LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380188401

Issued 11/04/98
Expires 05/04/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment
CHRIS BENES
T12N R5E SEC 10 QTR SE
8500 W AGNEW RD-VALPARAISO

TOTAL $150.00

Permittee
CHRIS BENES
103 IVER ST
VALPARAISO NE 68065

Issued By Health Director
Lincoln-Lancaster County Health Department

008254

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: 98380188401

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 8500W Agnew Rd. (no rural route) City Valparasio NE, Zip 68016

Legal Description SE-1/4-10-12-5
(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 Chris Benes Signature x Chris Benes

Address 103 Iver ST. City/State/Zip Valparasio Ne

☐ Check if owner designed system Home Phone 784 3581 Work Phone _____

C. Contractor

Name Lloyd J Jakoubek Company Name Dirt Works Plus Inc.

Address 12800 NW 70 City/State/Zip ~~12~~ Raymond Ne

☒ Check if contractor designed system Work Phone 890-6009

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

Designer Name Lloyd J Jakoubek Firm Dirt Works Plus Inc. Work Phone 890-6009 783-2663

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 10/27/98 Date frwd 10/27/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/27/98 Date frwd 10/27/98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/27/98 Date frwd 10/27/98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 11-24-98

Business Office Use Only

Date Rec'd 10/26/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 3399

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

Lincoln-Lancaster County Health Department
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B

Permit Number: 98380188401

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8500W Agnew Rd. (no rural route) City Valparaiso NE, Zip 68016

Owner Chris Benes Addresss 103 Iver ST Valparaiso Ne 68016

Soil Type (SCS): Brown Clay. Percolation Rate: _____ min./inch

Date of Tests 10/22 to 10/23 Weather: Precipitation Dry. Temperature 60

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	24"	10/22	9:00	10/23	9:00	10/23	12:30	6	10/23	1:00	1/2 hr	3/4	40
2	24"	10/22	9:00	10/23	9:00	10/23	12:30	6	10/23	1:00	1/2	3/4	40
3	24"	10/22	9:00	10/23	9:00	10/23	12:30	6	10/23	1:00	1/2	3/4	40
4	24"	10/22	9:00	10/23	9:00	10/23	12:30	6	10/23	1:00	1/2	1/2	60
5	24"	10/22	9:00 AM	10/23	9:00 AM	10/23	12:30	6	10/23	1:00	1/2 hr.	3/4	40

Person Conducting Percolation Tests

Name: Lloyd J Jakoubek
Phone: 890 6009 - 783-2663
Address 12800 NW 70 Raymond

Sum of Percolation Rates: 3"
Average of Rates: 20 min variation
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sharpsburg soil

Signature of Reviewing Official Lon Mayhew Date 10-26-98

FORM 23-101 10-96

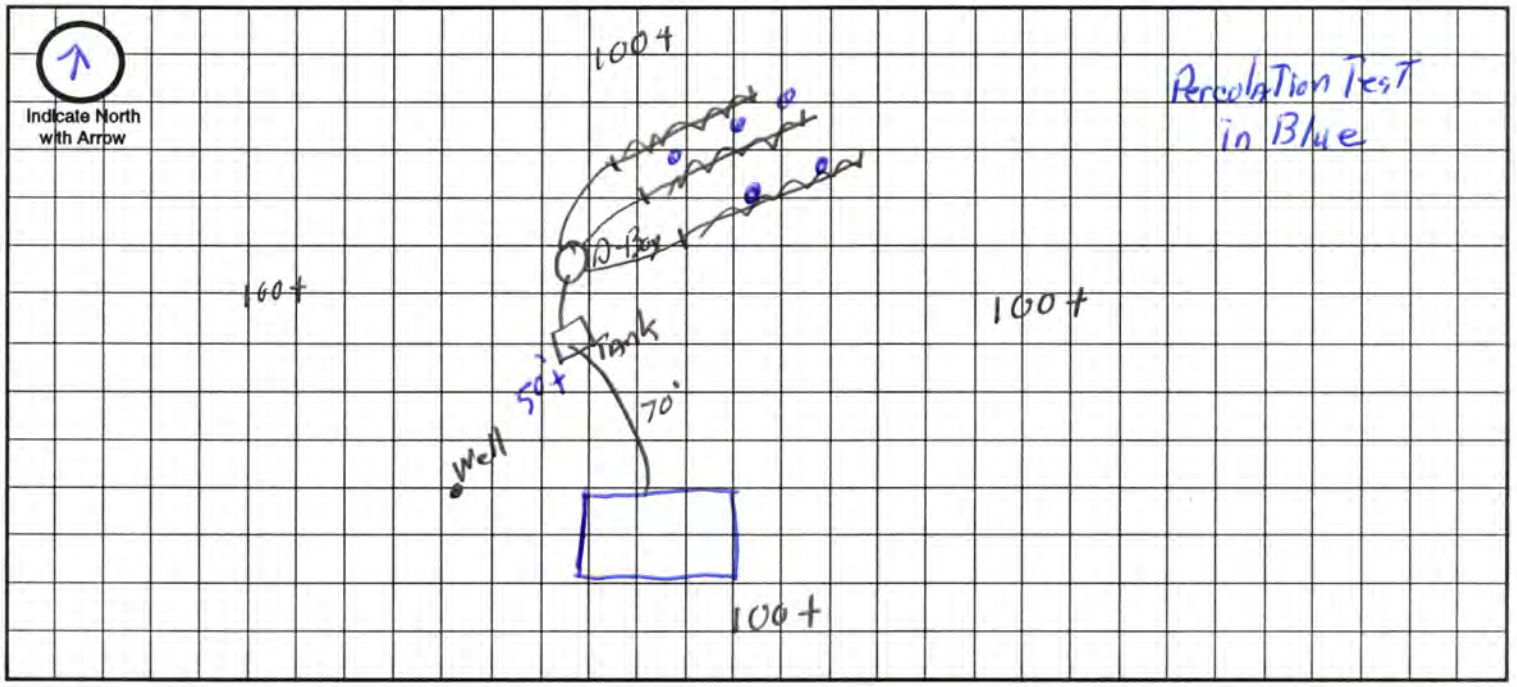
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

C

Permit Number: 98380188401

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) 8500 W Agnew Rd City Valparaiso NE, Zip 68016

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: Brown Clay. Land Slope: 10 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1320 ft sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: in Saltwater Equaliger

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

Total Length of Laterals 330 ft. Number of Trenches 4 Trench Width 4 Ft

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 Kevin Wolf Date 10/23/98

Installer Lloyd J Jahnke Date 10/23/98

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number: 98380188401

Sewage Disposal System

As Built Plans & Specifications

Date 11/23/98

System Location (Indicate correct number and street)

Address 8500 W Agnew Rd (no rural route) City Valparaiso NE, Zip 68016

A. Building Sewer

1. Material: plastic (CLS 160)
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 48 in.
3. Distance between dwelling and septic tank: 89' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 50+ ft.
   stream 100+ ft.
   pressure line ~~50~~ 50+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: ~~2~~ 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☒ above ☐ below grade 8" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18" in.
8. Distances to: Well or suction line 98' ~~50~~ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ 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

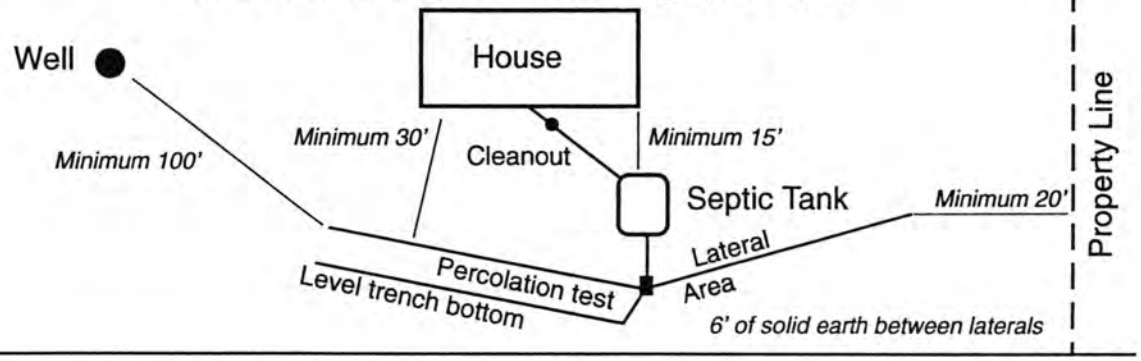
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Equalizer
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Equalizer
2. Lateral lines: Number ~~3~~ 4
   Length of each line: 102' ft. 102' ft.
   102' ft. 32' ft., ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 26" in
4. Filter material: Gravel
   Depth of material 18"-20" 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

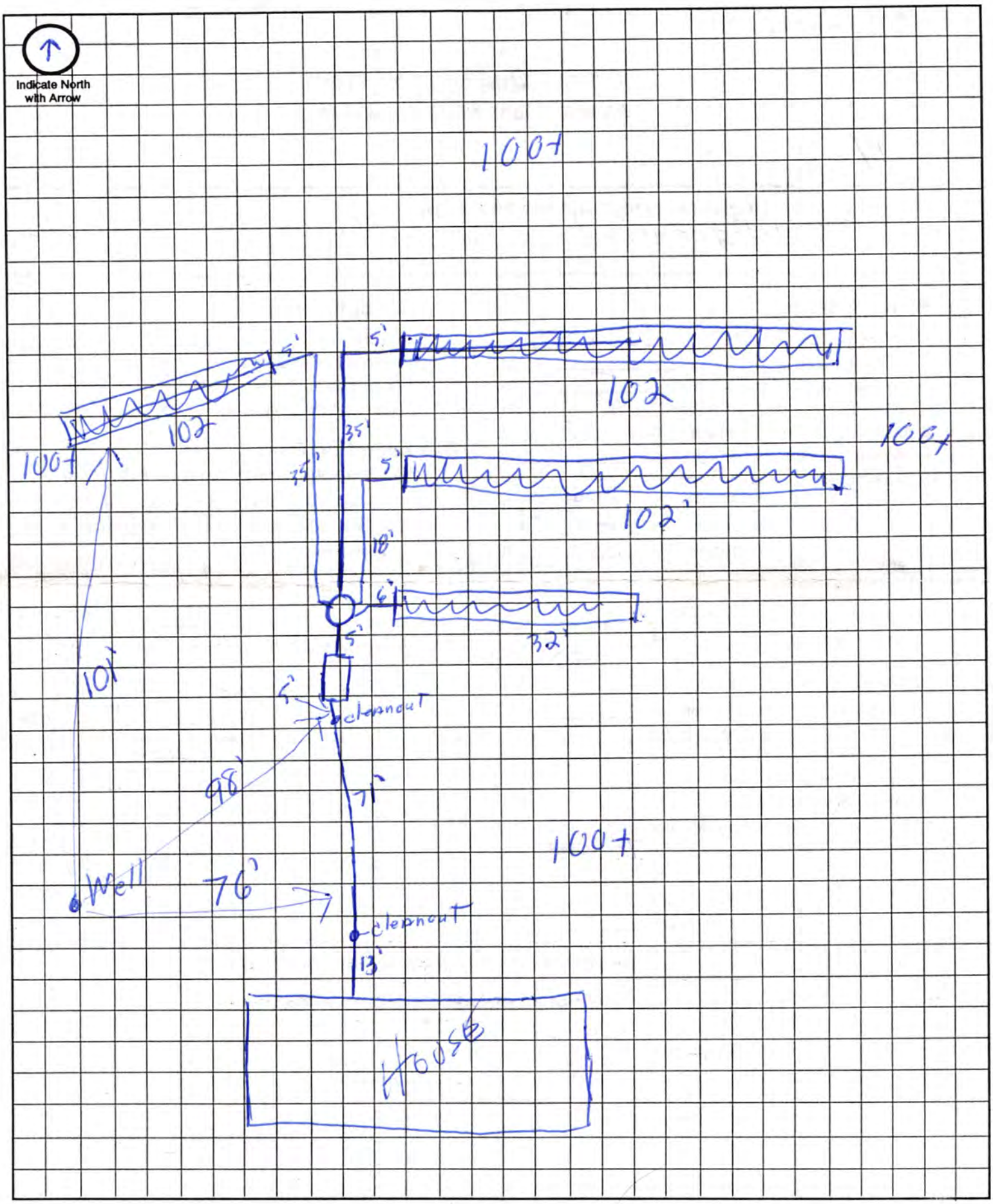
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

– SHEET NUMBER 1

