Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380211201

Issued 11/10/99
Expires 05/10/00
Revenue Code 3157

FEES: $150.00

Establishment

GEORGE LOCKYER
T9N R8E SEC 21
13800 YANKEE HILL RD-BENNET

TOTAL: $150.00

Permitee

GEORGE LOCKYER
13800 YANKEE HILL RD
BENNET NE 68317

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011161

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

A

Permit Number: 9938021 12

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 13800 Yankee Hill Rd. (no rural route) City Bennet NE, Zip 68317

Legal Description SW (1/4) SE (1/4) 21 (Section) 9 (Township) 8 (Range) _____ (Subdivision) _____ (Addition) _____ (Block) 14 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name George Lockyer Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Senturia Company Name _____

Address 17201 S. 72 City/State/Zip Hickman Ne 68372

☒ Check if contractor designed system Work Phone 430-7666

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 11-10-99 Date frwd 11-10-99	ACTION ☒ Approved ☐ Disapproved Signature	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 11-10-99 Date frwd 11-10-99	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 11-10-99 Date frwd 11-10-99	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

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

Date MAY 15, 2000

Business Office Use Only

Date Rec'd 11/10/99

Amt Paid 150 ⁰⁰

Rec'd By _____ Cash/Check No. 3718

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: 993802112

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13800 Yankee Hill Rd (no rural route) City Bennet NE, Zip 68317

Owner George Lockyer Addresss

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

Date of Tests 7-13 to 7-14-99 Weather: Precipitation Trace Temperature 80s

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	7/13	8:00	7/14	7:00						30	1/2	60
2			AM		AM							1/4	120
3												3/8	80
4												0	—
5												3/8	80
6												3/8	80
7												7/8	48

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 17501 So 72nd

Hickman, NE 68372

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks LA Gen requires Sealing

Signature of Reviewing Official Date

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

C

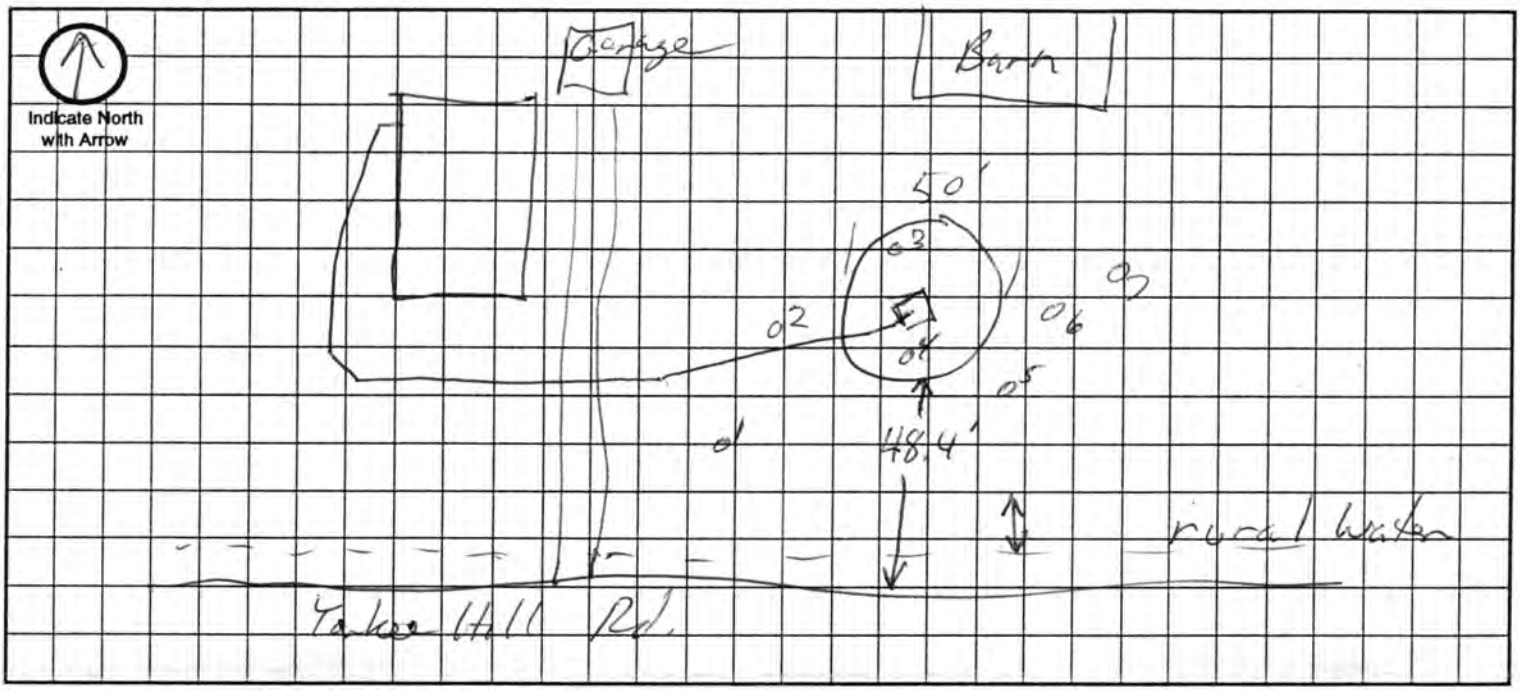
Permit Number: 9938021 12

Sewage Disposal System

Preliminary Plan Specifications

Lagoon

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) 13800 Yankee Hill Rd. City Bennet NE, Zip 68317

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 ☒	☒

48.4' from Road Right of Way

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Dan Thomas Date 11-10-99

FORM 23-102 10-96

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D

Permit Number: 9938021 12

Sewage Disposal System

As Built Plans & Specifications

Date 11-9-99

System Location (Indicate correct number and street)

Address 13800 Yankee Hill Rd. (no rural route) City Bennet NE, Zip 68317

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: 36 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and ~~septic tank:~~ 225 ft.
4. Number of clean-outs: 4 Lasco
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

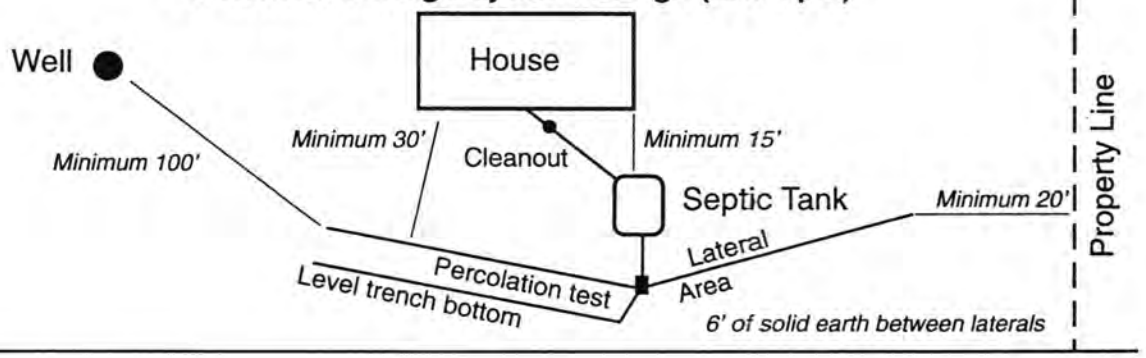
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

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

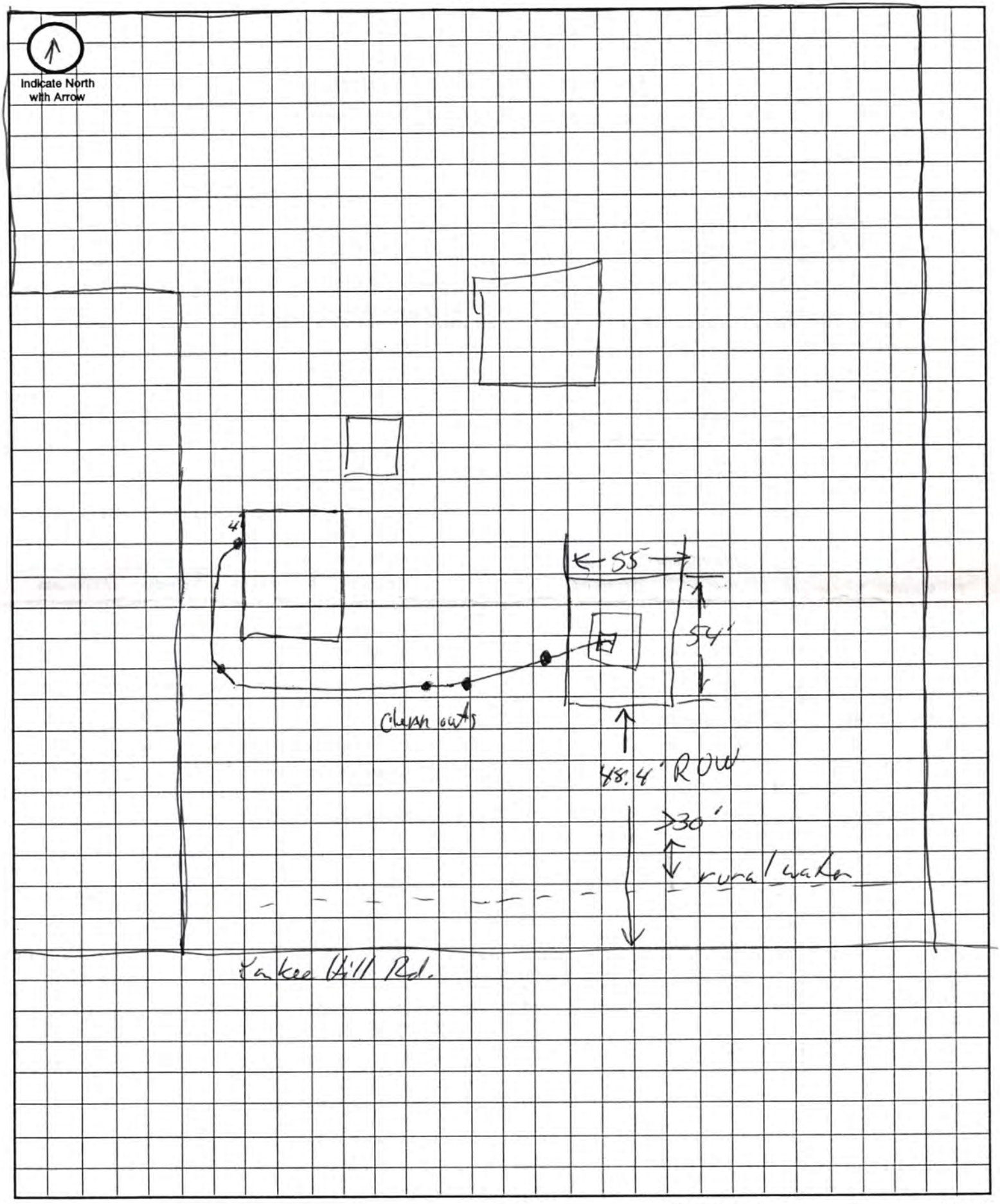
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

20 acres



Approximate Scale: _____ ft. = _____ grid line/s