Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003776

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380280701

Issued 04/08/04
Expires 10/08/04
Revenue Code 3157

Establishment: C B MOUDRY
T12N R6E SEC 19 QTR SE
N 1/2-20.32 ACRES LOT 21IT
18755 NW 40 ST

FEES: $200.00

Permittee: C B MOUDRY
5331 W GOODWIN CIR
LINCOLN NE

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380280T01

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 18755 NW 40th (no rural route) 19 City NE, Zip

Legal Description N½ SE¼ Section 12N Township 6E Range 20.32 Acres Subdivision Addition Block 2 Lot 1

(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 CB Moudry Signature C.B. Moudry

Address City/State/Zip Lincoln Ne

☐ Check if owner designed system Home Phone 470-0578 Work Phone

C. Contractor

Name Ben Earnest Company Name Earnest Well

Address P.O Box H City/State/Zip Milford Ne

☒ Check if contractor designed system Work Phone 761-2281

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

Designer Name Ben Earnest Firm Earnest Well Work Phone 761-2281

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 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 4/8/04 Date frwd 4/8/04 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/6 Date frwd 4/7 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4/8/04 Date frwd 4/8/04 **ACTION** ☒ Approved ☐ Disapproved Signature

6/28 Lagoon + Line — fence needed

Installation Final Written Approval

By Ron Mogus

Date 2-14-05

Business Office Use Only

Date Rec'd 04/08/04

Amt Paid 200.00

Rec'd By Cash/Check No. 4629

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

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: C.B. Maudy
Address: 40th & Davey Rd. ½ mile north, West side furthest South lot

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 4-3-04 to 4-4-04 **Weather:** Precip. Ø Temp. 60's

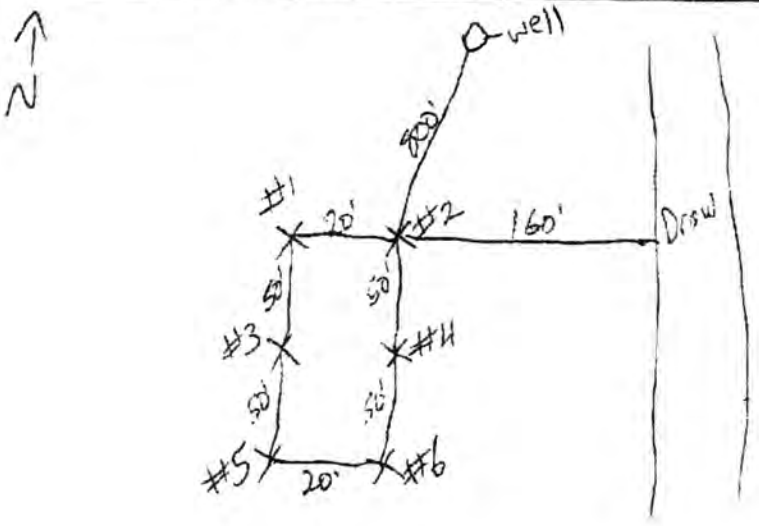
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	4-3	4:15pm	4-3	8:15pm	4-4	11:00am	6	11:30am	6	30	0
2	36	4-3	4:15pm	4-3	8:15pm	4-4	11:00am	6	11:30am	6	30	0
3	36	4-3	4:15pm	4-3	8:15pm	4-4	11:05am	6	11:35am	6	30	0
4	36	4-3	4:15pm	4-3	8:15pm	4-4	11:05am	6	11:35am	6	30	0
5	36	4-3	4:15pm	4-3	8:15pm	4-4	11:10am	6	11:40am	5¾	30	¼
6	36	4-3	11:15pm	4-3	8:15pm	4-4	11:10am	6	11:40am	5¾	30	¼

Sum of Water Level Drops (in.) [Column m]: ½
Average of Water Level Drops (in.) [Column m]: _____
Inches per Minute: _____

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: (412)-761-4414
Signature: Justyn J. Peterson

Failed
Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



Official's Signature

441-6206

C

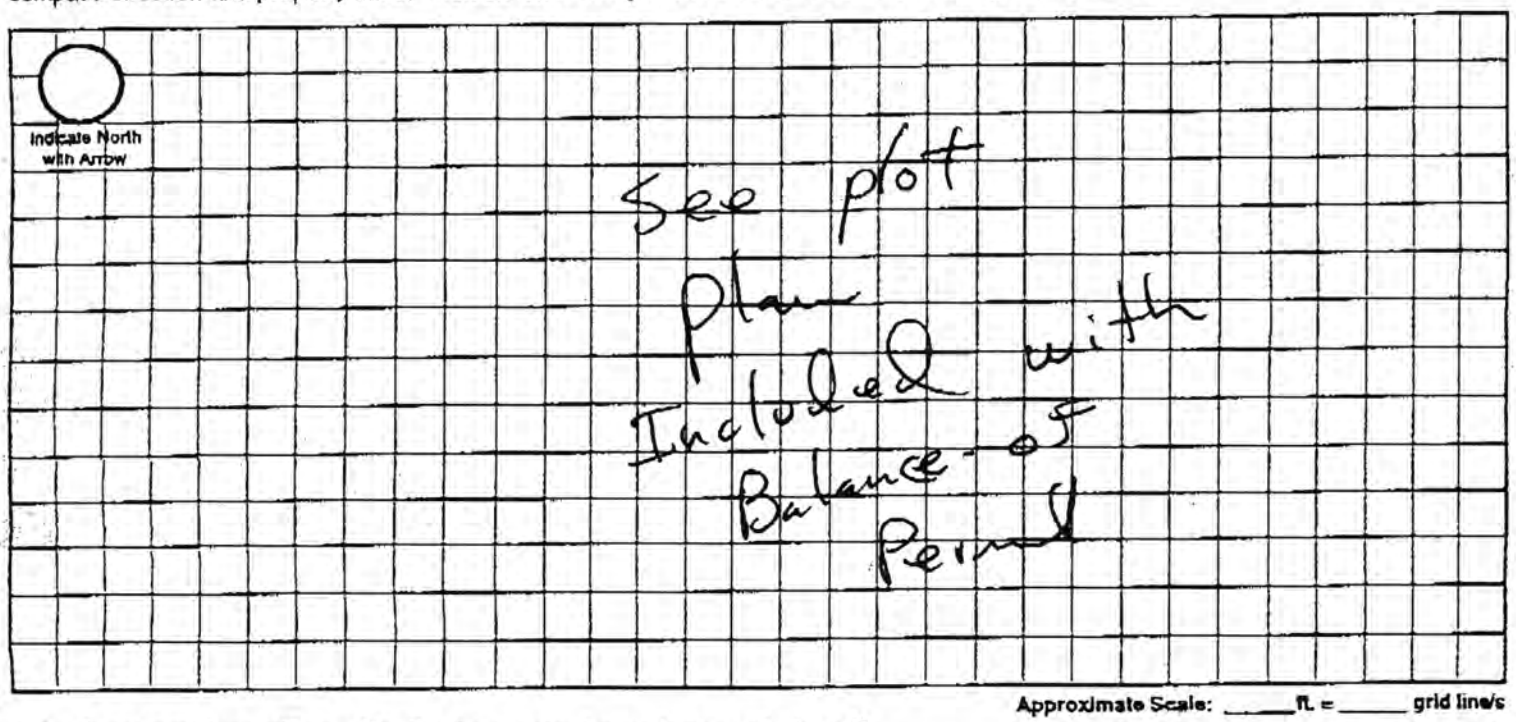
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 043802807

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) 18755 NW 40th City _____ NE, Zip _____

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 _____

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 _____

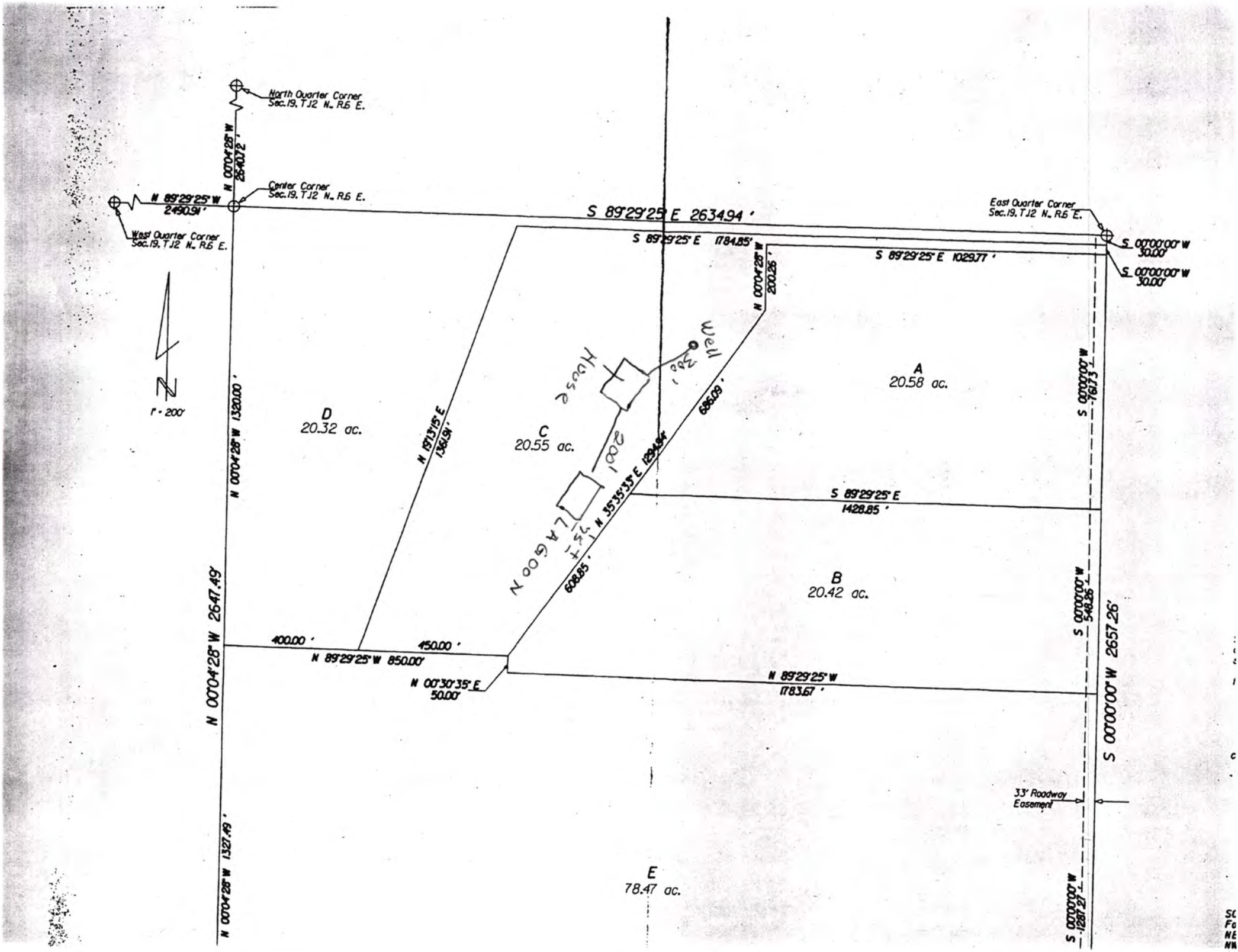
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 W. al Underwood Date April 8 04

Installer _____ Date April 8 04


North Quarter Corner
Sec. 19, T.12 N., R.6 E.
N 00°04'28" W
2640.72'
Center Corner
Sec. 19, T.12 N., R.6 E.
N 89°29'25" W
2490.91'
West Quarter Corner
Sec. 19, T.12 N., R.6 E.
S 89°29'25" E 2634.94'
East Quarter Corner
Sec. 19, T.12 N., R.6 E.
S 89°29'25" E 1184.85'
S 89°29'25" E 1029.77'
S 00°00'00" W
30.00'
S 00°00'00" W
30.00'
N 00°04'28" W
200.26'
S 00°00'00" W
1373.74'
N
1" = 200'
N 00°04'28" W 1320.00'
D
20.32 ac.
N 19°13'15" E
1361.91'
C
20.55 ac.
House
Well
300'
686.09'
A
20.58 ac.
LAGOON
75±
N 35°35'35" E 1294.54'
608.85'
S 89°29'25" E
1428.85'
B
20.42 ac.
S 00°00'00" W
548.26'
N 00°04'28" W 2647.49'
400.00'
450.00'
N 89°29'25" W 850.00'
N 00°30'35" E
50.00'
N 89°29'25" W
1783.67'
S 00°00'00" W 2657.26'
33' Roadway
Easement
S 00°00'00" W 1327.27'
N 00°04'28" W 1327.49'
E
78.47 ac.

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Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 6/28/04

Lagoon (CB Moudry)

System Location (Indicate correct number and street)

Address 18755 NW 40th (no rural route) City Raymond NE, Zip NE 68428

A. Building Sewer

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

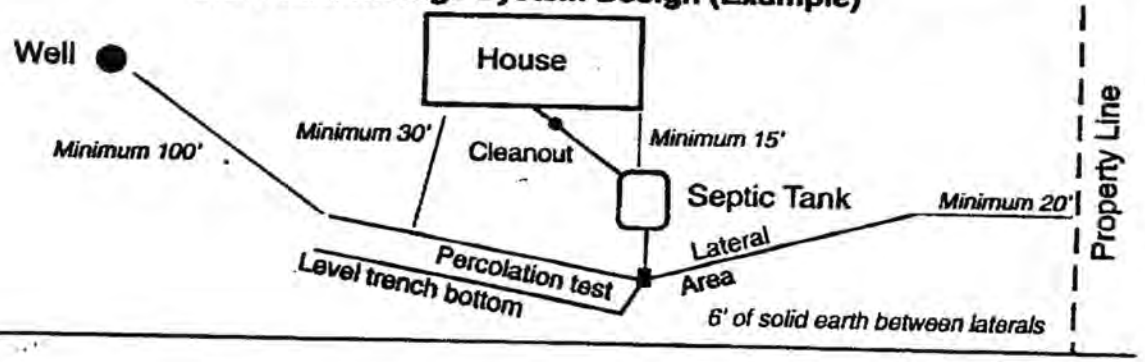
(Provide as-built drawings on back of this form)

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.

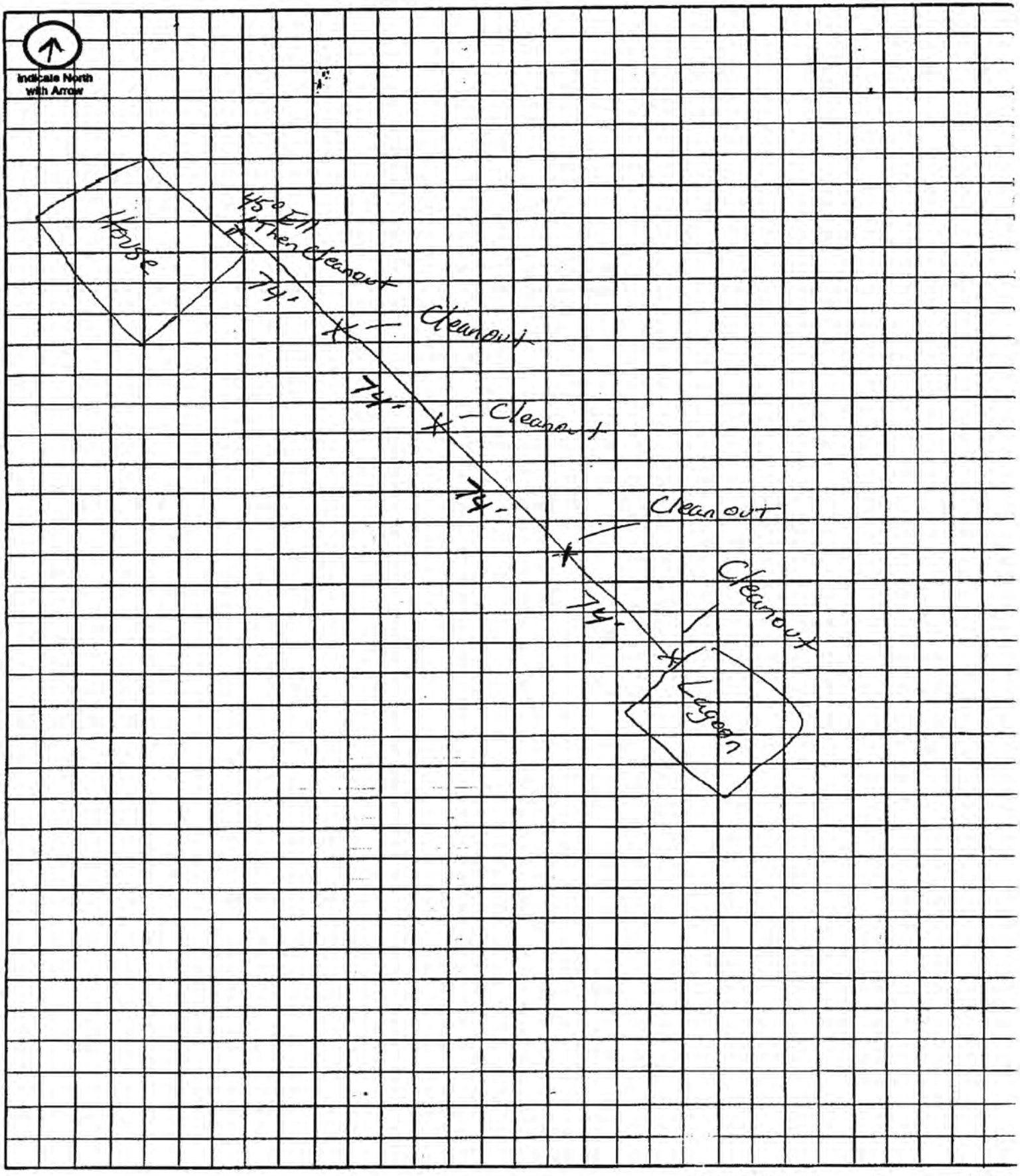
Indicate North with Arrow

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

Individual Sewage System Design (Example)



RM 23-103 10-96


Indicate North with Arrow
House
45° Ell
Kitchen Cleanout
74'
Cleanout
74'
Cleanout
74'
Cleanout
74'
Cleanout
Lagoon
Approximate Scale: _____ ft. = _____ grid line/s