LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit No. 97380162701

SEWAGE INSTALLATION
LAGOON

Issued 08/04/97
Expires 02/04/98
Revenue Code 18754

Establishment

HAROLD BUSBOOM
T10N R5E SEC 7
3401 NW 126 STREET

FEES: $150.00

TOTAL $150.00

Permittee

HAROLD BUSBOOM
3401 NW 126 ST
LINCOLN NE 68524

5094

Issued By M. Jane Ford
Health Director

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: 9738016 27-01

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 3401 NW 126 (no rural route) City LINCOLN NE, Zip 68524-8802

Legal Description N½ of SE¼ 7 10 5
(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 HAROLD BUSBOOM Signature Harold Busboom

Address 3401 NW 126 City/State/Zip LINCOLN, NE 68524

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

C. Contractor

Name _____ Company Name EARNEST WELL DRILLING INC

Address PO Box H City/State/Zip MILFORD, NE 68405

☐ Check if contractor designed system Work Phone 761-2281

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

Designer Name EARNEST WELL DRILLING INC Firm SAME Work Phone 761-2281

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 8/1/97 Date frwd 8/4/97	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hoo	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 8/4/97 Date frwd 8/4/97	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 8-4-97 Date frwd 8-4-97	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Rounds	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only 3236

Date Rec'd 7/21/97

Amt Paid 150 ck

Rec'd By _____ ~~Cash~~/Check No. 7195

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: 9738016 27 01

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3401 NW 126 (no rural route) City LINCOLN NE, Zip 68524-8802

Owner HAROLD BUSBOOM Addresss 3401 NW 126, LINCOLN, NE 68524

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

Date of Tests 5/15/97 to 5/16/97 Weather: Precipitation NONE Temperature 70°

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"	5/15	4:00p	5/16	8:00a	5/16	8:15a	6"	5/16	12:15p	30 min	0"	30/0
2	36"	5/15	4:00p	5/16	8:00a	5/16	8:15a	6"	5/16	12:15p	30 min	0"	30/0
3	36"	5/15	4:00p	5/16	8:00a	5/16	8:15a	6"	5/16	12:15p	30 min	0"	30/0
4	36"	5/15	4:00p	5/16	8:00a	5/16	8:15a	6"	5/16	12:15p	30 min	0"	30/0
5	36"	5/15	4:00p	5/16	8:00a	5/16	8:15a	6"	5/16	12:15p	30 min	0"	30/0
6	36"	5/15	4:00p	5/16	8:00a	5/16	8:15a	6"	5/16	12:15p	30 min	0"	30/0

Person Conducting Percolation Tests

Name: HAROLD BUSBOOM
Phone: 795-2785
Address BOX 194
PLEASANT DALE, NE 68423

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

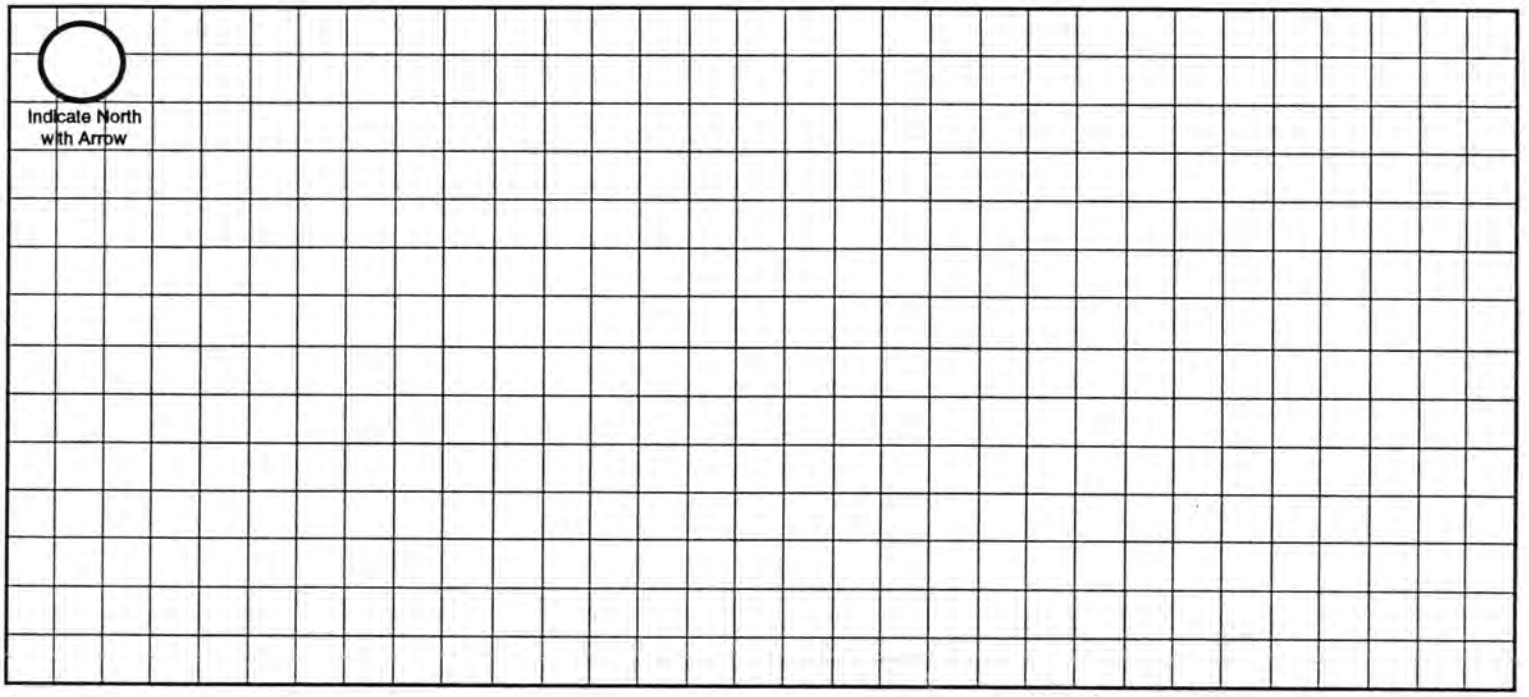
C

Permit Number: 973801627 01

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) 3401 NW 126 th City Lincoln NE, Zip 68524 8802

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 _____ Date _____

Installer _____ Date _____

SEP 1 5 1997

D

Jan

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

Permit Number: 9738016270 01

NW 126th St, Adams, N. upon w side

Sewage Disposal System

As Built Plans & Specifications

Harold Bus boom

Date 9/11/97

System Location (Indicate correct number and street)

Address 3401 NW 126 (no rural route) City Lincoln NE, Zip 685248802

A. Building Sewer

Lagoon

1. Material: SDR26
   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

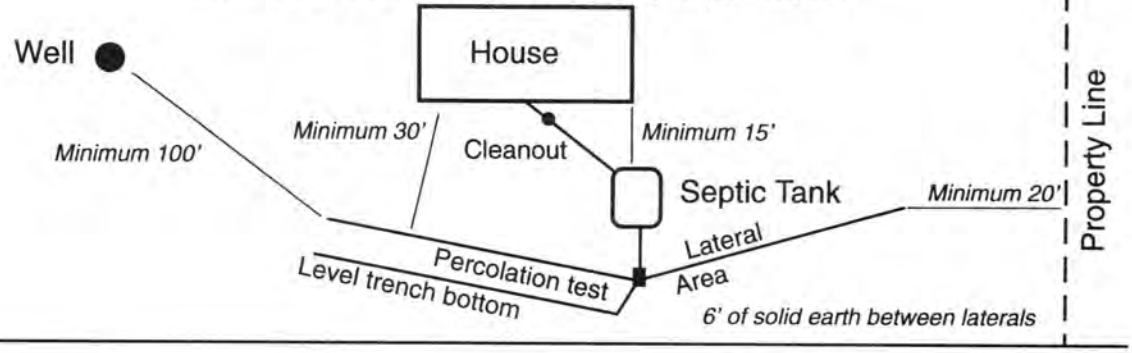
(Provide as-built drawings on back of this form)

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

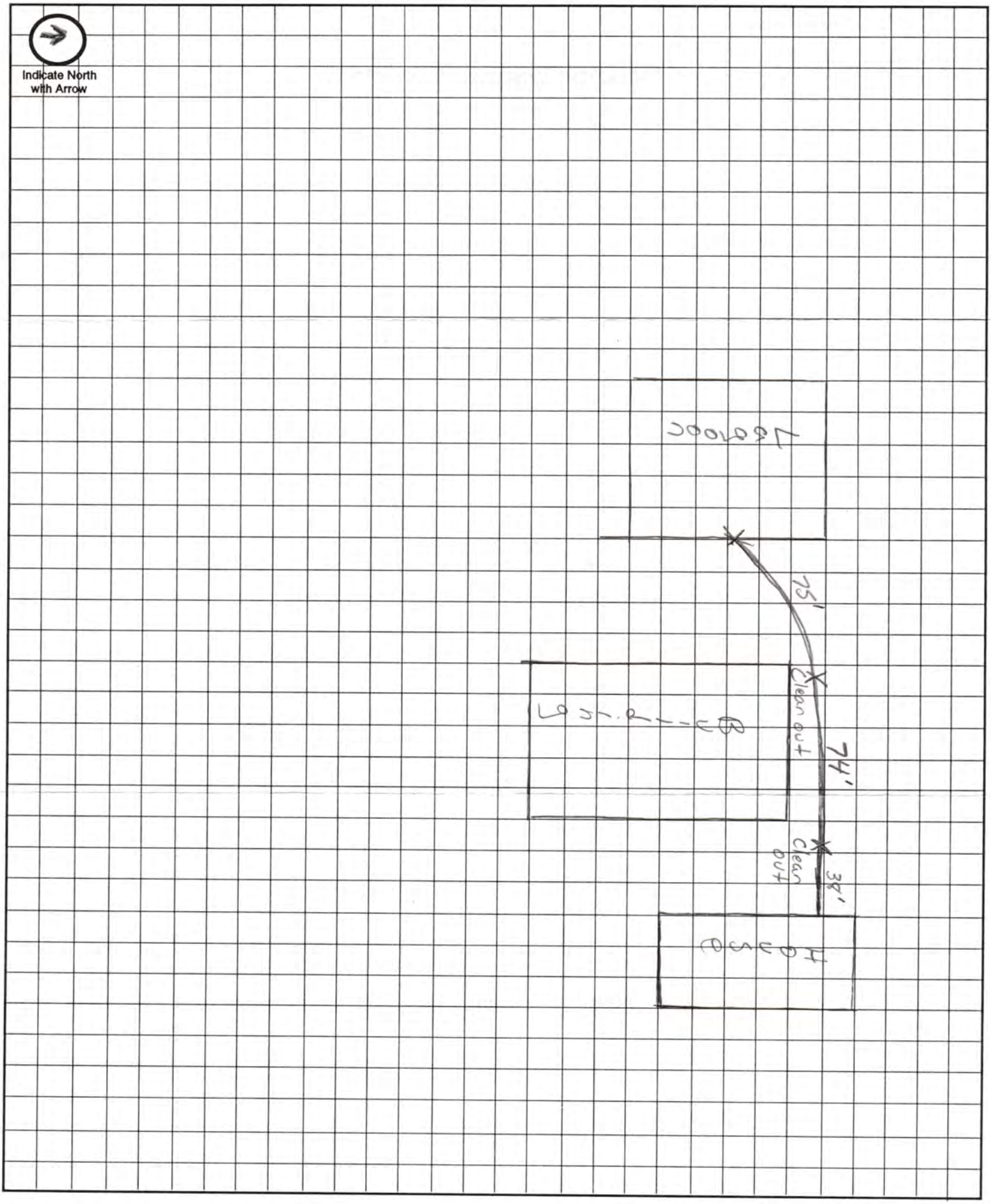
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


NOT TO SCALE
Lancaster Co. 1987 Photo No.
T-10-N R-6-E 220 Sect. 7
3324
T1419
1
24.4
HEL/NW
2
22.1
NHEL/NW
1
2.6 HEL/NW
1384
T1387
1357
T1373
1
14.4
HEL/NW
3884
T1169
2
46.2
HEL/NW
1388
T1390
1
4.9
2
69.0
HEL/NW
HEL/NW
4021
T1415
1
33.4
HEL/NW
4020
T1428
1
36.7
HEL/NW
1045
T1214
1
57.8
SEWARD CO.
1981
4281
MT 9087
T1244
1343
T1365
1384
T1388