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 5330 Grace Lane (no rural route) City Lincoln NE, Zip _____

Legal Description 2 10 8 _____ #1 Lot #3
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 Carrie Elder Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name G+A Backhoe Service Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 _____ 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 _____ Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Lon Mazgut
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Paid for permit, but cannot locate original Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Lon Mazgut

Date 10-13-05

Business Office Use Only

Date Rec'd _____

Amt Paid fee paid

Rec'd By _____ Cash/Check No. _____

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

5330 Grace Lane
T-10 R 8 Sec. 2
Blk 1 Lot 3
Prairie Vista

10-8-2

JUL 2 2004

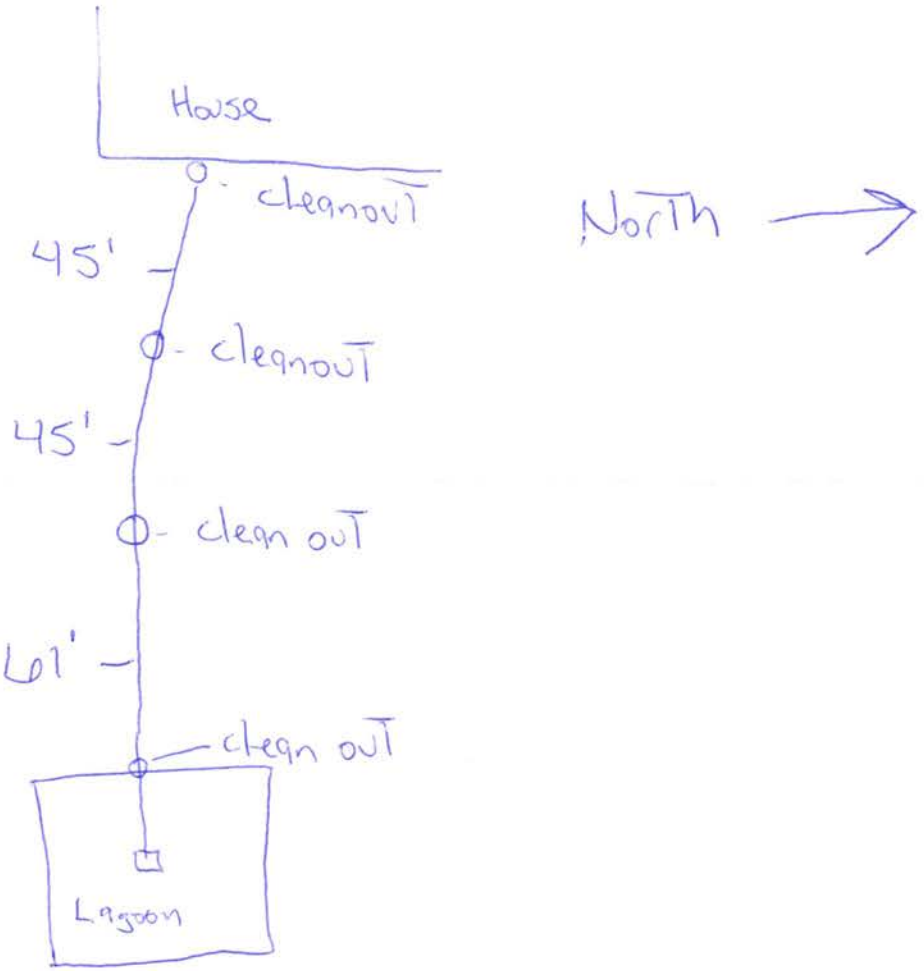
G & A

BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

06/26/04

To Doug Smith,
This is the as built drawing for a Lagoon System @ 5330 Grace Lane for Prarie Home Builders.



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003309

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380276301

Issued 01/13/04
Expires 07/13/04
Revenue Code 3157

Establishment:
CARRIE M ELDER
T10N R8E SEC 2
PRAIRIE VISTA LLCN BLK 1 LOT 3
5802 GRACE LANE

FEES: $200.00

TOTAL: $200.00

Permittee:
CARRIE M ELDER
5802 GRACE LN
LINCOLN NE 68527

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

A

Permit Number: 04380276301

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 5802 GRACE LANE (no rural route) City LINCOLN NE, Zip 68527

Legal Description 2 (1/4) 1ON (1/4) 8E (Section) (Township) (Range) PRAIRIE VISTA LLCN (Subdivision) 1 (Addition) 3 (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 Carrie M Elder Signature Carrie M Elder

Address 834 Malcolm Ct City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 474-5171 Work Phone _____

C. Contractor

Name ROB CHAMPOUX Company Name PRAIRIE HOME BUILDERS INC,

Address 2045 S. FOLSOM ST. SUITE A City/State/Zip LINCOLN, NE 68522

☒ Check if contractor designed system Work Phone 476-6599

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

Designer Name Gordon Lukes Firm G&A Backhoe Service Work Phone (402) 450-2409

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 1/13/04 Date frwd 1/14/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/19 Date frwd 1/19 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 01/14/2004 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

6/25/04 Line + Lagoon - Wood Cenc D.S.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 01/14/04

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 17873

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

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

B

Permit Number: 043802763

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5802 GRACE LANE City Lincoln NE, Zip NE
(no rural route)

Owner CARRIE ELDER Addresss 834 MALCOM CT.

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

Date of Tests 11-01 to 11-02. Weather: Precipitation 0 Temperature 45°F

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"	11-01	18:00	11-01	19:00	11-02	16:00	6"	11-02	17:00	1 hr	.25	120
2	"		"		"		"	"	"	"		.1/8	240
3	"		"		"		"	"	"	"		.1/8	240
4	"		"		"		"	"	"	"		0	
5	"		"		"		"	"	"	"		0	
6	"		"		"		"	"	"	"		1/8	240
7	"		"		"		"	"	"	"		1/8	240
8	"		"		"		"	"	"	"		0	

Person Conducting Percolation Tests

Name: Phil Nollen
Phone: 304-4296
Address 6005 West A Lincoln, NE 68532

Sum of Percolation Rates: 1080
Average of Rates: 216
Rate Used for Calculation: 240

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

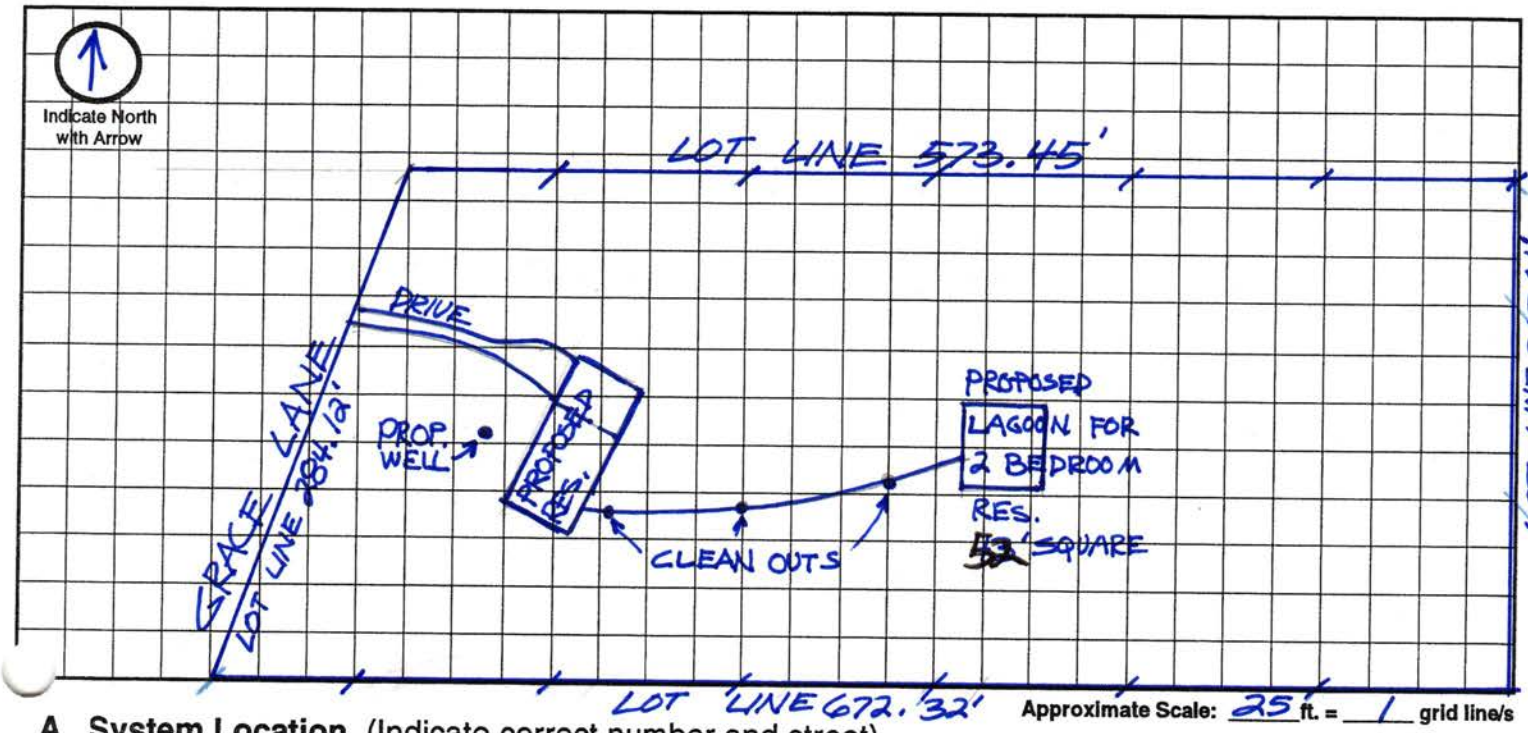
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802763

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5902 GRACE LANE City LINCOLN NE, Zip 68527

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: 2 %

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

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 [illegible] Date 1-8-04

Installer Gordon Lukes G+A Backhoe Service Date _____

FORM 23-102 10-96

5330 Grace Lane
T. 10 R 8 Sec. 2
Blk 1 Lot 3
Prairie Vista

10-8-2

JUL 2 2004

G & A
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