LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380163001

Issued 08/06/97
Expires 02/06/98
Revenue Code 18754

Establishment

PETE DEWALD
T11N R5E SEC 14
LOT 18
11401 NW 70 STREET

FEES: $150.00

TOTAL $150.00

Permittee

PETE DEWALD
1009 SW 24 ST
LINCOLN NE 68522

Issued By M. Jane Ford
Health Director

5095

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 11401 N.W. 70th (no rural route) City _____ NE, Zip _____

Legal Description N.E. 1/4 14 1/4 Section 11N Township 5E Range Lot 18 Subdivision _____ Addition _____ Block 18 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Pete DeWald Signature Pete DeWald

Address 1009 S.W. 24th City/State/Zip Lincoln, Nebr. (22)

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

C. Contractor

Name Dan Jeerly Company Name _____

Address 731 Yukon ct. City/State/Zip Lincoln Nebr. 68521

☐ Check if contractor designed system Work Phone _____

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

Designer Name John Stuhmyer Firm Excavating Inc. Work Phone 470-3100

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 _____ 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 8/5/97 Date frwd 8/5/97 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-5-97 Date frwd 8-5-97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-5-97 Date frwd 8-5-97 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Plough

8-29-97 Need drawing, fence & seal lagoon

Installation Final Written Approval

By James Bauer

Date 3-25-98

Business Office Use Only 3104

Date Rec'd 08/05/97

Amt Paid 150 ck

Rec'd By _____ Cash/Check No. 8407

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 11401 N.W. 70th Lot 13

Location: Township 11 ; Range 5 ; Section & ¼ Section N.E. ¼ 14
Property Dimensions: _____ ft. x _____ ft. Area: 20 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☑; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7/13/97 to 7/14/97 . Weather: Precip. _____ Temp. _____ .

Will be installing a Lagoon

OWNER: Pete DeWald

Address: 1009 S.W. 24th (22)

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30"	7/13	10:00	7/14	10:00	7/14	1:00	6	1:30	5	30	1"	
2	30"	7/13	10:00	7/14	10:00	7/14	1:00	6	1:30	4½	30	½"	
3	29"	7/13	10:00	7/14	10:00	7/14	1:05	6	1:35	5	30	1"	
4	28"	7/13	10:00	7/14	10:00	7/14	1:05	6	1:35	5	30	1"	
5	30"	7/13	10:00	7/14	10:00	7/14	1:10	6	1:40	4½	30	½"	
6	32"	7/13	10:00	7/14	10:00	7/14	1:10	6	1:40	4½	30	½"	

John L Strahmyer
Signature of Person Conducting Test

Address 6667 N.W. 48th Phone 470-3100

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Lagoon Must be sealed

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

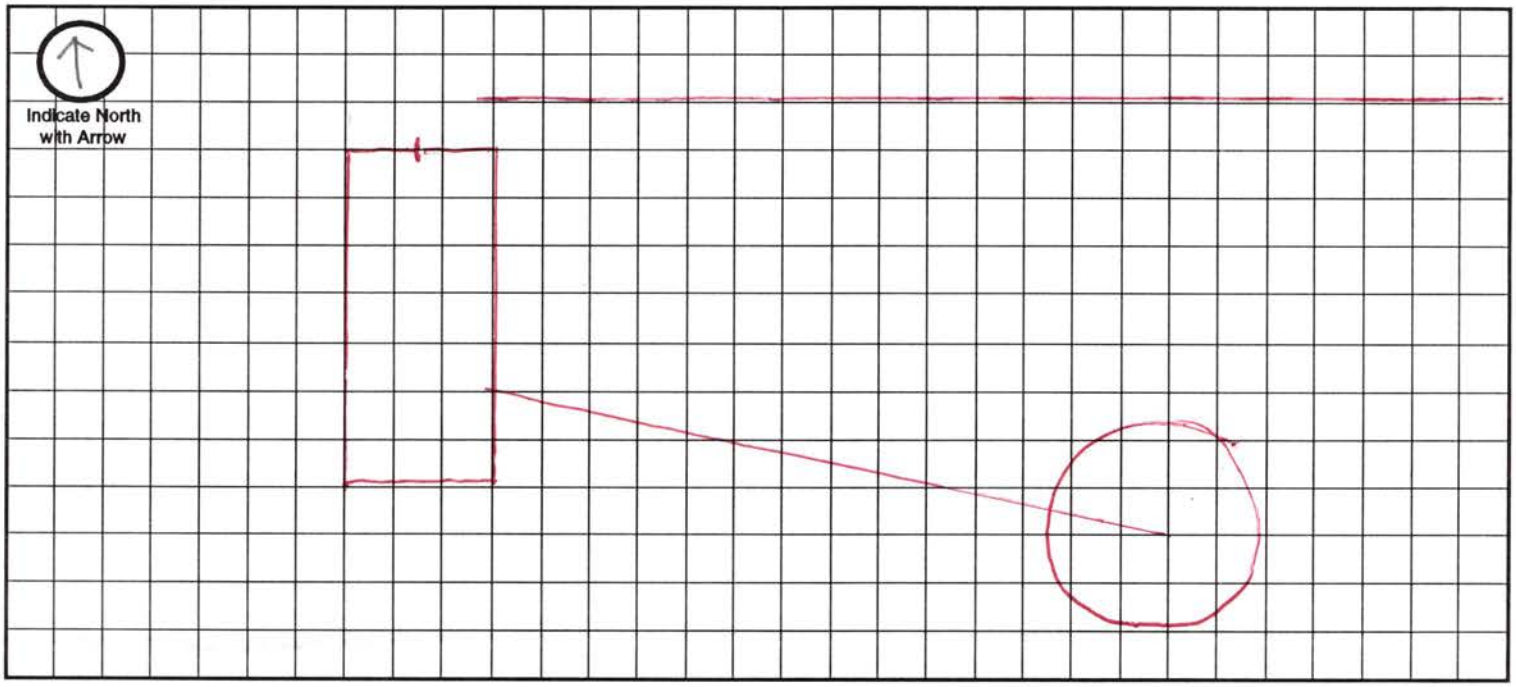
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11401 N.W. 70. City Lincoln, Nebr. NE, Zip 68524

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: _____ %

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 Dan Loeck Date 7/30/97

Installer John Stuhlmyer Date 7/30/97

FORM 23-102 10-96

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

D

Permit Number: 9738016 30

Sewage Disposal System

As Built Plans & Specifications

Date 3-24-98

System Location (Indicate correct number and street)

Address 11401 NW 70th (no rural route) City Lincoln NE, Zip 68524

A. Building Sewer

1. Material: _____
   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

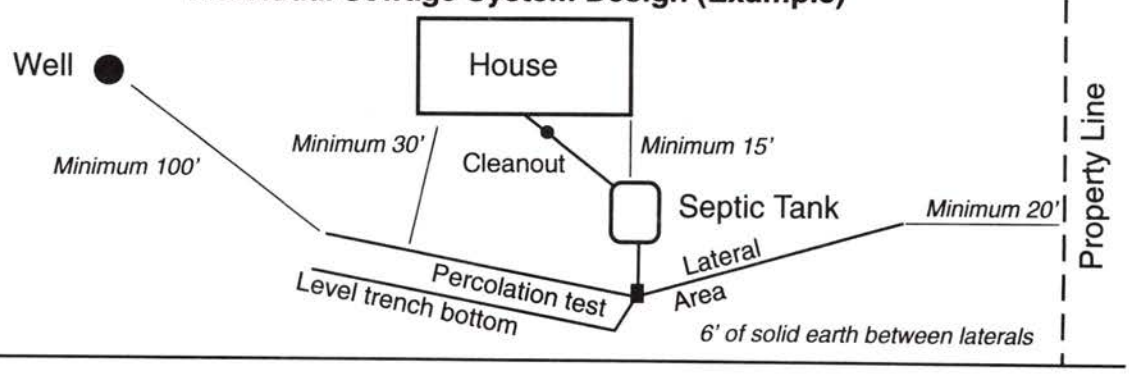
(Provide as-built drawings on back of this form)

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.

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

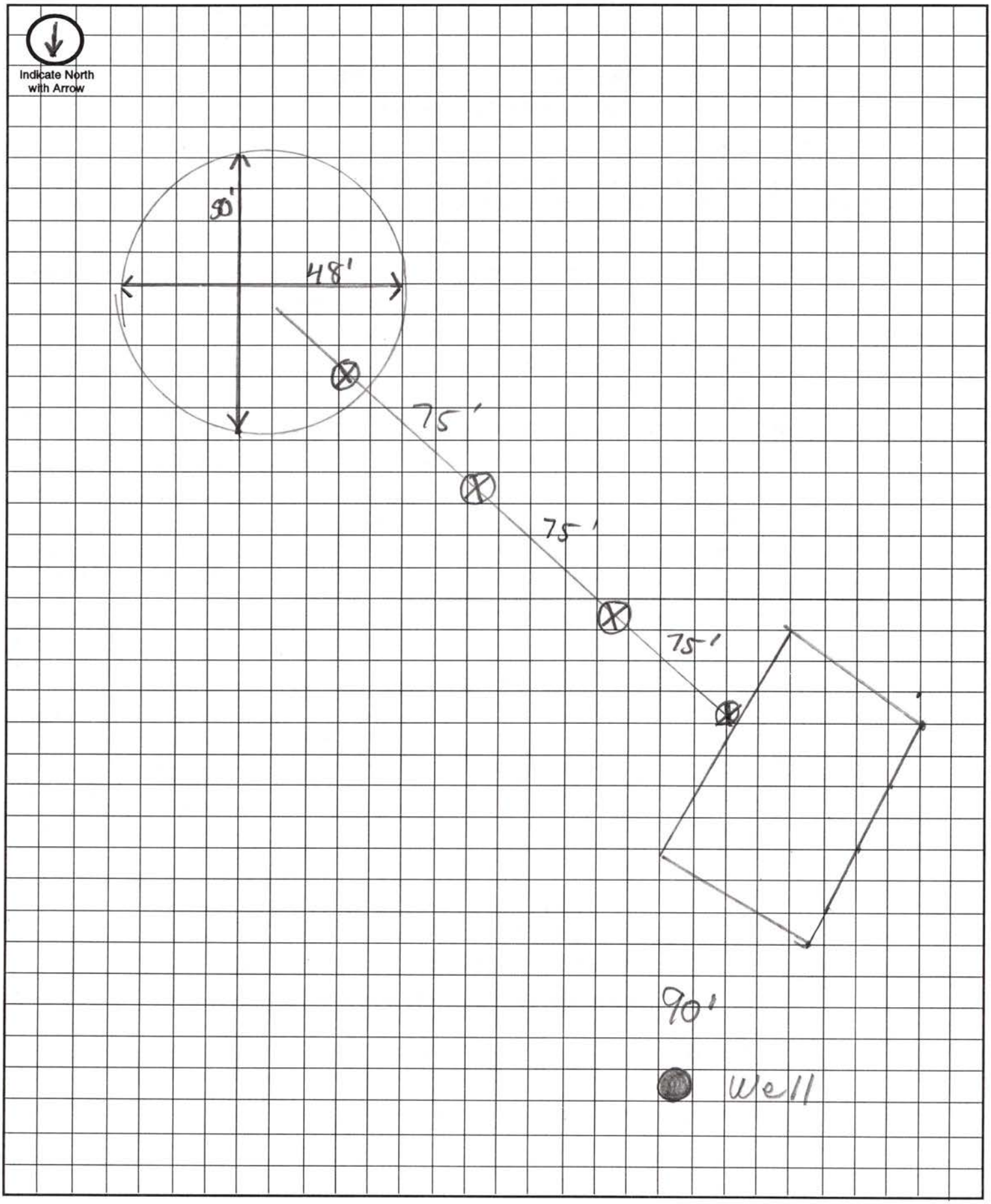
Indicate North with Arrow

Individual Sewage System Design (Example)

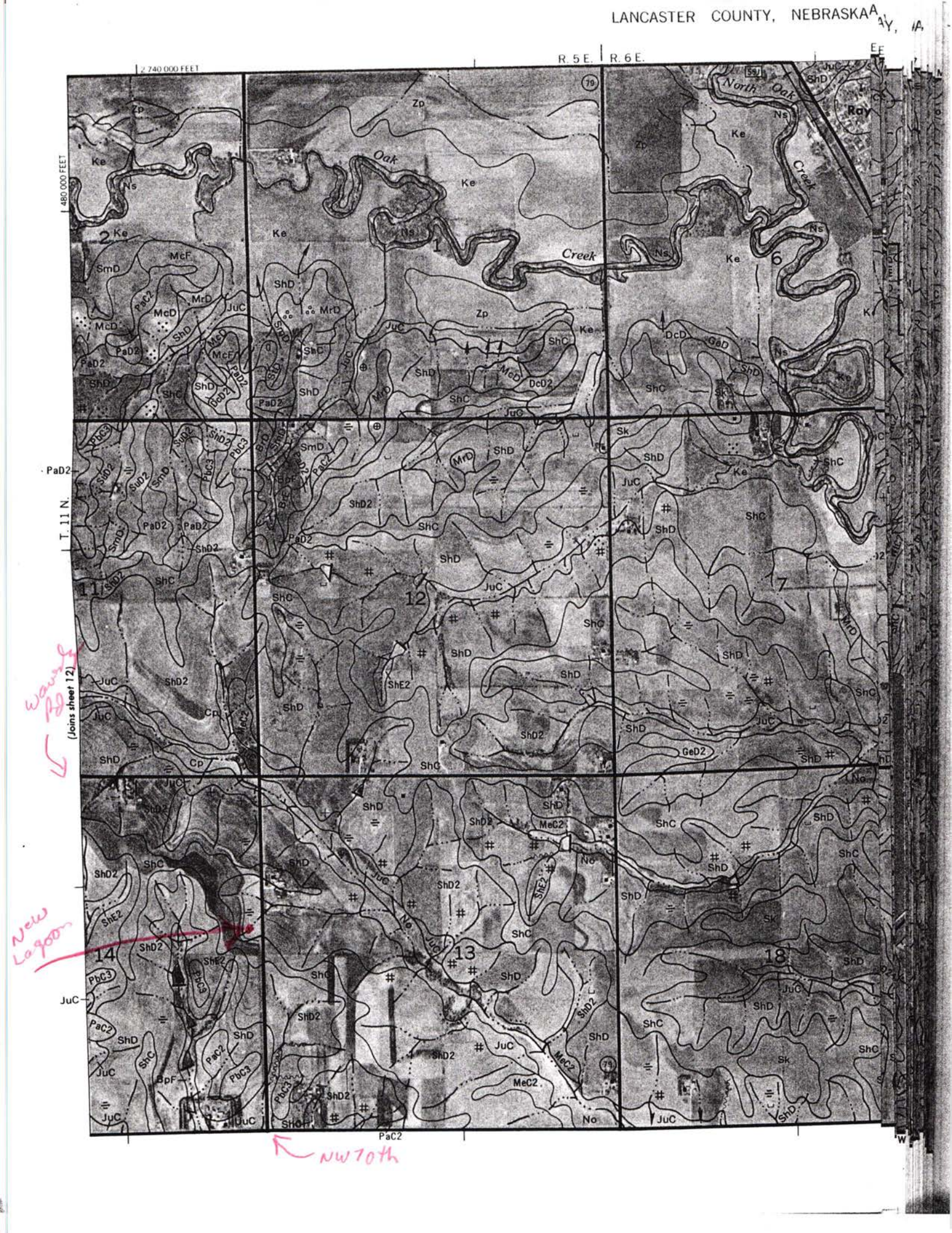


FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


R. 5 E.
R. 6 E.
2 740 000 FEET
480 000 FEET
T. 11 N.
North Oak Creek
Oak Creek
Ray
(Joins sheet 12)
Waverly Rd
New Lagoon
NW 70th
PaC2
JuC
Ke
Ns
Zp
ShD
ShC
ShD2
PaD2
McF
SmD
MrD
McD
PaC2
PbC3
BpF
DcD2
GeD
GeD2
ShE2
MeC2
No
Sk
Cp
1
2
6
7
11
12
13
14
18
79
55J