Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

TODD TABOR
T9N R8E SEC 24 QTR NW
W1/2 S1/2 S1/2
176TH & MIDWAY RD

Permitee

MEYER HOMES
2816 TENNYSON ST
LINCOLN NE 68516

Permit # 00380214501

Issued 02/01/00
Expires 08/01/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011663

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

A

Permit Number: 00380245

Sewage Disposal System

CHANGE **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 176TH & MIDWAY RD

A. System Location (Indicate correct number and street)

Address W1/2 S1/2 S1/2 NW1/4 sec 24-9-8 City _____ NE, Zip 68526
(no rural route)

Legal Description 17600 Midway Rd T9N R8E
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 Todd Tabor Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Meyer Homes Company Name Meyer Homes

Address 2816 Tennyson St. City/State/Zip Lincoln NE 68516

☐ Check if contractor designed system Work Phone 423 1207

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

Designer Name Southwick Sewer and Drain Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 5 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 2-1-00 Date frwd 2/2/00 ACTION ☒ Approved ☐ Disapproved Signature John E Munn
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/2/00 Date frwd 2/2/00 ACTION ☒ Approved ☐ Disapproved Signature _____ Need Bldg Permits
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jim Pluenneke

PER J.H. THIS DATE.

Installation Final Written Approval

By John E Munn

Date 6-23-00

Business Office Use Only

Date Rec'd 02/01/00

Amt Paid 150 CK

Rec'd By _____ Cash/Check No. NONE NEWCK.

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: 00380 2145

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

will be sealed lagoon

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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)

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 SEALED LAGOON

Signature of Reviewing Official _____ Date 2-1-00

FORM 23-101 10-96

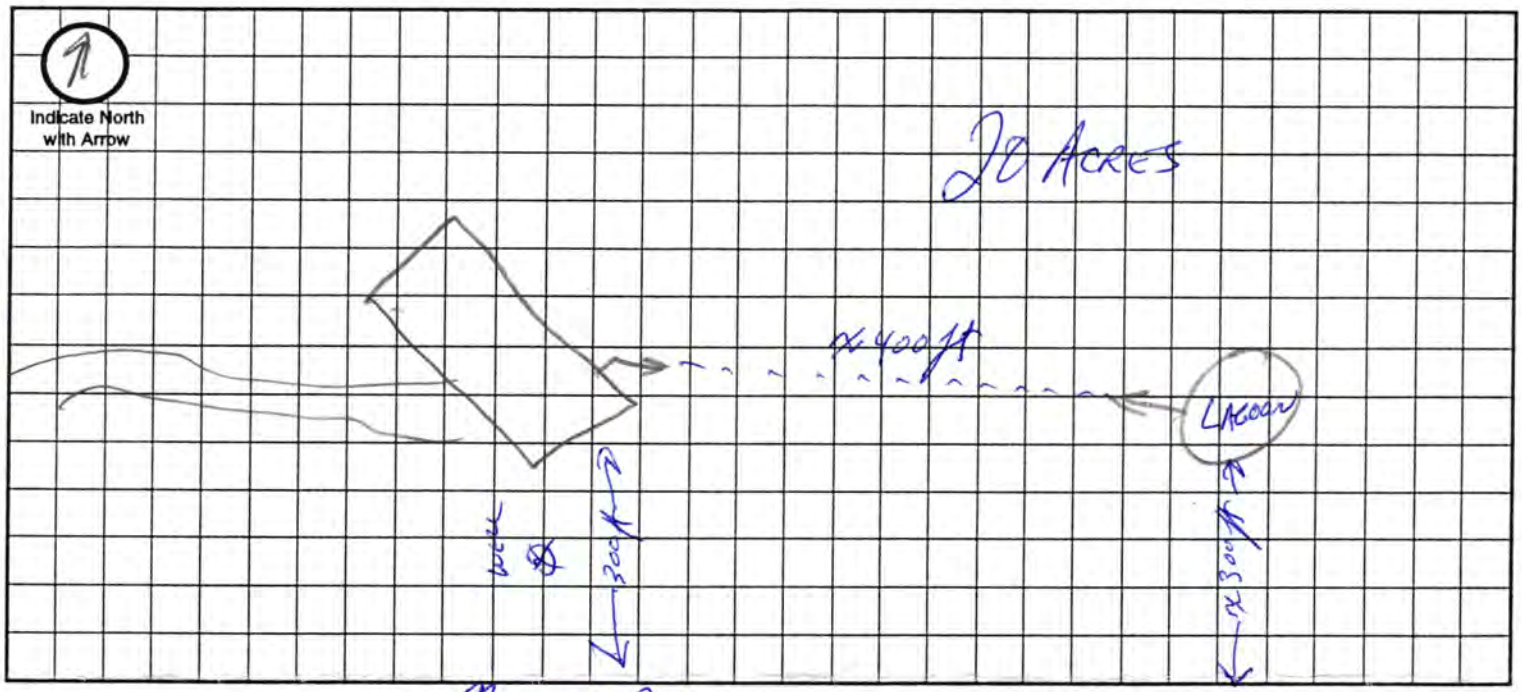
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380 2145

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 line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ 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 Meyer Homes Date _____

Installer Brad Dr[illegible] Date 1-25-00

FORM 23-102 10-96

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

CHANGED FROM LAGOON SYSTEM, JM

A

Permit Number:

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 17605 Midway RD (no rural route) City WALTON NE, Zip 68461

Legal Description 24 9N 8E
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 Todd TABOR Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name HARPER WELL & Plumbing INC Company Name _____

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

☐ Check if contractor designed system Work Phone 402-

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 5 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 _____	**ACTION** ☐ Approved	☐ Disapproved
	Date frwd _____	Signature _____	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd _____	**ACTION** ☐ Approved	☐ Disapproved
	Date frwd _____	Signature _____	
3. **City or County Engineer**	Date rec'd _____	**ACTION** ☐ Approved	☐ Disapproved
	Date frwd _____	Signature _____	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 176th Midway RD (no rural route) City WALTON NE, Zip 68461

Owner Todd Tabor Addresss

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 6/9 to 6/11 Weather: Precipitation — Temperature 90°

Percolation Test Data Table

Note: used 1000 gal of water ground was very DRY

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"	6/9	5:00	6/10	5:00 PM	6/10	6:00	14"	6/10	8:30	30	1"	30 min
2	36"	6/9						15"			30	1/2	60 MIN/IN
3	36"	6/9		STAY	AWAY			30"	END	HOLE	60	1/4	30
4	36"	6/9						30"			30	1/2	30 MIN/IN
5	36"	6/9	STAY	AWAY	END			30"	HOLE		60	1/2	45
6	36"	6/9	5:00	6/10	5:00	6/10	6:00	30"	6/10	8:30	30	1/2	60 MIN/IN

Person Conducting Percolation Tests

Name: HARPER WELL & PLUMBING INC

Phone: 402-988-2055

Address P.O. Box 15 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 Jerrold C. Hood R.E.H.S. Date JUNE 12, 2000

FORM 23-101 10-96

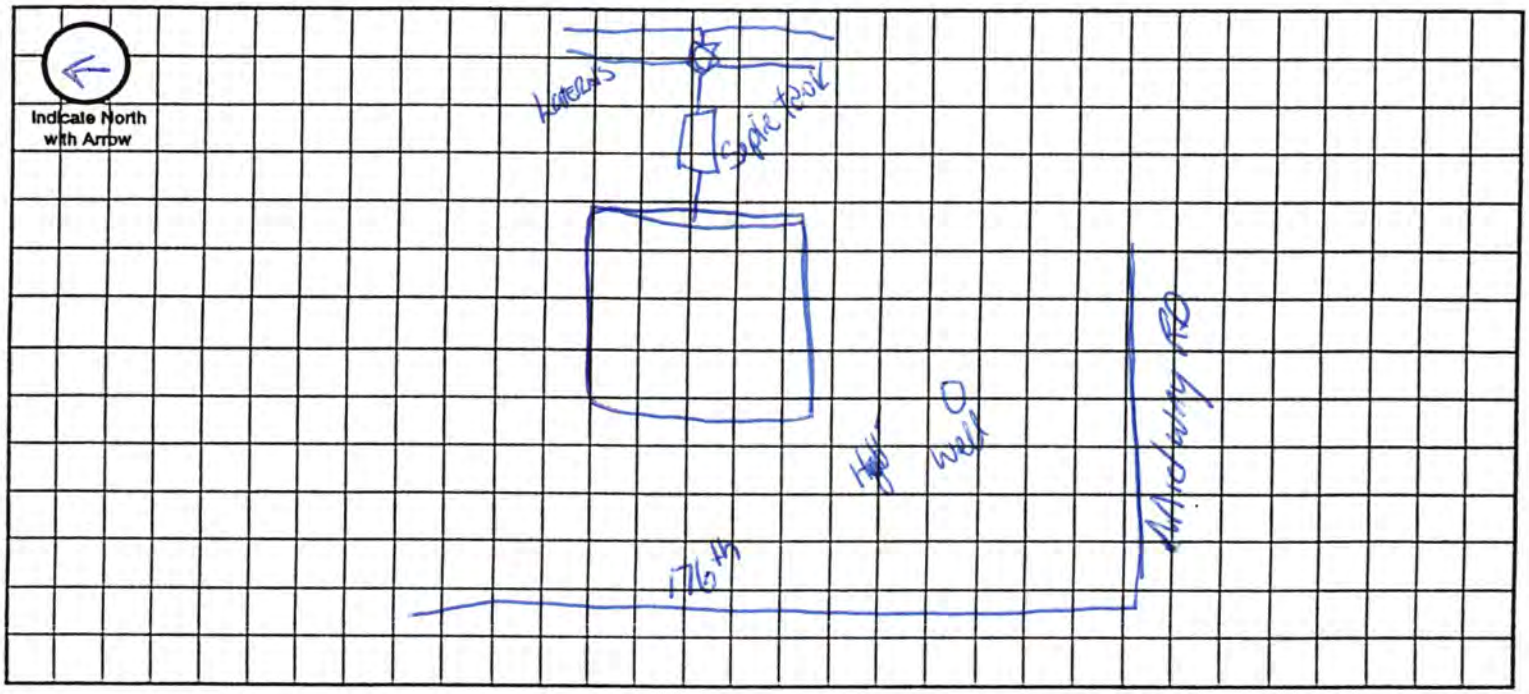
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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 line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other 1750 gal

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: Equalizer H 10

Capacity of Septic Tank 1750 gals Number of Absorption Beds: 4 Number of Distribution Laterals per Bed _____

Total Length of Laterals 100' 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	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 _____ Date _____

Installer Hayes Millard Plumbing Inc Date 6/12/2000

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 6-23-2000

System Location (Indicate correct number and street)

Address 176th Midway Road (no rural route) City Walton NE NE, Zip 68461

A. Building Sewer

1. Material: 4" PVC
   Diameter: 4" in.
2. Distance above basement floor: [illegible] in.
   or distance below basement floor: 8" in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Precast Cement TANK
   Number of compartments: ____
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 2' Center in.
   Over outlet, diameter ____ in.
   Riser: ☐ above ☒ below grade 3" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 2 in.
8. Distances to: Well or suction line 100+ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 100' ft.

D. Absorption Field

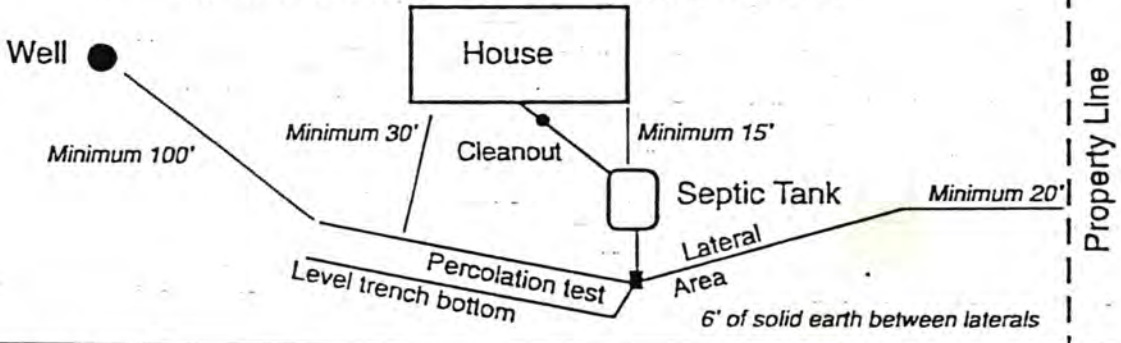
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 3"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: 100 Number 3½
   Length of each line: 100 ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 1/2 in/100 ft.
   Average depth 2' in
4. Filter material: Road gravel
   Depth of material 1' in.
5. Distances to: Well or suction line 129' ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

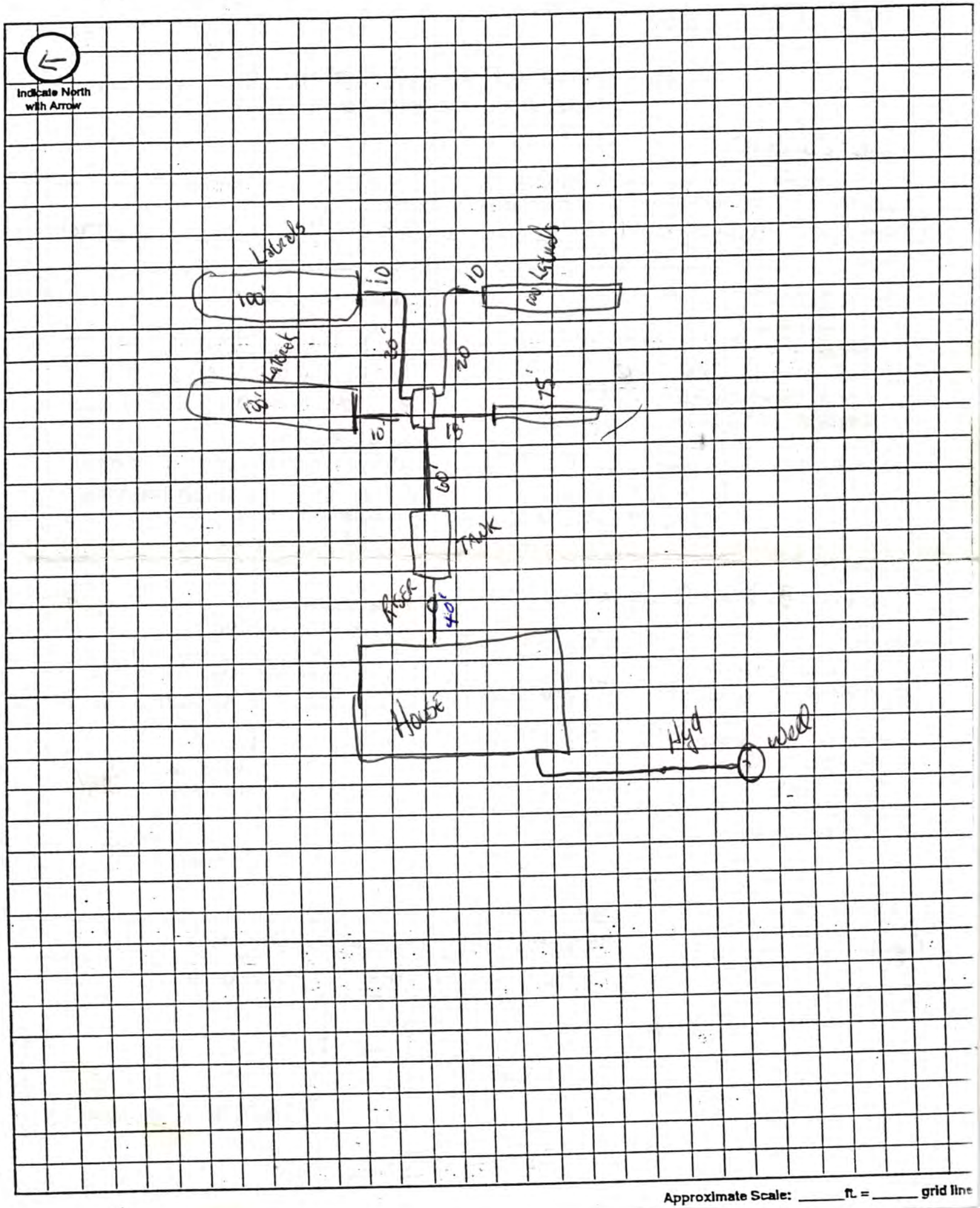
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-780

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LO

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: 5-22-91

☑ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION NE 1/4 24; BLOCK ___

LOT 20; ADDITION _____; Street Address 18?? S. MIDWAY RD.

Directions to Property S. 176th & MIDWAY RD. (So. of PINE LAKE RD.) - GO EAST ON MIDWAY RD. 3/4 MILE - NO. SIDE

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System EAST OF HOUSE Year Installed ?

CALL FIRST

	NAME	ADDRESS	PHONE
Present Owner:	TIM TABER	RT. 1 BENNET NE. 68317	782-6260
Tenant/Buyer:	PETER L SLAKESLEE	1901 D ST. #B 68502	475-1857
Return to:	DICK SEHOTT	WOODS BROS. REALTY 3737 SOUTH 27TH ST. 68502	

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Peter Slakeslee Address 1901 D St #B, 68502

==========

HEALTH DEPARTMENT USE ONLY

Date Received MAY 24, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 5/28/91

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 5/28/91 by LCH
Bacteria	☐	☐	Provisional:	☒	Date _____ by ___
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ___

Comments: THE SEWAGE SYSTEM PREDATES REGULATIONS. NO PLANS EXIST OF INSTALLATION. NO EVIDENCE OF MALFUNCTION HENCE APPROVAL IS PROVISIONAL See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☐	Approved: ☐	Provisional Approval: ☒

APPROVED BY Jerrold C. Hood R.S. DATE JUNE 26, 1991

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832