LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380180401

Issued 07/20/98
Expires 01/20/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
STEVEN DONNER
T9N R8E SEC 14 QTR SE
6301 S 176 ST

TOTAL $150.00

Permittee
STEVEN DONNER
BOX00373
BOX 00373
EAGLE NE 68347-0373

Issued By Health Director
Lincoln-Lancaster County Health Department

007844

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: 98301804

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 6301 S. 176th STreeT (no rural route) City Lincoln, NE NE, Zip 68461

Legal Description SE¼ (1/4) 14 (1/4) Section 9N Township 8E Range ____ Subdivision ____ Addition ____ Block 29 Lot

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name Steven G. Donner Signature Steve Donner

Address P.O. Box 373, Eagle, NE City/State/Zip 68347

☐ Check if owner designed system Home Phone 423-8990 Work Phone 781-2395

C. Contractor

Name David VogT Company Name ____

Address ____ City/State/Zip Elmwood, NE

☐ 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 2 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 7-17-98 Date frwd 7/20/98 ACTION ☒ Approved ☐ Disapproved Signature ____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/20/98 Date frwd 7/20/98 ACTION ☒ Approved ☐ Disapproved Signature ____
   BUILDING PERMIT REQ. FLOOD PLAIN PERMIT REQ.
3. **City or County Engineer** Date rec'd 07/20/98 Date frwd ____ ACTION ☒ Approved ☐ Disapproved Signature ____
   Construct Septic System Above 100 Yr Flood Plain

Installation Final Written Approval

By ____

Date 3.25.99

10/26 Lagoon size OK P.D.

Business Office Use Only

Date Rec'd 07/20/98
Amt Paid 150.00
Rec'd By ____ Cash/Check No. 5098

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: 9838018804

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6301 S. 176th Street (no rural route) City Lincoln NE, Zip 68461

Owner Laura Moncrief/Steven Donner Address 7136 Beaver Creek Lane, Lincoln, NE 68516

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

Date of Tests 7-4-98 to 7-5-98 Weather: Precipitation Light rain Temperature 88?

Percolation Test Data Table It was raining July 5th also,

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"	7-4	7:00 AM	7-5	7:00 AM	7-5	7:00 AM	13 3/8	7-5	11:00 AM	~~4 hr~~	2 3/8	19
2	30"	"						5 7/8			4 hr	5/8	48
3	30"	"						5 3/8			4 hr	4/8	60
4	30"	"						5 7/8			4 hr	5/8	48
5	30"	"						7 3/8			4 hr	4/8	60
6	30"	"						7 1/8			4 hr	1 6/8	17.14

Sum of Percolation Rates: 6 3/8 / 0

Average of Rates: 1 1/16 IN 4 HOURS

Rate Used for Calculation: N/A

Person Conducting Percolation Tests

Name: Laura L. MONCRIEF

Phone: 423-8990

Address 7136 Beaver Creek Lane
Lincoln, NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks PERCOLATION TEST IS NOT ACCEPTABLE FOR AN ABSORPTION SYSTEM.

Signature of Reviewing Official John E Munn Date 7-17-98

FORM 23-101 10-96

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

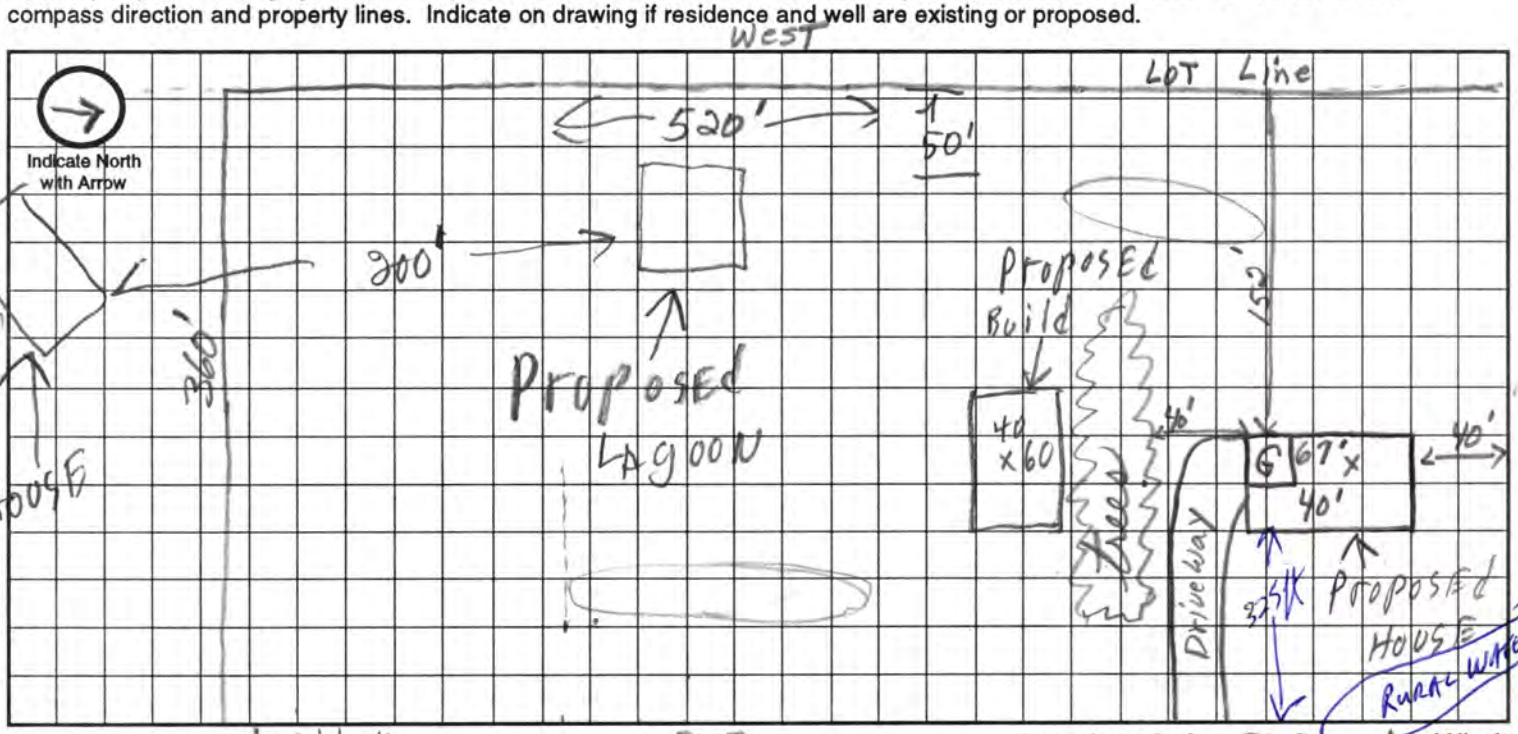
C

Permit Number: 98380 1804

Sewage Disposal System
Preliminary Plan Specifications

N →

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 6301 S. 176th STreet City Lincoln, NE NE, Zip 68461

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 By Self, Steve Nowy Date 7-17-98

Installer Dave Vogt SCD Date 7-17-98

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: 98380/804

Sewage Disposal System

As Built Plans & Specifications

Date 3-26-99

System Location (Indicate correct number and street)

Address 6301 S. 176th (no rural route) City Lincoln NE, Zip 68461

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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. ~~Absorption Field~~ LAGOON

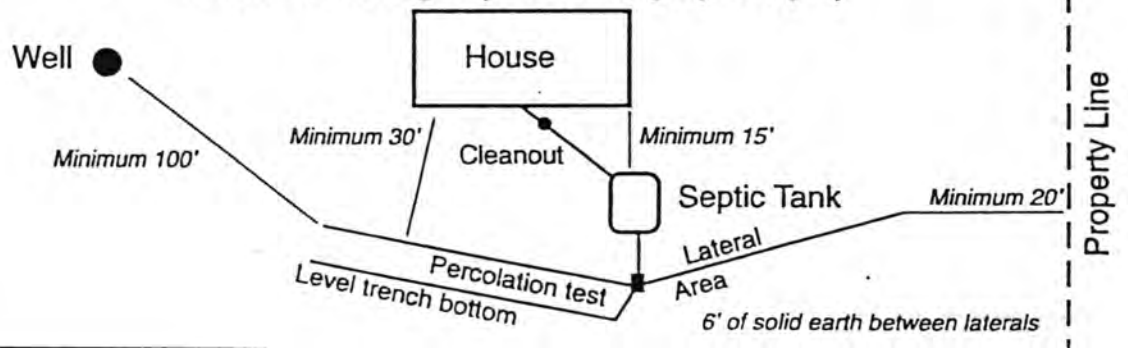
(Provide as-built drawings on back of this form)

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)

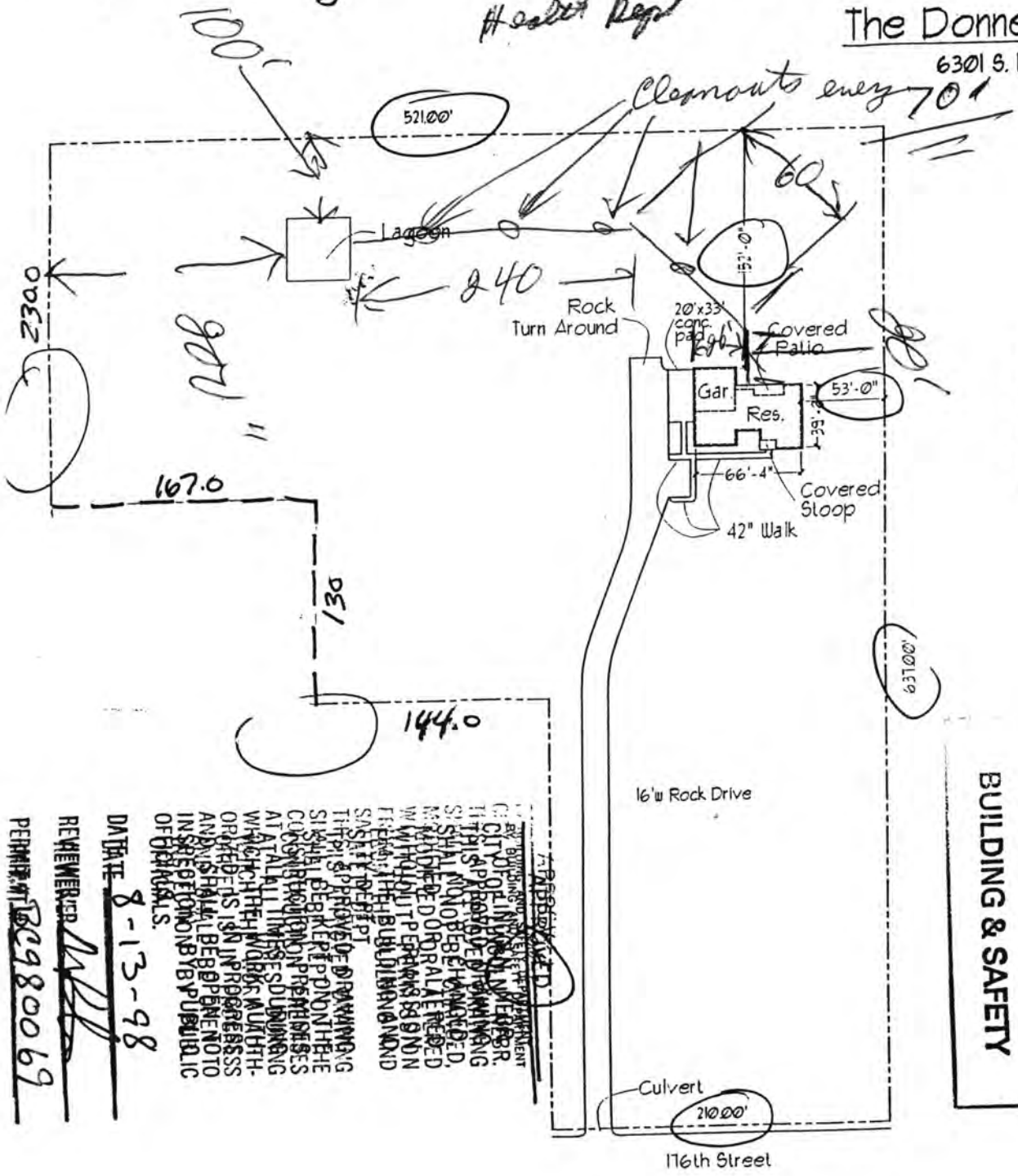


FORM 23-103 10-96

Jim 441833 Health Dept 3140E

The Donner/Moncrief Residence

6301 S. 176th Walton, NE 68461



Legal Description

Lot 29 of SE ¼ of section 14, T9N-R8E, Lancaster County, Nebraska

Notice to Owners and Builders: It is the responsibility of the owner or builder to determine that this construction does not violate any easement rights of any person or entity, including the City or violate any private covenant, and the issuance of building or other permits is not to be considered a review or approval for such items.

NORTH

Scale: 1:100

AG

FRONT: 50'

SIDE: 38.5'

REAR: 100'

ZONE C

REVISED

AUG 14 1998

BUILDING & SAFETY

DATE 8-13-98

REVIEWER

PERMIT # BC980069