LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 963801528O1

Issued 12/19/96
Expires 06/19/97
Revenue Code 18754

Establishment

GARY CORNISH
T9N R8E SEC 26 LCR 3221
LOT 8
9907 S 176 St.

FEES: $150.00

TOTAL $150.00

Permittee

GARY CORNISH
RR0001
BOX 00133
BENNET NE 68317

Issued By M. Jane Ford
Health Director

2896

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:

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 ~~17500~~ 9901 S. 176th Rokeby Rd City Bennet NE, Zip 68317 (no rural route)

Legal Description SE 1/4 26 9N 8E ___ ___ 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 Gary Cornish Signature N/A

Address ~~17500~~ Rokeby Rd City/State/Zip Bennet Ne 68317

☐ Check if owner designed system Home Phone 782-6495 Work Phone 782-3300

C. Contractor

Name Greg Shinault Company Name Pride Homes

Address 4740 Linden City/State/Zip Lincoln Ne 68506

☑ Check if contractor designed system Work Phone 434-3220

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

Designer Name Tim Hoffaber Firm Wellmann Plumbing Work Phone 434-2400

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 12-17-96 Date frwd 12-17-96 **ACTION** ☒ Approved ☐ Disapproved Signature John F. Miller
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-18-96 Date frwd 12-18-96 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 12-17-96 Date frwd 12-17-96 **ACTION** ☑ Approved ☐ Disapproved Signature Larry L. Worrell

3/14/97 Need fence, segregate, Lot 4

Installation Final Written Approval

12-19-97 No lock or signs

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

Date OCTOBER 4, 2001

Business Office Use Only 3116

Date Rec'd ___

Amt Paid ___

Rec'd By ___ Cash/Check No. ___

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

B

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

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 9991 So 176TH ST (no rural route) City LINCOLN NE, Zip 68517

Owner CORNISH, GARY Address 17400 RAKEBY RD, LINCOLN, NE

Soil Type (SCS): Clay loam Percolation Rate: D min./inch

Date of Tests 12-8-96 to 12-9-96 Weather: Precipitation 0 Temperature 40

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	12-8	10:00A	12-9	6:00P	12-9	6:00P	6"	12-9	6:30P	30min	0	0
2	30	12-8	10:00A	"	6:00P	"	"	6"	12-9	"	"	1/4	120
3	30	12-8	10:00A	"	6:00P	"	"	6"	"	"	"	0	0
4	30	12-8	10:00A	"	6:00P	"	"	"	"	"	"	1/4	120
5	30	12-8	10:00A	"	6:00P	"	"	"	"	"	"	1/8	240
6	30	12-8	10:00A	"	6:00P	"	"	"	"	"	"	0	0

Sum of Percolation Rates: 480

Average of Rates: 0

Rate Used for Calculation: > 60 min/in

Person Conducting Percolation Tests

Name: Brian Shafer

Phone: 464-0638

Address 2700 Dun Ave.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Not ACCEPTABLE FOR ABSORPTION SYSTEMS. A LAGOON IS PLANNED.

Signature of Reviewing Official [signature] Date 12-17-96

FORM 23-101 10-96

6C69

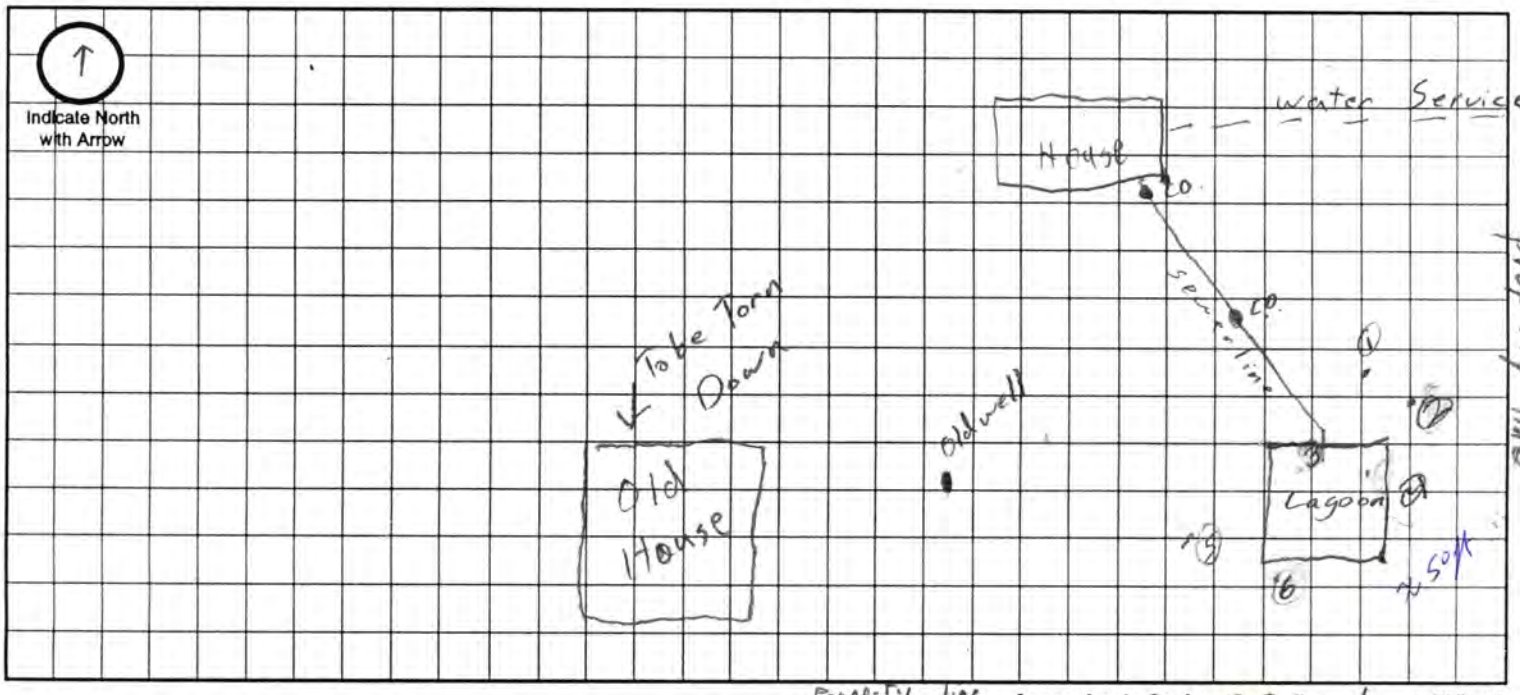
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 9915 176th City Lincoln NE, Zip 68517

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 0 (min. per inch) Soil Type: CLAY "0" PERC. Land Slope: 3-7 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Lagoon

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 (Pride Homes) Date 12-17

Installer (Wellman Plumbing) Date 12-17

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 3-11-97

System Location (Indicate correct number and street)

Address 17500 Rokeby (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Scedule 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: — ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line 150 ft.
   property line 100 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

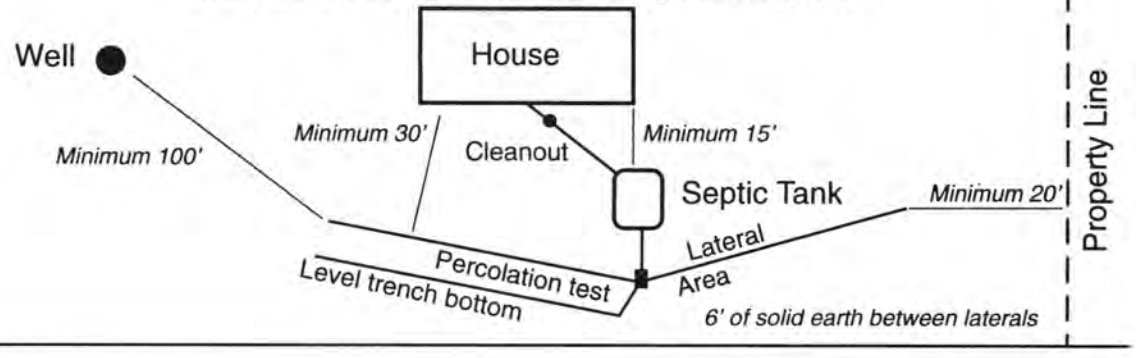
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

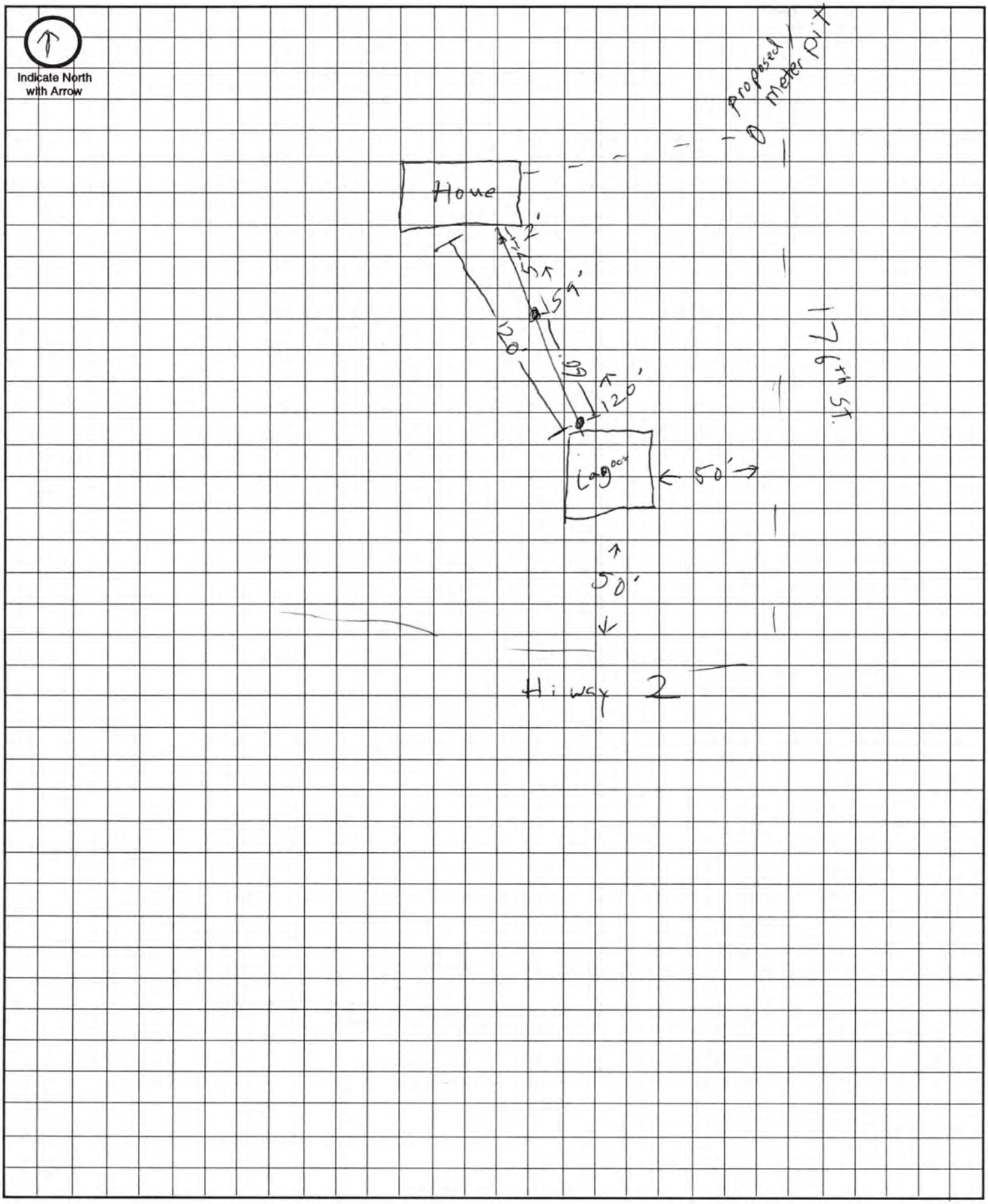
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

PRIDE HOMES
BY GREG SHINAUT
4740 LINDEN STREET
LINCOLN NE 68506
Lot 8
Pt. Lot 14
Tract No. 2
See Sheet ROW 4
Tract No. 3
See Sheet ROW 4
PROPANE TANK
CULTIVATED
New R.O.W. & C.A.
CROP LINE
CMB (T/R)
Cor. 9.38 Rt.
Sta. 99+70.33
New R.O.W.
99+85.96 - 249.93 ℄ Hwy. (819.98' ℄)
9112+50 - 15 ℄ Co. Rd.
99+55.96 - 250.10 ℄ Hwy. (820.24' ℄)
9111+23.97 - 20 ℄ Co. Rd.
99+50.99 - 123.98 ℄ Hwy. (406.76' ℄)
99+58.09
124.04 ℄ (406.95' ℄)
99+60.22
124.06 ℄ (407.02' ℄)
9112
9111
99+60.26
24.15 ℄ (79.23' ℄)
99+58.10
24.15 ℄ (79.23' ℄)
99+80.38
24.10 ℄ (79.07' ℄)
99+92.12
60 ℄ - End C.A.
9110+33.01 - 22.13 ℄ Co. Rd. (72.60' ℄)
99+93 - 33 ℄ Hwy.
P.I. Sta. 9110+00.000 ℄ Co. Rd. =
Sta. 99+70.857
Δ= 0°23'1.744" Lt.
100
101
95
96
98
138.89'
1,437.47'
1,282.9'
Hwy 77
Pipe Post