Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON OR OTHER BASED ON SOIL
TESTS

Establishment

ROBERT T SAVAGE
T9N R5E SEC 32 QTR NE
IRREGULAR TRACT LOT 12IT
10000 SW 119 ST-DENTON

Permitee

ROBERT T SAVAGE
4801 DUXHALL DR
LINCOLN NE 68516

Permit # 99380209101

Issued 09/24/99
Expires 03/24/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010988

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

A

Permit Number: 99380209 1

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System OR ☒ Lagoon OR ☒ Other (Refer to Form C)
BASED ON SOIL TEST

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 10,000 S.W 119th (no rural route) City ~~Adel~~ Denton NE, Zip 68339

Legal Description Lot 12 NE 32 - 9N - 5E [12.1]
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 Robert T. Savage Signature Robert T. Savage

Address 4801 Duxhall Dr. City/State/Zip Lincoln, Ne 68516

☐ Check if owner designed system Home Phone 423-7871 Work Phone 432-8626

C. Contractor

Name Melvin Gagner Company Name Gagner Const.

Address 4810 W Claire City/State/Zip Lincoln, Ne 68523

☒ Check if contractor designed system Work Phone 432-5698

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 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 9/24/99 Date frwd 9/24/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-24-99 Date frwd 9-24-99 ACTION ☒ Approved ☐ Disapproved Signature _____

3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

~~12/6/99 Need drawing for C.H.~~

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date January 3, 2000

Business Office Use Only
Date Rec'd 09/24/99
Amt Paid 150 ⁰⁰
Rec'd By _____ ~~Cash~~/Check No. 1726

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: 9938 02091

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10000 S.W. 119th (no rural route) City Denton NE, Zip NE 68339

Owner Robert Savage Address 4801 Duxhall Dr. Lincoln NE 68516

Soil Type (SCS): ~~PAWNEE~~ clay loam? (LOT OF SANDSTONE) Percolation Rate: _____ min./inch

Date of Tests 8/21/99 to 8/22/99 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	8/20	4:30	8/21	4:00	8/21	4:00	6	8/21	4:30	30	3/4	40 MIN/IN
2	29	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
3	31	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
4	30	"	"	"	"	"	"	"	"	"	"	1/2	60 MIN/IN
5	30	"	"	"	"	"	"	"	"	"	"	1/2	60 MIN/IN
6	29	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN

Person Conducting Percolation Tests

Name: Mel Dagner
Phone: 432-5698
Address 4810 W. CLAIRE
LINCOLN NE. 68523

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 51

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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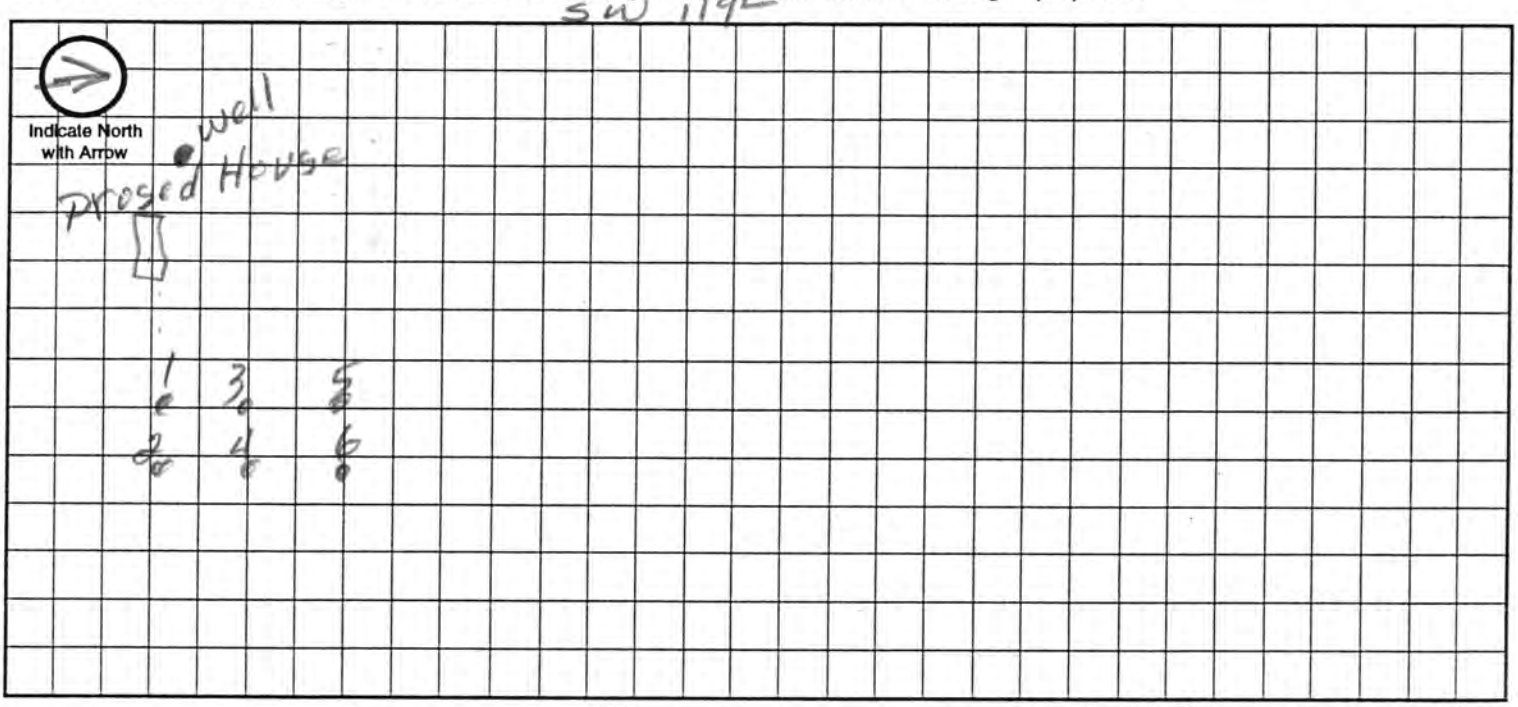
C

Permit Number: 99 38 02091

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) _____ City DENTON NE, Zip 68538

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 51 (min. per inch) Soil Type: PAWNEE CLAY LOAM Land Slope: 5 %

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

Total Square Feet of Field Required: 928 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 310 ft. Number of Trenches 4 Trench Width 36

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 Robert T. Savage Date _____

Installer Melvin Dagnin Date 23 Sept 99

FORM 23-102 10-96

D

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

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 10 DEC 99

System Location (Indicate correct number and street)

Address 10000 SW 119TH (no rural route) City DENTON NE, Zip 68339

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 44 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line OVER 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line OVER 100 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter NO in.
   Over outlet, diameter 1'0 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 5 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 27 ft.

D. Absorption Field

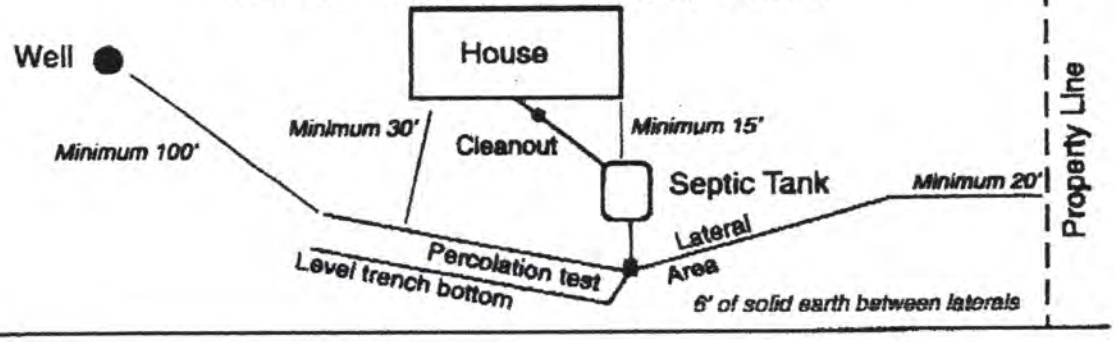
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 10 ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 2 in/100 ft.
   Average depth 18" in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

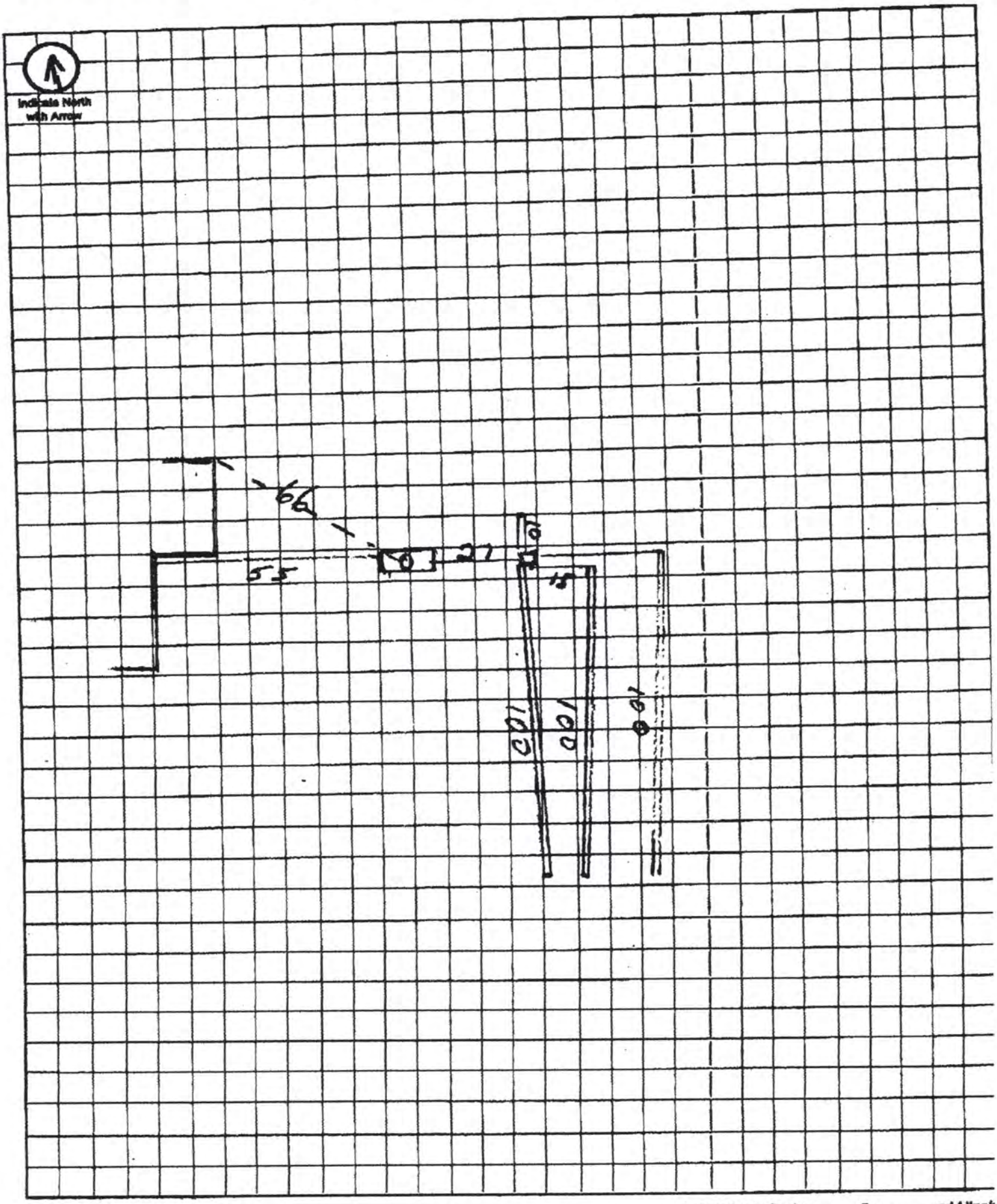
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

10000 SW 119th Denton



Approximate Scale: _____ ft. = _____ grid lines