Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

DEAN A PROCHNOW
T9N R6E SEC 21
RIDGEWOOD BLK 4 LOT 3
8200 SW 24 ST

Permitee

DEAN A PROCHNOW
8200 SW 24 ST
LINCOLN NE 68523

Permit # 99380204701

Issued 07/30/99
Expires 01/30/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010815

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

A

Permit Number:

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 8200 SW 24th (no rural route) City LINCOLN NE, Zip 68523

Legal Description 21 (1/4) 9 (1/4) Section 6 Township Range RIDGEWOOD Subdivision Addition 4 Block 3 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name DEAN & PATRICIA PROCHNOW Signature Dean A Prochnow

Address 8200 SW 24th City/State/Zip LINCOLN NE 68523

☐ Check if owner designed system Home Phone 421-1649 Work Phone 402-476-6930

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 7-29-99 Date frwd 7-29-99 ACTION ☑ Approved ☐ Disapproved Signature John E Mann
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature N/A
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature N/A

8/23/99 Need drawing, C.C.

Installation Final Written Approval PROVISIONAL

By Jerrold C. Nodd P.E. L.S.

Date NOVEMBER 24, 1999

Business Office Use Only

Date Rec'd 07/30/99

Amt Paid 150 CC

Rec'd By LS Cash/Check No. 2434

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 5200 SW 24th (no rural route) City Lincoln NE, Zip

Owner DEAN BROCKNOW Addresss

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

Date of Tests 7/26 to 7/27 Weather: Precipitation 0 Temperature 97

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	7/26	6:00 PM	7/27	6:00 PM	7/27	6:30 PM	6	7/27	7:00 PM	30	1/2	60
2	22							4			11	5/8	48
3	20										11	1/2	60
4	26										11	5/8	48
5	24										1	1/2	60
6	29										11	3/4	40

Sum of Percolation Rates: 316

Average of Rates: 52.666

Rate Used for Calculation: 60 ~~53~~

Person Conducting Percolation Tests

Name: Mel Wagner

Phone: 797-2365 432-5698

Address 4810 West Chair Av.
Lincoln 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks – LOCATION WITH APPROX TEST WAS LOCATED. ACCEPTABLE WATER FOR VARIABLE SOILS.
– REPAIR / ADD NEW LATERAL FIELD TO SYSTEM.

Signature of Reviewing Official John E Mines Date 7-29-99

FORM 23-101 10-96

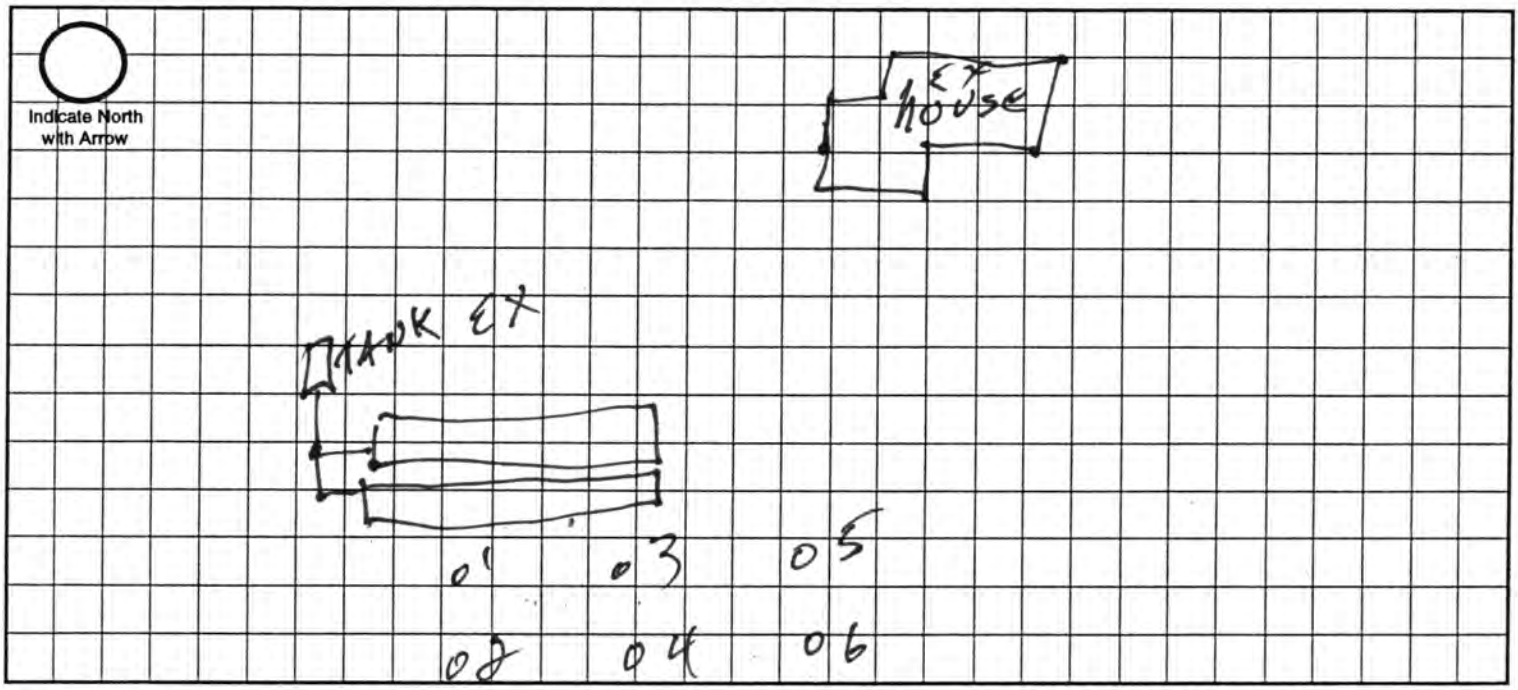
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8200 SW 24th City LINCOLN. NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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

Total Square Feet of Field Required: 900 sq. ft.

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

Capacity of Septic Tank _____ 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 Melvin F. Hagen Date 29 July 99.

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 2

To County Health	From Roger Conat
Co. Dept	Co. Melvin
Dept. Jerry Hood	Phone 432-5688
Fax # 441-6206	Fax # 797-7475

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

Date 8/23/99

System Location (Indicate correct number and street)

Address 8200 SW 24th (no rural route) City Lincoln NE. Zip _____

A. Building Sewer

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

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ 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: 72 ft.

D. Absorption Field

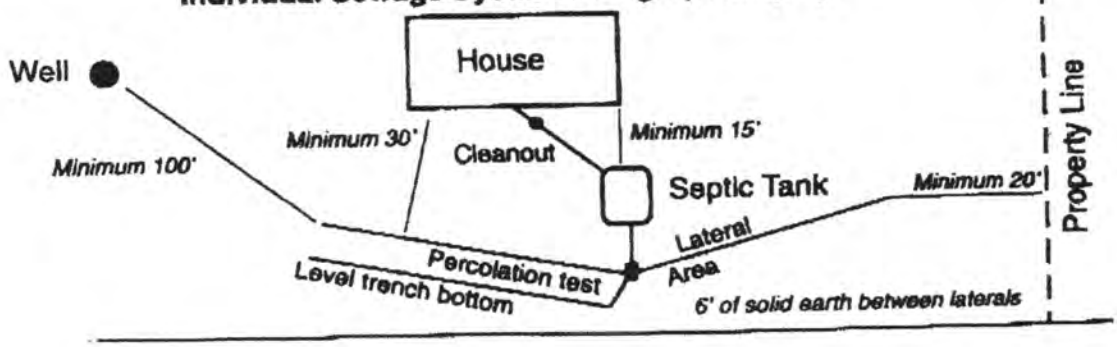
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 4 in/100 ft.
   Average depth 20 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line NA ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

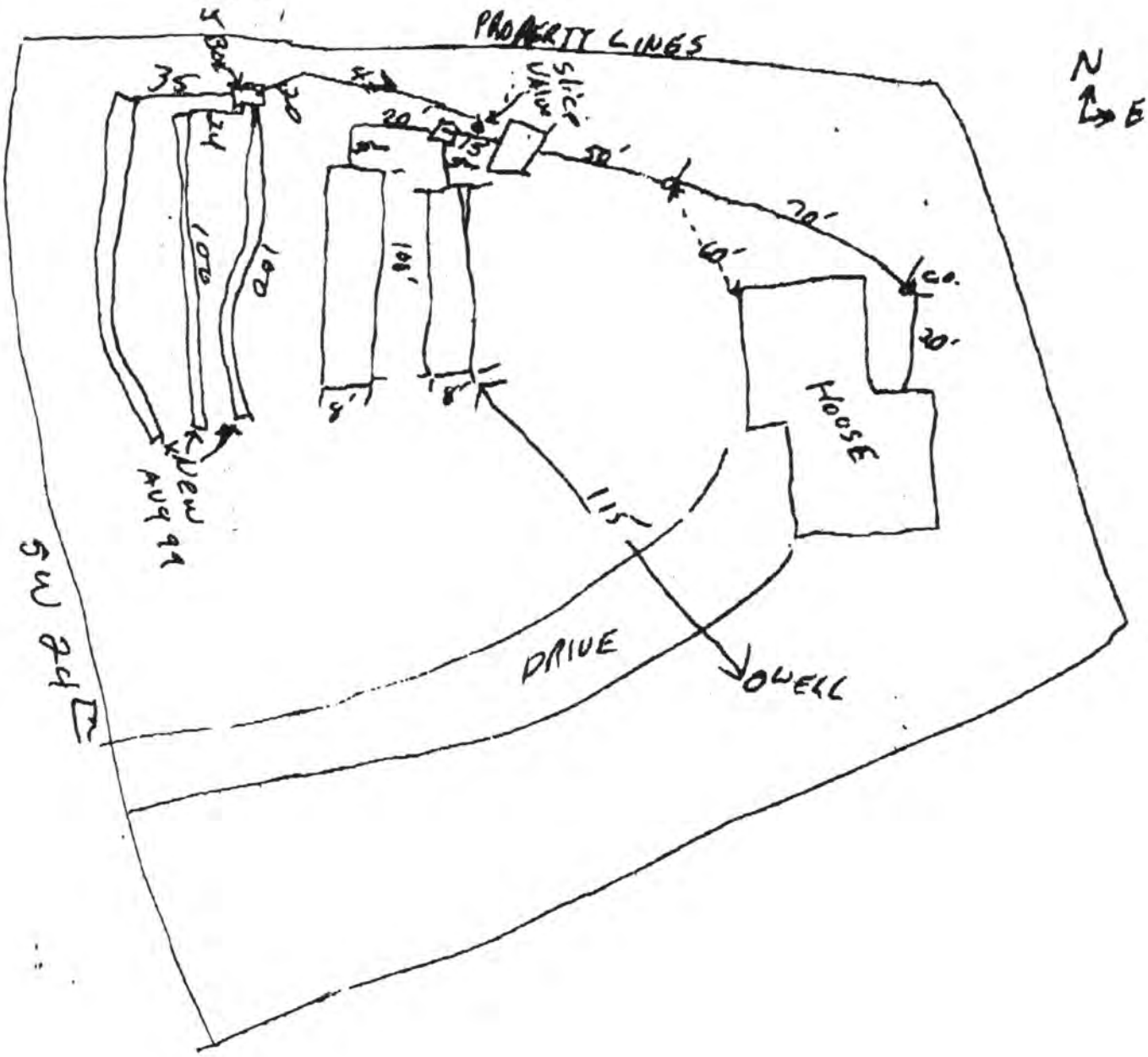


FORM 23-103 10-96

AS BUILT DRAWING OF SYSTEM

DATE 8/23/99 INSTALLER GAGNER CONST.

T9 R6 SEC 21
BLK 4 LOT 3



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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Tenant # 423-2340

Legal Description of Property: Street Address 8200 S.W. 24th Street

Twp 9N Range 6E Section 21 1/4 SW 1/4 ___ Block 4 Lot 3 Addition Ridgewood

Directions to Property West Denton Road to SW 21 South to W. Ridgewood Road East to SW 24. Sign on Property - Call Tenant 1st, then go direct, lockbox on Rec.

Location of Well South of House in Landscaping Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of Garage & North Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	Neil & Mary Craig	International Assn for Children 11850 Brookville Road Indianapolis, IN 46239	317/862-7100
Tenant/Buyer:	Dean & Patricia Prochnow	5941 Bristolwood Place Lincoln, NE 68516	421-1649
Return to:	PAT WOLF	Home Real Estate 225 N Cotner Suite 101 Lincoln, NE. 68505	450-8133

Signature of Applicant Pat Wolf, Home Real Estate Address 225 N. Cotner Date 3/19/99

Lincoln, NE 68505

FAX 436-3399

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 03/23/99

Initials ___

Amount $ 150.00

Check No. 1160

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

NO: P7726-77

DAL: P7726-18

PRELIMINARY STATUS--By Ron Maraucrt **DATE:** 3/23/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.8 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 8/29/99 by J.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Lower (west) drainfield seepage bed of this experimental system is failing. Sewage on ground surface is a violation of regulations - must be corrected. Corrections made of Experimental variety.

See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 11/24/99

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: 10-95