Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009867

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380329601

Issued 01/26/07
Expires 01/26/08
Revenue Code 3157

Establishment: SCOTT LONERGAN
T10N R8E SEC 14 QTR NE
LOT 16IT
2255 N 176 ST

FEES: $290.00

Permittee: SCOTT LONERGAN
4132 N 15 ST
LINCOLN NE 68521

TOTAL: $290.00

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

A

Permit Number: 07380329601

Sewage Disposal System

Request for Site Clearance and Permit

(Fee attached) 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: 25 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 2255 N. 176TH ST (no rural route) City LINCOLN NE, Zip NE 68527

Legal Description LCR 5094 PARCEL A LOT 6 IRREG. TRACT NE¼ SECTION 14 TOWNSHIP TOWN 10N RANGE 8
1/4 1/4 Section Township Range Subdivision Addition Block Lot

E 6PM LANCASTER COUNTY

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name SCOTT LONERGAN Signature _____

Address 2255 N 176TH ST City/State/Zip LINCOLN, NE 68527

☐ Check if owner designed system Home Phone _____ Work Phone 610-1829

C. Contractor

Name MATT TAYLOR Company Name TAYLOR DRAIN

Address 2201 SEWELL City/State/Zip LINCOLN, NE 68502

☐ Check if contractor designed system Work Phone 402-474.5213

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

Designer Name MATT TAYLOR Firm TAYLOR DRAIN Work Phone 402-474-5213

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub YES ~~NO~~

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 600 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 1/26/07 Date frwd 1/26/07 ACTION ☒ Approved ☐ Disapproved Signature _____

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/26/07 Date frwd 1/26/07 ACTION ☒ Approved ☐ Disapproved Signature _____

SEPTIC CAN NOT BE IN 100YR. FLOOD PLAIN.

3. **City or County Engineer** Date rec'd 01/26/2007 Date frwd _____ ACTION ☒ Approved * ☐ Disapproved Signature _____

* Septic System Will Be Constructed Outside The Designated Flood Plain

Installation Final Written Approval

By _____ ≈276' lateral

Date 11/27/2007

Business Office Use Only

Date Rec'd 01/25/07

Amt Paid 240.00

Rec'd By _____ ~~Cash~~/Check No. 2706

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: 07380296 01

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address N. 176 (no rural route) City Lincoln NE. Zip 68527

Owner _____ Address N176 Lincoln, Ne 68527

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

Date of Tests 4/2/02 to 4/3/02 Weather: Precipitation — Temperature 30°-40°

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 Rate (Min/in)
1	36	4/2	5:00	4/3	12:00	4/3	12:55	13¾	4/3	1:05	10	½	20
2	"	"	"	"	NOON	"	PM	17	"	PM	"	⅞	12
3	"	"	"	"	"	"	"	15⅜	"	"	"	½	20
4	"	"	"	"	"	"	"	16	"	"	"	¾	14
5	"	"	"	"	"	"	"	16	"	"	"	½	20
6	"	"	"	"	"	"	"	18½	"	"	"	1	10
7	↓	"	"	"	"	"	"	15½	"	"	"	¾	14

Sum of Percolation Rates: 110
Average of Rates: 16
Rate Used for Calculation: 20

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 471-2462
Address 17201 So 72nd St
Hickman, Ne. 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

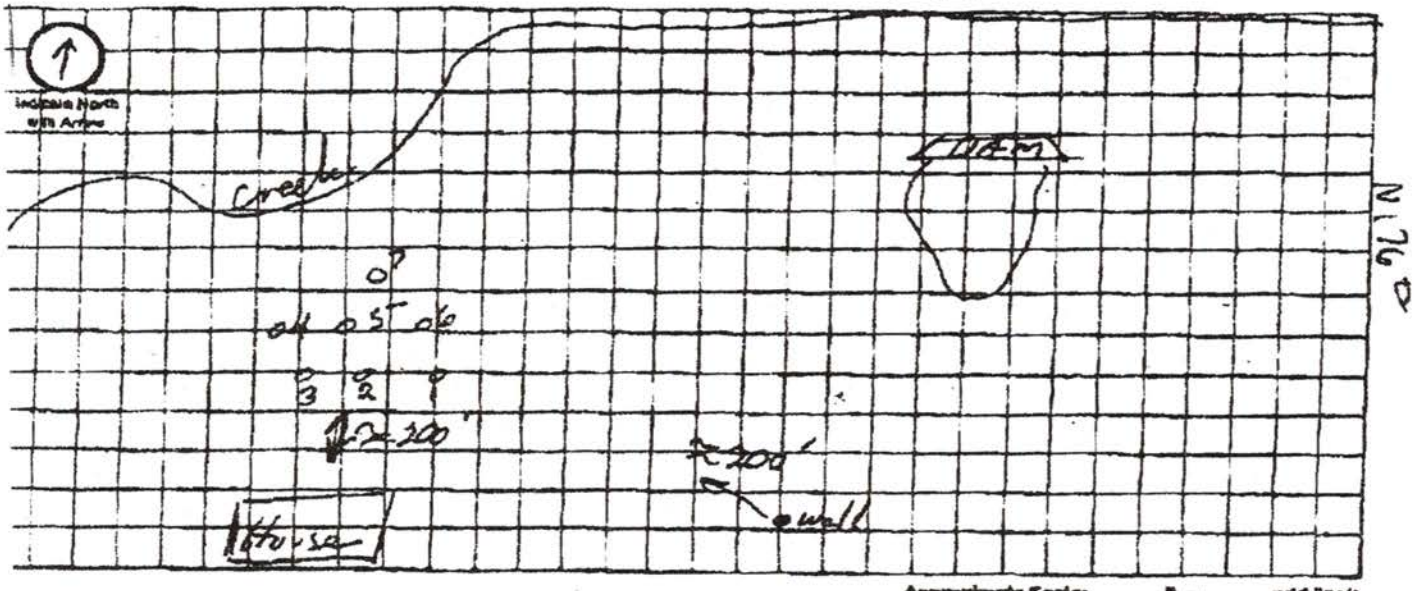
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 073803296

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) N. 176 City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 20 (min. per inch) Soil Type JVC Land Slope: 17a %

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

Total Square Feet of Field Required 840 sq. ft. 4 Bdrm Home or 630 sq ft for 3 Bdrm Home

Type of Lateral: ☑ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: In-6 Hooker

Capacity of Septic Tank 1250 gals 1500 change Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 210 ft. 263 ft. Number of Trenches 3 Trench Width 4 ft

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 ☒	N/A ☐	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 ☐	☐

Required Signatures

Type Building Contractor _____ Date _____

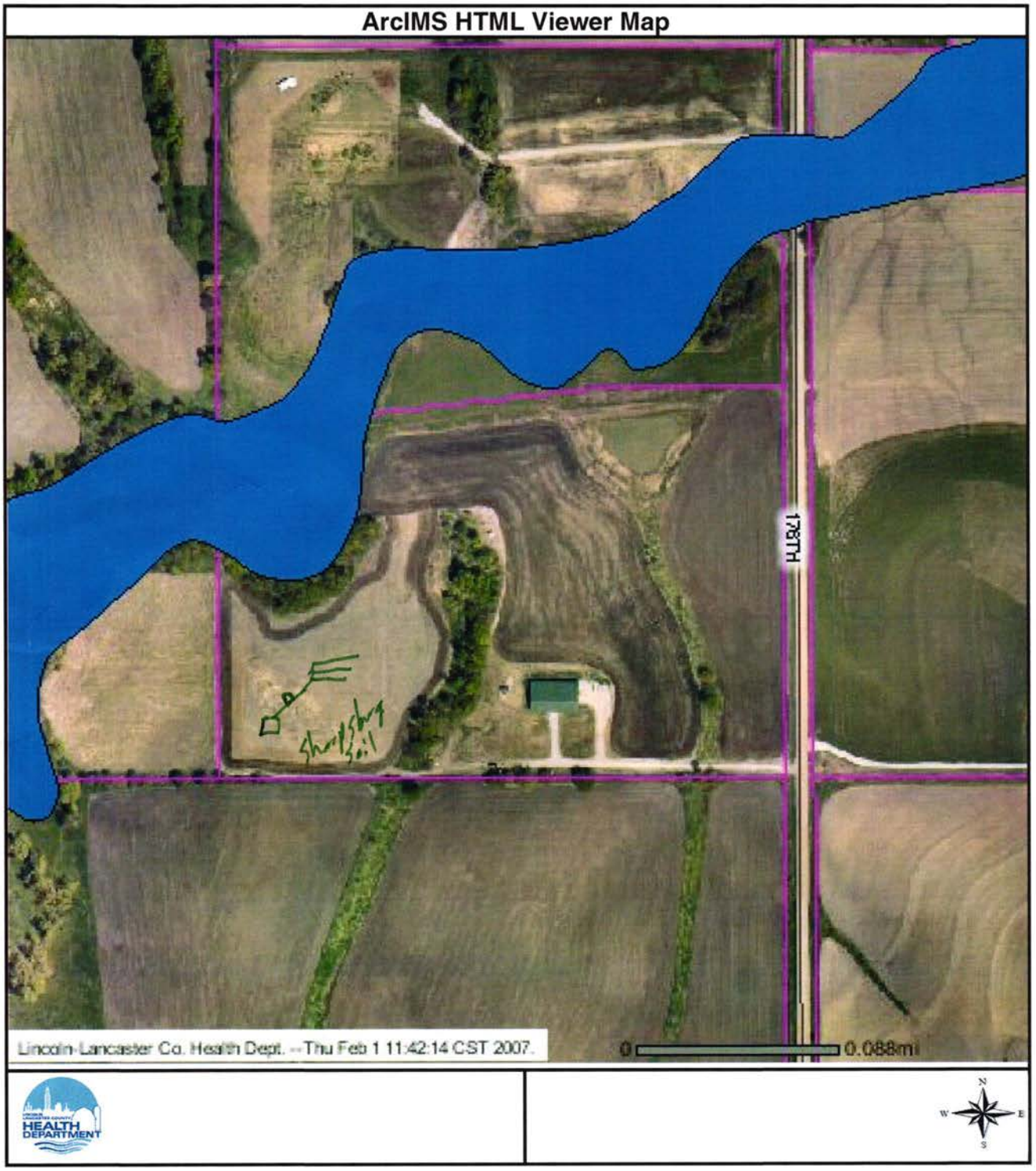
Installer Brad Southwick Date 4-10-02

23-102 10-98

APR 11 2002 7:19 P.04

sized for a 5 bedroom / southwick sized for a 4 bedroom

MW Jr


ArcIMS HTML Viewer Map
178TH
Lincoln-Lancaster Co. Health Dept. -- Thu Feb 1 11:42:14 CST 2007.
0
0.088mi
HEALTH DEPARTMENT
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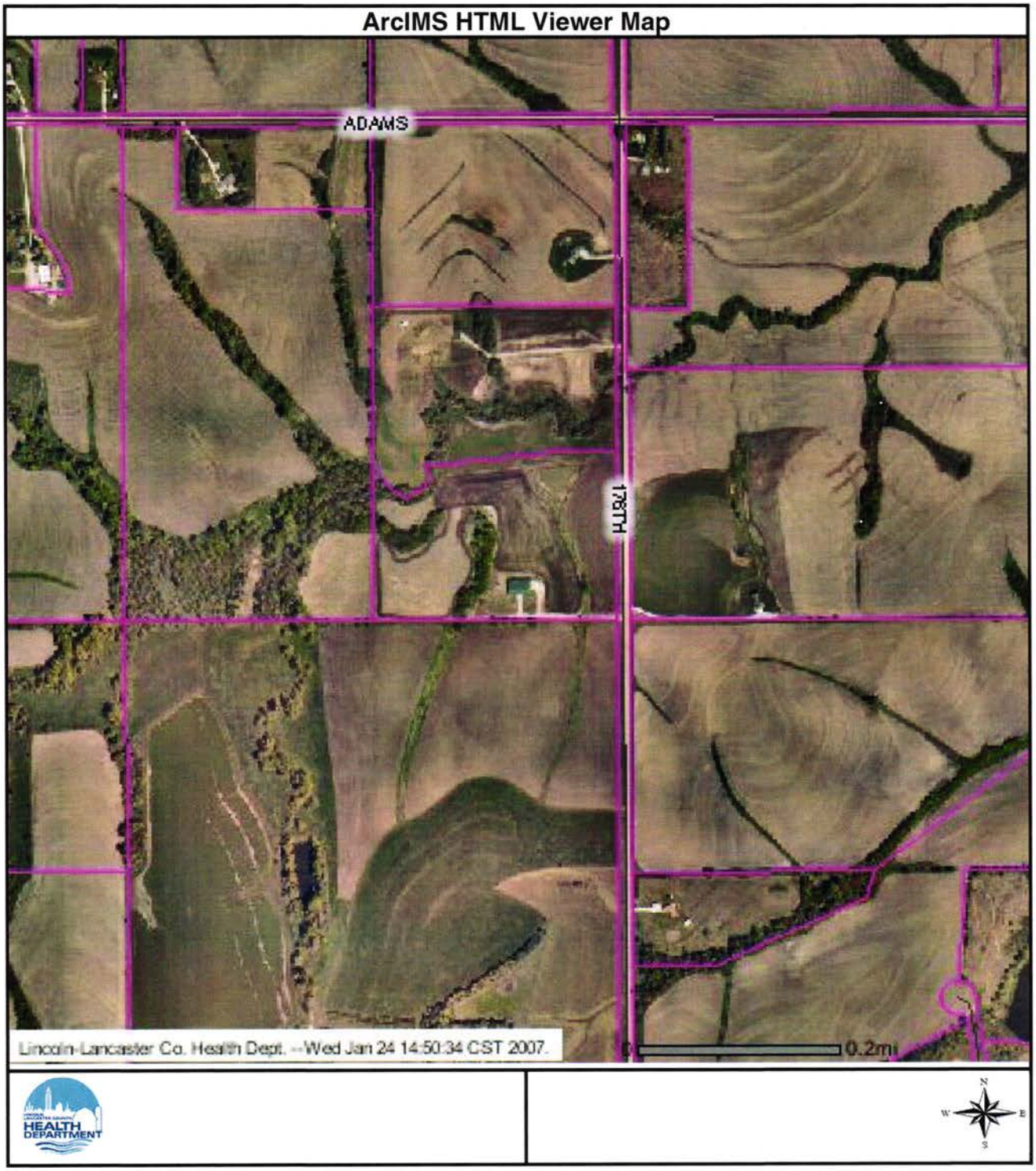
Scott & Angela Lonergan
2255 N 176th
Lincoln, NE 68527

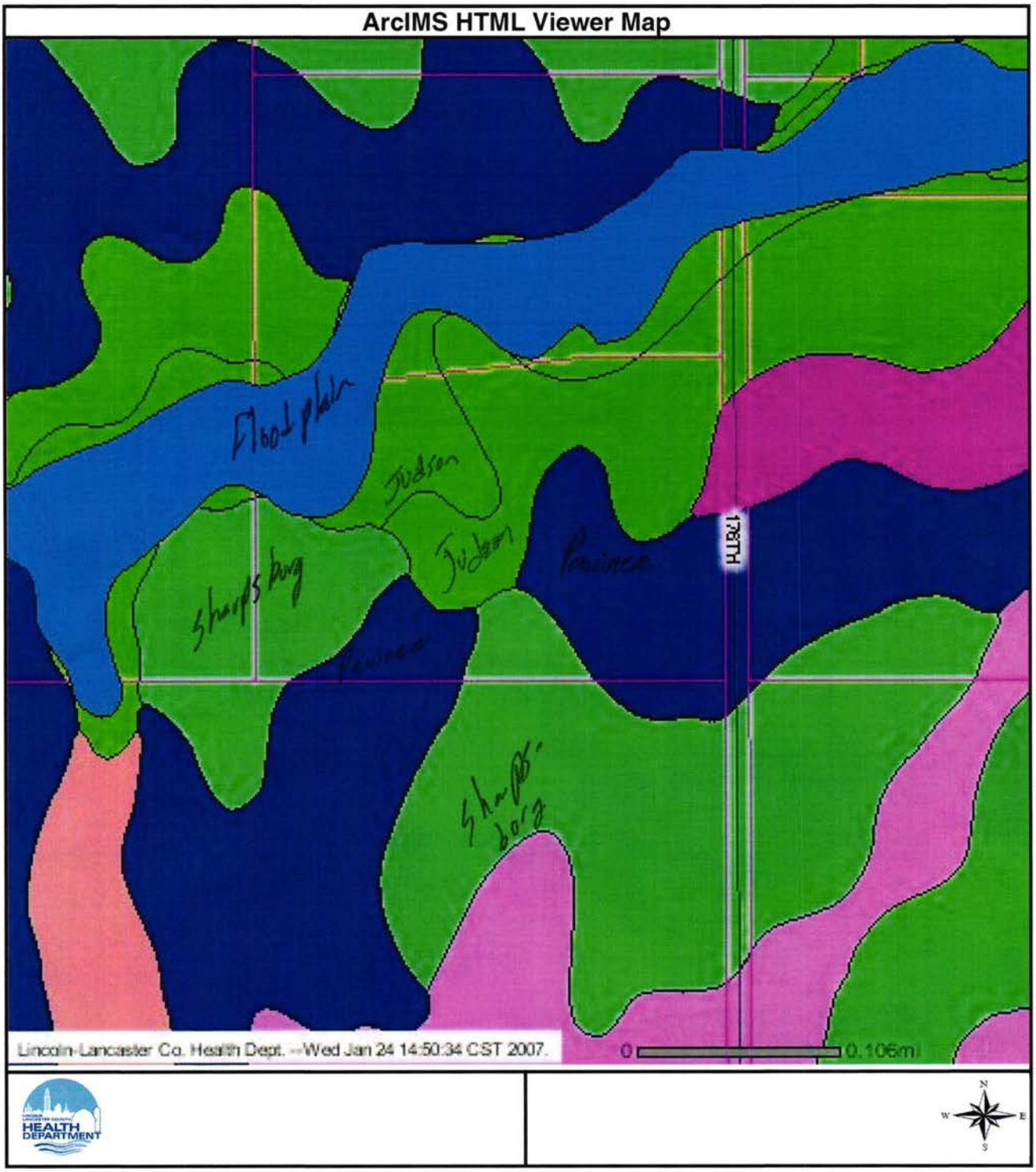
Legal Discription

PARCEL A

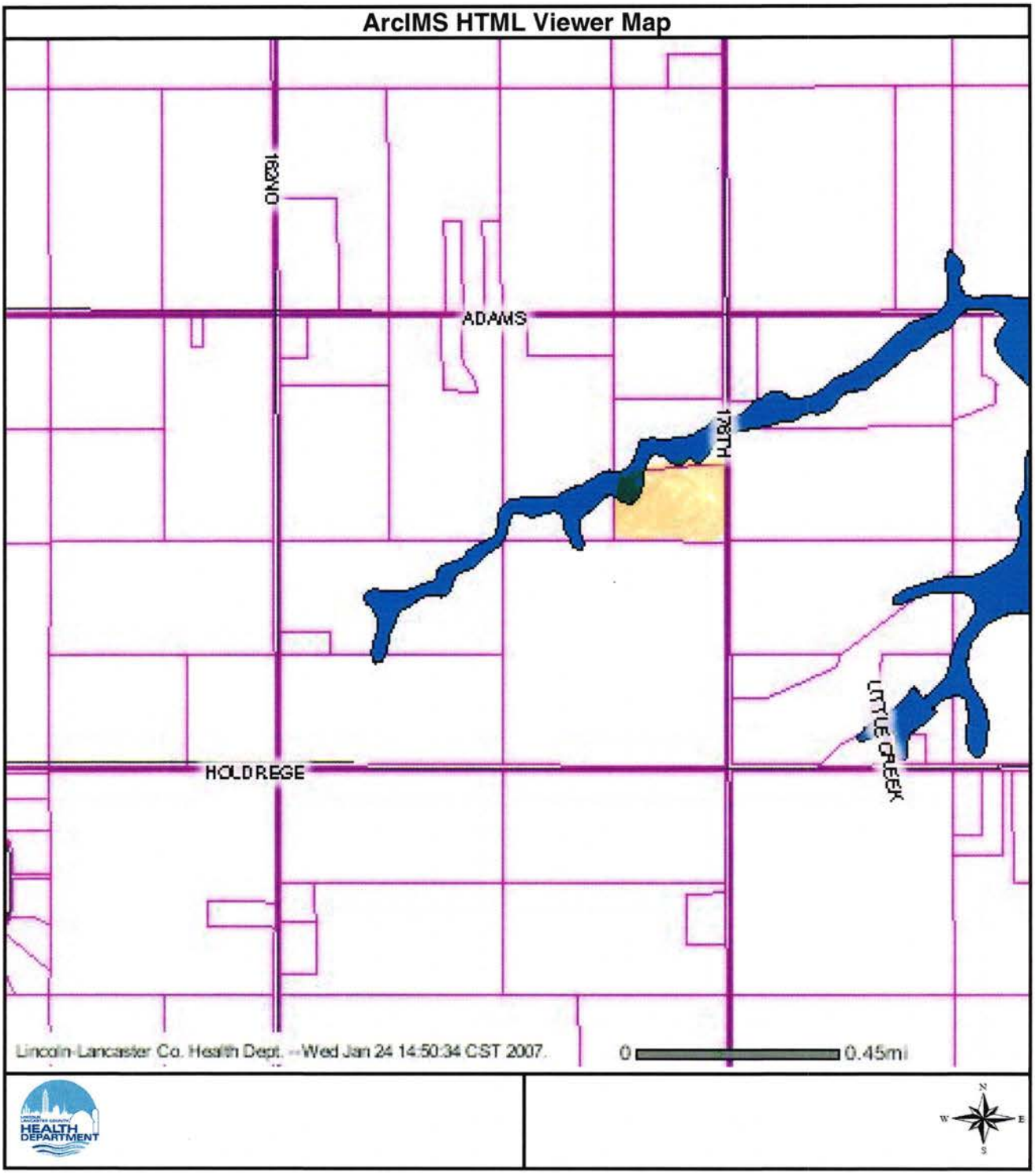
PART OF LOT 6 IRREGULAR TRACT, LOCATED IN THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 10 NORTH, RANGE 8 EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 6 IRREGULAR TRACT; THENCE ON THE SOUTH LINE OF SAID LOT 6, ON AN ASSIGNED BEARING OF N 89°56'08"W, A DISTANCE OF 1315.56', TO THE SOUTHWEST CORNER OF SAID LOT 6; THENCE ON THE WEST LINE OF SAID LOT 6, N 0°12'21"W 806.04'; THENCE N 89°47'16"E 11.44'; THENCE S 34°49'58"E 113.69'; THENCE S 52°23'03"E 52.03'; THENCE S 59°48'48"E 64.17'; THENCE N 48°28'39"E 35.65'; THENCE S 89°31'24"E 44.47'; THENCE N 34°08'27"E 95.95'; THENCE N 23°22'33"W 66.51'; THENCE N 83°46'53"E 653.67'; THENCE N 90°00'00"E 393.00', TO A POINT ON THE EAST LINE OF SAID LOT 6; THENCE ON SAID EAST LINE OF LOT 6, S 0°15'19"E 884.78', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 25.00 ACRES, MORE OR LESS.


ArcIMS HTML Viewer Map
ADAMS
126TH
Lincoln-Lancaster Co. Health Dept. --Wed Jan 24 14:50:34 CST 2007.
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HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
Floodplain
Judson
Judson
Pawnee
Sharpsburg
Pawnee
Sharpsburg
128TH
Lincoln-Lancaster Co. Health Dept. --Wed Jan 24 14:50:34 CST 2007.
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HEALTH DEPARTMENT
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6


ArcIMS HTML Viewer Map
156TH
ADAMS
178TH
LITTLE CREEK
HOLDREGE
Lincoln-Lancaster Co. Health Dept. -- Wed Jan 24 14:50:34 CST 2007
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