LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380164201

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 08/27/97
Expires 02/27/98
Revenue Code 18754

Establishment

TIM BENES
T12N R6E SEC 9

FEES: $150.00

TOTAL $150.00

Permittee

TIM BENES
RR0001
BOX 00064
VALPARAISO NE 68065

5176

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: 973801642

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:

3414

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address _____ (no rural route) City Valparaiso NE, Zip 68065

Legal Description E½ NW ¼ 9 Section 12N Township 6E Range _____ Subdivision _____ Addition _____ Block _____ Lot

Geographical Location (if known): Longitude E half of the NW half Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Tim Benes Signature Tim Benes

Address Rt 1 Box 64 City/State/Zip Valparaiso NE 68065

☐ Check if owner designed system Home Phone 784-2028 Work Phone 643-4511

C. Contractor

Name AWS Well Co. Company Name _____

Address PO Box 196 City/State/Zip Mead Ne. 68041

☐ Check if contractor designed system Work Phone 402-~~624-3895~~ 624-3895

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

Designer Name Rod Wimir Firm AWS Well Co Work Phone 402-624-3895

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 8/26/97 Date frwd 8/27/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 08/21/97
Amt Paid 150.00
Rec'd By LS Cash/~~Check~~ No. CASH on

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

Attachment C.

Soil Absorption Test Data Report

Owner Information:

Owner Tim Beres (NAME) Phone _____

Address: _____

Location:

Township _____ Range _____ Sec. _____ 1/4 Sec. _____ 1/4 Sec. _____

County Name _____ Area: _____ Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand _____ Silt _____ Clay _____ Sandy Clay _____ Loamy Sand _____

Silty Clay _____ Silty Clay Loam _____ Sandy Loam _____ Silt Loam _____

Dates of Test _____ to _____ Weather: Precipitation _____ Temp _____

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
1	36	8-17	11:00 AM	8-18	11:00 AM	8-18	11:00	0	12:00	2	60	2	30
2	〃	〃	〃	〃	〃	〃	〃	〃	〃	4	〃	2	30
3	〃	〃	〃	〃	〃	〃	〃	〃	〃	3	〃	3	20
4	〃	〃	〃	〃	〃	〃	〃	〃	〃	4	〃	4	15
5	〃	〃	〃	〃	〃	〃	〃	〃	〃	4	〃	4	15
6	〃	〃	〃	〃	〃	〃	〃	〃	〃	6	〃	6	10

Rod Wemer AWS Well Co
Signature of Person Conducting Test
Address: PO Box 246
Mead Ne. 68041
Phone: 402-624-3895

Sum of Percolation Rates = 120

*Average of Rates in Minutes per Inch = 20

690 Sq Ft

* If rates vary more than 20 minutes/inch. do not average but use the slowest rate for design purposes.

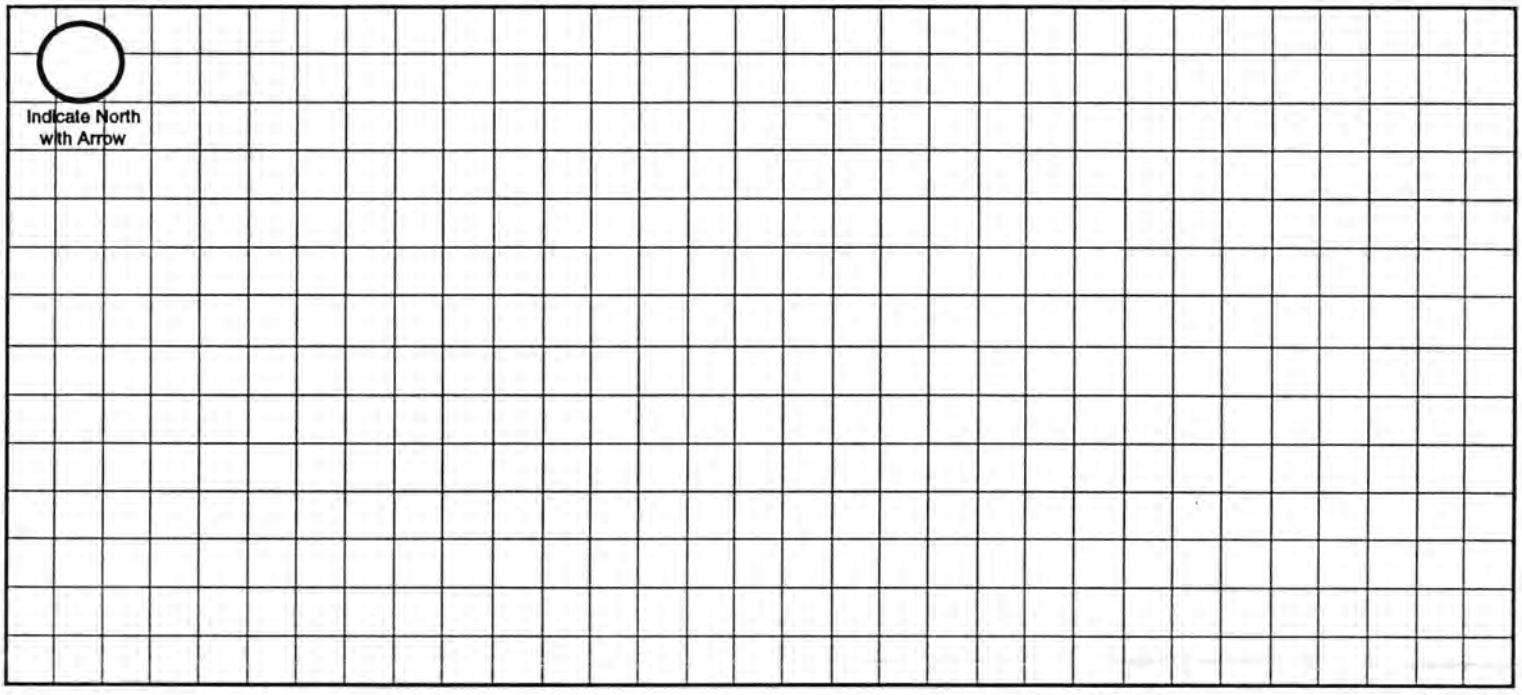
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) _____ City Valparaiso 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 20 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM 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 1500 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 170 ft. Number of Trenches 2 Trench Width 4'

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 TRAILER Date _____

Installer Rod Wiring Date _____

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 _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: _____
   Diameter: _____ 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: Concrete
   Number of compartments: 1
2. Capacity: 1500 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 100 ft.
   Stream _____ ft.
   Pressure line 100 ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 5 ft.

D. Absorption Field

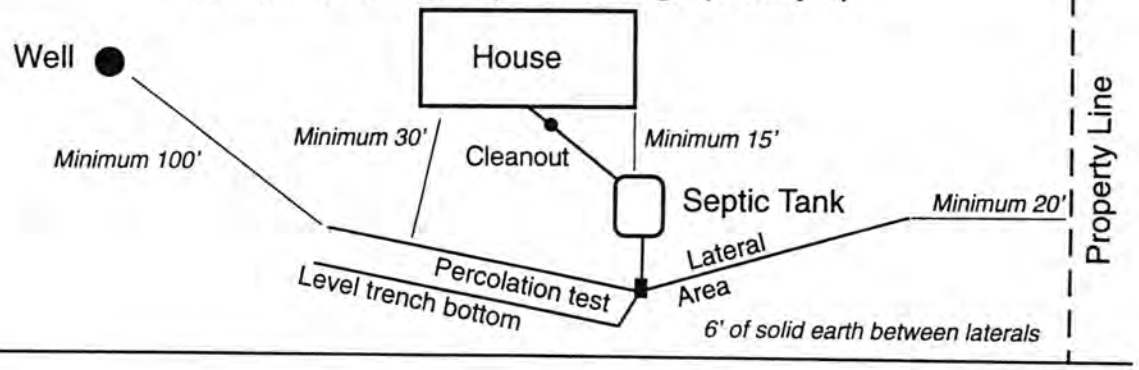
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 85 ft. 85 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 36 in
4. Filter material: Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line 100 ft.
   Stream _____ ft.
   Pressure line 100 ft.
   Property line _____ ft.

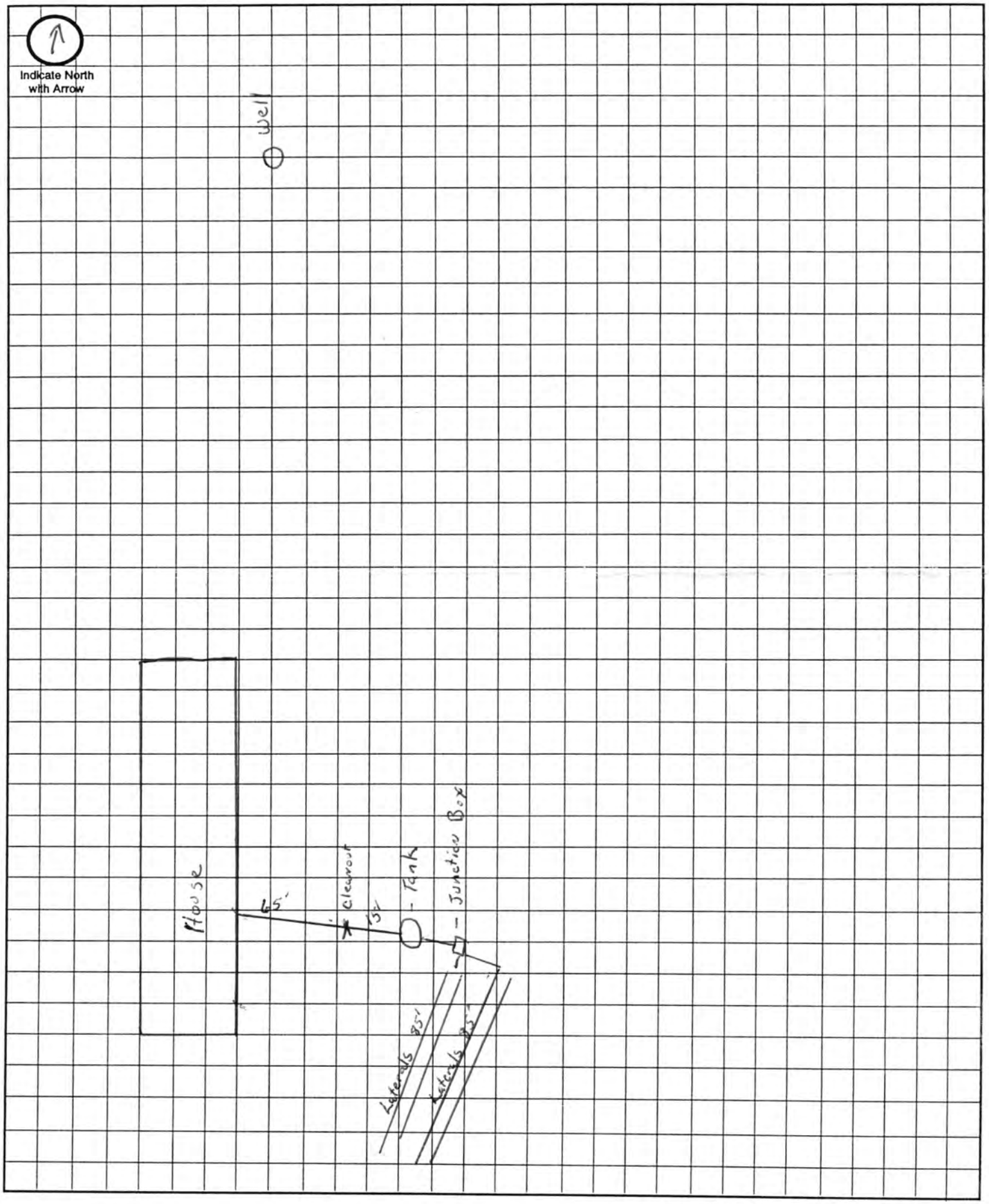
Indicate North with Arrow

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:

Sewage Disposal System

As Built Plans & Specifications

Date 8/27/97

System Location (Indicate correct number and street)

Address Box 64 (no rural route) City Valparaiso NE, Zip 68065

A. Building Sewer

1. Material: 3241
   Diameter: _____ 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: Cement
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 6 in.
   Riser: ☐ above ☒ below grade 24 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line 200 ft.
   Stream — ft.
   Pressure line 200 ft.
   Property line 500+ ft.

C. Distribution Box

1. Material: Cement
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9 ft.

D. Absorption Field

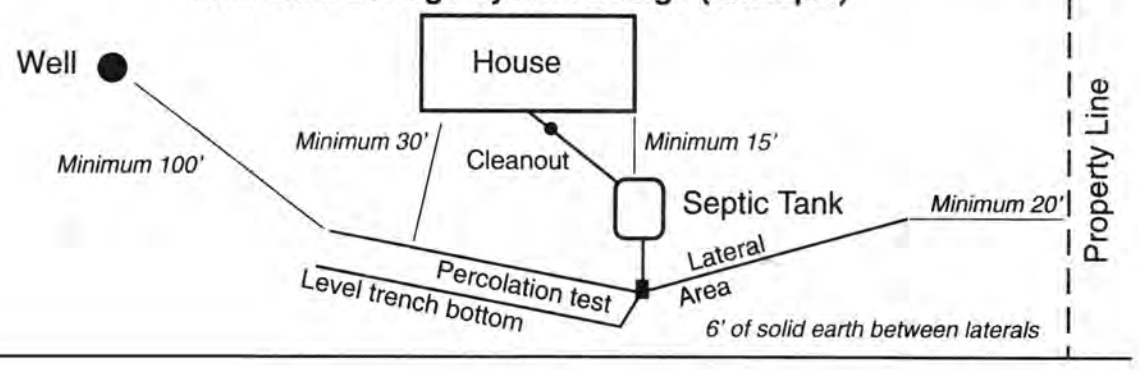
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: —
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 80 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 48 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 110 ft.
   Stream — ft.
   Pressure line 110 ft.
   Property line 500+ ft.

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

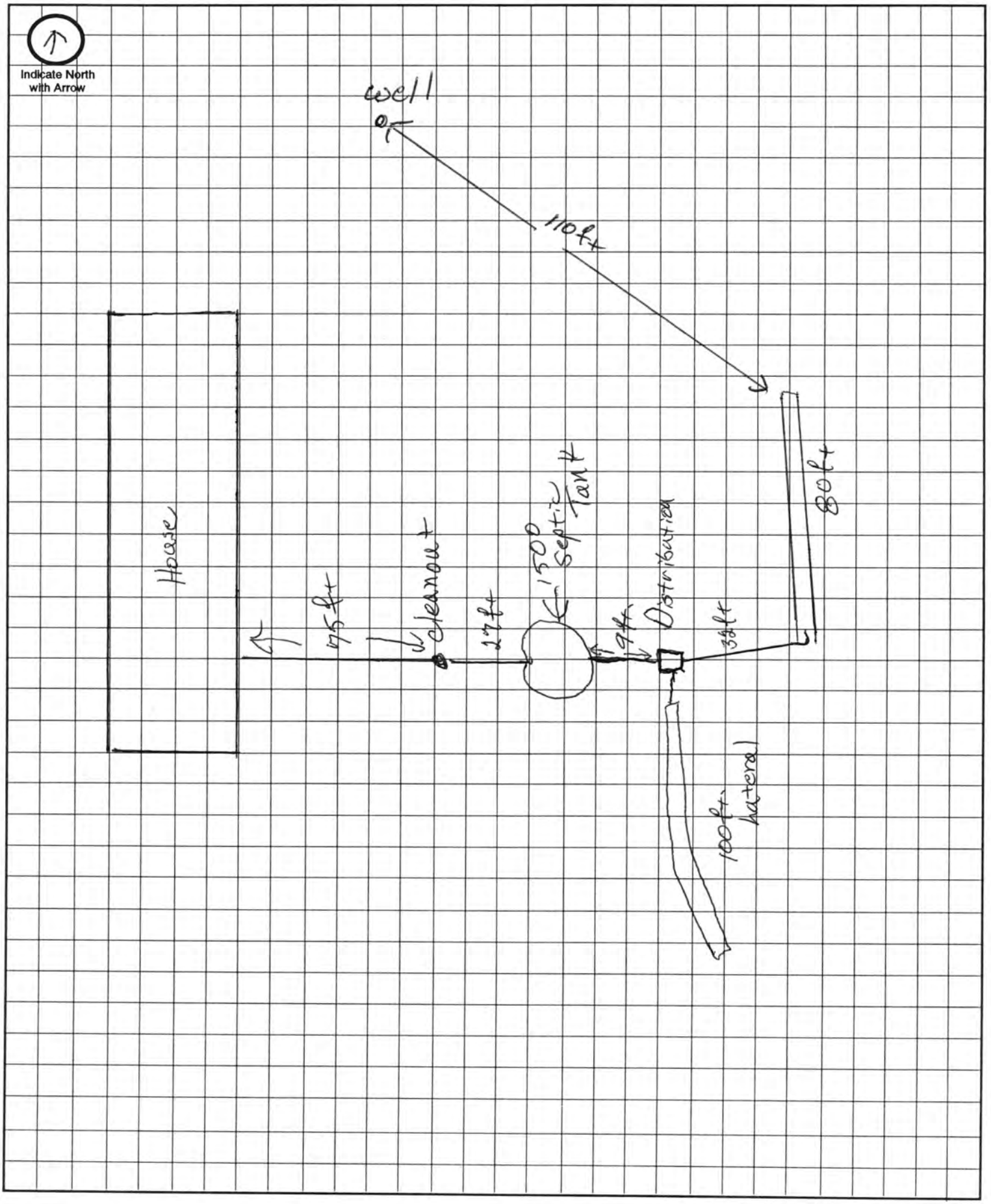
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

NEBRASKA — SHEET NUMBER 2

