LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit No. 97380158501

SEWAGE INSTALLATION
LAGOON

Issued 06/03/97
Expires 12/03/97
Revenue Code 18754

Establishment

DOUG GARRISON
T11N R5E SEC 30
13350 W HWY 34

FEES: $150.00

TOTAL $150.00

Permittee

DOUG GARRISON
950 N 55 ST
LINCOLN NE 68504

Issued By M. Jane Ford
Health Director

4772

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 13550 West US Hwy 34 (no rural route) City Malcolm NE, Zip 68504

Legal Description SE (1/4) SW (1/4) 30 (Section) 11N (Township) 5E (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 It will be after house is built. (4/97)

B. Owner

Name Doug Garrison Signature Douglas D Garrison

Address 950 N 55th City/State/Zip Lincoln/NE/68504

☒ Check if owner designed system Home Phone 467-2563 Work Phone 437-4116

C. Contractor

Name Ben Earnest Company Name Earnest Well Drilling Inc

Address P.O. Box H City/State/Zip Milford, NE 68405

☐ Check if contractor designed system Work Phone 761-2281

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 400 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 5/29/97 Date frwd 5/29/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/29/97 Date frwd 5/29/97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 05/29/97 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

7/1/97 by L.C.H. Needs fence.

Installation Final Written Approval

By Ron Maynard

Date 10-3-97

Business Office Use Only 3247

Date Rec'd 5/28/97

Amt Paid $150.00

Rec'd By CW Cash/Check No. 2265

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13350 West US Hwy 34 (no rural route) City Malcolm NE, Zip 68402

Owner Doug Garrison Addresss 950 N 55 Lincoln NE 68504

Soil Type (SCS): McD Percolation Rate: 78 min/in min./inch

Date of Tests 3/17 to 3/18 Weather: Precipitation Trace Temperature ~38°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	34	3/17	3:30PM	3/18	2:30PM	3/18	2:30PM	>6"	3/18	6:30PM	30	1/4	120 min/in
2	33	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1/4	120 min/in
3	32	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	3/8	80 min/in
4	34	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	3/8	80 min/in
5	33	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	3/8	80 min/in
6	31	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1/2	60 min/in

Sum of Percolation Rates: 540 min/in
Average of Rates: 90 min/in
Rate Used for Calculation: min/in

Person Conducting Percolation Tests

Name: Doug Garrison
Phone: 402-467-2563 - work 437-4116
Address 950 N 55
Lincoln, NE 68504

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

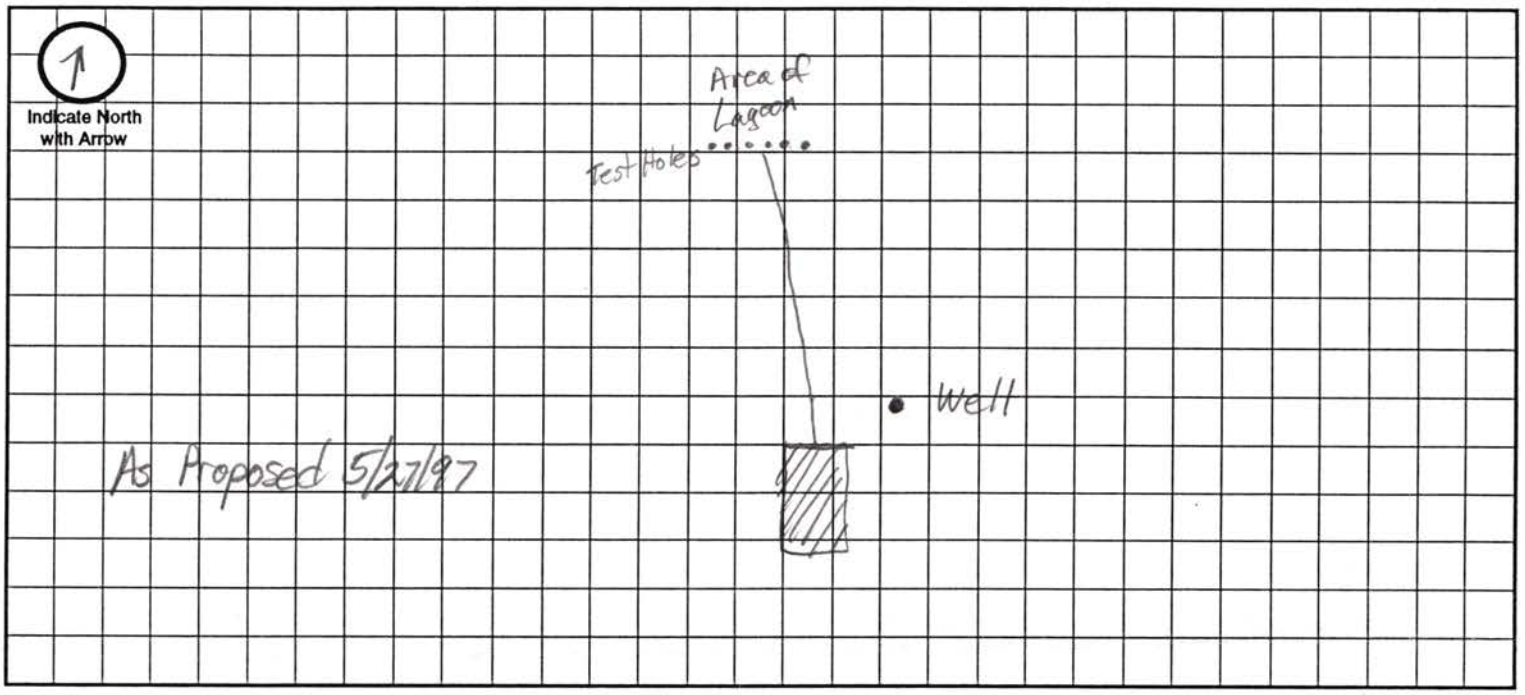
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 13350 west US Hyw 34 City Malcolm NE, Zip 68504

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☑ Other Sewage Lagoon

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

Percolation Rate 90 min/in (min. per inch) Soil Type: McD Land Slope: ~8 %

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 _____ Date _____

Installer _____ Date _____

JUL 11 1997

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7/1/97 Doug Garrison

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: SDR 26
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
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

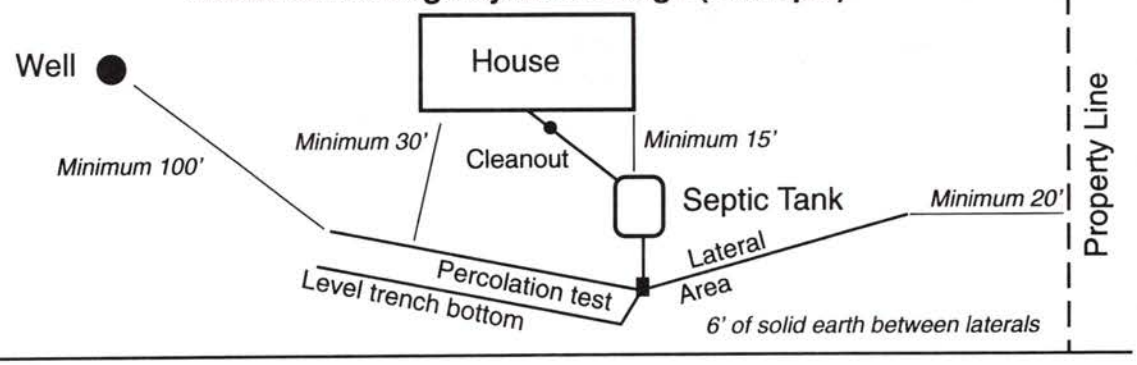
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

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

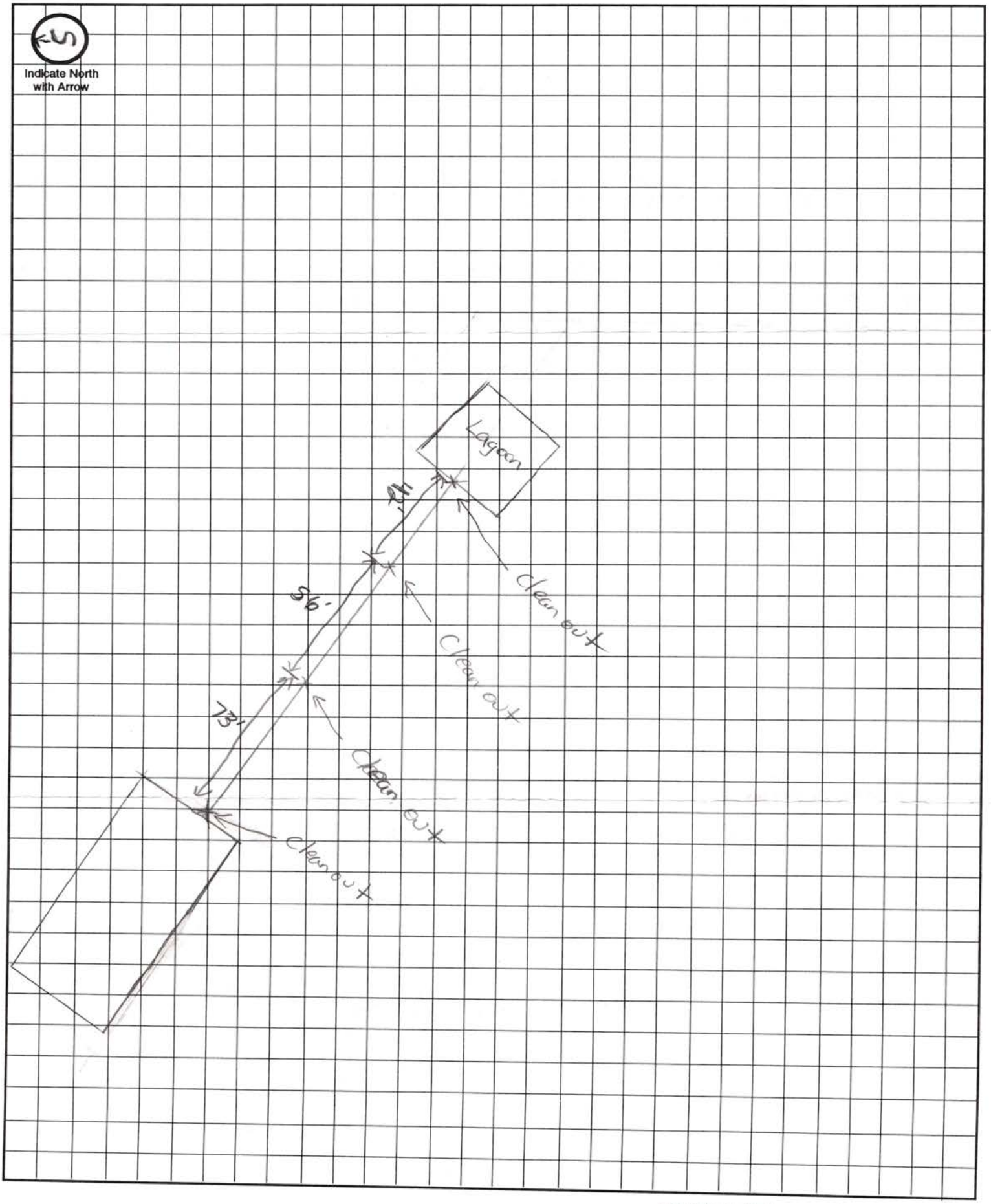
Individual Sewage System Design (Example)



As Built Drawing

30-11-5-

Indicate North with Arrow



Approximate Scale: _____ft. = _____ grid line/s