Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

DWAIN DEBOER
T9N R8E SEC 28
LOT 4IT
9400 S 134 ST-BENNET

Permitee

DWAIN DEBOER
100 MONROE ST
BENNET NE 68317

Permit # 99380203601

Issued 07/09/99
Expires 01/09/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

T IN A PROMINENT PLACE • NOT TRANSFERABLE

010689

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

A

Permit Number: 9938020360

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 9400 S. 134th (no rural route) City BENNET NE, Zip 68317

Legal Description 9N, R8, 28 4 I T
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 DWAIN & MARY LEE DE BOER Signature Dwain & MaryLee De Boer

Address 100 Monroe City/State/Zip Bennet, Ne 68317

☐ Check if owner designed system Home Phone 402/782-2895 Cellular Work Phone 432-4554

C. Contractor

Name Gerald Sterns Company Name Sterns Construction

Address 350 Madison City/State/Zip Bennet, NE 68317

☒ Check if contractor designed system Work Phone 782-6245

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 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 7/8/99 Date frwd 7/8/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/8/99 Date frwd 7/8/99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7/8/99 Date frwd 7/8/99 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jim Bone

Date 8-26-99

Business Office Use Only

Date Rec'd 07/08/99

Amt Paid 150.00

Rec'd By cs ~~Cash~~/Check No. 3090

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: 99380203601

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9400 S. 134th (no rural route) City Bennet NE, Zip 68317

Owner Durain DeBoer Addresss 100 Monroe, Bennet, NE 68317

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

Date of Tests 7-18-98 to 7-19-98 Weather: Precipitation none for 2 days Temperature 90-98

Percolation Test Data Table

A.	B. on top of gravel	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	32"	7-18	11 AM	7-19	11:30 AM	7-19	11:45	6"	7-19	3:45	4 hrs	2¼"	
2	30½	"	"	"	"	"	"	"	"	"	"	4½"	
3	28	"	"	"	"	"	"	"	"	"	"	2⅞"	
4	33	"	"	"	"	"	"	"	"	"	"	6"	
5	33	"	"	"	"	"	"	"	"	"	"	3"	
6	30	"	"	"	"	"	"	"	"	"	"	2"	
7	30	"	"	"	"	"	"	"	"	"	"	8"	
8	28	"	"	"	"	"	"	"	"	"	"	3¼"	
9	30	7-20	5 AM	7-21	6 AM	7-21	7 AM	6"	7:21	11 AM	"		
10	30	"	"	"	"	"	"	"	"	"	"		

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Duran DeBoer

Phone: 782 2895

Address 100 monroe
Bennet Nebr 68317

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks LAGOON MUST BE SEALED

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date JULY 8, 1999

FORM 23-101 10-96

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

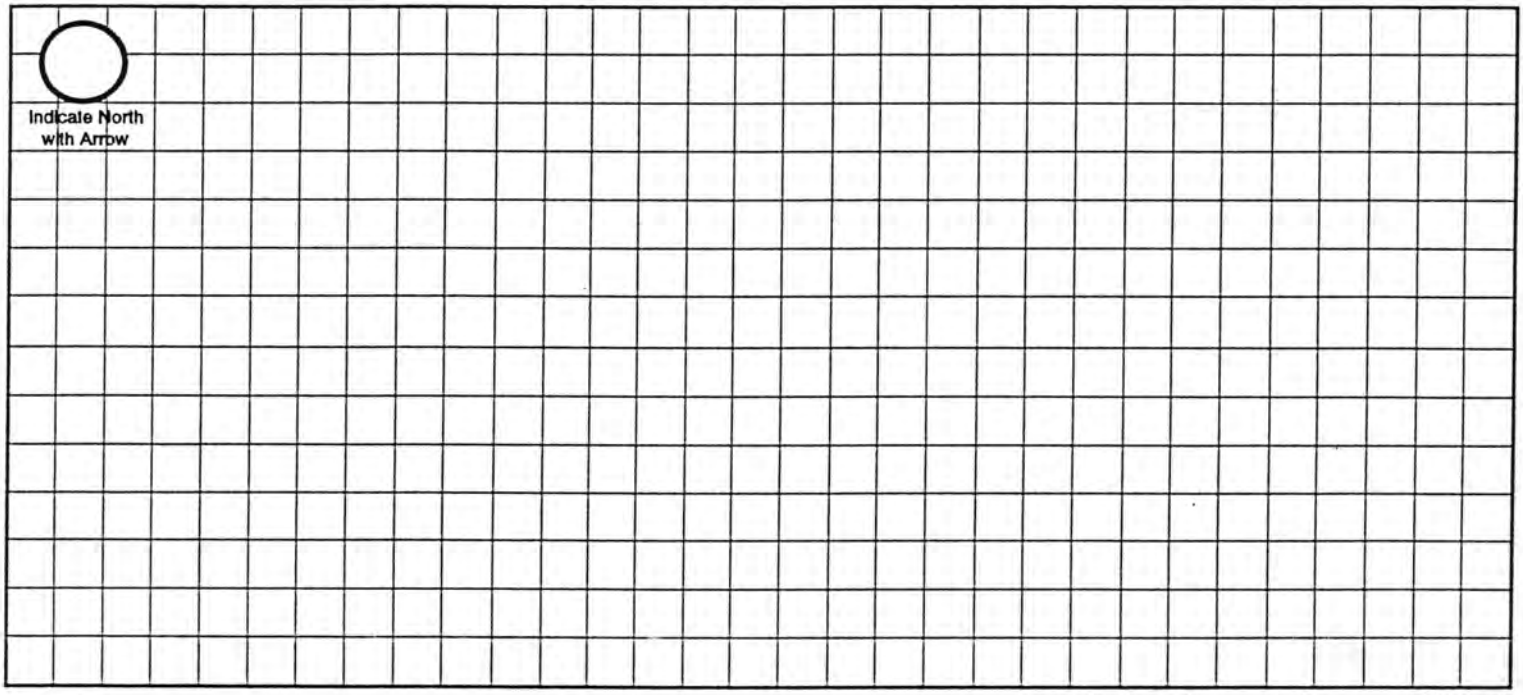
C

Permit Number: 4938020 3601

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) 9400 S. 134th 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 N/A ☐	500 N/A ☐	50 ☑	N/A ☐	30 ☑	50 ☑	100 ☑	200 ☑	☑

E. Required Signatures

Home Building Contractor Moved in Duran Doe Boer Date 7-6-99

Installer Lenel Sterns STERNS CONST Date 7-6-99

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: 99 3802036 01

Sewage Disposal System

As Built Plans & Specifications

Date 7-22-99

System Location (Indicate correct number and street)

Address 9400 s. 134th (no rural route) City Bennet NE, Zip 68317

A. Building Sewer

1. Material: PVC SCH 40
   Diameter: 4" 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

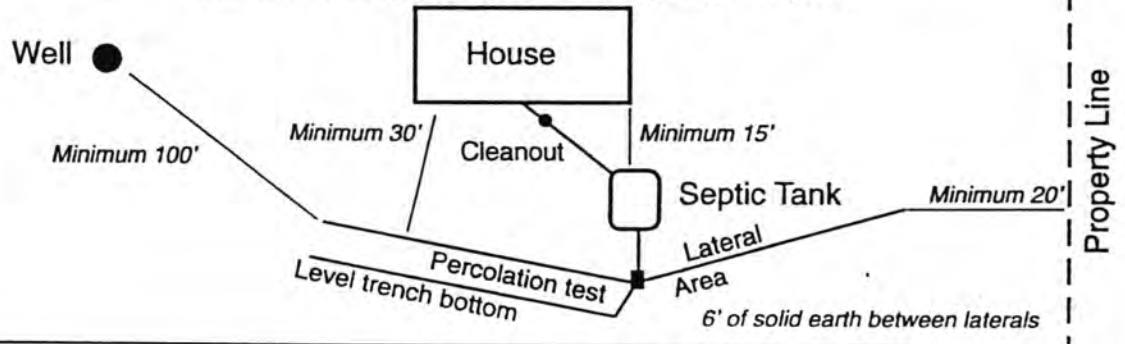
(Provide as-built drawings on back of this form)

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

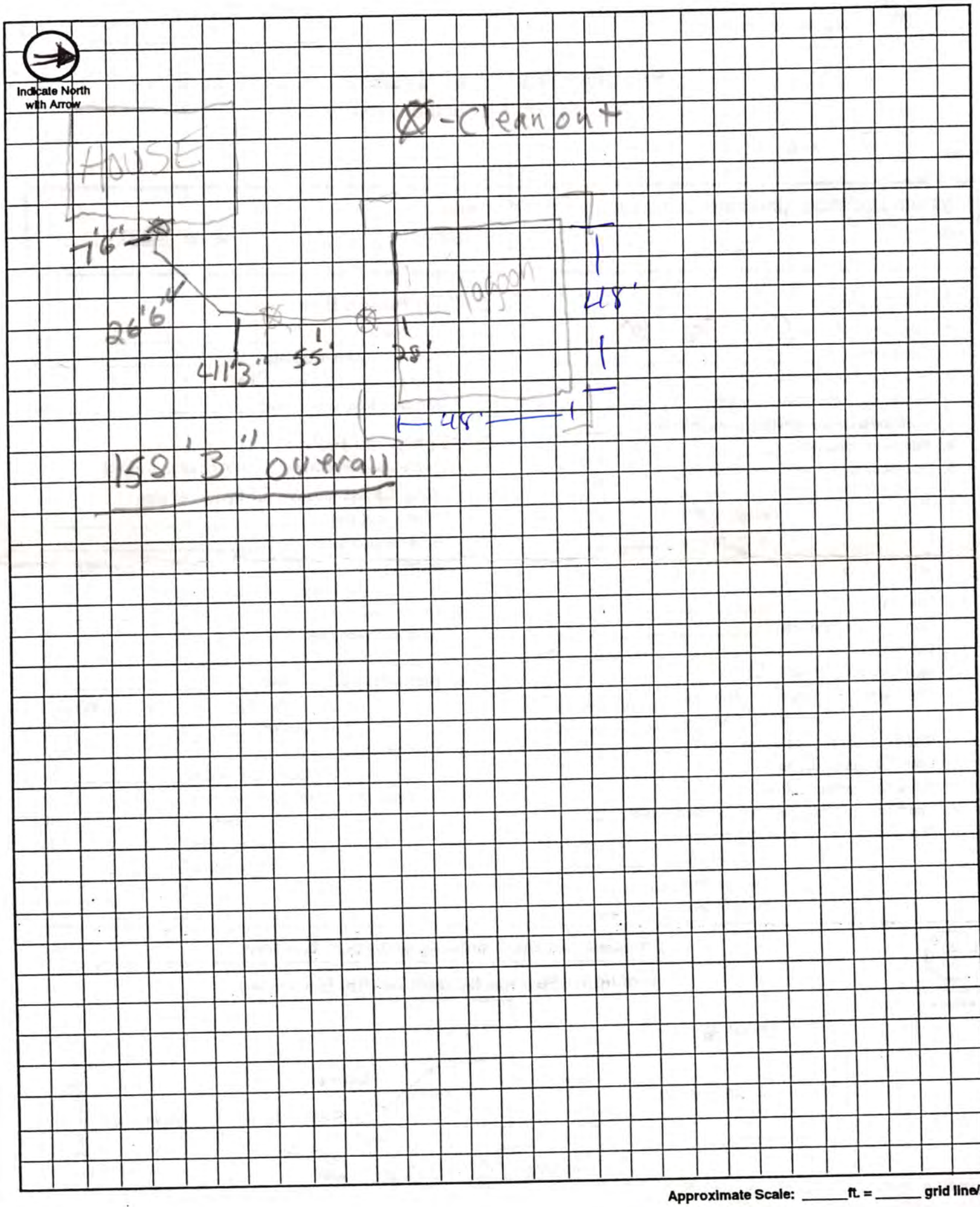
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

Well/Sewage System Inspection Form

Lincoln-Lancaster County Health Department
3140 "N" Street • Lincoln, NE 68510
402-441-8022

Legal Description T9 R8 Sec 28 Lot 4 IT **Location** 6100 S. 134th St

Owner/Requestor Dustin De Boer

Type of Inspection:

- [x] New System - Initial
- [ ] New System - Follow-up
- [ ] Existing System - Repair
- [ ] Existing System - Follow-up
- [ ] Loan Approval
- [ ] Consultation
- [ ] Other (Specify)

Remarks lagoon needs sealing - bentonite;
Fence w/ gate
8/26/99 - Lagoon sealed, fence w/ gate & signs installed

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown."

Water System

1. Approved Permit (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System: ☐ Septic ☒ Lagoon

1. Approved Permit (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line, Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. (Lagoon Fencing, Warning Signs, Vegetation Dike Damage, Locked Gate, Water Depth)
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspection by: J Bare

Received by:

Date: 7-22-99
8-26-99

Inspfrm Revised 5/95