Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003337

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC OR LAGOON PENDING PERC TEST RESULTS

Permit # 04380277401

Issued 01/29/04
Expires 07/29/04
Revenue Code 3157

Establishment
LEONARD BENES
T12N R5E SEC 6 QTR SW
SW 1/4 OF SW 1/4
424 JENSEN ST-VALPARAISO

FEES: $200.00

TOTAL: $200.00

Permittee
LEONARD BENES
424 JENSEN ST
RR 1
VALPARAISO NE 68065

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

SYSTEM PENDING PERC TEST

A

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

Permit Number: 04380277401

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 13620 W. Little Salt Rd. (no rural route) City Valparaiso NE, Zip 68065

Legal Description SW (1/4) SW (1/4) 6 (Section) 12N (Township) 5E (Range) _____ (Subdivision) _____ (Addition) _____ (Block) 17 I.L. (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Leo Benes Signature [signature]

Address 424 Jensen City/State/Zip Valparaiso, Ne 68065

☐ Check if owner designed system Home Phone 784-2005 Work Phone 450-3583

C. Contractor

Name [signature] Company Name Dirt Works Plus Inc

Address 7801 Leighton City/State/Zip Unkown NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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

Designer Name _____ Firm _____ Work Phone _____

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 _____ 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** 9-2-04, mm	Date rec'd 1/29/04 Date frwd 1/29/04	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 1/29/04 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer**	Date rec'd 1/29/04 Date frwd 1/29/04	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By Ron Meyer

Date 9-3-04

Business Office Use Only

Date Rec'd 01/29/04

Amt Paid 200.00

Rec'd By ms ~~Cash~~/Check No. 1107

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

B

Permit Number:

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

6/7-12-5

3 W of NW 126th & Holdrege Salt.

2:30

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____

(no rural route)

Owner LEO BENES Addresss _____

Soil Type (SCS): SANDY CLAY Percolation Rate: _____ min./inch

Date of Tests 8/27/04 to 8/28/04 Weather: Precipitation _____ Temperature _____

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	28	8/27	8 AM	8/28	8 AM	8/28	11 30 AM	6	8/28	12 NOON	30	1 1/2	20
2	27	8/27	8 AM	8/28	8 AM	8/28	11 30 AM	6	8/28	12 NOON	30	1 1/2	20
3	29	8/27	8 AM	8/28	8 AM	8/28	11 30 AM	6	8/28	12 NOON	30	2	15
4	28	8/27	8 AM	8/28	8 AM	8/28	11 30 AM	6	8/28	12 NOON	30	1	30
5	29	8/27	8 AM	8/28	8 AM	8/28	11 30 AM	6	8/28	12 NOON	30	2	15
6	30	8/27	8 AM	8/28	8 AM	8/28	11 30 AM	6	8/28	12 NOON	30	1	30

Sum of Percolation Rates: 130

Average of Rates: 21.66

Rate Used for Calculation: 22

22 6 | 130 | 12 10

Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 560 1208

Address 780 LEIGHTON

LNK. NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks In Sharpsburg silty clay loam soil.

Signature of Reviewing Official Ron Magnuson Date 9-2-04

FORM 23-101 10-96

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

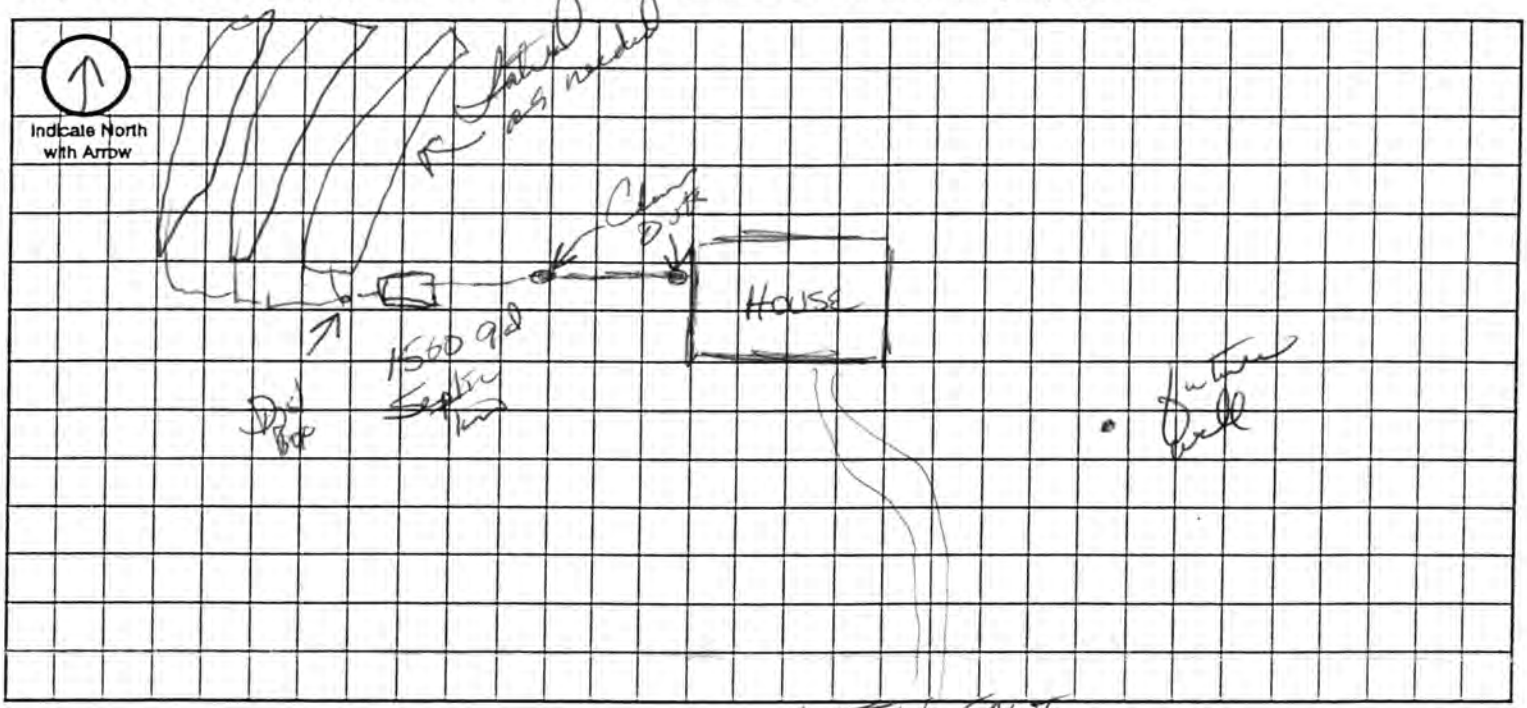
C

Permit Number: 043802774

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 _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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 Gravel less Infiltrator

Total Square Feet of Field Required: 1250 sq. ft. 313 4)1250 12 5

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: Infiltrator

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 383 ft. Number of Trenches AS NEEDED 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 Leo Beran Date 1-28-04

Installer _____ Date 1-29-04

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 9/2/04 LEO BENES 136TH + LITTLE S

System Location (Indicate correct number and street)

Address 13620 LITTLE SALT (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 176 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100' ft.
   stream 100 + ft.
   pressure line 100 + ft.
   property line 100 + ft.

B. Septic Tank

1. Material: CONC
   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 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

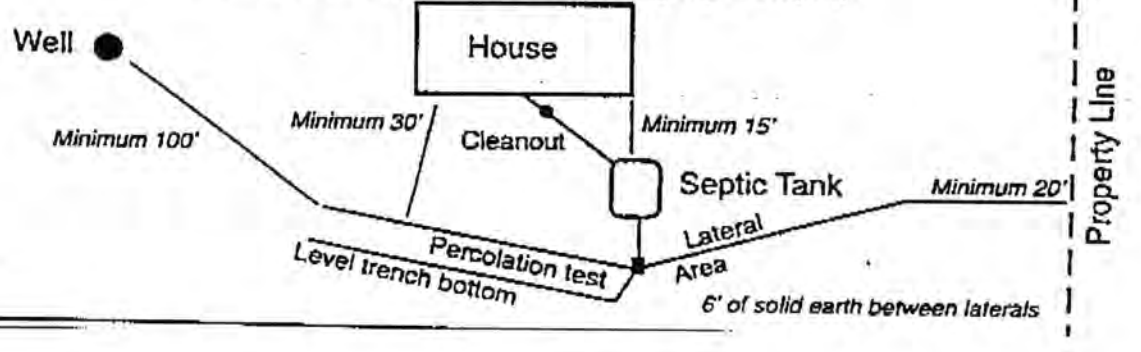
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other INFILTRATOR HI-CAP
2. Lateral lines: Number 3
   Length of each line: 150 ft. 83 ft.
   79 ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 27 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

Indicate North with Arrow

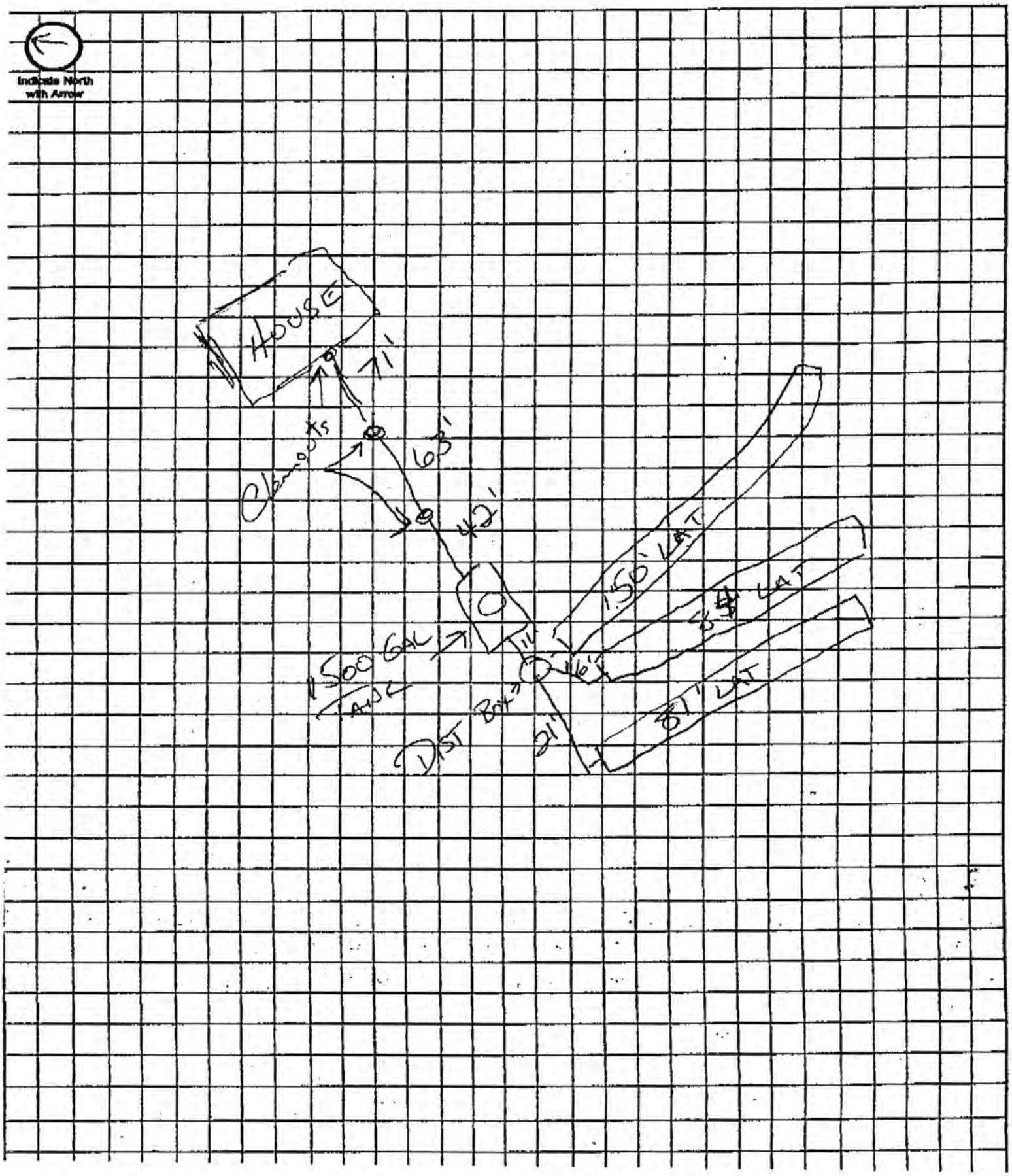
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



13620 W. Little Salt Rd

NW 12-6-4

LANCASTER COUNTY, NEBRASKA

