Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006576

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380298701

Issued 03/29/05
Expires 03/29/06
Revenue Code 3157

Establishment: MICHAEL PIENING
T10N R5E SEC 30 QTR SE
LOT 38IT

FEES: $200.00

Permittee: MICHAEL PIENING
12800 W A ST
LINCOLN NE 68532

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

MAR 28 2005

A

Permit Number: 05380298701

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 _____ (no rural route) City LINCOLN NE, Zip 68532

Legal Description SE 30 10 NORTH 5E 38 I.T.
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 MICHAEL PIENING Signature Michael Piening

Address 12800 W. A ST City/State/Zip LINCOLN, NE 68532

☐ Check if owner designed system Home Phone 795-9202 Work Phone _____

C. Contractor

Name Ryan VanAndel Company Name VanAndel Excavation & Const

Address 413 Pine St Pleasant Dale City/State/Zip Pleasant Dale NE 68423

☐ Check if contractor designed system Work Phone 499-1348

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

Designer Name Ryan Van Andel Firm VanAndel Excavating & Const Work Phone 499-1348

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 3/29/05 Date frwd 3/29/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/31/05 Date frwd 3/31/05 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 9/26/05

Business Office Use Only

Date Rec'd 03/29/05

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1016

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

RECEIVED
MAR 28 2005

B

Permit Number: 053802987

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12920 W. A STREET (no rural route) City LINCOLN NE, Zip 68532

Owner MICHAEL PIENING Addresss 12800 W. A ST. LINCOLN, NE 68532

Soil Type (SCS): STEINAUER LOAM / SHELBY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 3/23/05 to 3/24/05 Weather: Precipitation 1/4" RAIN Temperature 30s - 40s

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"	3/23	1:05	3/23	5:00	3/24	5:46	11	3/24	6:16	30	4 7/8	6.15
2	"	"	1:08	"	5:04	"	5:47	10 1/2	"	6:17	"	4 7/8	6.15
3	"	"	1:11	"	5:06	"	5:48	11	"	6:18	"	1 7/8	16
4	"	"	1:14	"	5:08	"	5:49	11 1/2	"	6:19	"	3 1/8	9.6
5	"	"	1:16	"	5:11	"	5:50	10	"	6:20	"	7 1/4	4.14
6	"	"	1:18	"	5:14	"	5:51	12	"	6:21	"	4 1/8	7.27
7	"	"	1:21	"	5:16	"	5:52	12	"	6:22	"	2 1/2	12
8	"	"	1:24	"	5:19	"	5:53	7	"	6:23	"	3 1/2	8.57

Sum of Percolation Rates: 69.88
Average of Rates: 8.74
Rate Used for Calculation: 12.2

Person Conducting Percolation Tests

Name: Ryan VanArdel
Phone: 499-1348
Address 413 Pine St. Pleasant Dale NE 68423

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Must have hit sand spots in the soil. Possible.

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date MARCH 29, 2005

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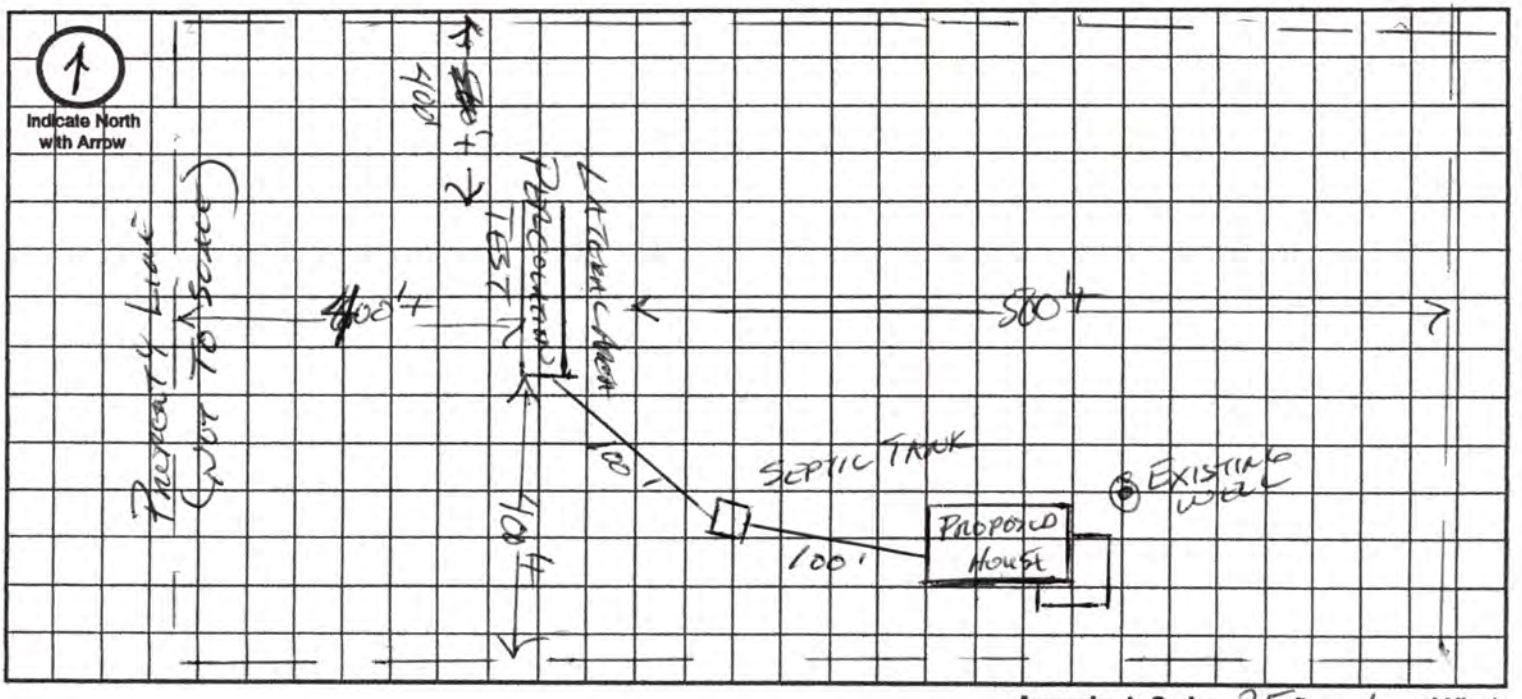
MAR 2 8 2005

C

Permit Number: 053802987

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12920 WEST A City LINCOLN NE, Zip 68532

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 12.2 (min. per inch) Soil Type: _____ Land Slope: 0 %

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: Infiltrator

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 2

Total Length of Laterals 200 ft. Number of Trenches 2 Trench Width 3'

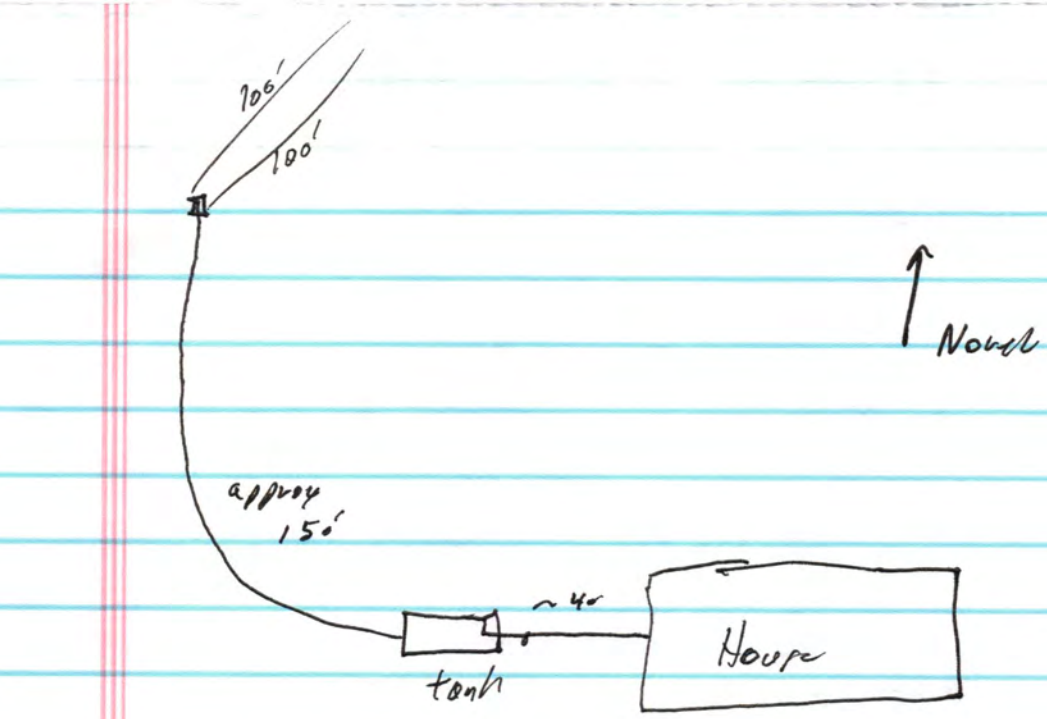
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Hank Pinson Date 3/28/05

Installer Ky-Val Inc Date 3-28-05



West A