LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380180301

Issued 07/20/98
Expires 01/20/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

MIKE NORMAN
T12N R6E SEC 18 QTR NW
NW QTR OF NW QTR
5401 W AGNEW RD-VALPARAISO

Permittee

MIKE NORMAN
2400 N 63 ST
LINCOLN NE 68507-2417

Issued By Health Director
Lincoln-Lancaster County Health Department

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

007850

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

A

Permit Number: 98380/803 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 5401 West Agnew Rd. (no rural route) City Valparaiso NE, Zip 68065

Legal Description N.W. ¼ of N.W. ¼ 18 12N 6E
(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 Mike Norman Signature [signature]

Address 2400 No. 63rd City/State/Zip Lincoln Nebr. 68507

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

C. Contractor

Name Norman Plbg. Company Name Same

Address 4217 Progressive Ave City/State/Zip Lincoln Nebr. 685

☑ Check if contractor designed system Work Phone 464-5721

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

Designer Name Mike Norman Firm Norman Plbg. Work Phone 464 5721

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 1207 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 7/17/98 Date frwd 7/21/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7.21.98 Date frwd 7.21.98 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 7/21/98 Date frwd 7/21/98 ACTION ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 07/20/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 17365

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 JUL 2 3 1998

Permit Number: 98380/80301

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5401 West Agnew Rd. (no rural route) City _____ NE, Zip _____

Owner Michael Norman Addresss 2400 No. 63rd Lincoln Ne. 68507

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

Date of Tests 10/13/97 to 10/14/97 Weather: Precipitation 0 Temperature 65°

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"	10/13	2 PM	10/14	2 PM	10/14	3 PM	6"	10/14	4 PM	30m	1/8"	
2	36"	10/13	2 PM	10/14	2 PM	10/14	3 PM	6"	10/14	4 PM	30m	1/8"	
3	36"	10/13	2 PM	10/14	2 PM	10/14	3 PM	6"	10/14	4 PM	30m	1/8"	
4	36"	10/13	2 PM	10/14	2 PM	10/14	3 PM	6"	10/14	4 PM	30m	1/4"	
5	36"	10/13	2 PM	10/14	2 PM	10/14	3 PM	6"	10/14	4 PM	30m	1/2"	
6	36"	10/13	2 PM	10/14	2 PM	10/14	3 PM	6"	10/14	4 PM	30m	1/2"	
7	36"	10/13	2 PM	10/14	2 PM	10/14	3 PM	6"	10/14	4 PM	30m	3/4"	
8	36"	10/13	2 PM	10/14	2 PM	10/14	3 PM	6"	10/14	4 PM	30m	3/4"	
9	36"	10/13	2 PM	10/14	2 PM	10/14	3 PM	6"	10/14	4 PM	30m	3/4"	
10	36"	10/13	2 PM	10/14	2 PM	10/14	3 PM	6"	10/14	4 PM	30m	3/4"	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Michael Norman

Phone: 464-5721 • 464-8759

Address 2400 No. 63rd Lincoln 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Lagoon to be installed

Signature of Reviewing Official Larry E Bare Date 7/17/98

FORM 23-101 10-96

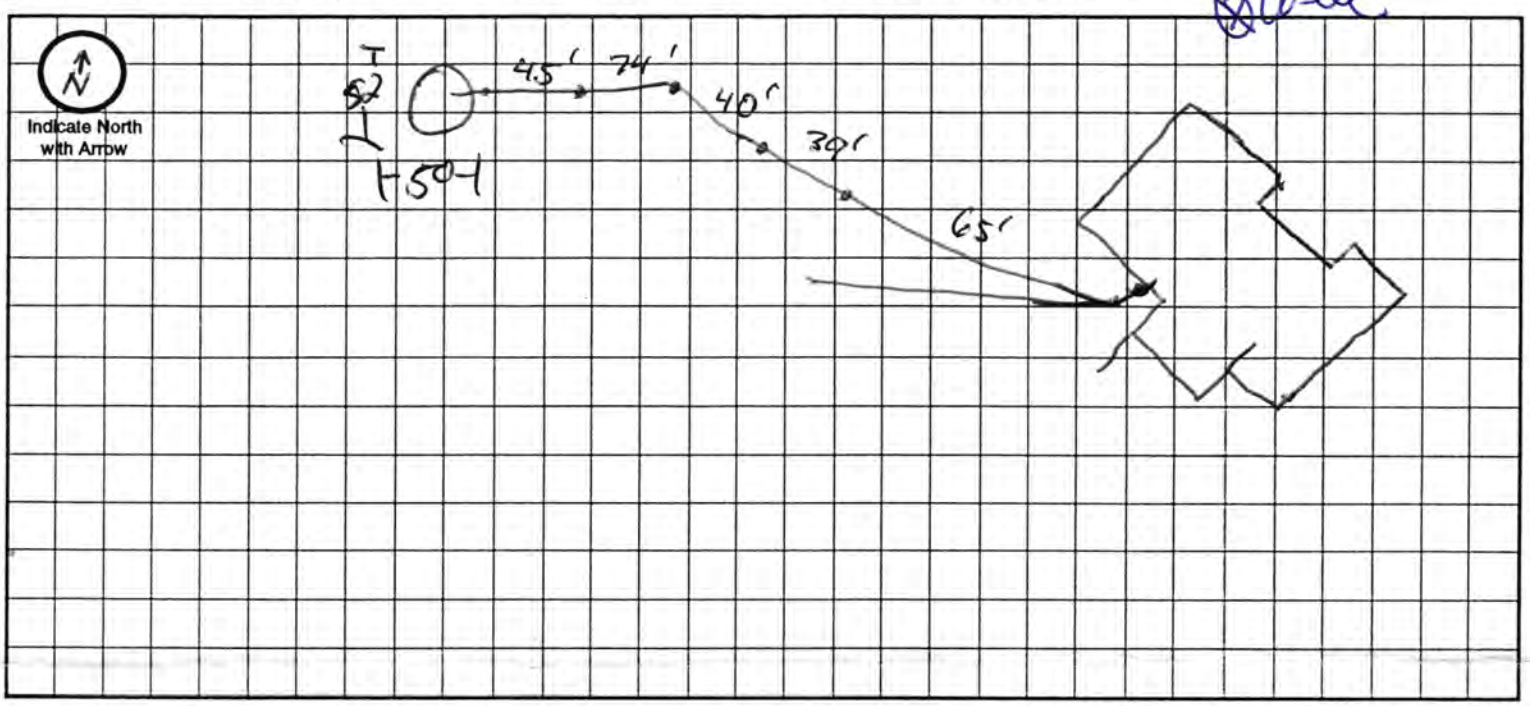
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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C

Permit Number: 9838018 0301

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) 5401 West Agnew Rd. City Valparaiso NE, Zip 68065

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

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 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 [signature] Date 7-17-98

Installer [signature] Date 7-17-98

FORM 23-102 10-96

JUL 23 1998

D

Permit Number: 9838018 0301

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

Sewage Disposal System

As Built Plans & Specifications

Date 7-20-98

System Location (Indicate correct number and street)

Address 5401 West Agnew Rd. (no rural route) City Valparaiso NE, Zip 68065

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: N/A ft.
4. Number of clean-outs: 6
5. Distances to: well or suction line 300' + ft.
   stream N/A ft.
   pressure line 100' ft.
   property line 300' + 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

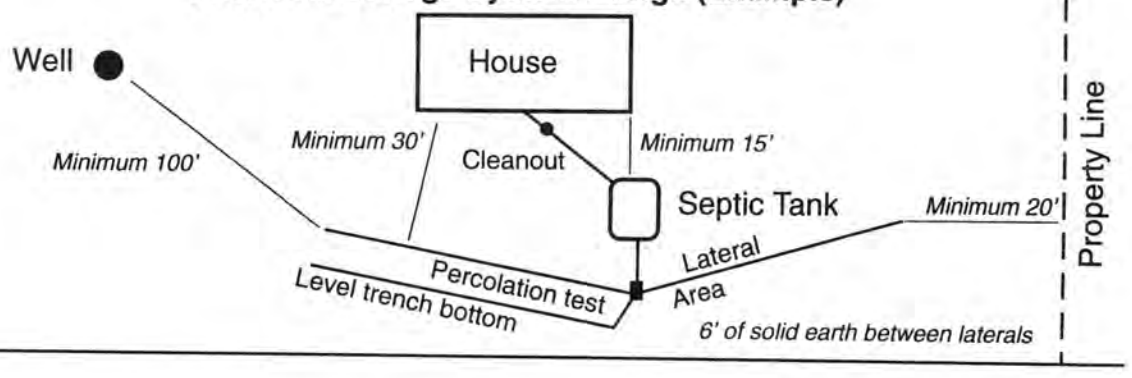
(Provide as-built drawings on back of this form)

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

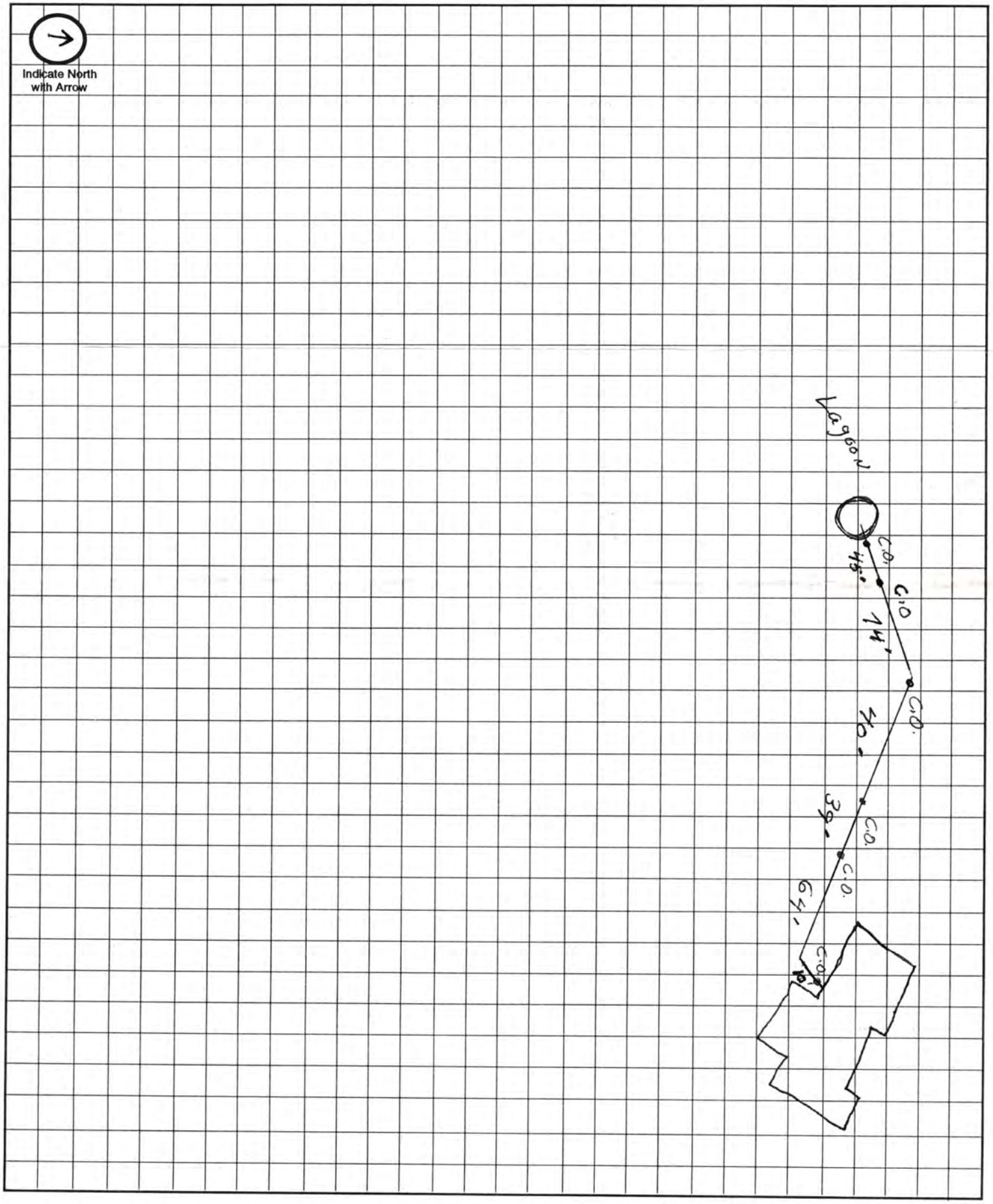
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s