Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003119

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380272201

Issued 09/29/03
Expires 03/29/04
Revenue Code 3157

Establishment: JAMES &STACEY GRENDELL
T9N R5E SEC 29 QTR NW
W 1/2OF SW 1/4 OF NW LOT 16IT
SW126 ST&W BEAM HILL RD-DENTON

FEES: $200.00

Permittee: JAMES &STACEY GRENDELL
414 W CARRINE DR
LINCOLN NE 68521

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

RECEIVED SEP 29 2003

A

Permit Number: 03380272201

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 SW 126th ST AND W BEAM HILL Rd City DENTON NE, Zip _____
(no rural route)

Legal Description W ½ SW ¼ NW ¼ 29-9-5 16 I.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 JAMES & STACEY GRENDELL Signature James A Grendell

Address 414 W CARRINE DR City/State/Zip LINCOLN NE 68521

☐ Check if owner designed system Home Phone (402) 438-6994 Work Phone (402) 450-2647

C. Contractor

Name Daniel Nelson Company Name Nelson Custom Homes

Address 9400 Bretagne Rd. City/State/Zip Lincoln Ne 68526

☑ Check if contractor designed system Work Phone 770-4200

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

Designer Name Steve Sass Firm Steve Sass Const. Work Phone 432-3051

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms _____ 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 9/29/03 Date frwd 10/1/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/1/03 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/1/03 Date frwd 10/1/03 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 1/20/04

Business Office Use Only

Date Rec'd 09/29/03

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 8906

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

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Jim Grendell
Address: SW 126th & West Beam Hill Road
Northside
corner lot

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 8-23-03 to 8-24-03 **Weather:** Precip. Ø Temp. 90's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)
1	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5 1/4	30	3/4
2	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5 1/4	30	3/4
3	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5 1/2	30	1/2
4	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5 1/4	30	3/4
5	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5 1/4	30	3/4
6	36	8-23	2:00 pm	8-23	6:00 pm	8-24	3:00 pm	6	3:30 pm	5 1/2	30	1/2

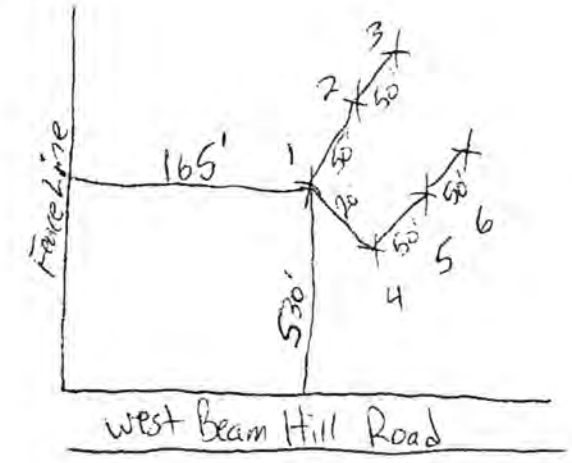
Sum of Water Level Drops (in.) [Column m]: 4
Average of Water Level Drops (in.) [Column m]: _____
Inches per Minute: 44

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 242 1st Street
Milford, NE 68405
Phone: (402)-761-4414
Signature: Justyn R. Peterson

SKETCH SHOWING HOLE LOCATION:

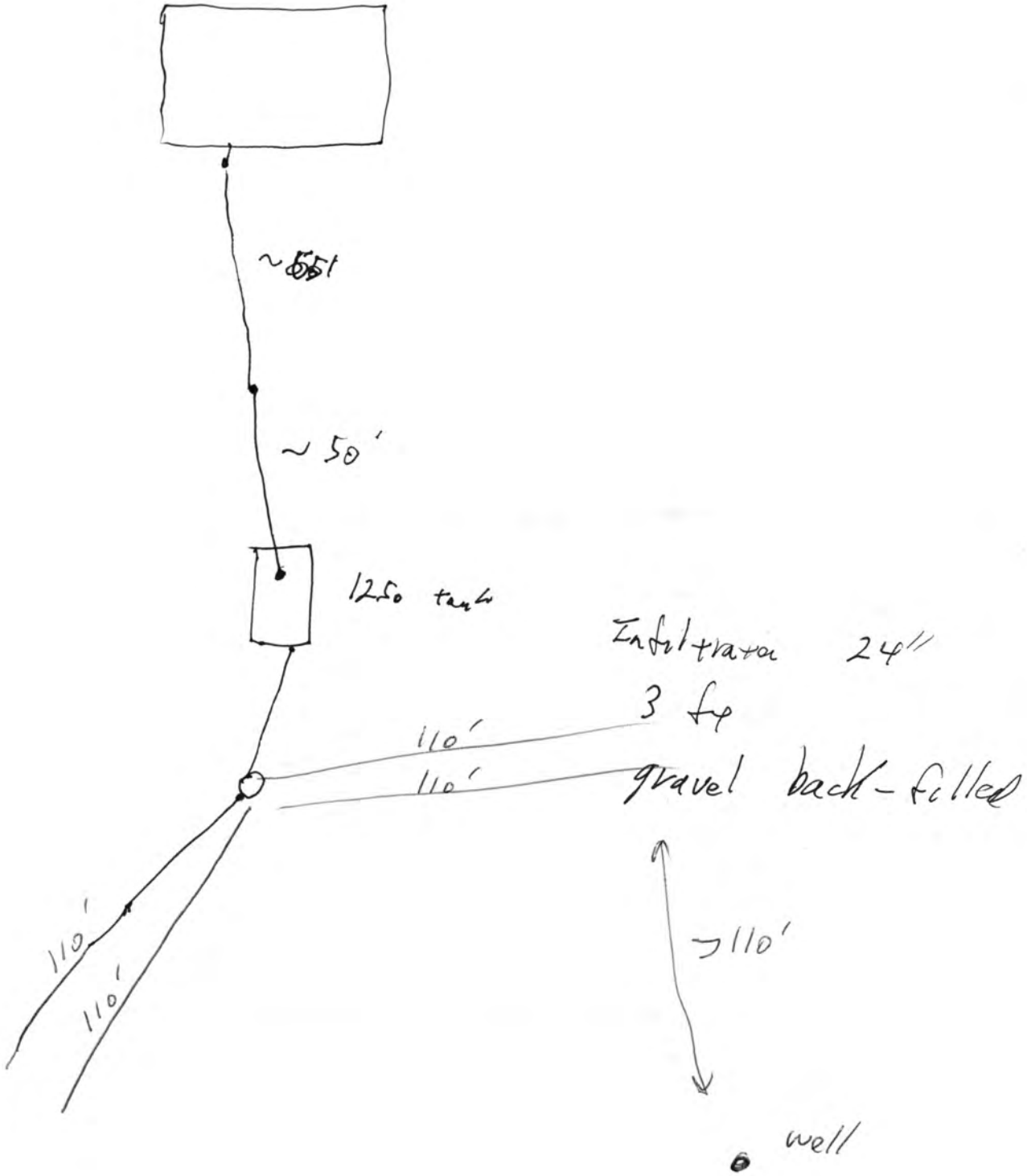
Square Feet of Lateral per Bedroom: _____

contact Jeffy Hood
441-8029



Official's Signature

Field Notes


~ 55'
~ 50'
1250 tank
Infiltrator 24"
3 ft
gravel back-filled
110'
110'
110'
110'
~110'
well