Lincoln-Lancaster County Health Department

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

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 00380227501

Issued 12/12/00
Expires 06/12/01
Revenue Code 3157

Establishment
BRIAN J KERNS
T12N R6E SEC 7 QTR NE
LOT 22
22201 NW 40 ST-VALPARAISO

FEES: $200.00

TOTAL: $200.00

Permitee
BRIAN J KERNS
4044 NORMAL BLVD
LINCOLN NE 68506

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014147

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

A

Permit Number: 00380275

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 22201 NW 40 (no rural route) City VALPARAISO NE, Zip 68065 ~~68361~~

Legal Description NE 7 12 NORTH 6 EAST OF 6 PM 22 FT.
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 BRIAN J KERNS Signature Brian J Kerns

Address 4044 NORMALL City/State/Zip LINCOLN NEB 68506

☒ Check if owner designed system Home Phone 483-2040 Work Phone 890-2710

C. Contractor

Name BRIAN KERNS Company Name DVORAK PLUMBING

Address 4044 NORMALL City/State/Zip LINCOLN NEB 68506

☐ Check if contractor designed system Work Phone 4352150 890 2710

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

Designer Name SELF 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 12-12-00 Date frwd 12/13/00 **ACTION** ☑ Approved ☐ Disapproved Signature John E Thomas
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/13/00 Date frwd _____ **ACTION** ☑ Approved ☐ Disapproved Signature MW
3. **City or County Engineer** Date rec'd 12-13-00 Date frwd 12-13-00 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Blaugh

Installation Final Written Approval

By Paul Wagoner

Date 7-26-01

Business Office Use Only

Date Rec'd 12/12/00

Amt Paid 200.00 ✓

Rec'd By LS Cash/~~Check~~ No. 10

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 00380275

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 22201 NW 40 (no rural route) City Valparaiso NE, Zip 68065

Owner BRIAN KERNS Addresss 4044 Normall

Soil Type (SCS): CLAY (GLACIAL) BURCHARD, PAWNEE, MORRILL CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 12-8-00 to 12-9-00 Weather: Precipitation NO DRY Temperature 35

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"	12-8	6:00 PM	12-9	12:00 AM	12-9	600	12"	12-9	6:30	30	1/2	60
2	1'	12-8	6:00 PM	12-9	12:00 AM	12-9	600	12"	12-9	6:30	30	3/4	40
3	1'	12-8	6:00 PM	12-9	12:00 AM	12-9	600	12"	12-9	6:30	30	1/2	60
4	1'	12-8	6:00 PM	12-9	12:00 NOON	12-9	600	12"	12-9	6:30	30	1	30
5	1'	12-8	6:00 PM	12-9	12:00 NOON	12-9	600	12"	12-9	6:30	30	3/4	40
6	1'	12-8	6:00 PM	12-9	12:00	12-9	600	12"	12-9	6:30	30	1/2	60

Person Conducting Percolation Tests

Name: BRIAN KERNS

Phone: 483-2040 890-2710

Address 4044 Normall

Sum of Percolation Rates: 290

Average of Rates: 48.

Rate Used for Calculation: ~~30 MIN 48 MIN/INCH~~ 60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks SOIL WOULD BE ACCEPTABLE FOR AN ABSORPTION SYSTEM. LAGOON MUST BE SEALED. LAGOON A WISE IDEA GIVEN THE TYPES OF SOIL THERE. J.C.H.

Signature of Reviewing Official John E Manes Date 12-12-00

FORM 23-101 10-96

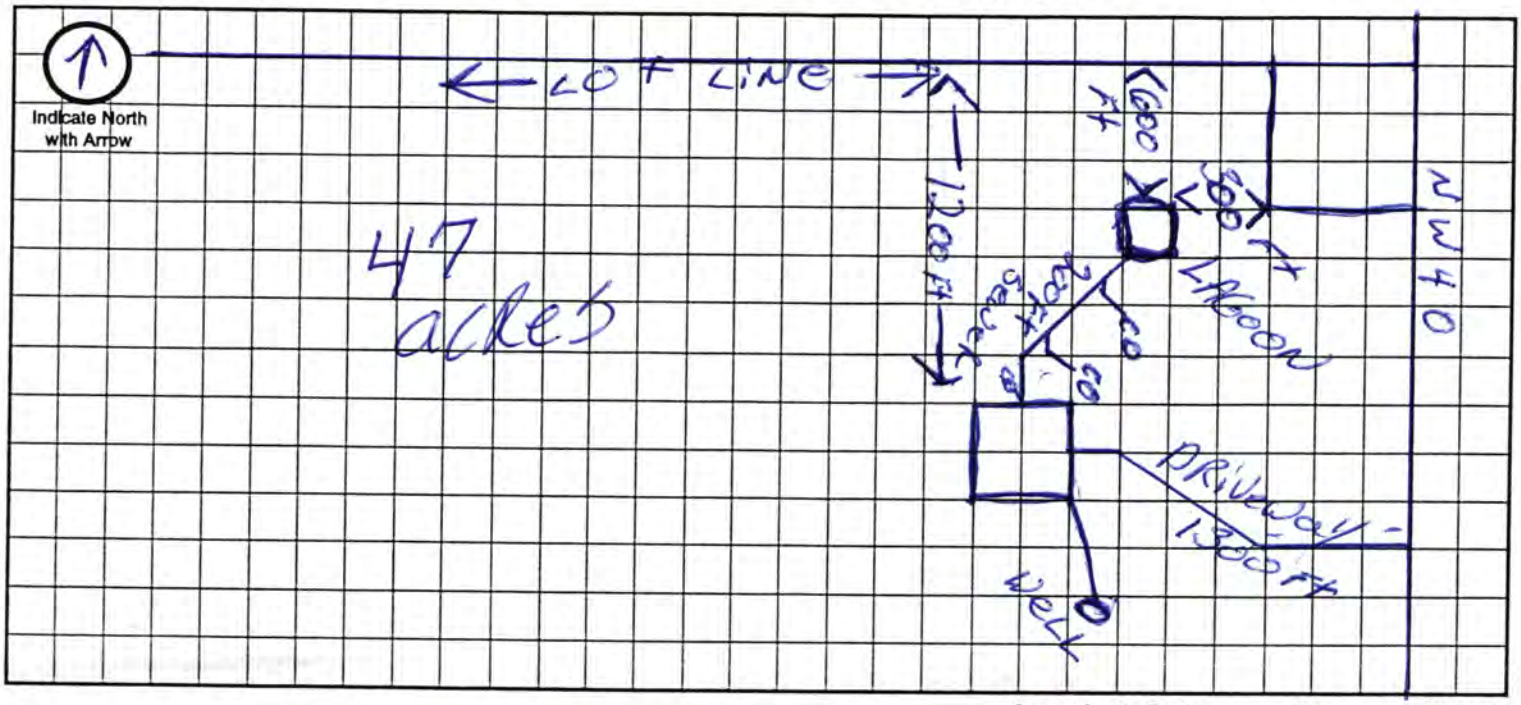
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380275

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) 22201 NW 40 City WOLPRASO NE, Zip 68065

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: GLACIAL (GACIAL) BURCHARD, PAWNEE, MORRILL 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 Brian Koons Date 12-11-00

Installer Brian Koons Date 12-11-00

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 7-16-01

System Location (Indicate correct number and street)

Address 22201 NW 40 (no rural route) City VALPARAISO NE, Zip 68065

A. Building Sewer

1. Material: PVC SCH 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 3FT in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 400 ft.
   stream _____ ft.
   pressure line 250 ft.
   property line 600 FT 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

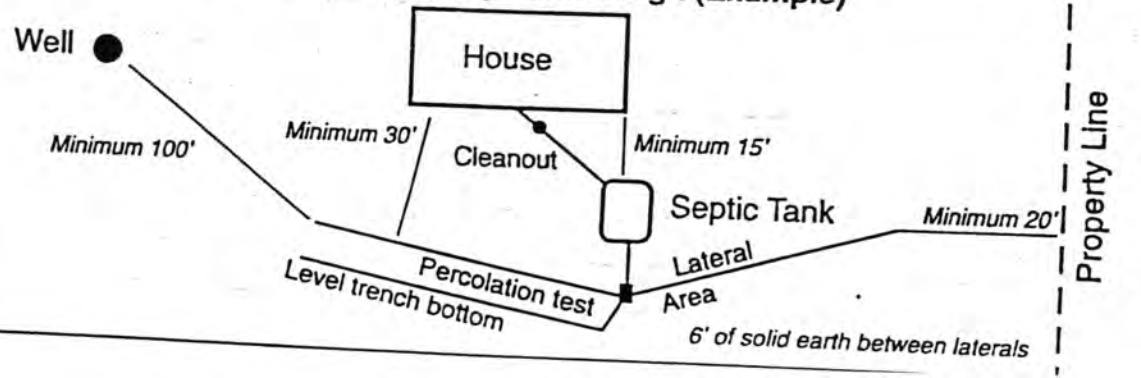
(Provide as-built drawings on back of this form)

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.

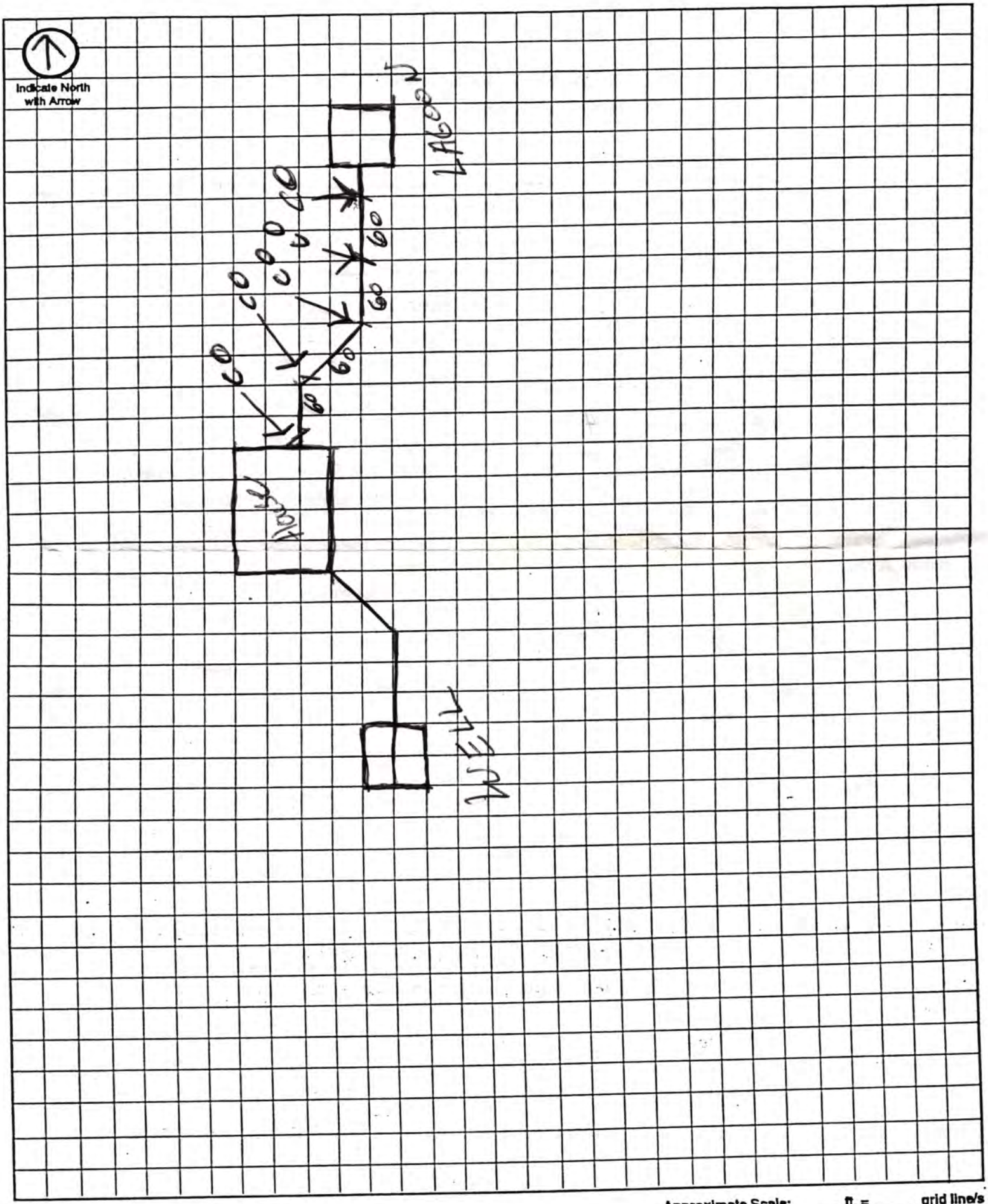
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



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

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

D

Permit Number: 00380227501

Sewage Disposal System

As Built Plans & Specifications

Date 7-26-01

System Location (Indicate correct number and street)

Address 22201 NW 40th (no rural route) City Valparaiso NE, Zip _____

A. Building Sewer

1. Material: PVC
   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
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

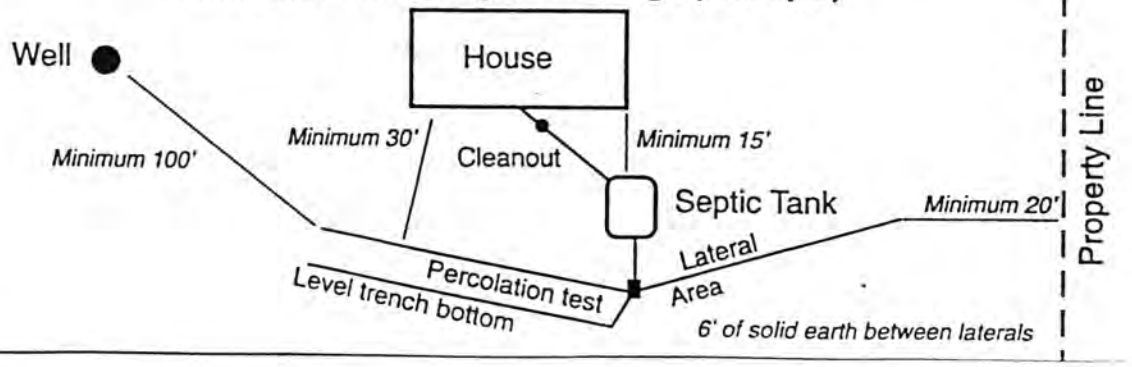
(Provide as-built drawings on back of this form)

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)

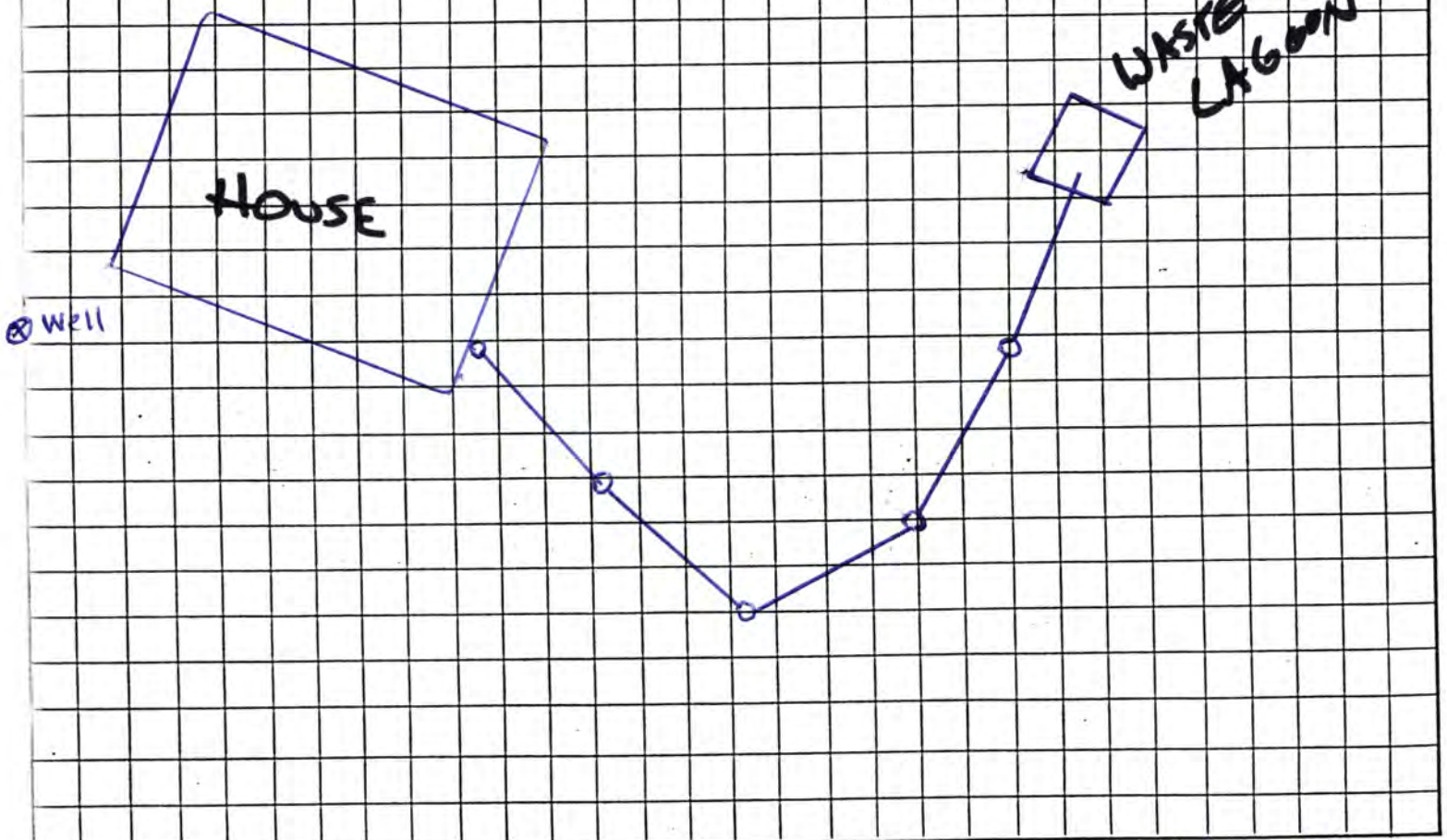


FORM 23-103 10-96

As Built Drawing

drawing by Paul Dratzmann as seen on 7-26-01

Indicate North with Arrow



Approximate Scale: 60 ft. = 3 grid line/s