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

A

Permit Number: 06380315901

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:

FEB 28 2006

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 10345 SW 119th (no rural route) City DENTON NE, Zip 68339

Legal Description NW 32 9N 5E OF THE 6th PM 1/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 MATT TOPPING Signature Matt Topping

Address 15109 OAK RIDGE DR City/State/Zip LOUISVILLE, NE 68037

☐ Check if owner designed system Home Phone 402.234.5053 Work Phone 402.432.1244

C. Contractor

Name DAVE VOGT Company Name VOGT EXCAVATING

Address PO BOX 22753 City/State/Zip LINCOLN NE 68542

☐ Check if contractor designed system Work Phone 402.560.4267

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

Designer Name DAVE VOGT Firm VOGT EXCAVATING Work Phone 402.560.4267

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 2/28/06 Date frwd 3/1/06 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-1-06 Date frwd 3-1-06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3-1-06 Date frwd 3-1-06 ACTION ☒ Approved ☐ Disapproved Signature _____

5/24/06 Need drawing, J.C.H.

Installation Final Written Approval

By _____

Date 2/12/07

Business Office Use Only

Date Rec'd 03/01/06

Amt Paid 275.00

Rec'd By _____ ~~Cash~~/Check No. 1039

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: 06803159

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

FEB 28 2006

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10103 SW 119th St (no rural route) City Denton NE, Zip 68339

Owner Matt Topping Addresss 15109 OAK Ridge Dr. Louisville, NE 68037

Soil Type (SCS): Steinauer Loam Percolation Rate: 47 min./inch

Date of Tests 1/16/06 to 1/17/06 Weather: Precipitation 0 Temperature 37°

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	24	1/16	12:30p	1/16	4:30p	1/17	12:30	6	1/17	4:30		9/16	30/0.56=54
2	24	"	"	"	"	"	"	"	"	"	"	9/16	30/0.56=54
3	25	"	"	"	"	"	"	"	"	"	"	5/8	30/0.63=48
4	24	"	"	"	"	"	"	"	"	"	"	11/16	30/0.69=43
5	26	"	"	"	"	"	"	"	"	"	"	3/4	30/0.75=40
6	26	"	"	"	"	"	"	"	"	"	"	3/4	30/0.75=40

Person Conducting Percolation Tests

Name: Terri Trahoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428
C-1198

Sum of Percolation Rates: 279
Average of Rates: 47
Rate Used for Calculation: 47

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Jerrold C. Wood R.E.H.S. Date FEBRUARY 28, 2006

FORM 23-101 10-96

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

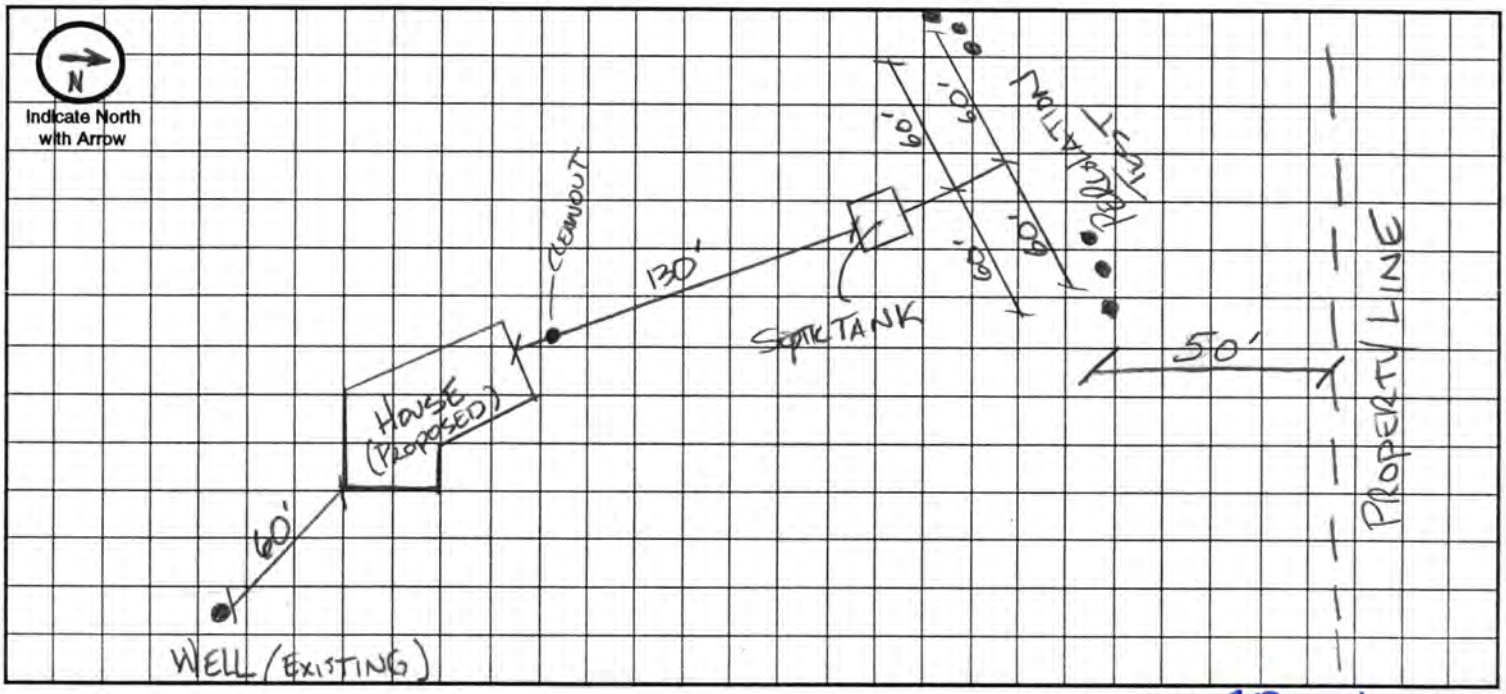
RECEIVED
FEB 28 2006

C

Permit Number: 063803159

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) SW 119th 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 47 (min. per inch) Soil Type: STEINAUER LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 248 ft. Number of Trenches 4 Trench Width 4'

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 Matt Toppin Date 27FEB06

Installer _____ Date 2-27-06

FORM 23-102 10-96