LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 98380187201

SEWAGE INSTALLATION
LAGOON

Issued 10/19/98
Expires 04/19/99
Revenue Code 3157

Establishment
KEVIN & DIANNE HESSON
T10N R5E SEC 36
2000 SW 70 ST

PAID

FEES: $150.00

Permittee
KEVIN & DIANNE HESSON
1404 BEECHWOOD CIR
PAPILLION NE 68133-2504

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008202

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:

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 2000 SW 70TH (no rural route) City LINCOLN NE, Zip 68532

Legal Description 36 10N 5E
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 KEVIN & DIANNE HESSON Signature Dianne Hesson

Address 1404 BEECHWOOD CIRCLE City/State/Zip PAPILLION NE

☐ Check if owner designed system Home Phone 402-331-9837 Work Phone 402-441-3520

C. Contractor

Name ROB CHAMPOUX Company Name PRAIRIE HOME BUILDERS INC.

Address P.O. BOX 84891 City/State/Zip LINCOLN, NE 68501

☒ Check if contractor designed system Work Phone 476-6599 730-7202

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 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 10-8-98 Date frwd 10/9/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/15/98 Date frwd 10/15/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-9-98 Date frwd 10-9-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

11/16/98 Sewer only J.C.H.

Installation Final Written Approval

By _____

Date 11-14-99

Business Office Use Only
Date Rec'd 10/9/98
Amt Paid 150.00
Rec'd By CW Cash/Check No. 8137

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2000 SW 70th (no rural route) City Lincoln NE, Zip 68522

Owner KEVIN & DIANNE HESSON Addresss 1404 BEECHWOOD CIRCLE PAPILLION NE

Soil Type (SCS): _____ Percolation Rate: 240 min./inch

Date of Tests 9-28 to 9-29 Weather: Precipitation 00 Temperature 80+

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"	9-28	11:00	9-28	7:00	9-29	10:30	6"	9-29	2:30	30	1/2	60
2	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	3/8	80
3	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	1/2	60
4	〃	〃	〃	〃	〃	〃	10:35	〃	〃	2:35	〃	1/4	120
5	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	1/4	120
6	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	3/8	80
7	〃	〃	〃	〃	〃	〃	10:40	〃	〃	2:40	〃	1/8	240
8	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	1/8	240

Sum of Percolation Rates: 1000
Average of Rates: 125
Rate Used for Calculation: 240

Person Conducting Percolation Tests

Name: Phil Malloy
Phone: 438-3341
Address 6005 West A.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK for Lagoon

Signature of Reviewing Official John T Manier Date 10-8-98

FORM 23-101 10-96

C

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

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2000 SW 70TH 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 240 (min. per Inch) Soil Type: ? Land Slope: 5 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other NONE – LAGOON

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 Robert Chiang Date 10-6-98

Installer Larry Schwank Date 10-9-98

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-16-98

System Location (Indicate correct number and street)

Address 1900 + 2000 SW 70th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160 491' Total
   Diameter: 4 in.
2. Distance above basement floor: 16" in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and ~~septic tank~~ Lagoon 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

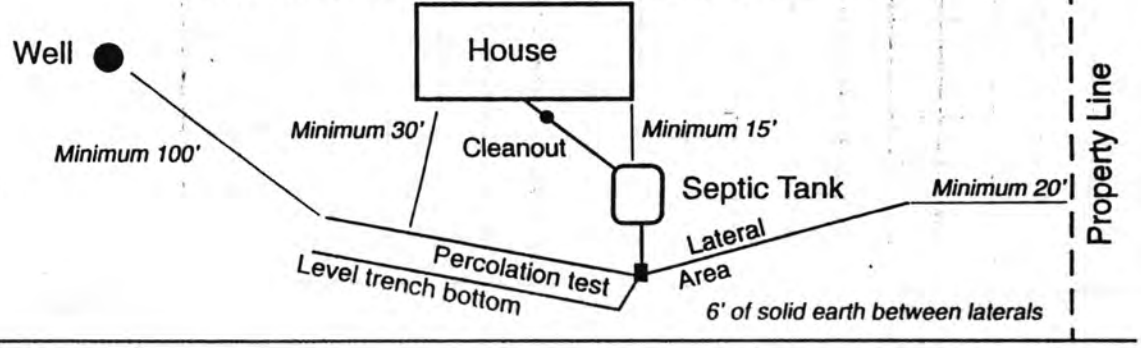
(Provide as-built drawings on back of this form)

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.

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

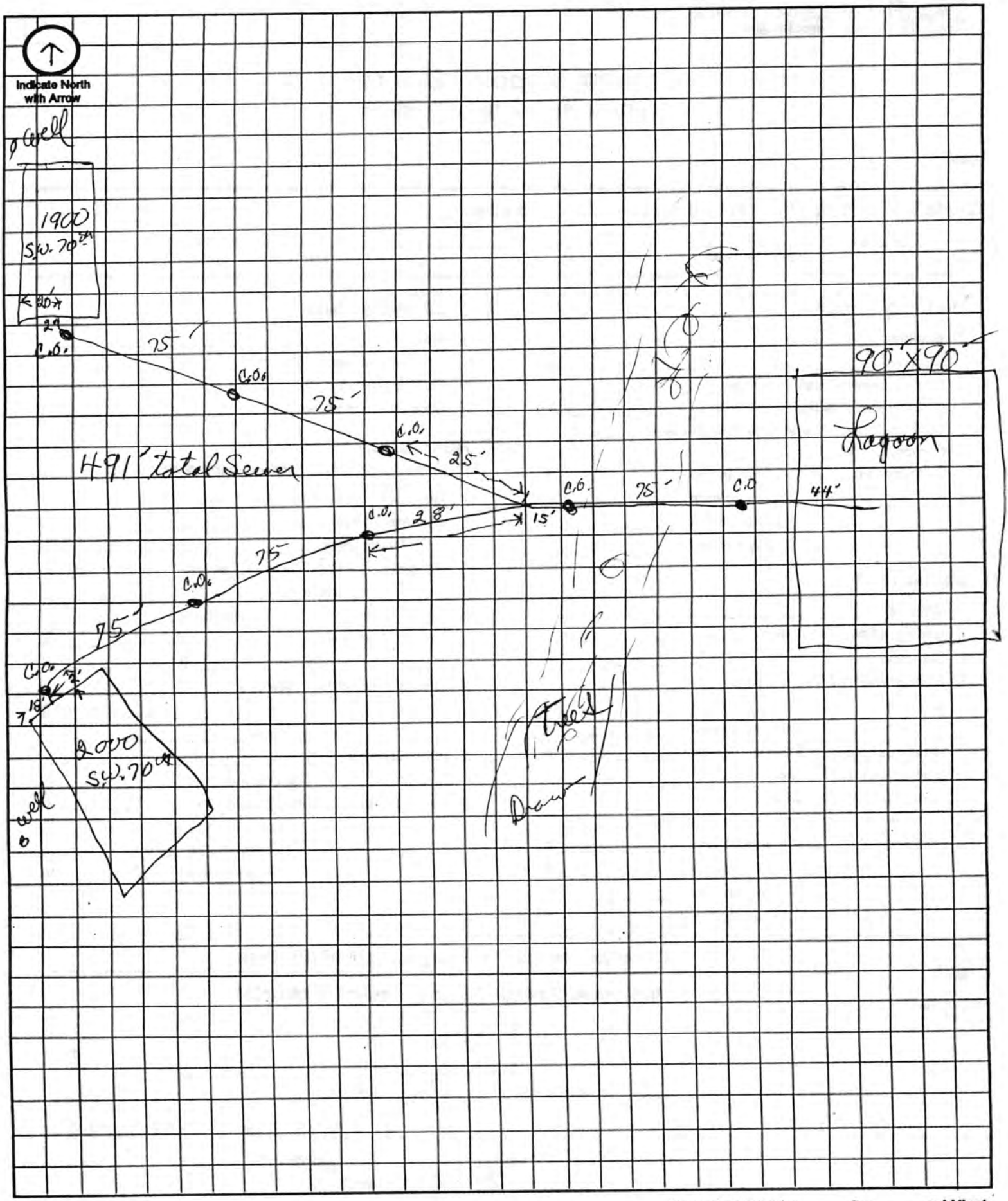
Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing by Larry Schwarck

NOV 2 4 1998



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

Official Survey Record

_____ County, Nebraska

DARREL W. SIMONDS & ASSOC.
6900 Leighton Avenue – Lincoln, Nebraska 68507
Phone (402) 467-3661

Description of a Tract of Land

in the Northwest Quarter (NW.1/4) Section 36 T. 10 N., R. 5 of the 6th P.M.

21 April, 1998

Job No. 10011-98

2000 SW 70th.

DESCRIPTION (only)

A tract of land in the Northwest one Quarter (NW1/4) of Section 36 Township 10 North Range 5 East of the 6th P.M., Lancaster County Nebraska, More fully described by metes and Bounds as follows;

BEGINNING at the Southwest Corner of said NW1/4; thence 359°11'40" (assumed azimuth), in a Northerly direction, along the west line of said NW1/4, a distance of three hundred forty five and no tenths (345.00) feet, thence 89°26'24", in an Easterly direction, parallel with the South line of said NW1/4, a distance of two thousand six hundred fifty one and fifty four hundredths (2,651.54) feet, thence 179°11'40", in a Southerly direction, parallel with the West line of said NW1/4, a distance of three hundred forty five and no tenths (345.00) feet to the South line of said NW1/4, thence 269°26'24", in a Westerly direction, along the South line of said NW1/4, a distance of two thousand six hundred fifty one and fifty four hundredths (2,651.54) feet to the POINT OF BEGINNING and containing a calculated area of 914,772.90 square feet or 21.00 Acres, more or less.