Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005739

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380290001

Issued 09/23/04
Expires 03/23/05
Revenue Code 3157

Establishment:
JEFF WISMER
T9N R8E SEC 12
CEDAR GROVE ESTS BLK 1 LOT 4
17900 SHASTA LN

FEES: $200.00

Permittee:
JEFF WISMER
4525 NEWTON ST
LINCOLN NE 68506

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: OH3802900 01

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System CHANGE TO ☒ 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 ~~None assigned yet~~ 17900 SHASTA LANE (no rural route) City ~~Cedar Grove Estates~~ Lancaster Cty. NE, Zip 176th & Pioneers

Legal Description Lot 4 (1/4) Block 12 (1/4) 9N (Section) 8E (Township) Cedar Grove Estates (Range) Addition 1 (Block) 4 (Lot)

Geographical Location (if known): Longitude 6th p.m. Latitude

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

B. Owner

Name Jeff Wismer Signature Jeff Wismer

Address 4525 Newton City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone 484-8586 Work Phone 430-1494

C. Contractor

Name LEONARD HARPER Company Name HARPER WELL

Address P.O Box 15 City/State/Zip Adams NE 68301

☑ Check if contractor designed system Work Phone 402-432-2204

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 9/23/04 Date frwd 9/23/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/23/04 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 9/23/04 Date frwd 9/23/04 ACTION ☒ Approved ☐ Disapproved Signature

~~7/13/05 Sewer tank + Lateral, J.C.H.~~

Installation Final Written Approval

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

Date MARCH 27, 2006

Business Office Use Only

Date Rec'd 09/23/04

Amt Paid 200.00

Rec'd By LS Cash/Check No. 2869

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: 043802900

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 176th & Pioneers (no rural route) City Lancaster Cty NE, Zip _____

Owner Jeff Wismer Addresss 4525 Newton Lincoln, NE

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)
			Burrowing in Lagoon										

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

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

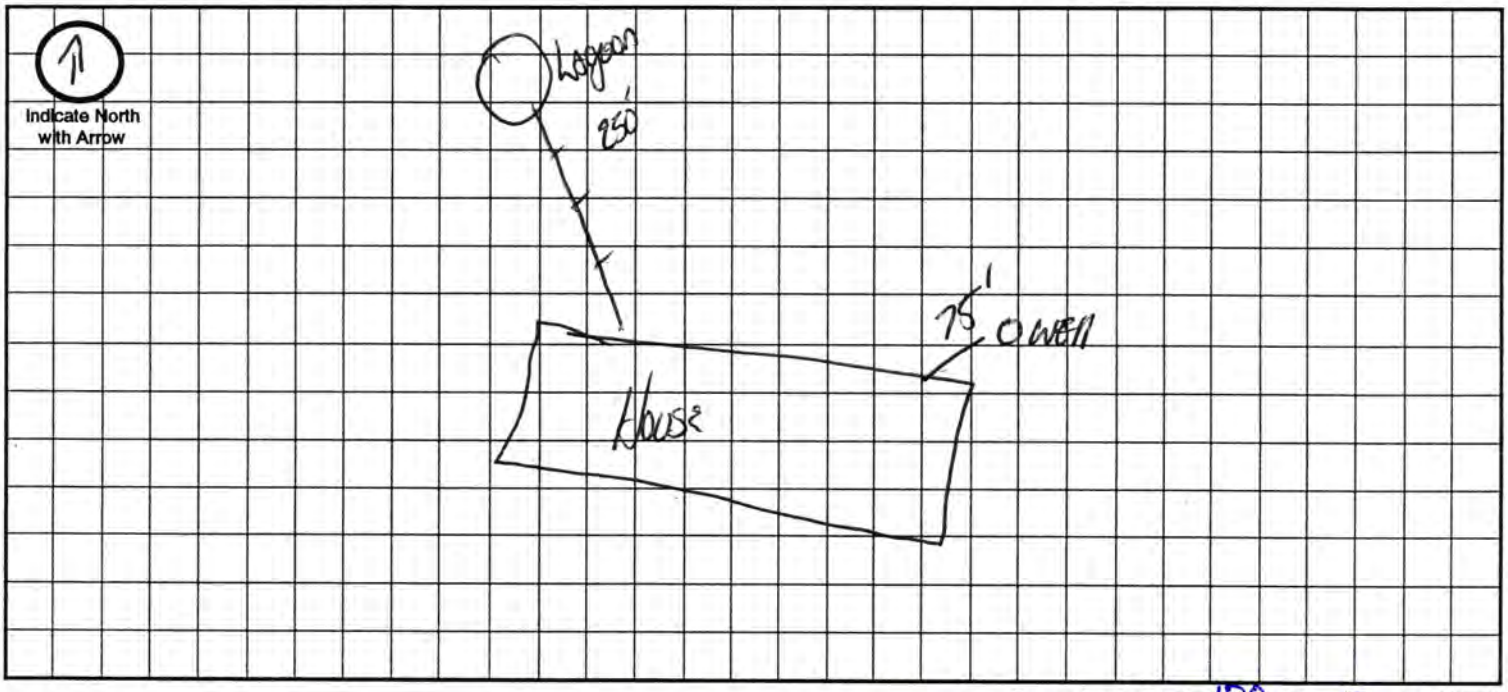
Lincoln-Lancaster County Health Department
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C

Permit Number: 043802900

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: 100 ft. = 2 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) Cedar Grove Estates City 176th & Pioneers 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: _____ 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 Jeffrey L. Wisner Date 9-22-04

Installer Ronald Hayes Date 9-22-04

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 _____

System Location (Indicate correct number and street)

Address 17900 Shasta LN (no rural route) City Weiton NE, Zip 68461

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: ~~8~~ 8" in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 3
5. Distances to: (well) or suction line 110 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast Concrete
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade 7" in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 7" in.
8. Distances to: Well or suction line 110' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 12
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8' ft.

D. Absorption Field

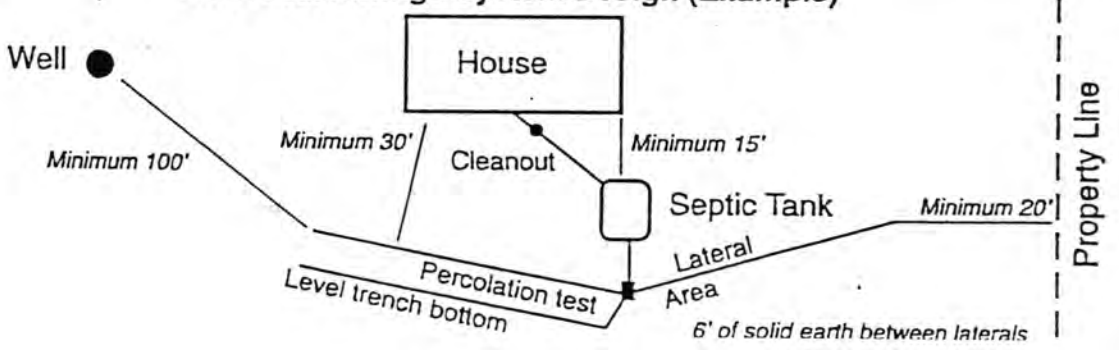
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 36
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 1 ft. 100 ft.
   1 ft. 100 ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 1.5 in/100 ft.
   Average depth 18" in
4. Filter material: Backfill
   Depth of material 125 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.

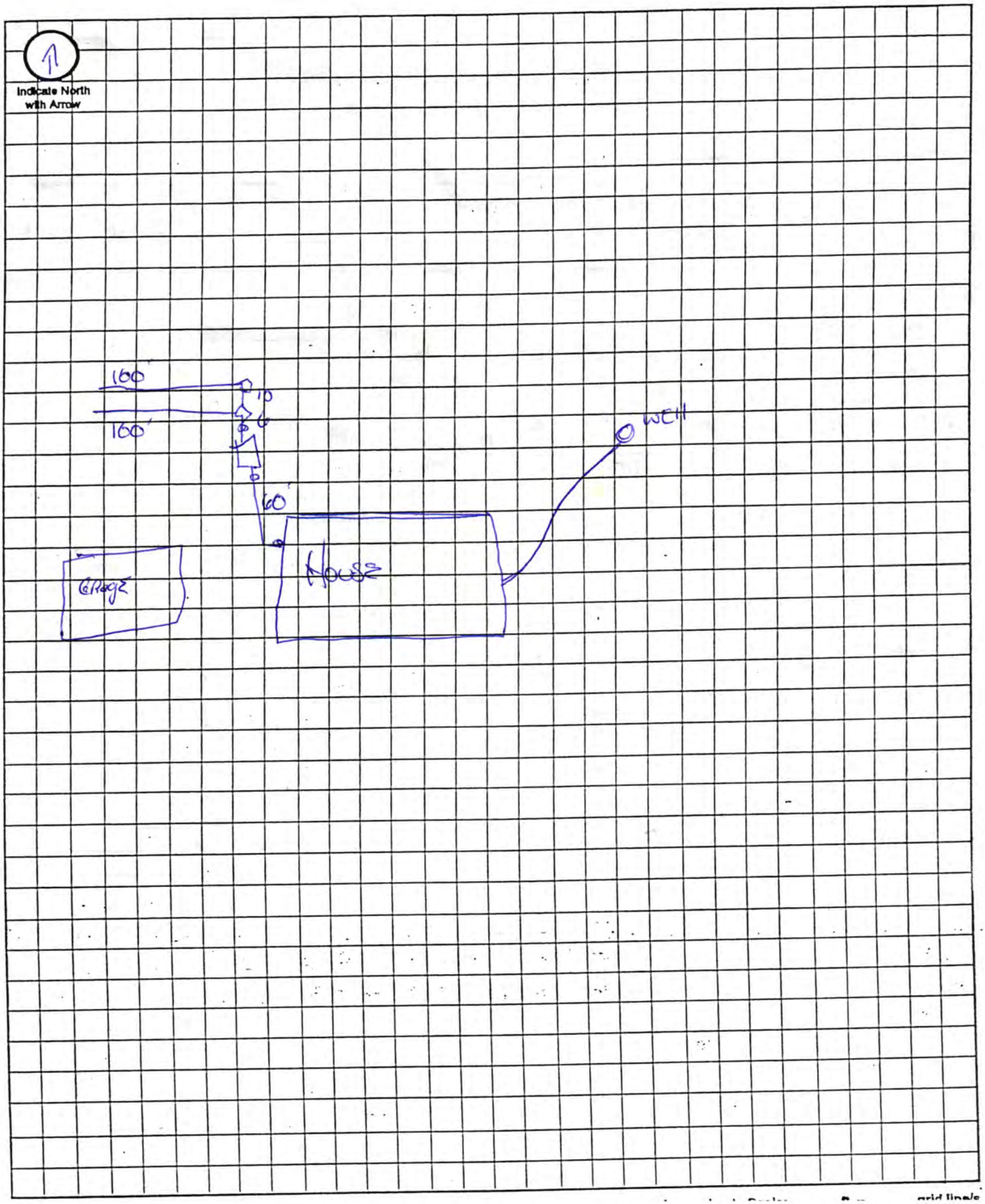
Indicate North with Arrow

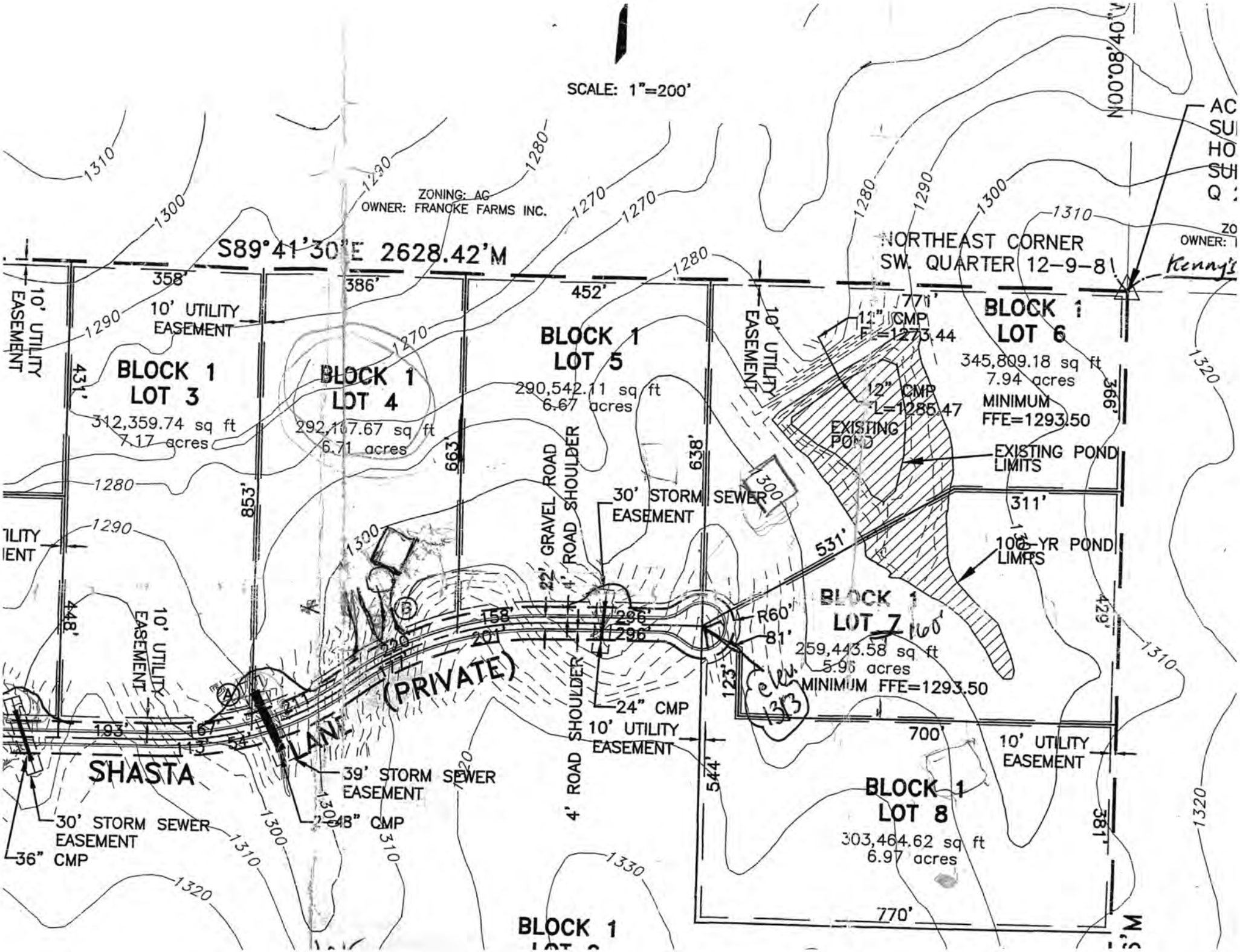
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing




SCALE: 1"=200'
ZONING: AG
OWNER: FRANCKE FARMS INC.
S89°41'30"E 2628.42'M
NORTHEAST CORNER
SW. QUARTER 12-9-8
N00°08'40"W
BLOCK 1
LOT 3
312,359.74 sq ft
7.17 acres
BLOCK 1
LOT 4
292,167.67 sq ft
6.71 acres
BLOCK 1
LOT 5
290,542.11 sq ft
6.67 acres
BLOCK 1
LOT 6
345,809.18 sq ft
7.94 acres
MINIMUM
FFE=1293.50
BLOCK 1
LOT 7
259,443.58 sq ft
5.96 acres
MINIMUM FFE=1293.50
BLOCK 1
LOT 8
303,464.62 sq ft
6.97 acres
10' UTILITY EASEMENT
22' GRAVEL ROAD
4' ROAD SHOULDER
30' STORM SEWER EASEMENT
24" CMP
12" CMP
L=1273.44
12" CMP
L=1285.47
EXISTING POND
EXISTING POND LIMITS
100-YR POND LIMITS
39' STORM SEWER EASEMENT
48" CMP
36" CMP
SHASTA
(PRIVATE)
R60'
770'
700'
544'
531'
311'
366'
429'
381'
431'
448'
853'
663'
638'
358'
386'
452'
771'
158'
201'
220'
193'
167'
113'
54'
123'
81'
160'
296'
296'