Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

BOYD(BO) D JONES
T9N R6E SEC 17
THE SOUTH FORTY BLK 5 LOT 1
3801 W BUCKS DRIVE

Permittee

BOYD(BO) D JONES
1804 N 30 ST
LINCOLN NE 68503

Permit # 03380258201

Issued 01/02/02
Expires 07/02/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003188

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

A

Permit Number: 03380258201

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 3801 W. BUCKS DR. (no rural route) City DENTON NE, Zip 68523

Legal Description 9N (1/4) 6E (1/4) 17 (Section) (Township) (Range) THE SOUTH FORTY (Subdivision) (Addition) 5 (Block) 1 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name BO JONES Signature [signature]

Address 1804 N. 30 City/State/Zip LINCOLN, NE 68503

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name BO JONES Company Name _____

Address 1804 N. 30 City/State/Zip LINCOLN, NE 68503

☑ Check if contractor designed system Work Phone (402) 610-0523

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

~~Designer~~ Name GREG BOUWENS Firm BOUWENS PLMB. Work Phone 466-1944

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 400 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 1/2/02 Date frwd 1/3/02	**ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 1/3/02 Date frwd _____	**ACTION** ☑ Approved ☐ Disapproved Signature [signature]	
3. **City or County Engineer**	Date rec'd 1/3/03 Date frwd 1/3/03	**ACTION** ☒ Approved ☐ Disapproved Signature Chase Baker	

line, tank, lateral - field note drawing

Installation Final Written Approval

By Doug Ingle

Date 7/16/03

Business Office Use Only

Date Rec'd 1/2/03

Amt Paid 200.00

Rec'd By CW Cash/Check No. 2031

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

11050C

B

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

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Wet - Bowman 540-7660

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3801 W. BUCKS DR (no rural route) City LINCOLN NE, Zip NE 68524

Owner BO JONES Addresss 1804 N. 30th

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

Date of Tests 7/12 to 7/13 Weather: Precipitation 0.00" Temperature 90'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"	7/12	10 AM	7/13	11 AM	7/13	10:30	12 IN	7/13	11 AM	30	1½	20
2	36"	7/12	10 AM	7/13								1	30
3	36"	7/12										1	30
4	36"	7/12										½	60
5													
6													
7													

Person Conducting Percolation Tests

Name: BO JONES

Phone: 610-0523

Address 1804 N. 30 LINCOLN NE 68503

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks ADDITIONAL TESTS

Signature of Reviewing Official Jerrold C. Hood Date JULY 14, 2003

EDPM 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: 033802582

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3501 W. BUCKS DR (no rural route) City LINCOLN NE, Zip NE 68523

Owner BO JONES Addresss 1804 N 30 LINCOLN, NE 68503

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

Date of Tests 12/27/2002 to 12/28/2002 Weather: Precipitation CLEAR 0.00 PRECIP. Temperature 50°-60° F.

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"	12/27	11:00AM	12/28	11:00AM	12/28	1:00PM	24"	12/28	4:00PM	3HR	1 3/4 IN	102.86
~~2~~	~~36"~~	~~12/30~~	~~10:00~~										
1	36"	12/27	11 AM	12/30	10:00AM	12/30	10 AM	16"	12/30	10:30AM	30MIN	3/16"	160
2	36"	12/31	9 AM	1/1	9 AM	1/1	11:15A	12"	1/1	11:45A	30 MIN	3/8"	80
3	36"	12/31	9 AM	1/1	9 AM	1/1	11:15A	12"	1/1	11:45A	30 MIN	1/16"	480

Person Conducting Percolation Tests

Name: BO JONES

Phone: 610-0523

Address 1804 N. 30TH ST

LINCOLN, NE 68503

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Doesn't pass

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

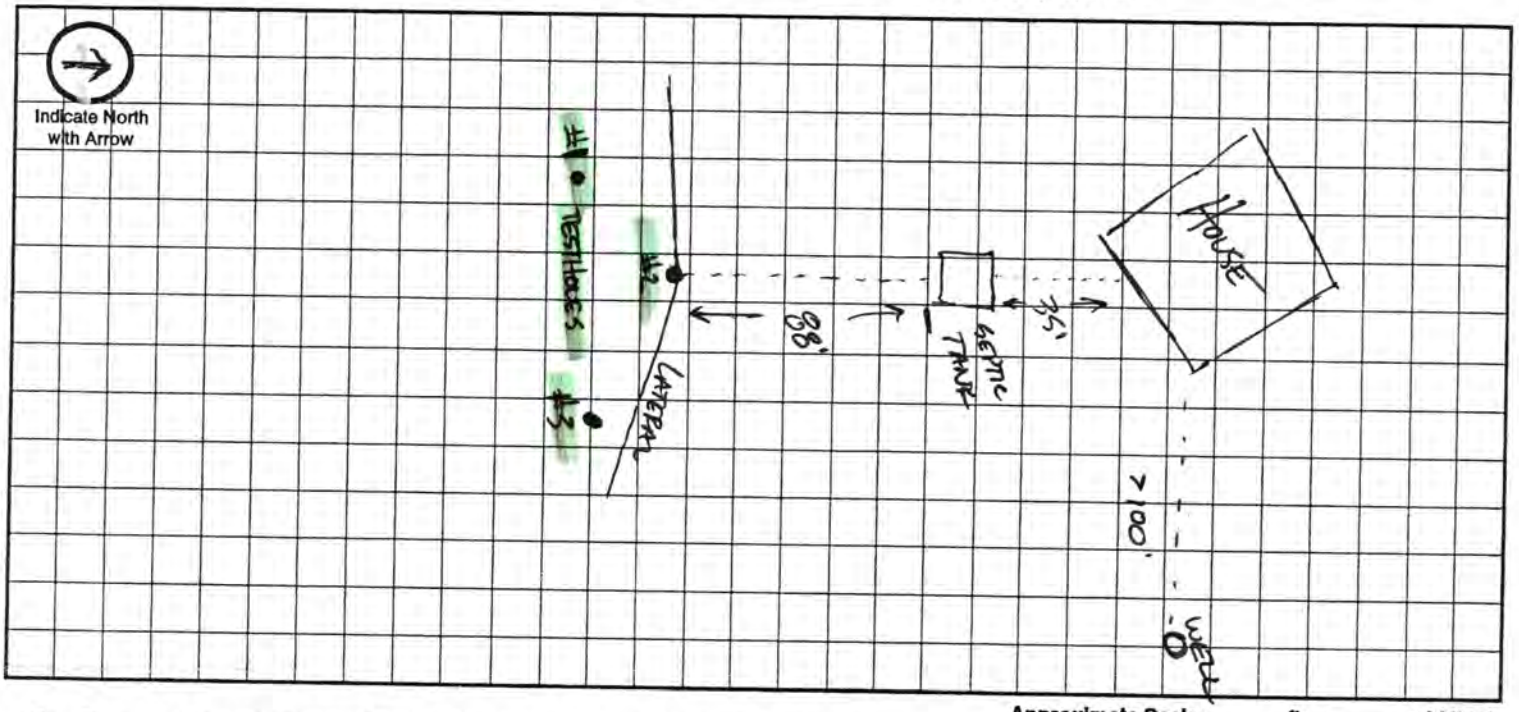
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 03802582

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) 3801 W. Bucks Dr. City Lincoln NE, Zip NE 68523

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: 1050 sq. ft.

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

Capacity of Septic Tank 1250 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 _____ Date _____

Installer _____ Date _____

FORM 23-102 10-96

As Built Drawing

3801 W. Buck
7/16/03 Field Notes

