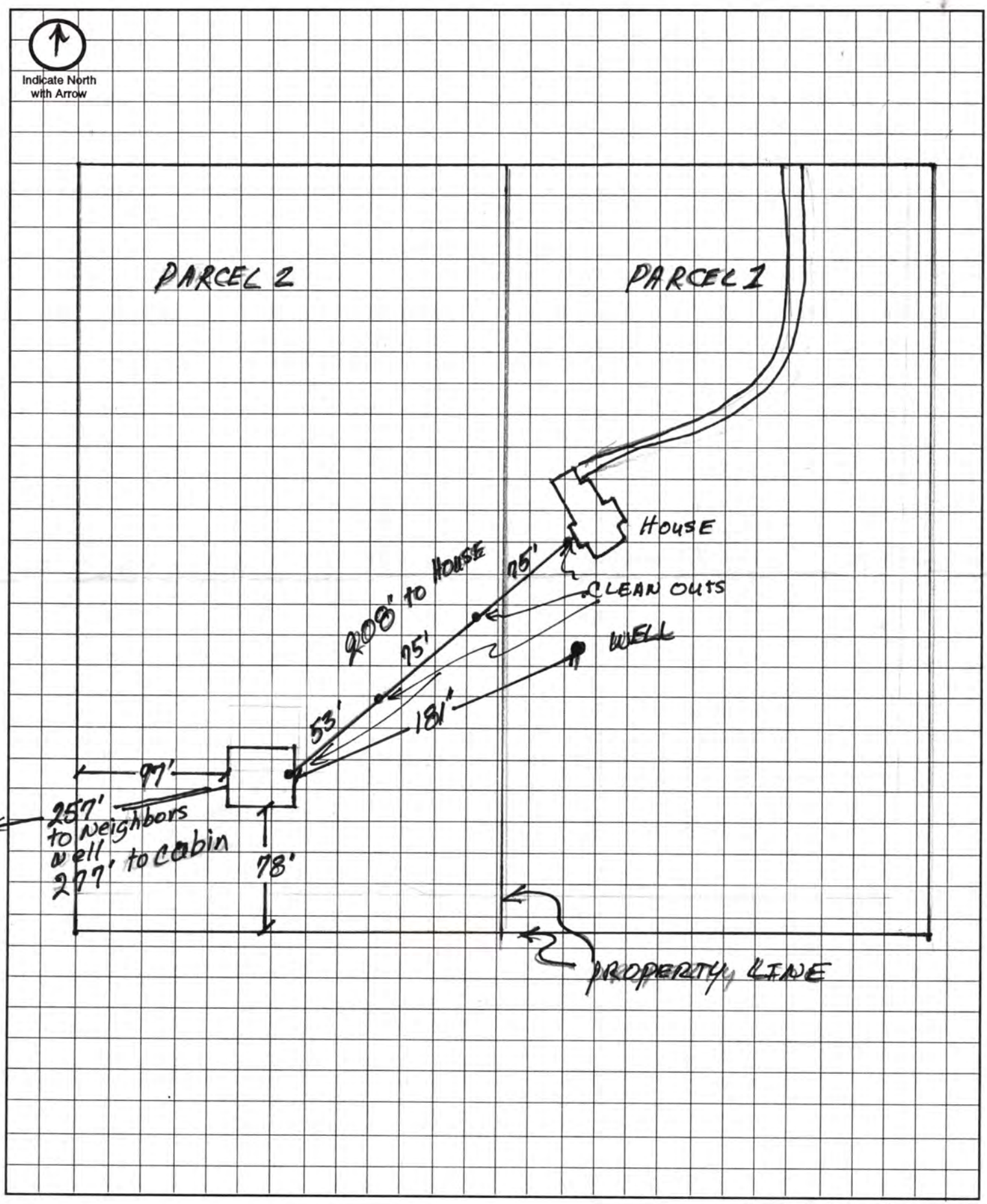
E. Required Signatures

Home Building Contractor _____ Date MAR. 25, 1997

Installer _____ Date March 26, 1997

FORM 23-102 10-96

As Built Drawing



Approximate Scale: 20 ft. = 1 grid line/s

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

D

Permit Number: 9738015540 1

Sewage Disposal System

As Built Plans & Specifications

Date Sept.

System Location (Indicate correct number and street)

Address 8101 West Mountain Ash DR (no rural route) City DENTON NE, Zip 68339

A. Building Sewer

1. Material: CAST Iron under Basement - PVC remaining
   Diameter: 4 inch in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 6 in.
3. Distance between dwelling and septic tank: 208 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee
6. Outlet: ❑ baffle ❑ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ❑ Yes ❑ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

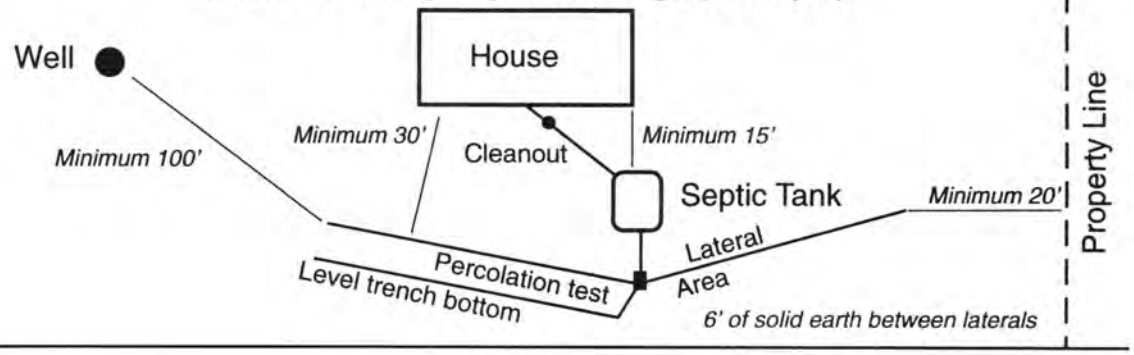
(Provide as-built drawings on back of this form)

1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ 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