Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008076

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380307001

Issued 08/11/05
Expires 08/11/06
Revenue Code 3157

Establishment DAVID JENSEN
T11N R6E SEC 9
MASEKS-1ST BLK 1 LOT 1
2555 W MASEK DR

FEES: $200.00

Permittee DAVID JENSEN
BOX 285
CERESCO NE 68017

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN
LANCASTER COUNTY
HEALTH
DEPARTMENT

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

A

Permit Number: 05380307001

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 2555 (no rural route) West Masek Drive City _____ NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 9 Section 11N Township 6E Range Masek's Subdivision 1st Addition 1 Block 1 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name David JENSEN & Jessica West-Venek Signature _____

Address P.O. Box 285 City/State/Zip Cedar, NE 68717

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

C. Contractor

Name Don Anderson Company Name Aces Well Co

Address _____ City/State/Zip Box 246 Mead Ne. 68041

☐ Check if contractor designed system Work Phone 624-3895

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 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** 11-4-05, pm	Date rec'd 8-11-05 Date frwd 8-11-05	**ACTION** ☑ Approved ☐ Disapproved Signature Ron Magnuson
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 8/11/05 Date frwd 8/11/05	**ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer**	Date rec'd 8-11-05 Date frwd 8-11-05	**ACTION** ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Ron Magnuson

Date 11-7-05

Business Office Use Only

Date Rec'd 08/11/05

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 3371

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

2555 W. Mash B

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

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

Owner DAVID JENSEN 12 MILES WEST - VENLEK Addresss P.O. BOX 285 CERESCO, NE 68017

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

Date of Tests 8/5 to 8/6 Weather: Precipitation 0 Temperature 90°

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	8/5	2:30 PM	8/6	2:30 PM	8/6	3:00 PM	6	8/6	4:00 PM	60	1 1/2	40
2	"	"	"	"	"	"	"	"	8/6	"	"	2	30
3	"	"	"	"	"	"	"	"	8/6	"	"	2	30
4	"	"	"	"	"	"	"	"	8/6	"	"	2	40
5	"	"	"	"	"	"	"	"	8/6	"	"	2 1/2	24
6	"	"	"	"	"	"	"	"	8/6	"	"	2 1/2	24

Sum of Percolation Rates: 188
Average of Rates: 31.3
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Don Anderson AWS Well
Phone: 624-3895
Address Mead, Ne.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Appears to be Shelby clay loam with sand pockets

Signature of Reviewing Official Ron Majewski Date 8-11-05

FORM 23-101 10-96

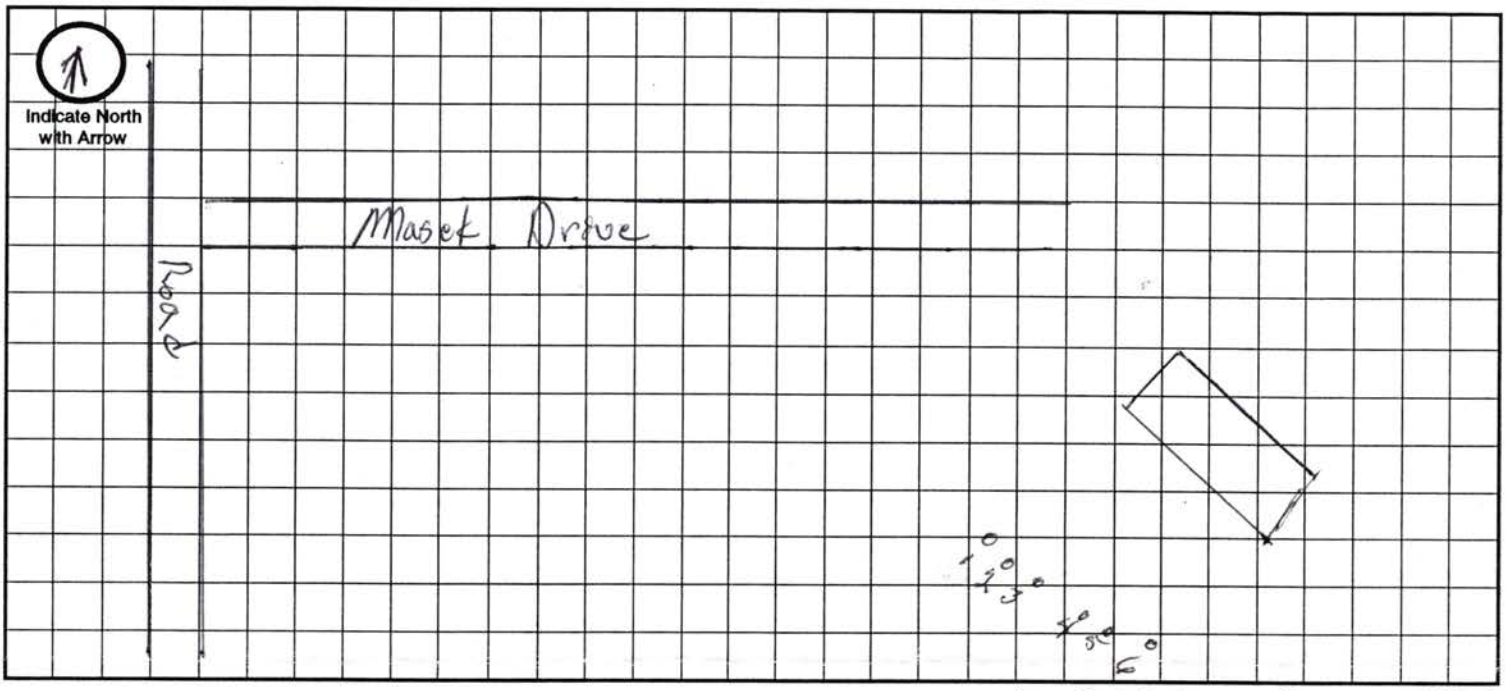
2555 W. Masek C

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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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2555 West Masek Drive 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 31.3 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1100 sq. ft.

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 _____ ft. Number of Trenches _____ Trench Width _____

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

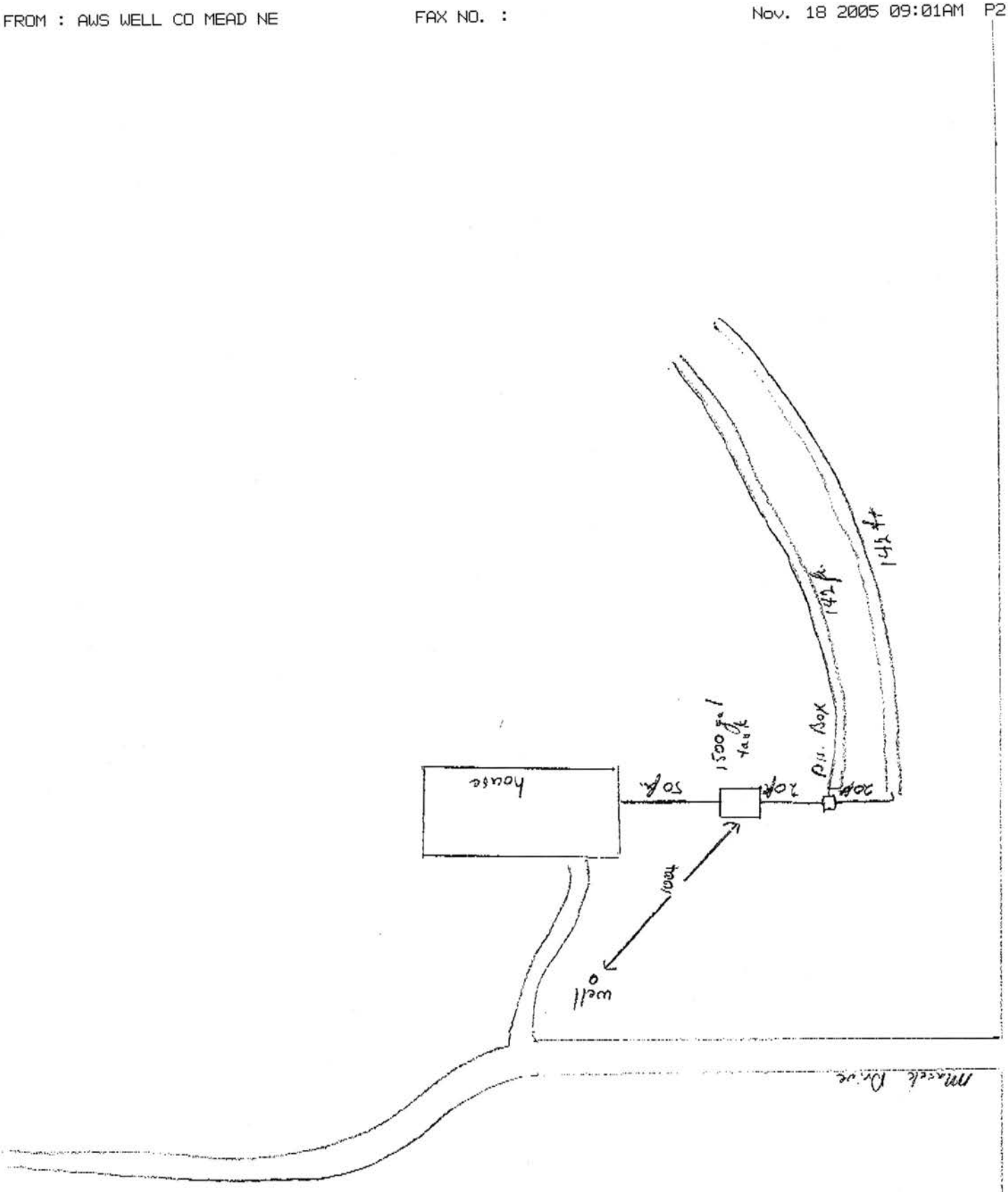
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☑	500 ☑	50 ☑	N/A ☑	30 ☑	50 ☑	100 ☑	200 ☑	☑

E. Required Signatures

Home Building Contractor _____ (NEIGHBORS Framing Hauk Inc) Date 9/10/05

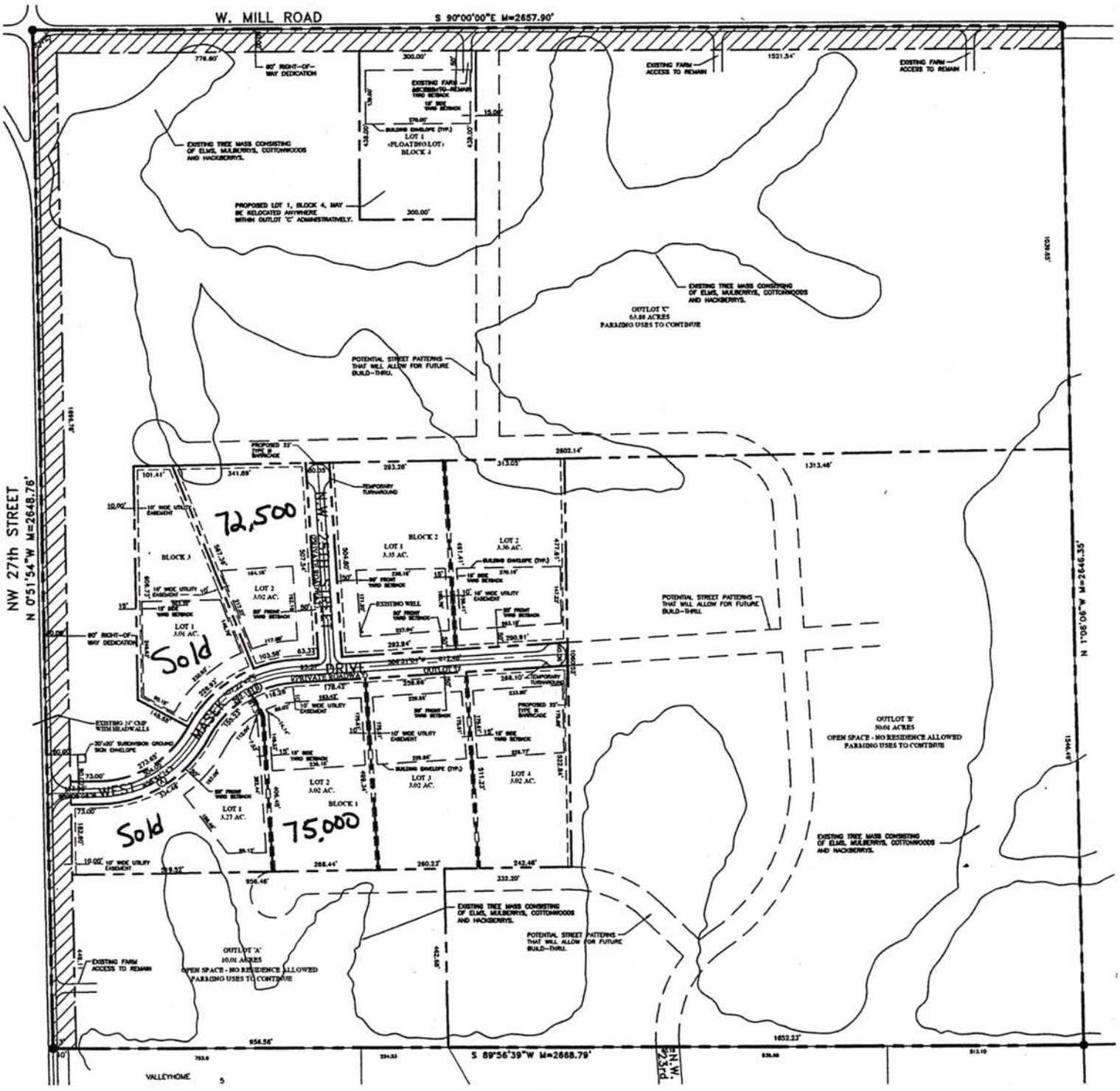
Installer Don Anderson Date 8/10/05

FORM 23-102 10-96



Jensen Residence

3 of 5


W. MILL ROAD
S 90°00'00"E M=2657.90'
NW 27th STREET
N 0°51'54"W M=2648.76'
N 1°06'06"W M=2646.35'
S 89°56'39"W M=2668.79'
72,500
Sold
75,000
Sold
MASSEY WEST DRIVE
PRIVATE ROADWAY
OUTLOT 'C'
64.88 ACRES
FARMING USES TO CONTINUE
OUTLOT 'B'
50.01 ACRES
OPEN SPACE - NO RESIDENCE ALLOWED
FARMING USES TO CONTINUE
OUTLOT 'A'
10.01 ACRES
OPEN SPACE - NO RESIDENCE ALLOWED
FARMING USES TO CONTINUE
EXISTING TREE MASS CONSISTING OF ELMS, MULBERRYS, COTTONWOODS AND HACKBERRYS.
POTENTIAL STREET PATTERNS THAT WILL ALLOW FOR FUTURE BUILD-THRU.
EXISTING FARM ACCESS TO REMAIN
PROPOSED LOT 1, BLOCK 4, MAY BE RELOCATED ANYWHERE WITHIN OUTLOT 'C' ADMINISTRATIVELY.
VALLEYHOME

ESRI ArcExplorer 2.0

2555 West Masek Drive

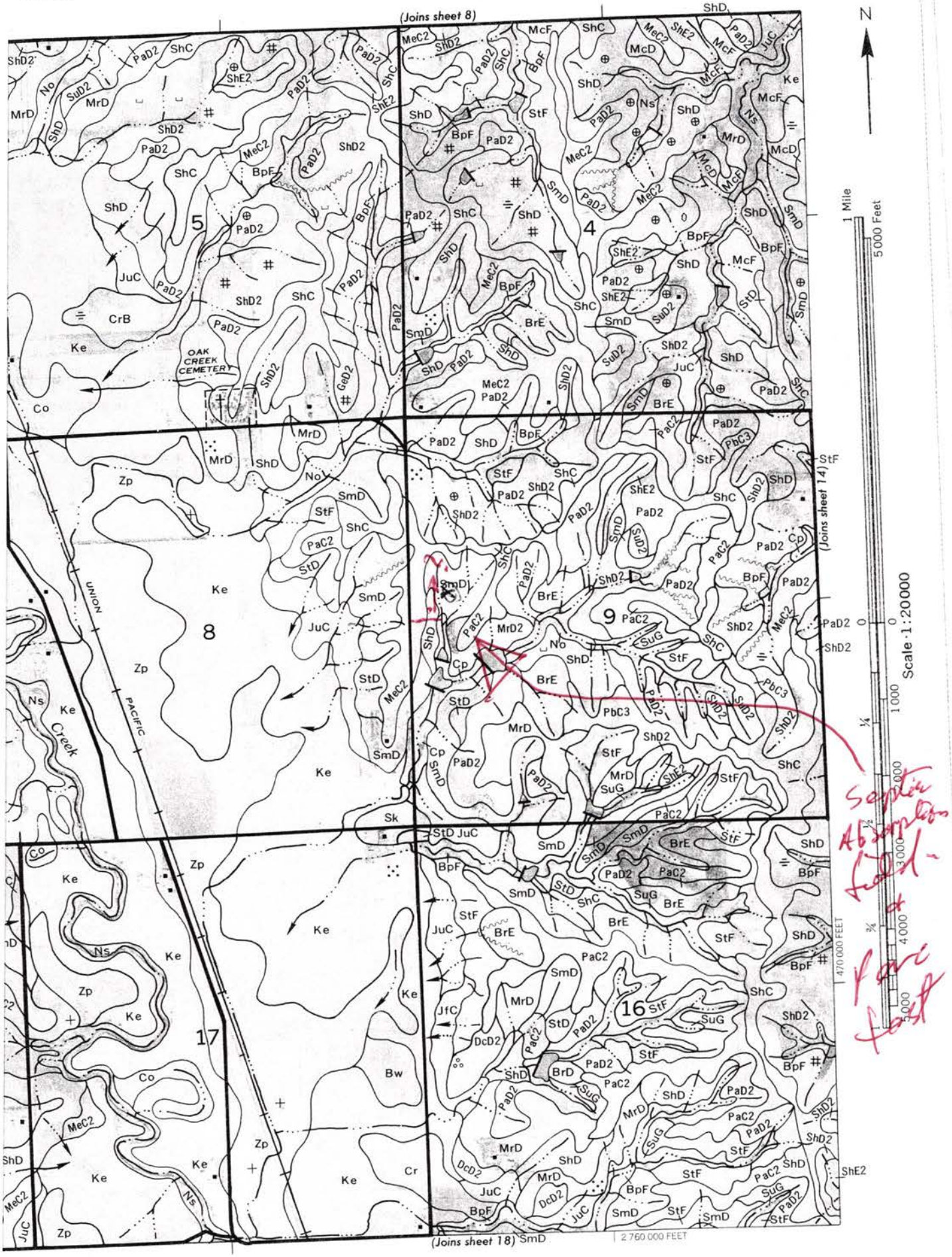


streets
flood1
soils (MUSYM)

N

Thursday, Aug 11 2005

NUMBER 13


13
N
(Joins sheet 8)
(Joins sheet 14)
(Joins sheet 18)
OAK CREEK CEMETERY
UNION PACIFIC
Creek
1 Mile
5000 Feet
Scale 1:20000
4000 FEET
2 760 000 FEET
Sample AB samples taken here