Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380220101

Issued 06/26/00
Expires 12/26/00
Revenue Code 3157

Establishment

DON JOHNSON HOMES
T9N R8E SEC 26 QTR NW
LOT 22
16555 YANKEE HILL RD-BENNET

FEES: $150.00

Permitee

DON JOHNSON HOMES
7211 S 27 ST
LINCOLN NE 68512

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013376

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

A

Permit Number: 03862201

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 16555 Yankee Hill Rd (no rural route) City Bennet NE, Zip _____

Legal Description Parcel 22-26 100-003-00 L22 NW 26-9-8
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 Don Johnson Homes Signature Don Johnson

Address 7211 S 27th City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone 436-3228 Work Phone 430-7880

C. Contractor

Name Dave Vogt Company Name Vogt

Address PO Box 181 City/State/Zip Elmwood NE 68349

☐ Check if contractor designed system Work Phone 560-4267

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 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 6/16/00 Date frwd 6/16/00 ACTION ☒ Approved ☐ Disapproved Signature Gerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-16-00 Date frwd 6-16-00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____

8/17/00 Need drawing. CH

Installation Final Written Approval

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

Date AUGUST 28, 2000

10/2/01 PUT SPACER IN TANK ADD 24' LATERAL

Business Office Use Only

Date Rec'd 06/16/00

Amt Paid 150.00

Rec'd By LS (MAIL) ~~Cash~~/Check No. 05247

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: 03802201

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16555 Yankee Hill Rd (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): Clay Wymore Silty Clay Loam Percolation Rate: 25 min./inch

Date of Tests 4-8-00 to 4-9-00 Weather: Precipitation None Temperature 60°

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	30	4-8	11:00	4-9	11:30	4-9	11:30	6	4-9	Noon	30	1 1/8	26.66
2	30	4-8	11:00	4-9	11:30	4-9	11:30	6	4-9	Noon	30	1 1/4	24
3	30	4-8	11:00	4-9	11:30	4-9	11:30	6	4-9	Noon	30	1 1/4	24
4	30	4-8	11:00	4-9	11:30	4-9	11:30	6	4-9	Noon	30	1 1/4	24
5	30	4-8	11:00	4-9	11:30	4-9	11:30	6	4-9	Noon	30	1 1/8	26.66
6	30	4-8	11:00	4-9	11:30	4-9	11:30	6	4-9	Noon	30	1 1/4	24

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 560-4267
Address P.O. Box 181
Elmwood, NE 68349

Sum of Percolation Rates: 149.32
Average of Rates: 24.88
Rate Used for Calculation: 25

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 16, 2000

FORM 23-101 10-96

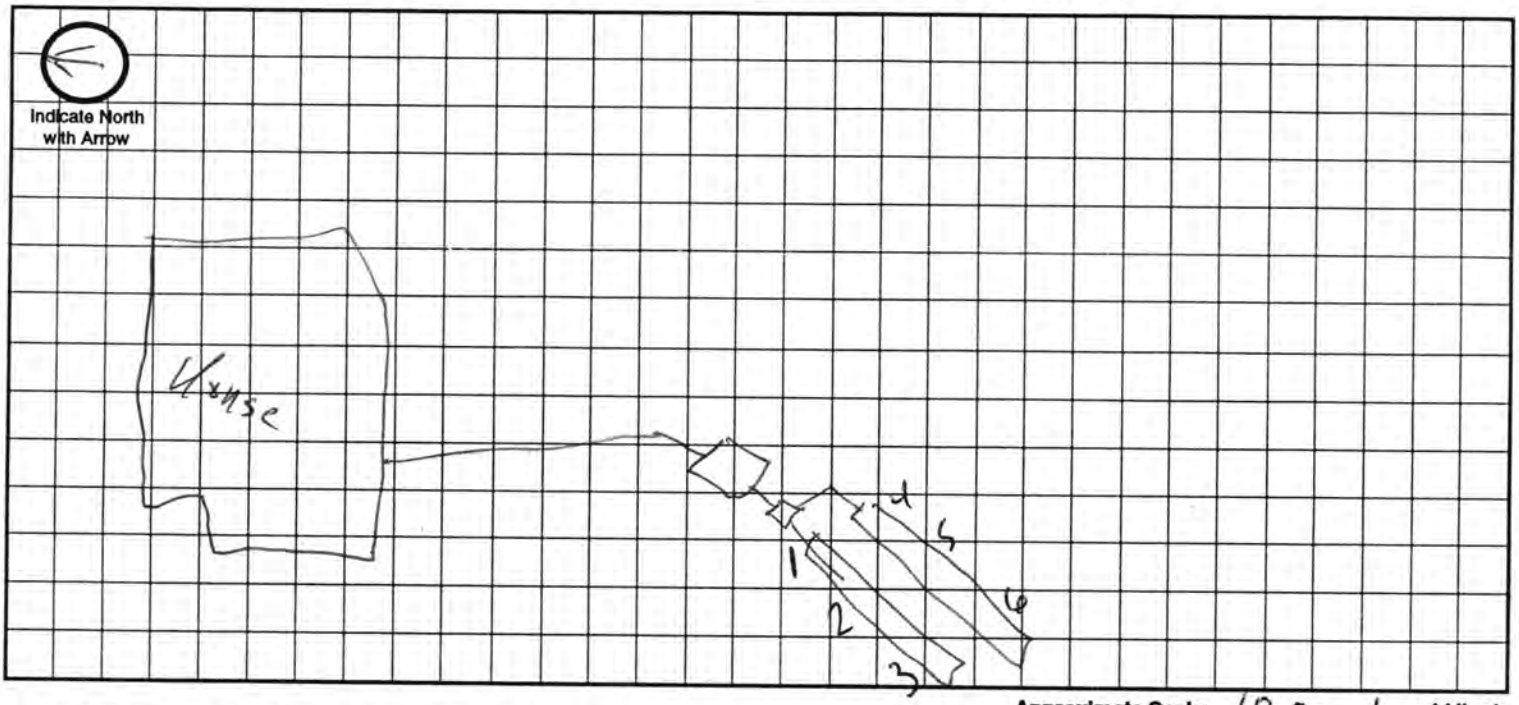
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0038 02201

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 16555 Yankee Hill Rd 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 25 (min. per inch) Soil Type: ~~[illegible]~~ WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: ~~920~~ 1000 sq. ft.

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

Capacity of Septic Tank ~~1000~~ 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 230 ft. Number of Trenches _____ 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 _____ Date 6-2-00

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-17-00

System Location (Indicate correct number and street)

Address 16555 Yankee Hill Rd (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4in in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 3 ft in.
3. Distance between dwelling and septic tank: 130 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 200 ft.
   stream 150 ft.
   pressure line ____ ft.
   property line 150 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: ____
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☒ below grade NA in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 200 ft.
   Stream 200 ft.
   Pressure line 150 ft.
   Property line 150 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

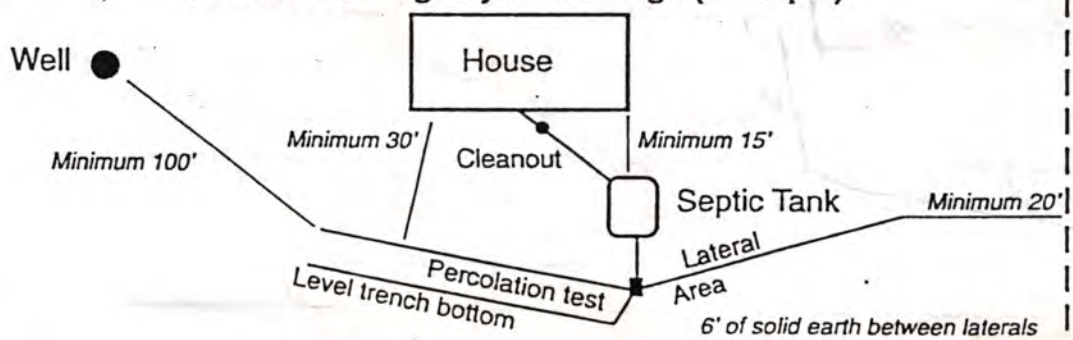
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other Infiltrators
2. Lateral lines: 8 Number 3
   Length of each line: 80 ft. 80 ft.
   72 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 36 in
4. Filter material: Plastic
   Depth of material 24 in.
5. Distances to: Well or suction line 200 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 150 ft.

Indicate North with Arrow

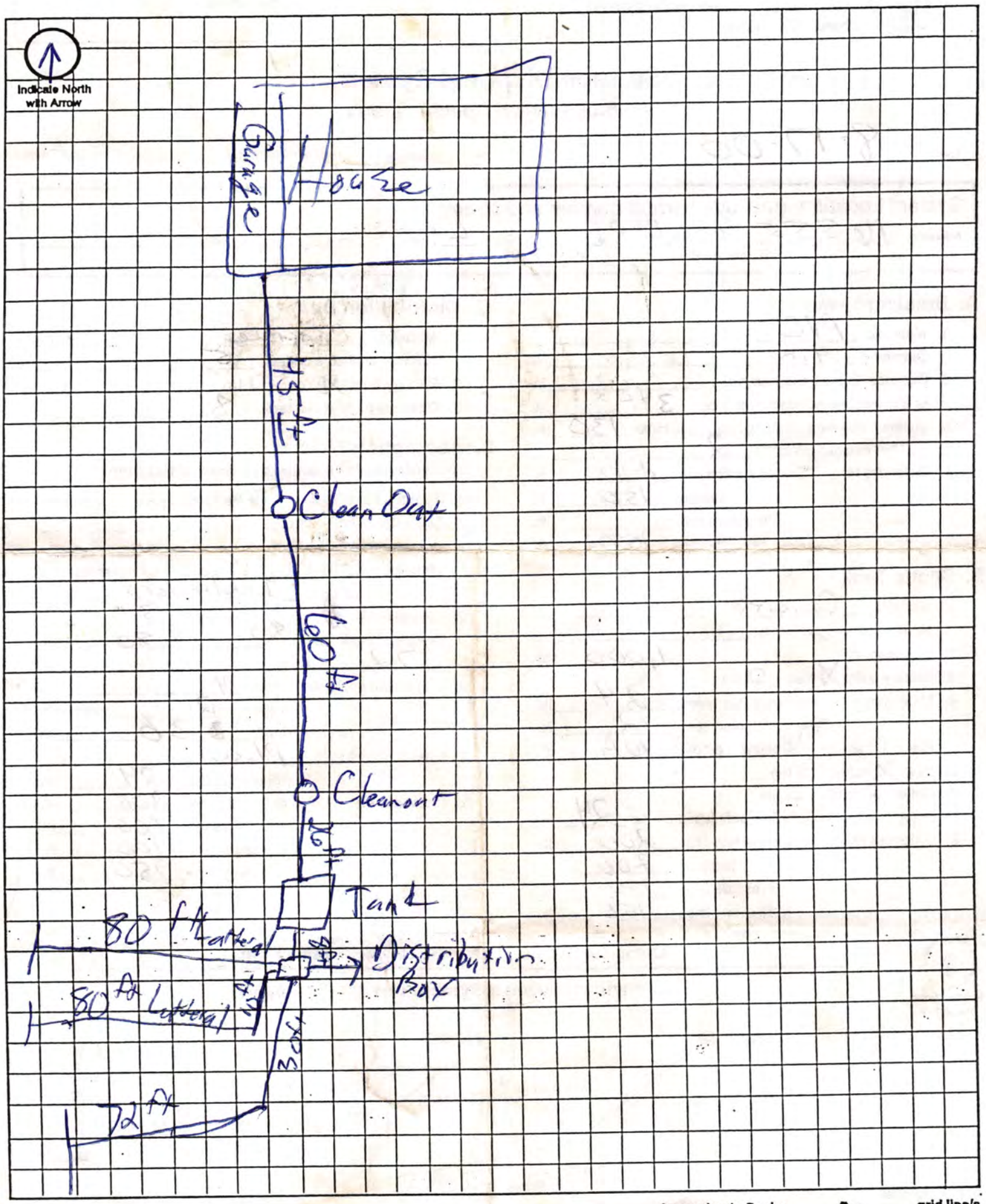
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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