Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000172

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380259401

Issued 02/03/03
Expires 08/03/03
Revenue Code 3157

Establishment: DEVIN HAITH
T9N R6E SEC 32 QTR NW
SW 1/4 OF NW 1/4
10700 SW 40 ST

FEES: $200.00

Permittee: DEVIN HAITH
BOX 23006
LINCOLN NE 68523

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03B0259401

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 10700 SW 40TH (no rural route) City Lincoln NE, Zip 68523

Legal Description SW NW 32 9N 6E
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 Devin Haith Signature _____

Address P.O. Box 23006 City/State/Zip Lincoln NE 68542

☐ Check if owner designed system Home Phone 420-2148 Work Phone 430-0967

C. Contractor

Name Scott Prange Company Name Prange Const

Address 22500 So 176th City/State/Zip Adams NE 68301

☒ Check if contractor designed system Work Phone 540 1875

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 4 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 2/3/03 Date frwd 2/3/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2-3-03 Date frwd 2-3-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2/3/03 Date frwd 2/3/03 ACTION ☒ Approved ☐ Disapproved Signature _____

Line + Lagoon - 1/31/02 DS.

Installation Final Written Approval

By _____

Date 8/9/04

Business Office Use Only

Date Rec'd 01/31/03

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 7180

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: 033802594

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10700 SW 40TH (no rural route) City Lincoln NE, Zip 68523

Owner Devin Haith Addresss P.O. Box 23006

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

Date of Tests 12/17 to 12/18 Weather: Precipitation 65°F & Cloudy Temperature 65°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	12/17	8 30 am	12/18	8:00	12/18	10:30	6	12/18	11:00	30	1/8	240
2	36	"	"	"	"	"	"	6	"	"	"	0	0
3	"	"	"	"	"	"	"	6	"	"	"	1/4	120
4	"	"	"	"	"	"	"	6	"	"	"	1/8	240
5	"	"	"	"	"	"	"	6	"	"	"	0	0
6	"	"	"	"	"	"	"	6	"	"	"	0	0
						"							

Person Conducting Percolation Tests

Name: Scott Prange

Phone: 402-788-2208 540-1875

Address 22500 So 176th

Adams NE 68301

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

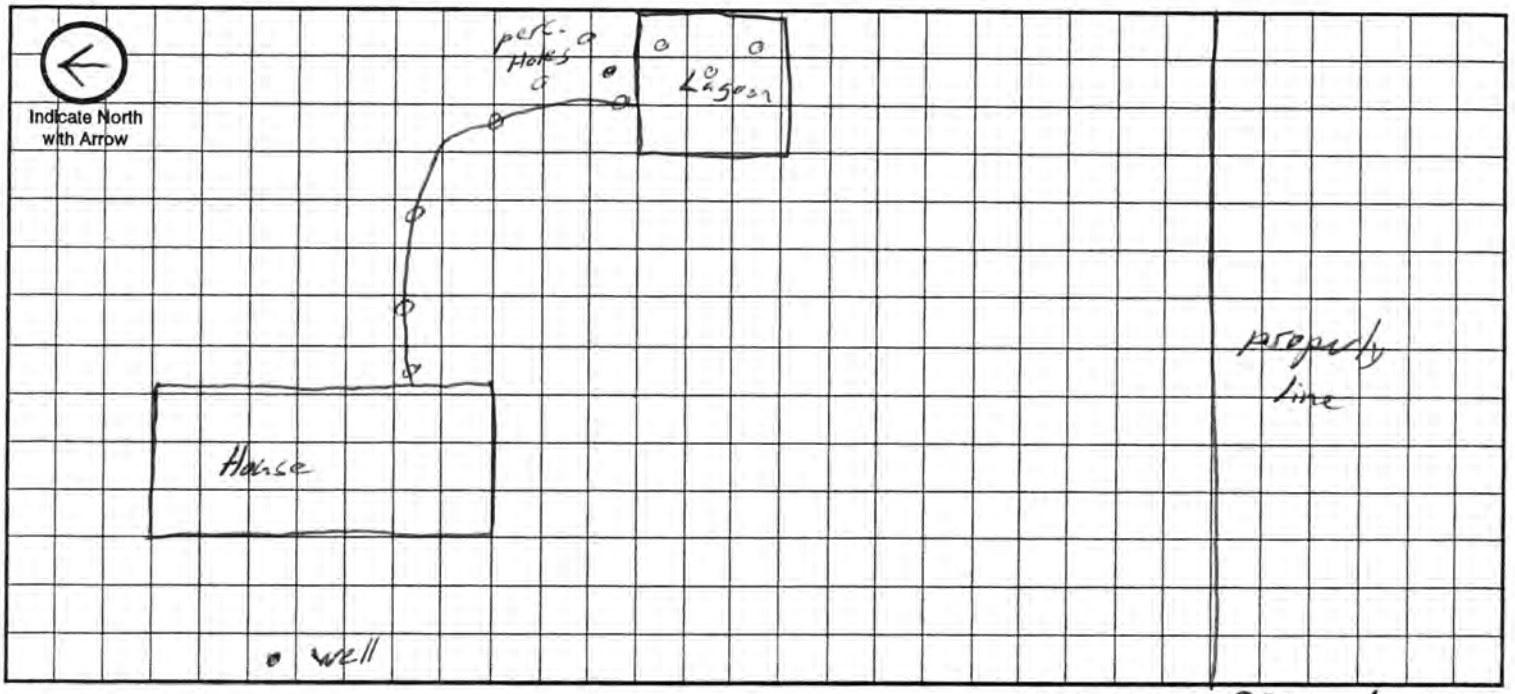
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0338025944

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) 10700 SW 40TH City Lincoln NE, Zip 68523

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: _____ 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 Don Haick Date 1/31/03

Installer _____ Date _____

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 1-31-03

System Location (Indicate correct number and street)

Address 10700 SW 40 TH (no rural route) City Lincoln NE, Zip 68523

A. Building Sewer

1. Material: 4" class 160
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 5'0" in.
3. Distance between dwelling and septic tank: ~ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 300 ft.
   stream 400 ft.
   pressure line 200 ft.
   property line 200 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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

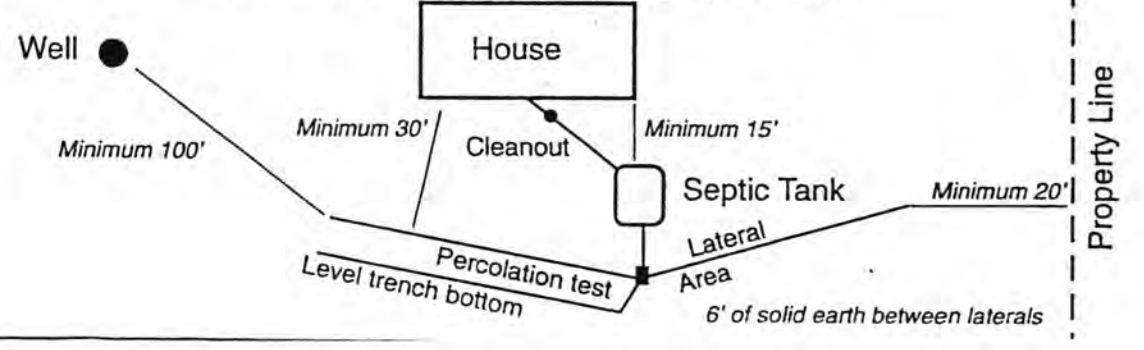
(Provide as-built drawings on back of this form)

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

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 10700 SW 40th
Parcel ID 09-32-100-010-000 (i.e. 99-99-999-999-999)
Twp 9N Range 6E Section 32 1/4 1/4 Block Lot 28 Addition NW 32-9-6
Directions to Property go West on West Denton Road to SW 40th Street, turn left and go South 2 1/4 miles, house is on the east side of road
Location of Well Front ward Tap Location: Inside ☐ Outside ☐
Location of Sewage System back of house (southeast of house) Year Installed 2003
Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Dennis Janet Haith		
Tenant/Buyer:	Timmy Nancy Stapp		
Return to:	Capital Title		(Fax)

Signature of Applicant Nancy L Stapp Address 5837 E. LA Ave Date 10/31/05
Downey CA 90242

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 11/29/05 Amount $200.00 Check No. 5480 Initials LS

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS—By Doug Smith DATE: 12/1/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 1.5 ppm	☐ ppm

SEWAGE SYSTEM
Approved ☒
Provisional ☐
Disapproved ☐

Additional Site Visits
Date / / by
Date / / by
Date / / by

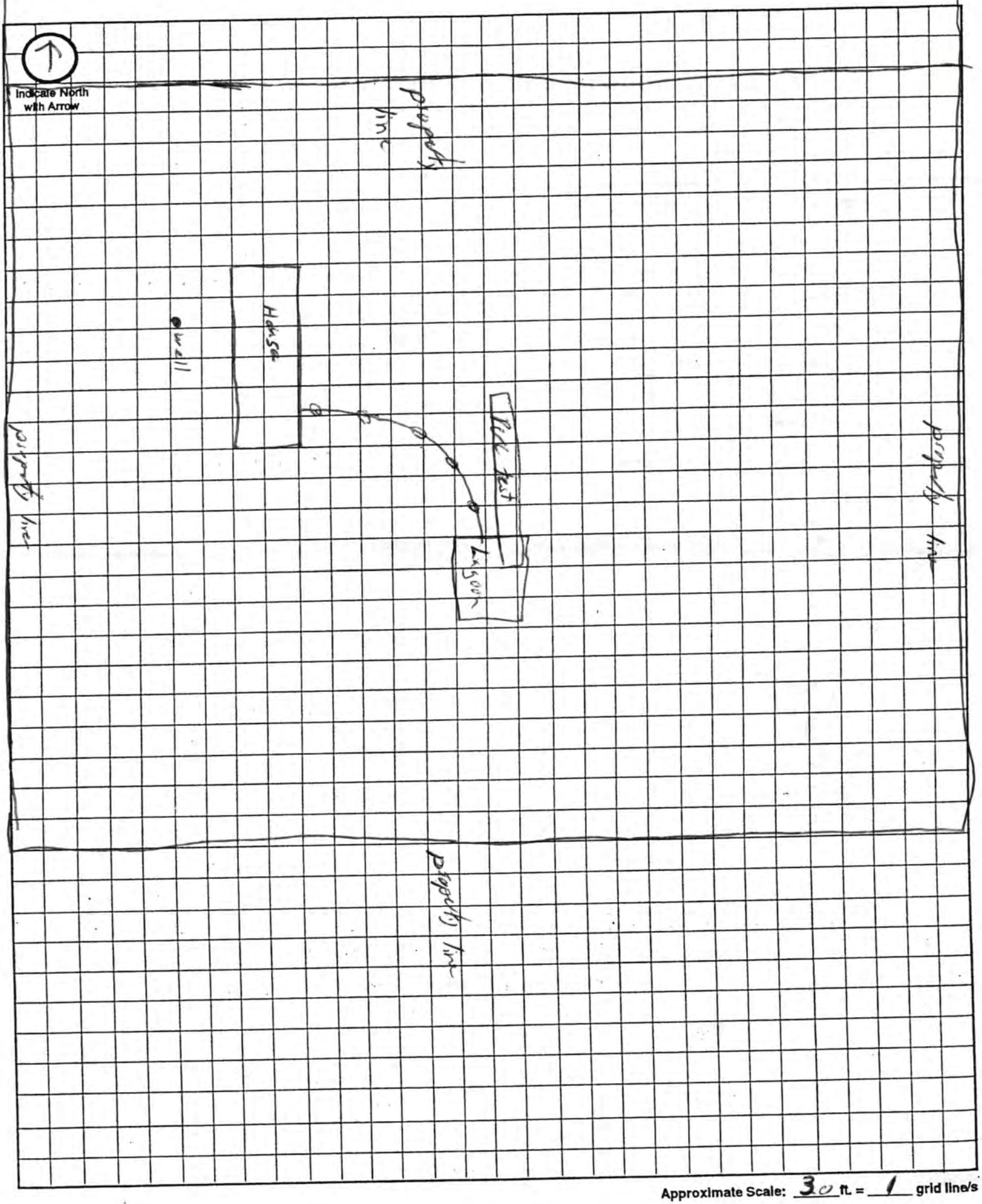
Comments: - New well + lagoon completed approximately one year ago
See Attached Letter ☐

FINAL STATUS
WATER SYSTEM: Approved ☒ SEWAGE DISPOSAL SYSTEM: Approved ☒ Provisional Approval ☐
Approved by Doug Smith Date 12/6/05

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

As Built Drawing



Approximate Scale: 30 ft. = 1 grid line/s