Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008502

Permit: SEWAGE INSTALLATION
LAGOON

Establishment:
MONTY BOESEN
T11N R5E SEC 8 QTR SE
LOT 22IT
11700 W WAVERLY RD-MALCOLM

Permittee:
MONTY BOESEN
6138 NW 4 ST
LINCOLN NE 68521

Permit # 05380312901

Issued 11/15/05
Expires 11/15/06
Revenue Code 3157

FEES: $275.00

TOTAL: $275.00

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: 05380312901

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 11700 "W" Waverly Rd City Malcolm NE, Zip 68402

Legal Description SE SE (no rural route) 8 11N 5E Lot 22 I.T.
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 Monty Boesen Signature _____

Address 6138 NW 4th St. City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 476-9091 Work Phone 437-4576

C. Contractor

Name Mel Eagner Company Name Eagner Const.

Address 4810 "W" Cleveland Ave City/State/Zip Lincoln NE. 68523

☐ Check if contractor designed system Work Phone 432-5698

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

Designer Name Mel Eagner Firm Eagner Cons Work Phone 432-5698

E. This System Will Serve a Lagoon will be sized based on projected gpd usage.

☒ 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** mm 11-28-05, need letter
   Date rec'd 11/15/05 Date frwd 11/15/05
   ACTION ☒ Approved ☐ Disapproved
   Signature Gerald C. Wood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 11/15/05 Date frwd 11/15/05
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

3. **City or County Engineer**
   Date rec'd 11-15-05 Date frwd _____
   ACTION ☒ Approved ☐ Disapproved
   Signature Jim Blouch

Installation Final Written Approval

By _____

Date 1/16/07

Business Office Use Only
Date Rec'd 11/15/05
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 4530

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

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Monte Boesen
Address: NW 12th & Waverly Rd.
½ mile west north side
11700 "W" Waverly Rd.

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 10-8-05 to 10-9-05 **Weather:** Precip. Ø Temp. 60's

a.	b.	c	d	e	f	g	h	i	j	k	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	10-8	12:30pm	10-8	4:30pm	10-9	9:00am	6	9:30am	5¾	30	¼
2	35	10-8	12:30pm	10-8	4:30pm	10-9	9:00am	6	9:30am	5¾	30	¼
3	36	10-8	12:30pm	10-8	4:30pm	10-9	9:00am	6	9:30am	6	30	0
4	35	10-8	12:30pm	10-8	4:30pm	10-9	9:05am	6	9:35am	6	30	0
5	36	10-8	12:30pm	10-8	4:30pm	10-9	9:05am	6	9:35am	6	30	0
6	36	10-8	12:30pm	10-8	4:30pm	10-9	9:05am	6	9:35am	5¾	30	¼

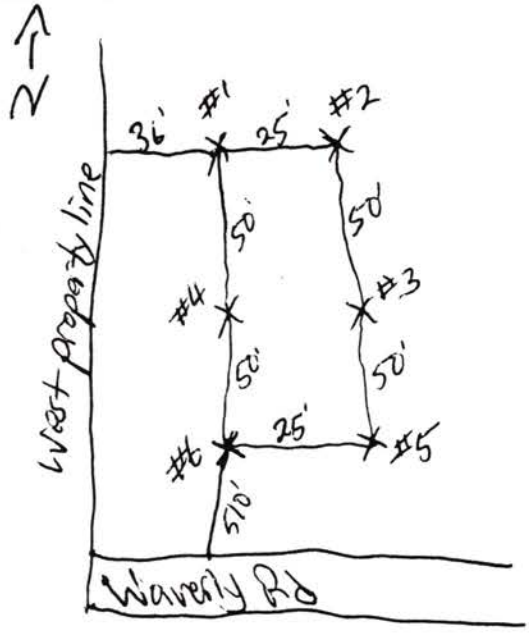
Sum of Water Level Drops (in.) [Column m]: _____
Average of Water Level Drops (in.) [Column m]: _____
Inches per Minute: _____

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 741 1st Street
Milford, NE 68405
Phone: (402)-761-4414
Signature: Justyn Peterson

FAILED

Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



Official's Signature

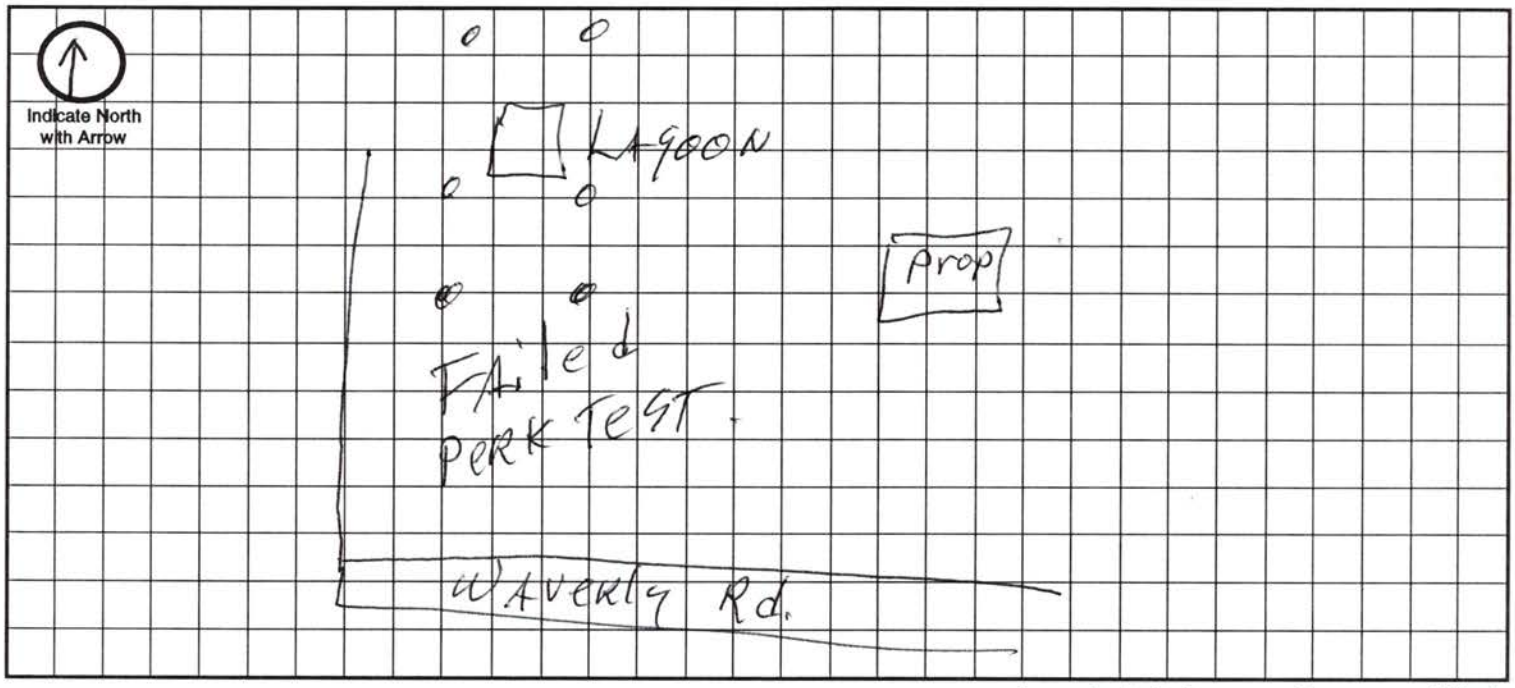
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 05380312 9

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) 11700 "W" Waverly Rd City MALCOM NE, Zip 68402

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

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 Mark J Brown Date 11/16/5

Installer Mike Hagen Date 11/15/5

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:

Sewage Disposal System
As Built Plans & Specifications

Date 11/28/05 Monty Bacon

System Location (Indicate correct number and street)
Address 11700 "W" Waverly Rd (no rural route) City MALCOM NE, Zip 68402

A. Building Sewer

1. Material: PVC
   Diameter: 4 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: 3
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

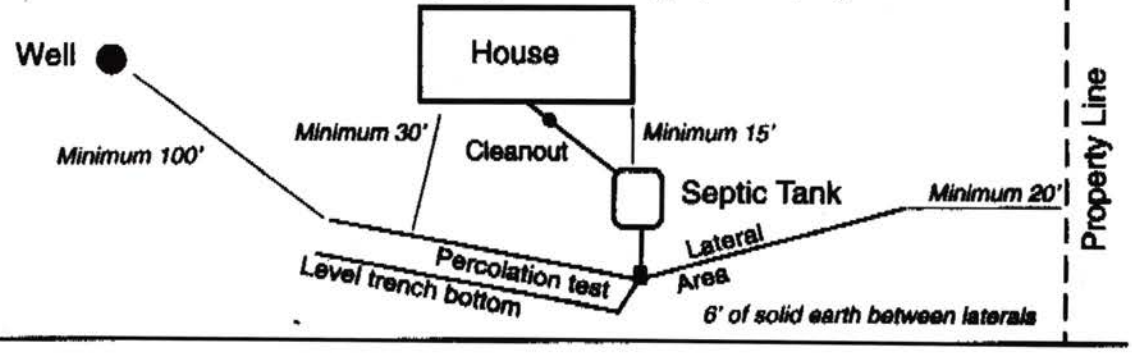
(Provide as-built drawings on back of this form)

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.

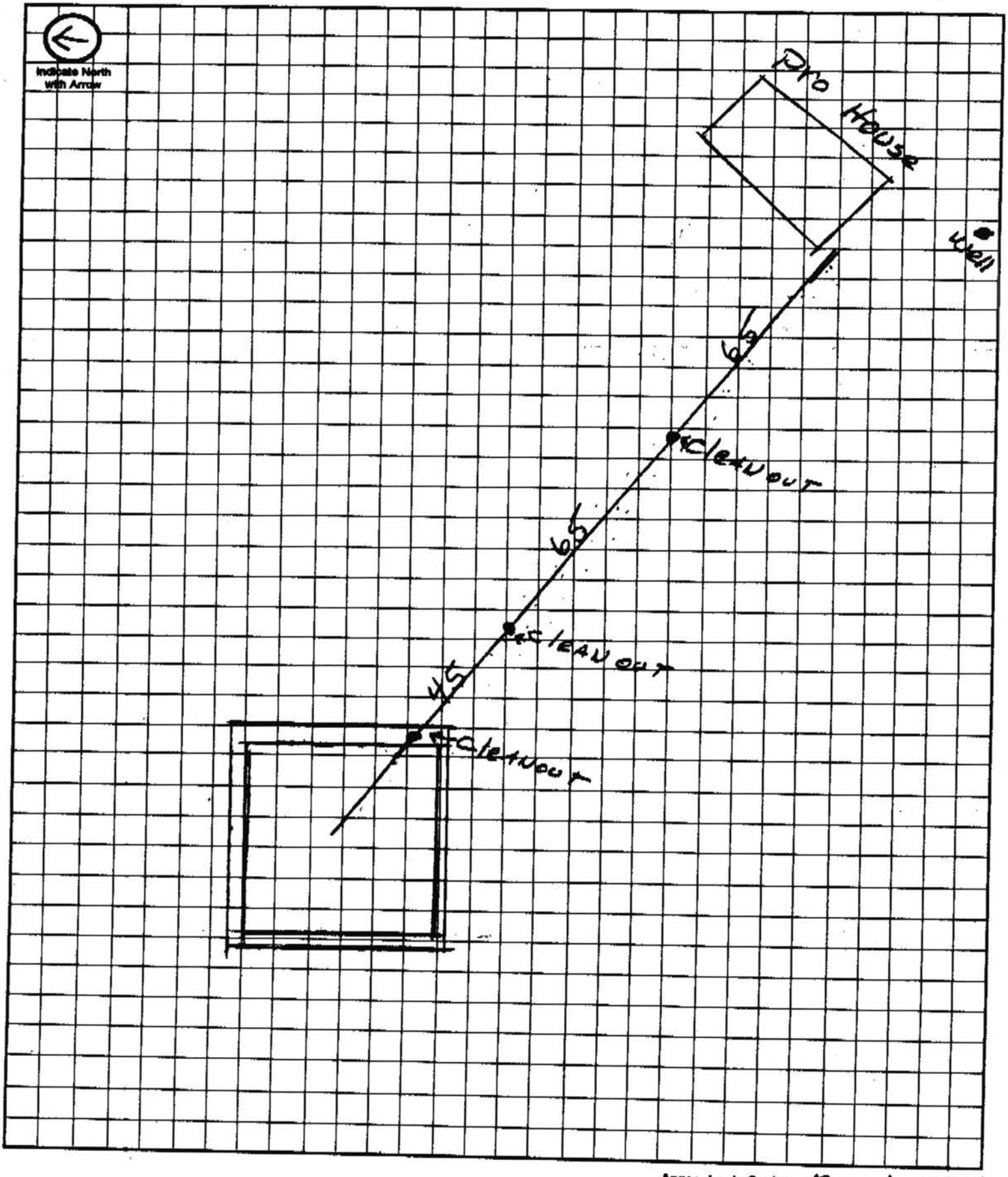
Individual Sewage System Design (Example)



FORM 23-103 10-96

11/29/2005 02:33 14027977475 GAGNER PAGE 02

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s