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. HS000377

System Type:	STANDARD
Situs:	9700 SW 40 ST L
Legal Description:	T09N-R06E-S29-Lot 2
Owner:	REDDISH, CHARLES 9300 SW 40 ST LINCOLN NE 68523

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	07/20/2010
Expires:	07/20/2011

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

CHUCK REDDISH
9300 SW 40TH
LINCOLN NE 68523

LLCHD HS000377

A

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

Permit Number: HS000377

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 X 9900 SW 40th (no rural route) City Lincoln NE, Zip 68523

Legal Description X SW¼ SW¼ 29 9 6 Reddish Add. 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude X Latitude X

☐ Check if system mail address is not the same as the owner's address ± 35 acres

B. Owner

Name CHUCK REDDISH Signature X

Address 9300 SW 40th ST. City/State/Zip LINCOLN, NE 68523

☐ Check if owner designed system Home Phone 402 797-2325 Work Phone 580-4496

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING COMPANY Work Phone 402 587-0120

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 7/16/10 Date frwd 7/16/10 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-16-10 Date frwd 7-16-10 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-16-10 Date frwd 7-16-10 ACTION ☒ Approved ☐ Disapproved Signature Jim Blazek

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

7-20-2010 9:43:50

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

B

Permit Number: H S000377

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner CHUCK REDDISH Address 9300 SW 40TH ST. LINCOLN, NE 68523

Soil Type (SCS): [illegible] SILTY CLAY LOAM Percolation Rate: [illegible] min./inch

Date of Tests 07 30 10 to [illegible] Weather: Precipitation 0 Temperature 80's

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	36	05-30	[illegible]	05-31	2:30PM	05-31	1015	6	05-31	1045	30	3	10
2	"	"	"	"	"	"	1015	"	"	1045	"	"	"
3	"	"	"	"	"	"	1015	"	"	1045	"	"	"
4	"	"	"	"	"	"	[illegible]	"	"	1050	"	"	"
5	"	"	"	"	"	"	[illegible]	"	"	1050	"	"	"
6	"	"	"	"	"	"	[illegible]	"	"	[illegible]	"	"	"

Person Conducting Percolation Tests

Name: [illegible]
Phone: 402-781-[illegible]
Address [illegible]

Sum of Percolation Rates: 290
Average of Rates: [illegible]
Rate Used for Calculation: 10

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000377

HS000377

SOIL ABSORPTION TEST DATA REPORT

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

Owner: Chuck Reddish
Address: 9300 SW 40th
New Acreage NE Corner of SW 40th & Rokeby Rd W.

Property Dimensions: _____ acres

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

Dates of Tests: 5-30-10 to 5-31-10 **Weather:** Precip. Ø Temp. 80s

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 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Level Drop (in.)
1	36	5-30	10:00am	5-30	2:00pm	5-31	10:15am	6	10:45am	5¼	30	¾
2	36	5-30	10:00am	5-30	2:00pm	5-31	10:15am	6	10:45am	5¼	30	¾
3	36	5-30	10:00am	5-30	2:00pm	5-31	10:15am	6	10:45am	5½	30	½
4	36	5-30	10:00am	5-30	2:00pm	5-31	10:20am	6	10:50am	5¼	30	¾
5	36	5-30	10:00am	5-30	2:00pm	5-31	10:20am	6	10:50am	5¼	30	¾
6	36	5-30	10:00am	5-30	2:00pm	5-31	10:20am	6	10:50am	5½	30	½

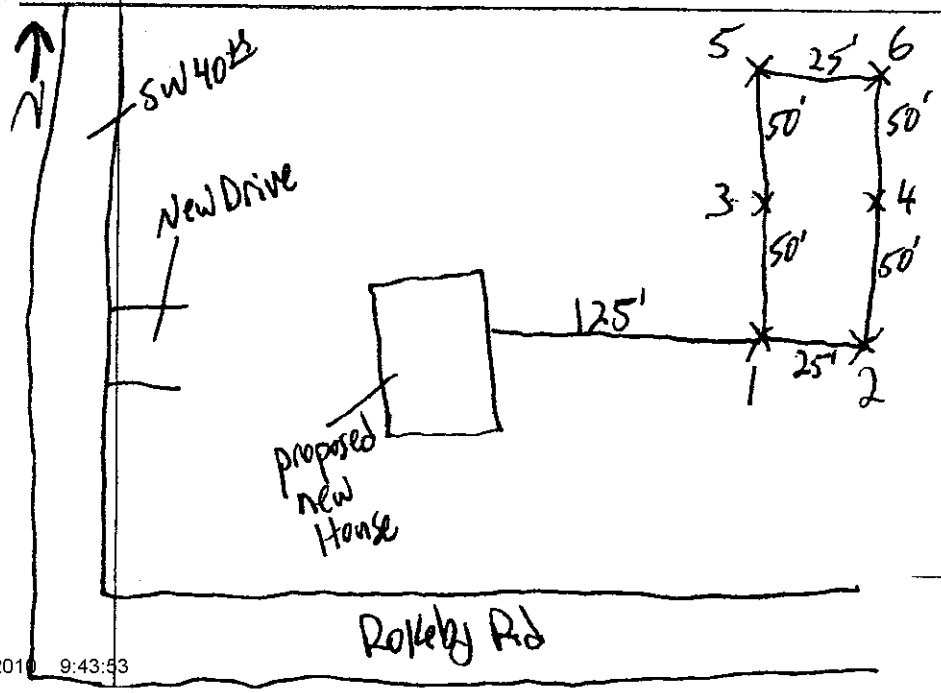
Sum of Water Level Drops (in.) [Column m]: 4
Average of Water Level Drops (in.) [Column m]: .67
~~Inches per Minute:~~

44.78 MPI

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: 402-761-4414
Signature: Justyn R Peterson

Square Feet of Lateral per Bedroom: 330

SKETCH SHOWING HOLE LOCATION:



2 bedroom Yes whirlpool

Official's Signature

7-20-2010 9:43:53

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

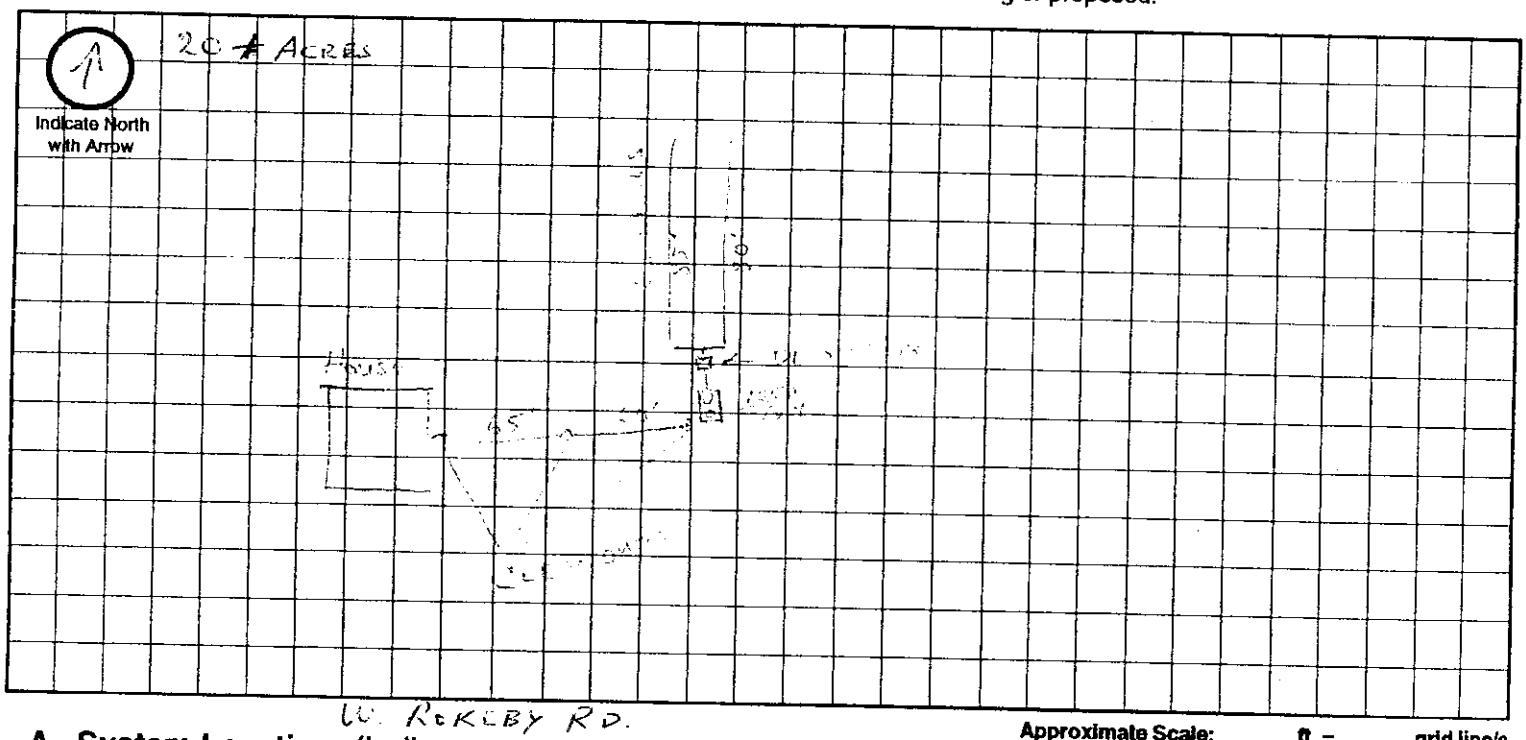
C

Permit Number: HS000377

CHUCK REDDISH

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) X _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 47 (min. per inch) Soil Type: SILTY CLAY LOAM Land Slope: 2 %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other 3" PERFORATED PVC PIPE

Total Square Feet of Field Required: 660 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: SCH 40 PVC PIPE

Capacity of Septic Tank 1050 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 165 ft. Number of Trenches 2 Trench Width 36

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

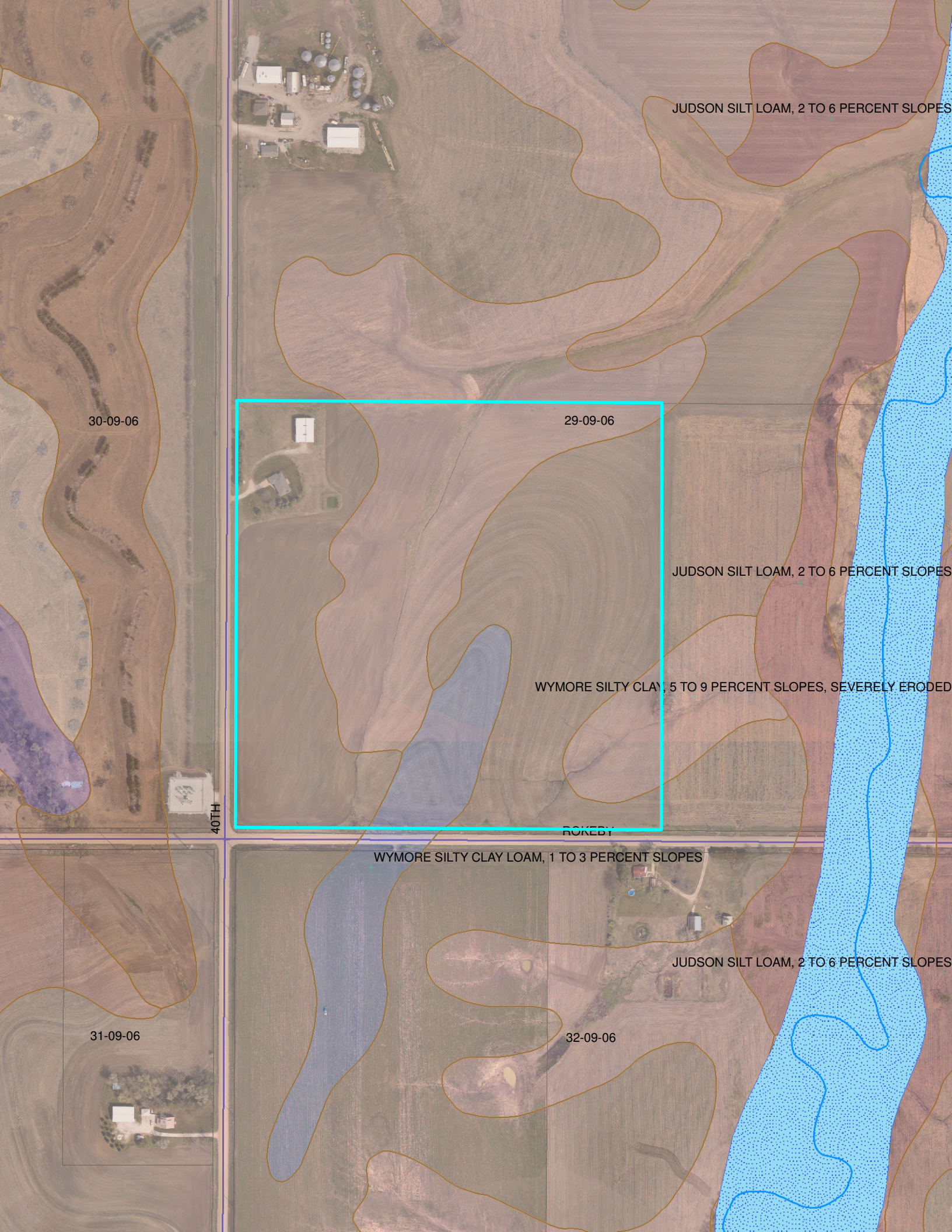
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor X _____ Date X _____

Installer Barry Z. Holly HOLLY CONTRACTING CO. Date 062410

FORM 23-102 10-96
7-20-2010 9:43:55


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
30-09-06
29-09-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
40TH
ROKEBY
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
31-09-06
32-09-06

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

SCANNED

A

Permit Number: HS000377

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 X 9900 SW 40th (no rural route) City Lincoln NE, Zip 68523

Legal Description X SW¼ SW¼ 29 9 6 Reddish add. 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude X Latitude X

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

± 3.5 acres

B. Owner

Name CHUCK REDDISH Signature X

Address 9300 SW 40th ST. City/State/Zip LINCOLN, NE 68523

☐ Check if owner designed system Home Phone 402 797-2325 Work Phone 580-4496

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING COMPANY Work Phone 402 587-0120

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 7/16/10 Date frwd 7/16/10	**ACTION** ☒ Approved ☐ Disapproved Signature	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7-16-10 Date frwd 7-16-10	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 7-16-10 Date frwd 7-16-10	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Plouzek	

Installation Final Written Approval

By Doug Amyx

Date 9/28/10

Business Office Use Only

Date Rec'd 7-19-10

Amt Paid 325—

Rec'd By BDT Cash/Check No. 5963 5936

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

OCT 18 2010

D

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

Permit Number: HS-000377

CHUCK REDDISH

Sewage Disposal System
As Built Plans & Specifications

Date OCT 4, 2010

System Location (Indicate correct number and street)

Address 9900 SW 40TH STREET (no rural route) City LINCOLN NE, Zip 68523

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: PLASTIC
   Number of compartments: 1
2. Capacity: 1050 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 20 in.
   Over outlet, diameter 20 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 182 ft.
   Stream N/A ft.
   Pressure line 25+ ft.
   Property line 300+ ft.

C. ~~Distribution~~ DROP Box

1. Material: PLASTIC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6 ft.

D. Absorption Field

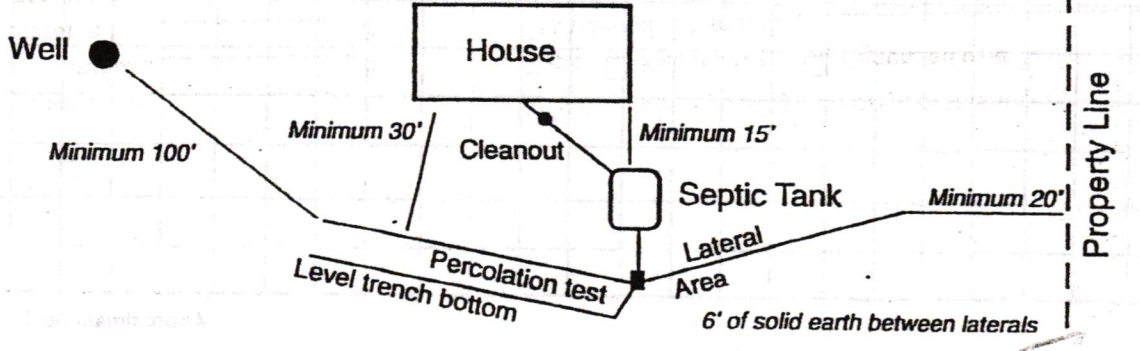
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELLESS CHAMBERS
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 75 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 60 in/100 ft.
   Average depth 28 in
4. Filter material: NATIVE SOIL
   Depth of material 28 in.
5. Distances to: Well or suction line 200 ft.
   Stream N/A ft.
   Pressure line 120+ ft.
   Property line 300+ ft.

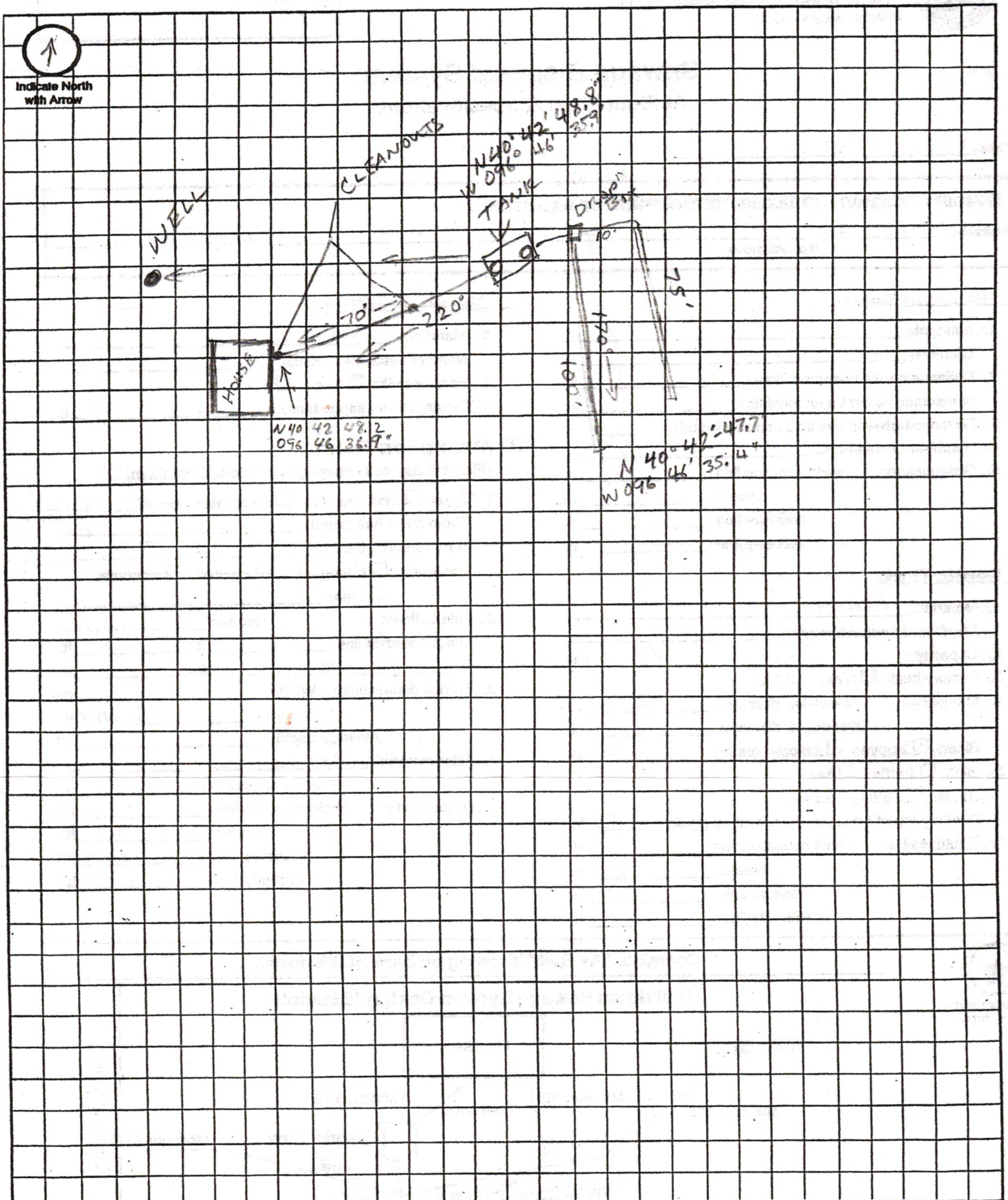
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: NONE ft. = _____ grid line/s