Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005758

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380290901

Issued 10/04/04
Expires 04/04/05
Revenue Code 3157

Establishment:
MAUREEN & W ALAN SUTTON
T12N R8E SEC 4 QTR SW
SW1/4OFSW1/4-80ACRES
13700 LITTLE SALT RD-GREENWOOD

FEES: $200.00

Permittee:
MAUREEN & W ALAN SUTTON
14000 LITTLE SALT RD
GREENWOOD NE 68366

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380290901

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 13700 Little Salt Road (no rural route) City Greenwood NE, Zip 68366

Legal Description SW¼ SW¼ 4 12N 8E ~~Subdivision~~ Addition Block Lot
1/4 1/4 Section Township Range

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Maureen & W. Alan Sutton Signature Maureen K. Sutton

Address 14000 Little Salt Rd. City/State/Zip Greenwood NE 68366

☐ Check if owner designed system Home Phone 402-785-7255 Work Phone 402-421-8012

C. Contractor

Name Don Anderson Company Name AWS Well Co., Inc.

Address P.O. Box 246 City/State/Zip Mead NE 68041

☐ Check if contractor designed system Work Phone 402-624-3895

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

Designer Name Don Anderson Firm AWS Well Co. Inc Work Phone 402-624-3895

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 10/4/04 Date frwd 10/5/04 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
   10-11-05, moved on old house vacant no visit in summer yet
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/5/04 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature MW
3. **City or County Engineer** Date rec'd 10/5/04 Date frwd 10/5/04 **ACTION** ☒ Approved ☐ Disapproved Signature RJ Fuchs

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 10/04/04
Amt Paid 200.00
Rec'd By LS ~~Cash~~/Check No. 1980

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

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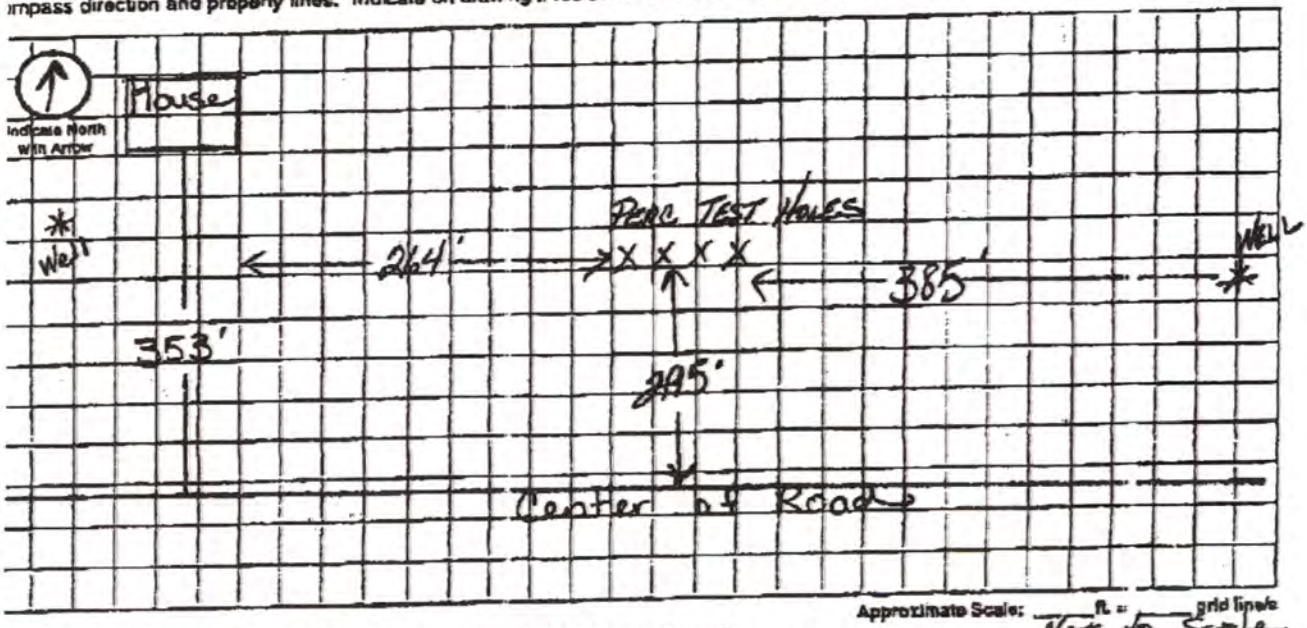
C

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Permit Number: 043802909

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 lines Not to Scale

A. System Location (Indicate correct number and street)

Address (no rural route) 13700 Little Salt Rd. City Greenwood NE, Zip 68366

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other: _____

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

Percolation Rate 45 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 1650 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 412 350 ft. Number of Trenches 4 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Ground Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbor	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 10/4/04

Installer AWS Well Co PO Box 246 Mead Ne. 68041 Date 9-3-04
Don Anderson

E-d

Sep 30 04 10:44a

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Attachment C.

Soil Absorption Test Data Report

Owner Information:

Owner Alan Sutton Phone 785-7255

Address: 14000 (NAME) Little Salt Rd Greenwood

Location: JOBSITE 13700 Little Salt Road - Greenwood

Township _____ Range _____ Sec. _____ 1/4 Sec. _____ 1/4 Sec. _____

County Name _____ Area: _____ Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand _____ Silt _____ Clay _____ Sandy Clay _____ Loamy Sand _____

Silty Clay _____ Silty Clay Loam _____ Sandy Loam _____ Silt Loam _____

Dates of Test Sep 22 to 23 Weather: Precipitation — Temp 70's

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
1	36	9/22	9AM	9/23	9AM	9/23	9AM	6"	10AM	4½"	60	1½"	40
2	36	9/22	9AM	9/23	9AM	9/23	9AM	6"	10AM	5"	60	1"	60
3	36	9/22	9AM	9/23	9AM	9/23	9AM	6"	10AM	4"	60	2"	30
4	36	9/22	9AM	9/23	9AM	9/23	9AM	6"	10AM	5"	60	1"	60
5	36	9/22	9AM	9/23	9AM	9/23	9AM	6"	10AM	4½"	60	1½"	40
6	36	9/22	9AM	9/23	9AM	9/23	9AM	6"	10AM	4½"	60	1½"	40

CWS Well Co.

Signature of Person Conducting Test

Address: _____

Phone: _____

Sum of Percolation Rates = 270

*Average of Rates in Minutes per Inch = 45

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.