LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380162301

SEWAGE INSTALLATION

Issued 07/23/97
Expires 02/13/98
Revenue Code 18754

Establishment

GREG EARNEST
T9N R6E SEC 20
WISPERING PINES BLK 3 LOT 1
7001 SW 35 STREET

FEES: $150.00

Permittee

GREG EARNEST
2119 LOCKWOOD CT
LINCOLN NE 68528

TOTAL $150.00

Issued By M. Jane Ford
Health Director

5057

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: 9738016230(

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 7001 SW 35th (no rural route) City LINCOLN NE, Zip

Legal Description NW (1/4) 1/4 20 (Section) 9N (Township) 6E (Range) WISPERING PINES (Subdivision) 3RD (Addition) 3 (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 GREG EARNEST Signature

Address 2119 Lockwood CT. City/State/Zip LINCOLN, NE 68528

☐ Check if owner designed system Home Phone 438-6798 Work Phone 475-2611 EXT 1243

C. Contractor

Name BEN EARNEST Company Name EARNEST WELL DRILLING

Address P.O. Box H City/State/Zip MILFORD, NE. 68405

☐ Check if contractor designed system Work Phone 402-761-2281

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 7-22-97 Date frwd 7-22-97 **ACTION** ☒ Approved ☐ Disapproved Signature Ron Mayourn
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-23-97 Date frwd 7-23-97 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 7-23-97 Date frwd 7-23-97 **ACTION** ☒ Approved ☐ Disapproved Signature

5/28/98 One lateral left to do. /s/ 6/1/98 L.C.H

Installation Final Written Approval

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

Date JUNE 3, 1998

Business Office Use Only

Date Rec'd 7/22/97
Amt Paid $150.00
Rec'd By MF Cash/Check No. 1133

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 7001 SW. 35th (no rural route) City LINCOLN NE, Zip NE 685

Owner GREGORY S. EARNEST Addresss 2119 LOCKWOOD CT. LINCOLN, NE 68528

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

Date of Tests 7/17/97 to 7/18/97 Weather: Precipitation DRY Temperature 90-95°

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"	7/17	3:21pm	7/18	7:46	7/18	3:45 PM	6"	7/18	7:45	30 LAST	3/4	40
2	30"	7/17	3:25	7/18	7:49	7/18	3:50	6"	7/18	7:50	30	5/8	48
3	30"	7/17	3:30	7/18	7:48	7/18	3:55	6"	7/18	7:55	30	5/8	48
4	30"	7/17	3:33	7/18	7:49	7/18	4:00	6"	7/18	8:00	30	5/8	48
5	30"	7/17	3:36	7/18	7:50	7/18	4:05	6"	7/18	8:05	30	3/4	40
6	30"	7/17	3:39	7/18	7:51	7/18	4:10	6"	7/18	8:10	30	7/8	34

Sum of Percolation Rates: 258

Average of Rates: 43 min/inch

Rate Used for Calculation: 43 min/inch

Person Conducting Percolation Tests

Name: GREGORY S. EARNEST

Phone: 438-6798 OR 475-2611 EXT 1273

Address 2119 LOCKWOOD CT

LINCOLN, NE 68528

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks section 20 Ron Moyer Kennebec soil

Signature of Reviewing Official Ron Moyer Date 7-21-97

FORM 23-101 10-96

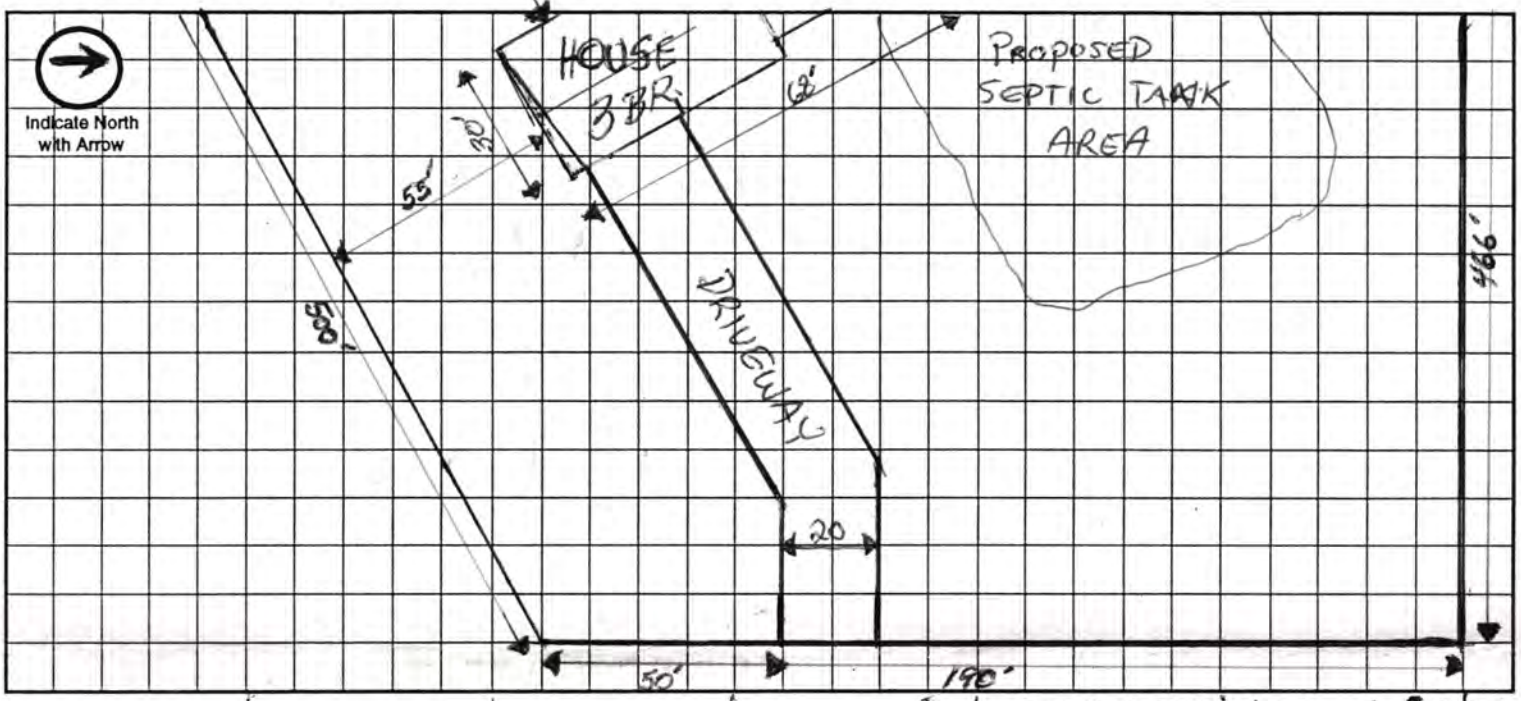
LIncoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7001 SW 35th City LINCOLN NE, Zip 685

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 43 (min. per inch) Soil Type: SILKY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 886 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 225' ft. Number of Trenches 3 Trench Width 48"

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 ☐	☐

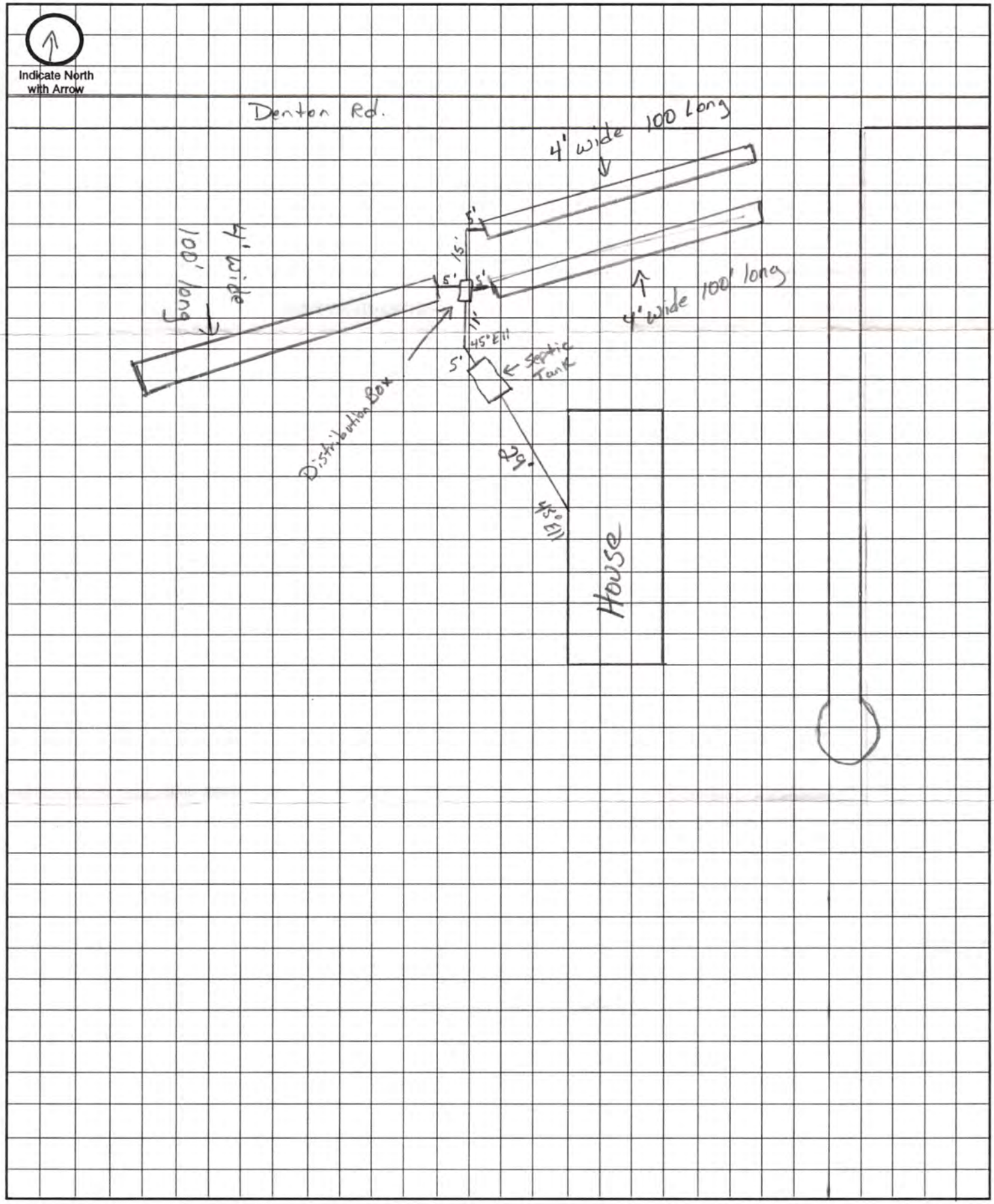
E. Required Signatures

Home Building Contractor _____ Date 7/20/07

Installer _____ Date _____

FORM 23-102 10-96 EARNEST WELL DRILLING INC.

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

MAR 2 2005

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☑ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 7001 SW 35th St.

Parcel ID 09-20-206-001-006 (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 20 1/4 1/4 Block 3 Lot 1 Addition 3rd

Directions to Property whispering Pines.

Location of Well SE Corn of Property Tap Location: Inside ☑ Outside ☐

Location of Sewage System N Side of House Lattercall To East Year Installed 1997

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Greg & Donna Ernest	1125 Tacoma Ave Apt 161	(70) 258-4137
Tenant/Buyer:	Spencer & Melinda Snow	200 NW 17 68524	
Return to:	Spencer & Melind Snow	AGENT &	
		Robin SAMSON	402 436 3399 (Fax)

Signature of Applicant [signature] Address HOME REAL ESTATE Date 2/25/05

225 N CANOPY #101 68505 402-432-0442 cell.

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 3/2/05 Amount 200.00 Check No. 3022 Initials LO

DATA ENTRY Date ___/___/___ Case No. _____ Initials _____

PRELIMINARY STATUS--By Doug Smith **DATE:** 3/3/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.0 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: _____

See Attached Letter ☒

FINAL STATUS

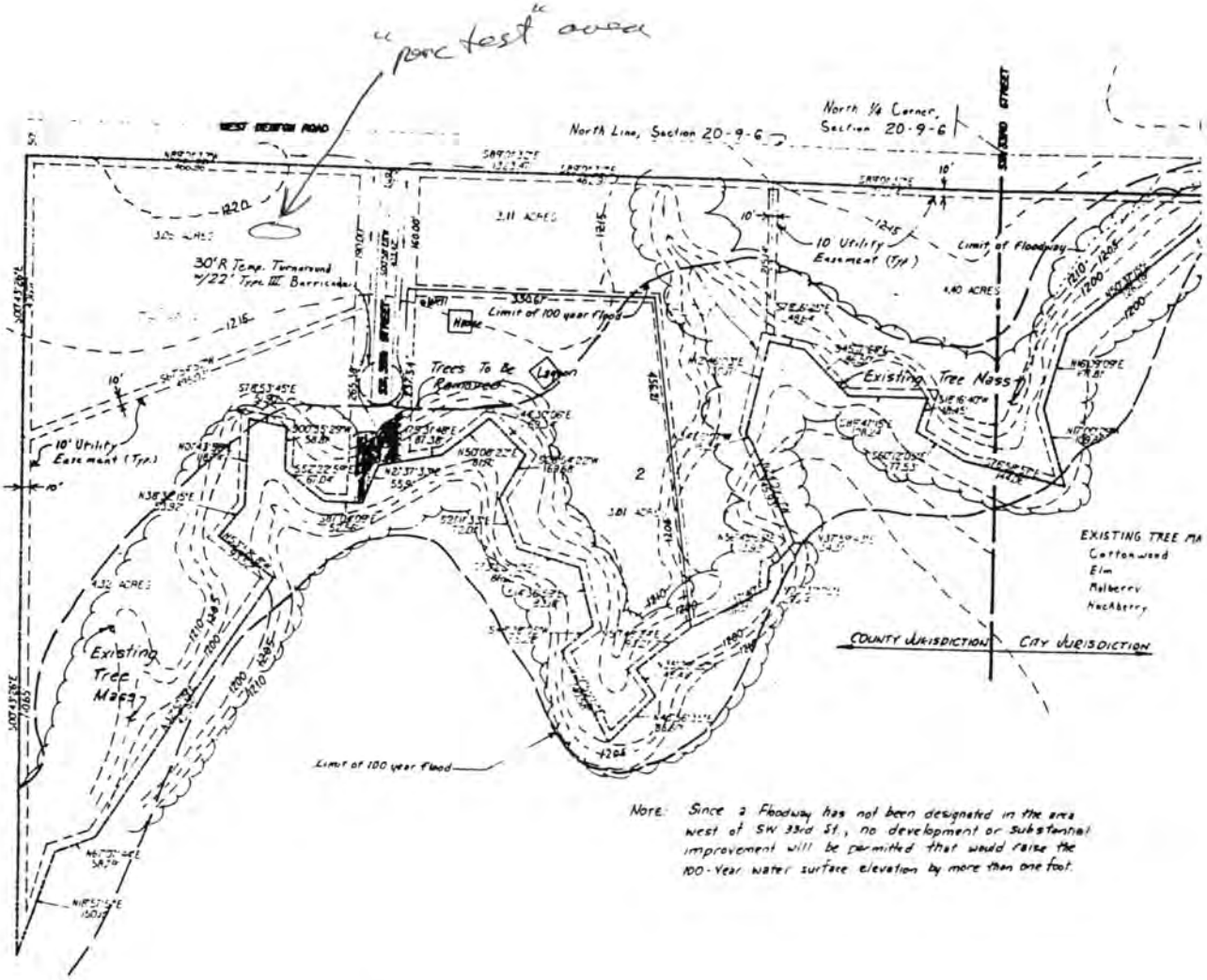
WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Doug Smith Date 3/8/05

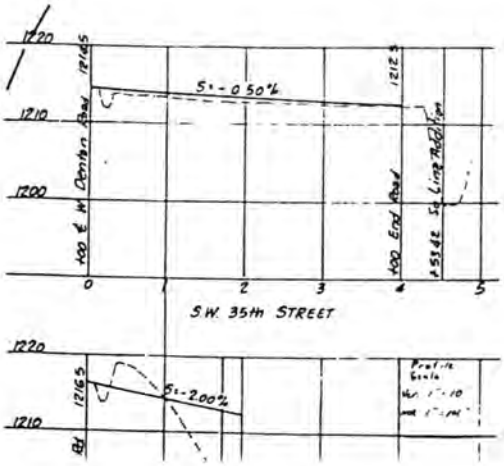
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

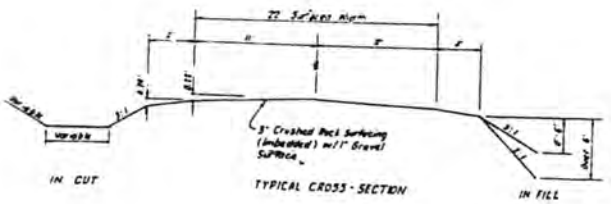
White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00



Note: Since a Floodway has not been designated in the area west of SW 33rd St., no development or substantial improvement will be permitted that would raise the 100-Year water surface elevation by more than one foot.





AA — SHEET NUMBER 39 New septic system



JUN 3 1998

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

(Denton Rd)

Date 6/2/98 Greg Earnest

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: SDR 26
   Diameter: 4" in.
2. Distance above basement floor: 60 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 29 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 200 ft.
   stream 500 ft.
   pressure line 75 ft.
   property line 200 ft.

B. Septic Tank

1. Material: Pre Cast Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 4x8 in.
   Over outlet, diameter 4x8 in.
   Riser: ☑ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 200 ft.
   Stream 500 ft.
   Pressure line 100 ft.
   Property line 200 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 1
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 16 ft.

D. Absorption Field

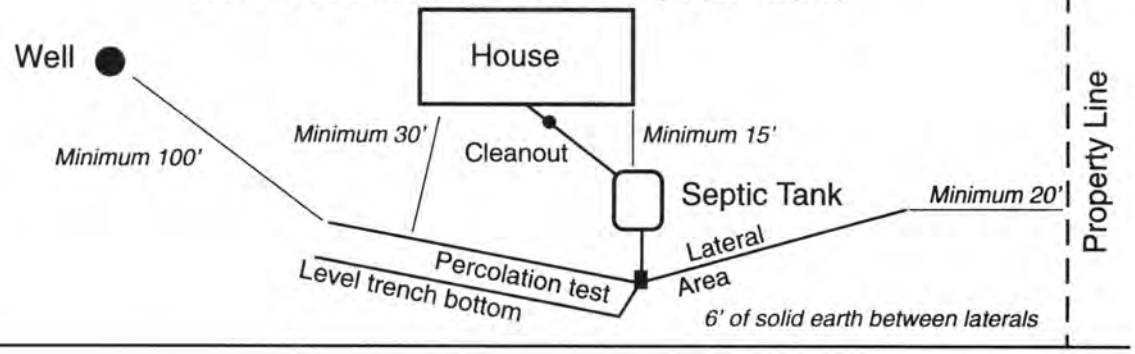
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 16"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other EQ 24
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 48 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 110' ft.
   Stream 500 ft.
   Pressure line 60 ft.
   Property line 50 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96