Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005858

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380293101

Issued 11/18/04
Expires 05/18/05
Revenue Code 3157

Establishment

DON JOHNSON HOMES
T11N R7E SEC 20
SUNSHINE HILLS BLK 1 LOT 2
4545 HAROLD CT

FEES: $200.00

Permittee

DON JOHNSON HOMES
5901 N 27 ST
LINCOLN NE 68521

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

NOV 1 8 2004

A

Permit Number: 04380293101

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 4545 Harold Court (no rural route) City Lincoln NE, Zip NE

Legal Description 20 (1/4) 11N (1/4) 7E (Section, Township, Range) Sunshine Hills (Subdivision) 1 (Addition) 2 (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 Don Johnson Homes Signature [signature]

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone _____ Work Phone 436-3228

C. Contractor

Name Don Johnson Homes Company Name Don Johnson Homes

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone 436-3228

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

Designer Name Dave Vogt Firm Vogt Excavating Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 + 1 Future 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 11/18/04 Date frwd 11/18/04	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 11-18-04 Date frwd 11-12-04	ACTION ☒ Approved ☐ Disapproved Signature [signature]	
3. City or County Engineer	Date rec'd 11/18/04 Date frwd 11/18/04	ACTION ☒ Approved ☐ Disapproved Signature Chase Baker	

Installation Final Written Approval

By Ron Magnuson

Date 7-22-05

Business Office Use Only

Date Rec'd 11/18/04

Amt Paid 200.00

Rec'd By [signature] Cash/Check No. 16020

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

D

Lincoln-Lancaster County Health Department
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3140 'N' Street • Lincoln, NE 68510-1514
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Permit Number: 043802931

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

NOV 1 8 2004

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4545 Harold Court City Lincoln NE, Zip
(no rural route)

Owner Don Johnson Homes Address Harold ~~Street~~ Court Lot 2

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

Date of Tests 11-10-04 to 11-11-04 Weather: Precipitation none Temperature 42°

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	30	11-10	12:30	11-11	2:15	11-11	2:15	6	11-11	2:45	30	1/2	60
2	30	11-10	12:30	11-11	2:15	11-11	2:15	6	11-11	2:45	30	1/2	60
3	30	11-10	12:30	11-11	2:15	11-11	2:15	6	11-11	2:45	30	1/2	60
4	30	11-10	12:30	11-11	2:15	11-11	2:15	6	11-11	2:45	30	5/8	48
5	30	11-10	12:30	11-11	2:15	11-11	2:15	6	11-11	2:45	30	5/8	48
6	30	11-10	12:30	11-11	2:15	11-11	2:15	6	11-11	2:45	30	1/2	60

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 56

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 540-4267
Address P.O. Box 22753
Lincoln NE 68542

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date 11-16-04

FORM 93-151 10-98

C

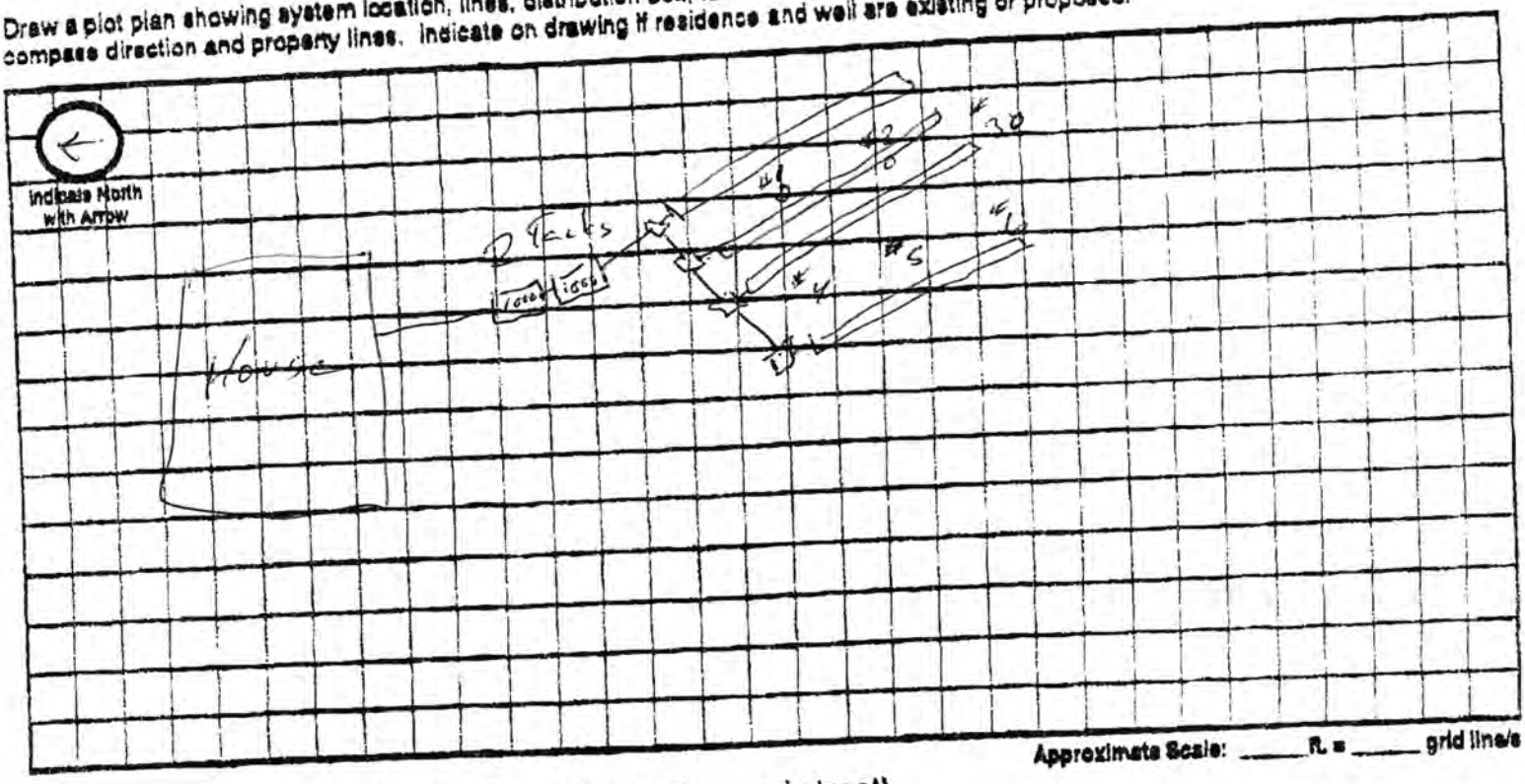
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NOV 18 2004

Permit Number: 043802931

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) 4545 Unrald Court City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 56 (min. per inch) Soil Type: Clay Land Slope: 6 %

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

Total Square Feet of Field Required: 1750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: In Siltator

Capacity of Septic Tank 1750 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

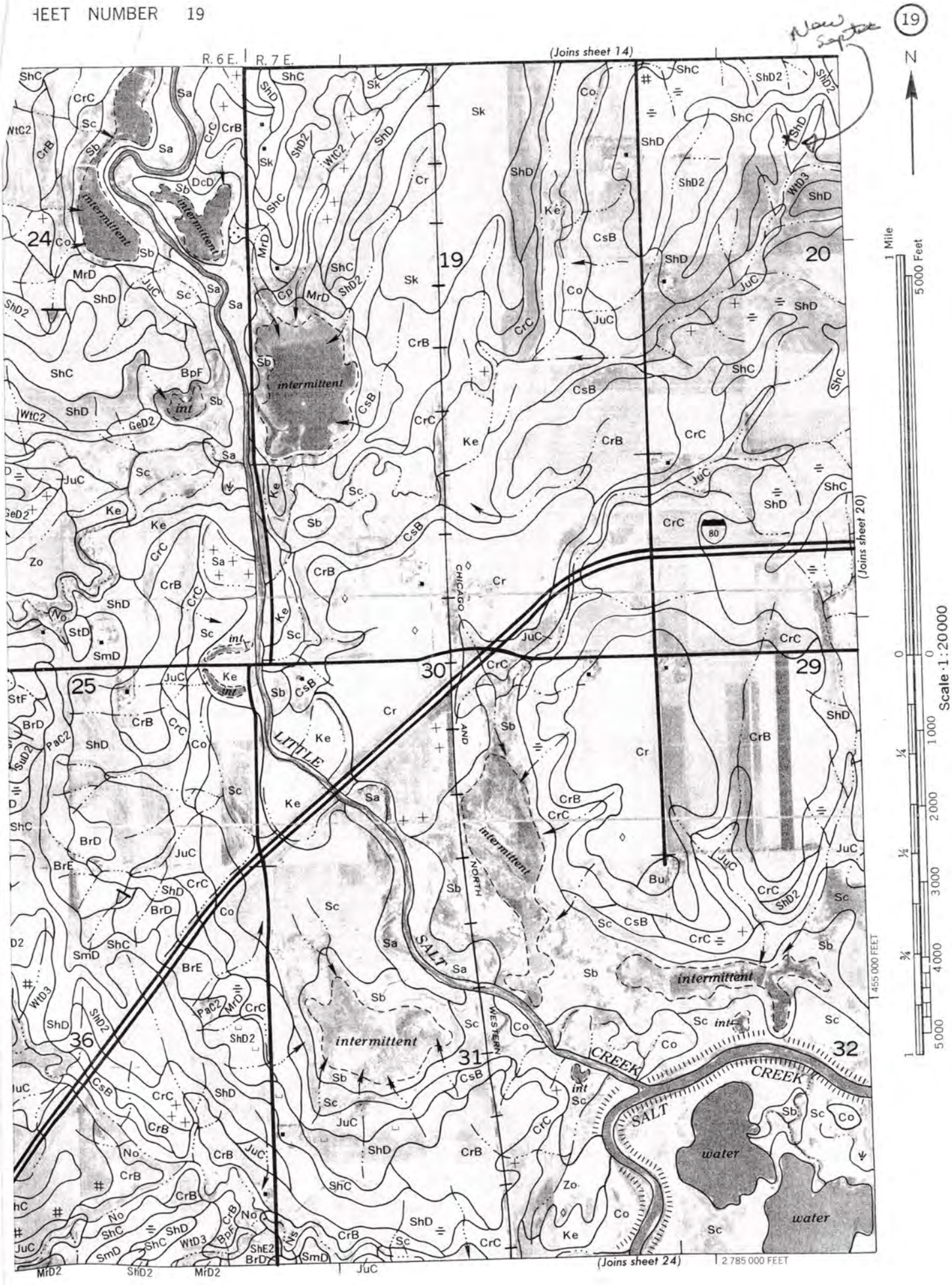
Total Length of Laterals 390 ft. Number of Trenches 4 Trench Width 4½

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 Dale Jackson Date 11-16-04


19
N
R. 6 E.
R. 7 E.
(Joins sheet 14)
(Joins sheet 20)
(Joins sheet 24)
19
20
24
25
29
30
31
32
36
80
CHICAGO AND NORTH WESTERN
LITTLE SALT CREEK
SALT CREEK
intermittent
water
1 Mile
5000 Feet
Scale 1:20000
455 000 FEET
2 785 000 FEET