Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000283

System Type:	STANDARD
Situs:	1000 W DAVEY RD
Legal Description:	T12N-R06E-S22-Lot 1,22
Owner:	KUMM, JAMES A & PHYLLIS M 1000 W DAVEY RD DAVEY NE 68336

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	09/18/2009
Expires:	09/18/2010

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

VIRGIL EXCAVATING
4620 W MARY LOUISE
LINCOLN NE 68528

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

SCANNED **A**

Permit Number HS000283

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 1000 W Davey Rd (no rural route) City Davey, NE Zip 68336

Legal Description — SW 22 12 6 1 & 22

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude: Latitude:

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

B. Owner

Name JAMES Kumm Signature

Address SAME City/State/Zip —

☐ Check if owner designed system Home Phone 785-2765 Work Phone

C. Contractor

Name: KURT T VIRGIL Company Name KURT T VIRGIL EXCAVATING

Address 4620 W. MARY LOUISE LN City/State/Zip LINCOLN / NE / 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visits Need to know with panel
Date rec'd 9/17/09
Date frwd 9/17/09
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments sept u to stay out of FP
Date rec'd 9-17-09
Date frwd 9-17-09
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Verify septic is out of flood plain.
Date rec'd 9-17-09
Date frwd 9-17-09
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 9-18-09 Amount Paid 315.00
Received By Bthall Cash/Check No. 2180

White - Health Department Yellow - Engineer Pink - Building & Safety

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

A

Permit Number HS000283

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1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

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

B. Owner

Name JAMES Kumm Signature

Address SAME City/State/Zip —

☐ Check if owner designed system Home Phone 785-2765 Work Phone

C. Contractor

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Site visits Need to know with panel
Date rec'd 9/17/09
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Signature

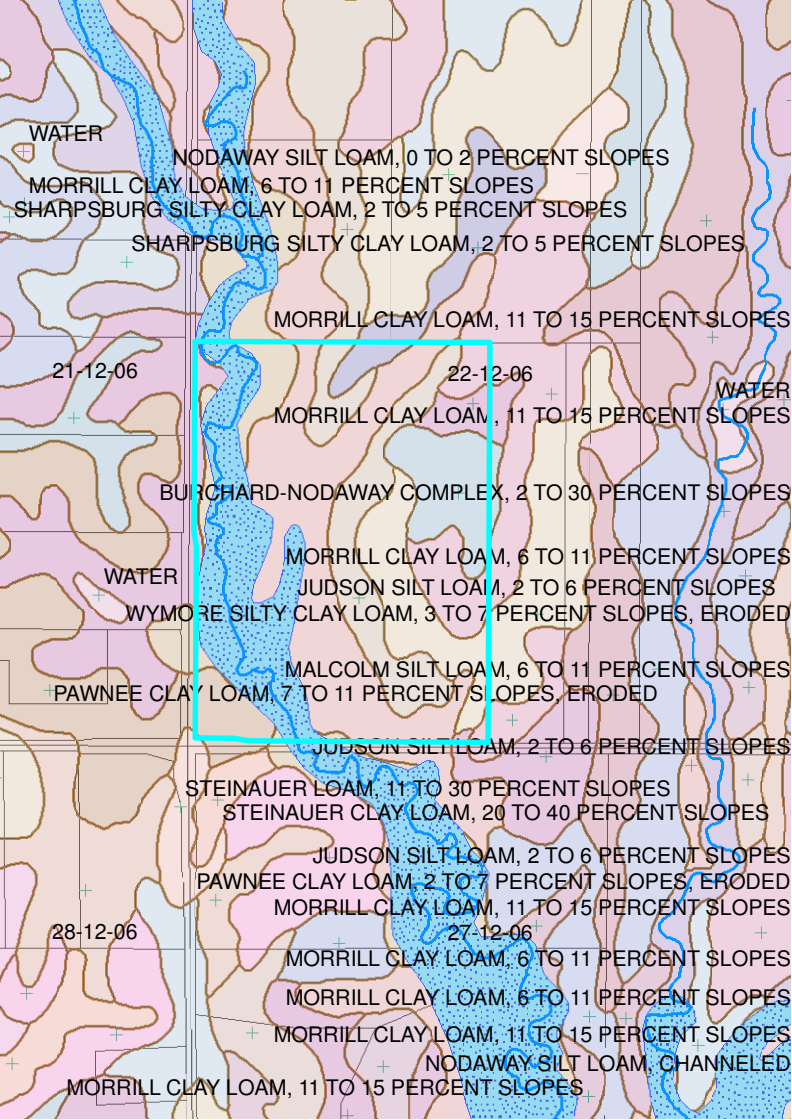
2. Supt. Bldg. Insp. or Village Clerk
Comments sept ok to stay out of FP
Date rec'd 9-17-09
Date frwd 9-17-09
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Verify septic is out of flood plain.
Date rec'd 9-17-09
Date frwd 9-17-09
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

White - Health Department Yellow - Engineer Pink - Building & Safety


WATER
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
21-12-06
22-12-06
WATER
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
WATER
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
28-12-06
27-12-06
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
MORRILL CLAY LOAM, 11 TO 15 PERCENT SLOPES

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

SCANNED

A

Permit Number H5000283

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

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Address 1000 W Davey Rd (no rural route) City Davey, NE Zip 68336

Legal Description — SW 22 12 6 1 & 22
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

Geographical Location (if known): Longitude: Latitude:

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

B. Owner

Name JAMES Kumm Signature

Address SAME City/State/Zip —

☐ Check if owner designed system Home Phone 785-2765 Work Phone

C. Contractor

Name: KURT T VIRGIL Company Name KURT T VIRGIL EXCAVATING

Address 4620 W. MARY LOUISE LN City/State/Zip LINCOLN/ NE/ 68528

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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

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits Need to know which parcel
Date rec'd 9/17/09
Date frwd 9/17/09
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments sept ↓ to stay out of FP
Date rec'd 9-17-09
Date frwd 9-17-09
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Verify septic is out of flood plain.
Date rec'd 9-17-09
Date frwd 9-17-09
ACTION ☒ Approved ☐ Disapproved
Signature

— tank + partial 10/5/09 DS

Installation Final Written Approval
By
Date 10/9/09

SCANNED

Business Office Use Only
Date Received 9-18-09 Amount Paid 315.00
Received By BHall Cash/Check No. 2180

SCANNED

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated 5-07

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

B

Permit Number: A5000283

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1000 W Davey Rd (no rural route) City Davey NE, Zip 68336

Owner JAMES Kumm Addresss SAME

Soil Type (SCS): SANDY CLAY (Judson ?) Percolation Rate: used 40 min./inch

Date of Tests 8-7-09 to 8-8-09 Weather: Precipitation No Temperature 85°

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	30	8-7	7-	8-8	11-	8-8	1000	6	8-8	200	30	1 3/8	22
2	32	"	"	"	"	"	"	"	"	"	"	3/4	40
3	29	"	"	"	"	"	"	"	"	"	"	1 1/4	24
4	30	"	"	"	"	"	"	"	"	"	"	2	15
5	32	"	"	"	"	"	"	"	"	"	"	2 1/2	12
6	48	"	"	"	"	"	"	"	"	"	"	3/4	40

Person Conducting Percolation Tests

Name: Kurt T Virgil

Phone: 402.525 6681

Address 4620 W Mary Louise Ln Lincoln, Ne 68508

Sum of Percolation Rates: 153

Average of Rates: —

Rate Used for Calculation: 40 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

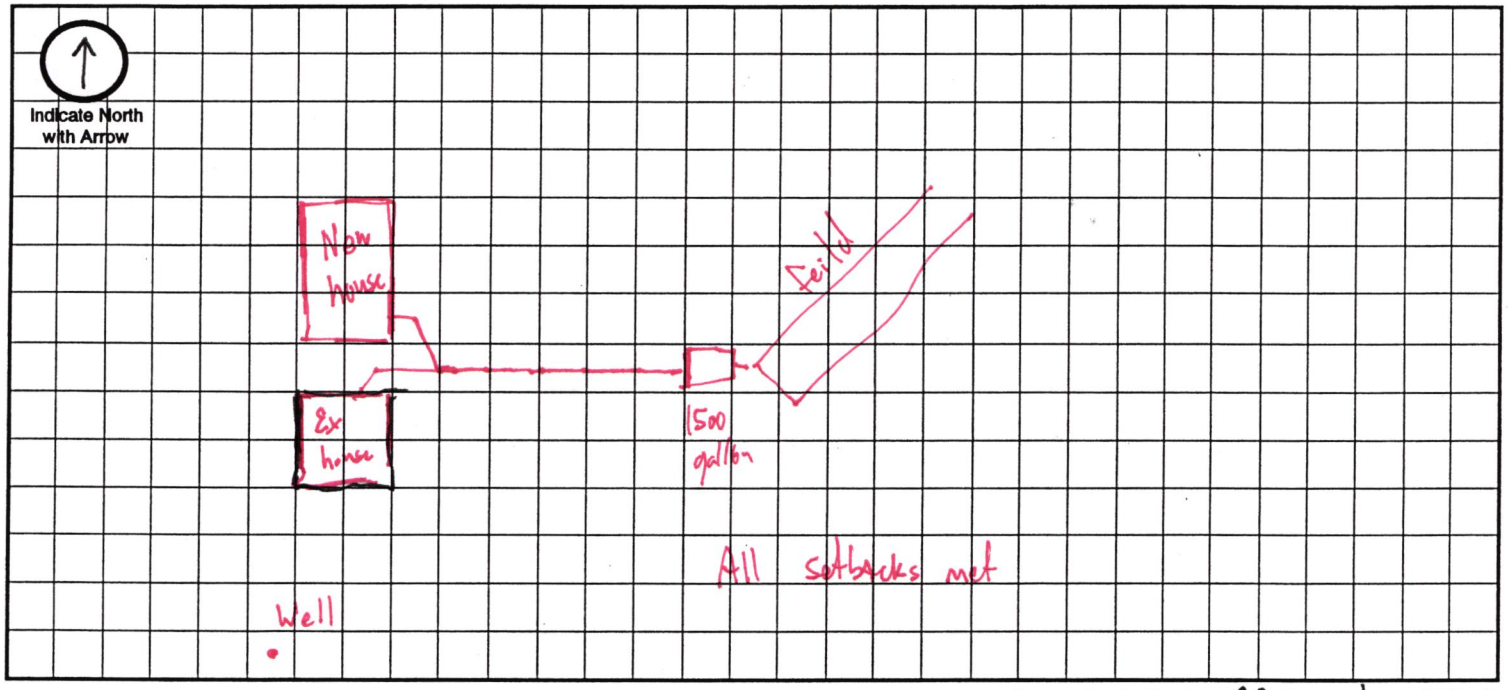
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 45000283

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1000 W Davey Rd City Davey NE, Zip 68336

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: Sandy Clay (Judson) Land Slope: 5 %

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

Total Square Feet of Field Required: 825 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 208 ft. Number of Trenches 2 Trench Width 36"

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 9-16-04

FORM 23-102 10-96

OCT 08 2009

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 10-6-09

System Location (Indicate correct number and street)

Address 1000 W Drey Rd (no rural route) City Davey NE, Zip 68336

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: 60 in.
   or distance below basement floor: — in.
3. Distance between dwelling and septic tank: 123 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line > 100 ft.
   stream > 100 ft.
   pressure line > 25 ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☒ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line > 100 ft.
   Stream > 100 ft.
   Pressure line > 25 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: NA
   Number available outlets: —
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: — ft.

D. Absorption Field

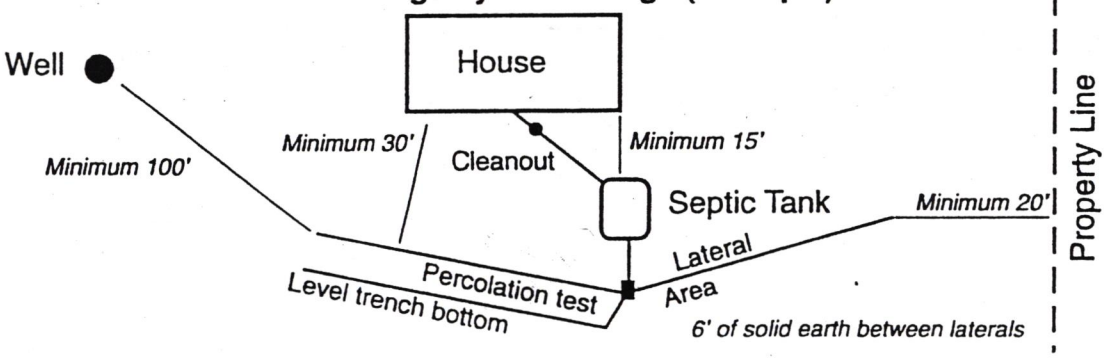
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe:
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 84 ft. 84 ft.
   84 ft. ft., ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NA
   Depth of material — in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 100 ft.
   Pressure line > 25 ft.
   Property line > 20 ft.

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

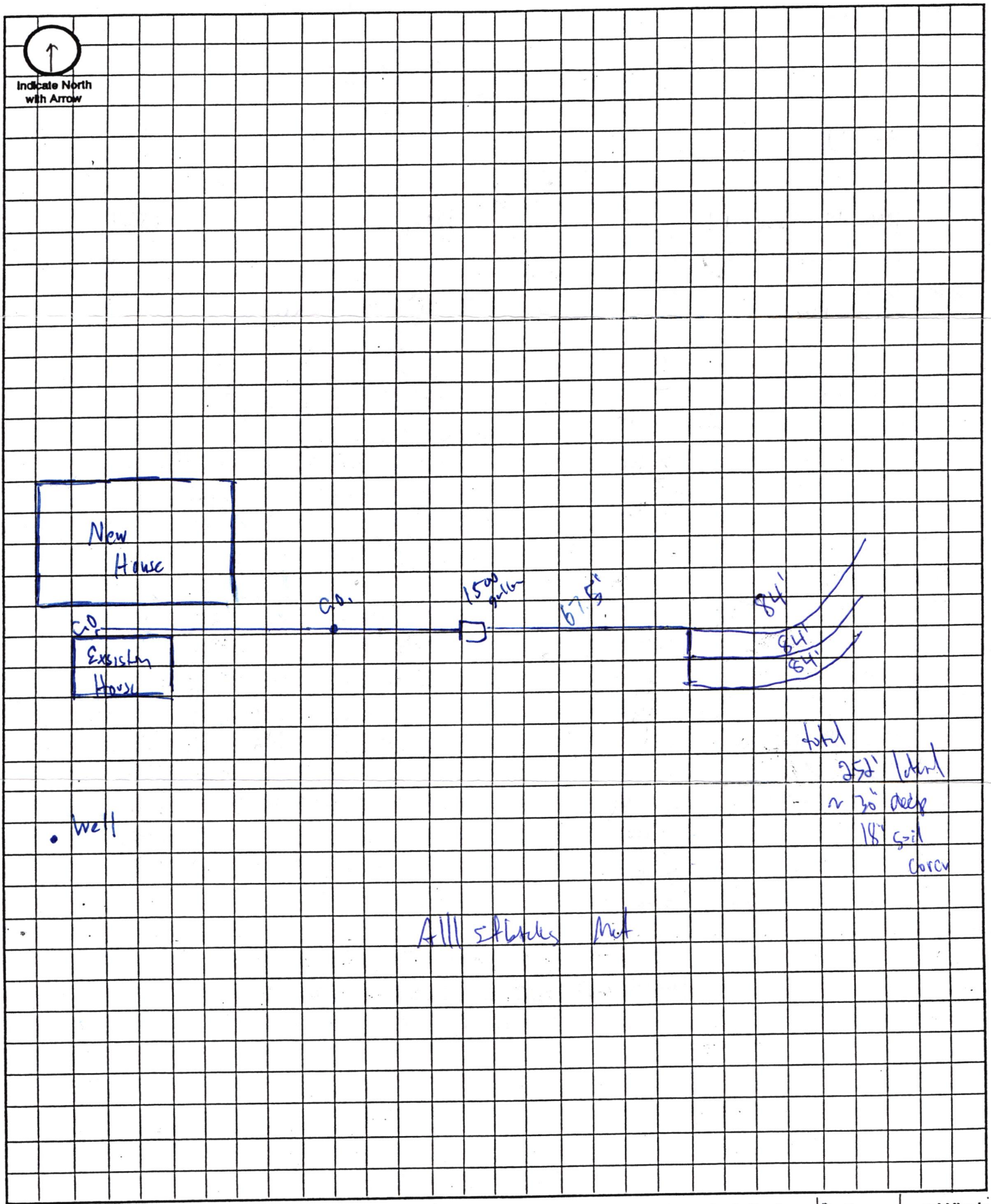
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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