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. HS000475

System Type: STANDARD

Situs: 7801 S 1 ST

Legal Description: T09N-R06E-S22-1-Lot 2

Owner: SPURLING, MARTIN & PATRICIA
208 W KLINE
SHICKLEY NE
68436

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	03/31/2011
Expires:	03/30/2012

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

DON JOHNSON HOMES
5901 N 27TH
LINCOLN NE 68521

LLCHD HS000475

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

A

Permit Number HS000475

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 7801 So 1ST (no rural route) City LINCOLN, NE Zip

Legal Description NE 22 9N 6E Schwisow 1ST 1 2
(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: 3.05

B. Owner

Name MARTIN SPURLING Signature Curt Thye - Don Johnson Homes

Address 5512 Shady Creek City/State/Zip LINCOLN NE 68516

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name: DON JOHNSON HOMES Company Name

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone 402-450-1701 Curt

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

Designer Name MELVIN EGGNER Firm EGGNER CONST Work Phone 402-432-5698

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
Date rec'd 3/30/11
Date frwd 3/30/11
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 3-30-11 Amount Paid 335.00
Received By DM Cash/Check No. 24772

3-31-2011 9: 9:23 White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

LLCHD HS000475

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

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☐ Check if contractor designed system Work Phone 402-450-1701 Curt

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

Designer Name Melvin Eggner Firm Eggner Const Work Phone 402-432-5698

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ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 3/30/2011
Date frwd 3/30/2011
ACTION ☐ Approved ☐ Disapproved
Signature Kenneth D. Schroeder

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

3-31-2011 9:22:21

Form A Updated: 5-07

LLCHD HS000475

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7801 So 1st ST. (no rural route) City LINCOLN NE, Zip

Owner MARTIN SPURING Addresss 5512 Shady Creek 68516

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

Date of Tests 3/11/11 to 3/12/11 Weather: Precipitation 0 Temperature 40

Percolation Test Data Table NE¼ S-22

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	32	3-11	11:20	3-12	10:01	3-12	10:07	6	3-12	10:37	30	1	30
2	31	"	"	"	"	"	"	"	"	"	"	1¼	24
3	29	"	"	"	"	"	"	"	"	"	"	¾	40
4	34	"	"	"	"	"	"	"	"	"	"	1	30
5	33	"	"	"	"	"	"	"	"	"	"	⅝	48
6	30	"	"	"	"	"	"	"	"	"	"	½	60

Person Conducting Percolation Tests

Name: Melvin Gagner
Phone: 402-432-5698
Address 4810 "W" Claire Ave
Lincoln Ne. 68523

Sum of Percolation Rates: 232
Average of Rates: 38.6
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

LLCHD HS000475

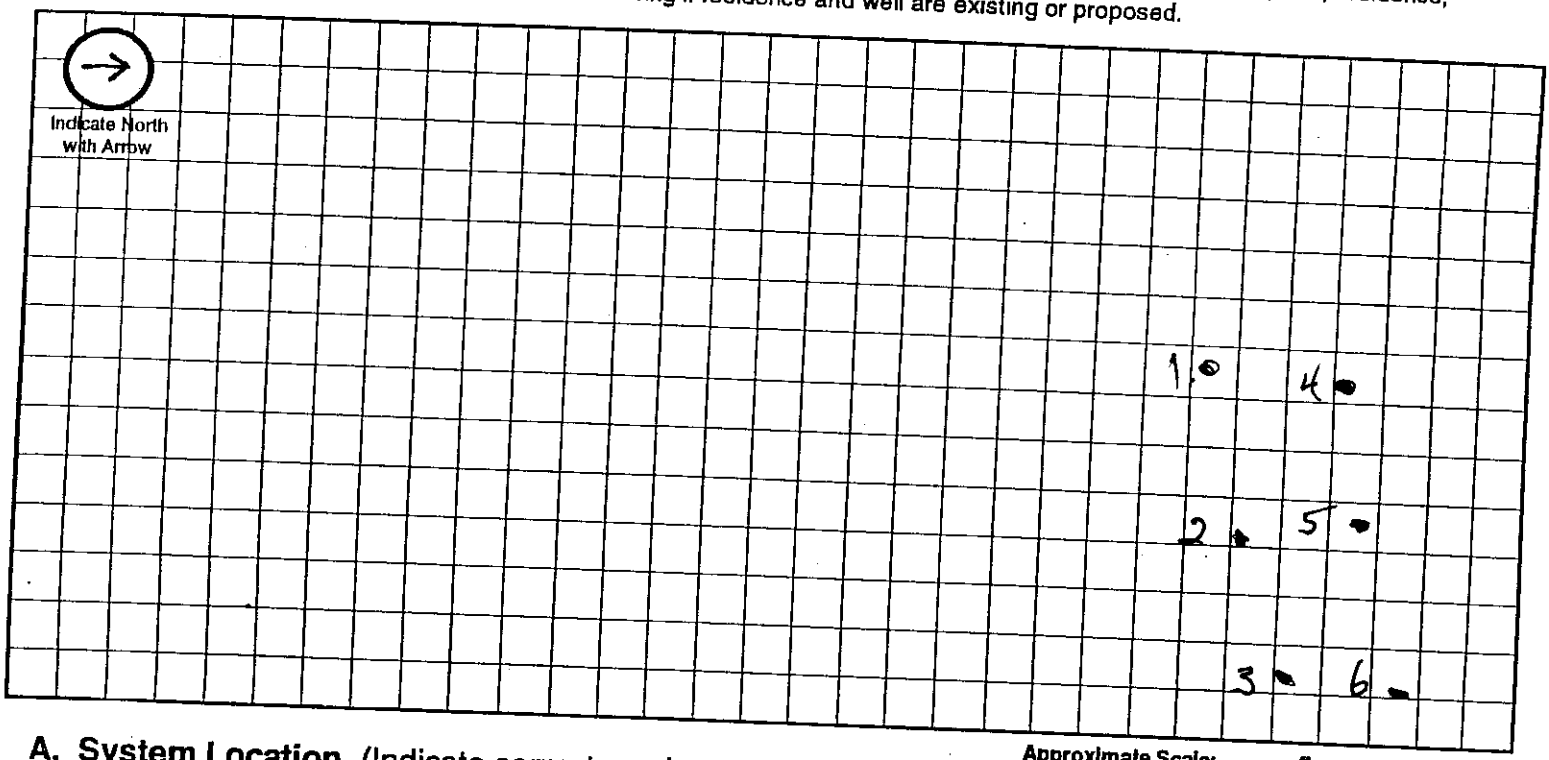
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 7801 SO 1ST ST. City LINCOLN NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: 1.5 %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

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

Total Length of Laterals 262 ft. Number of Trenches 3 Trench Width 48"

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 ☐	☐

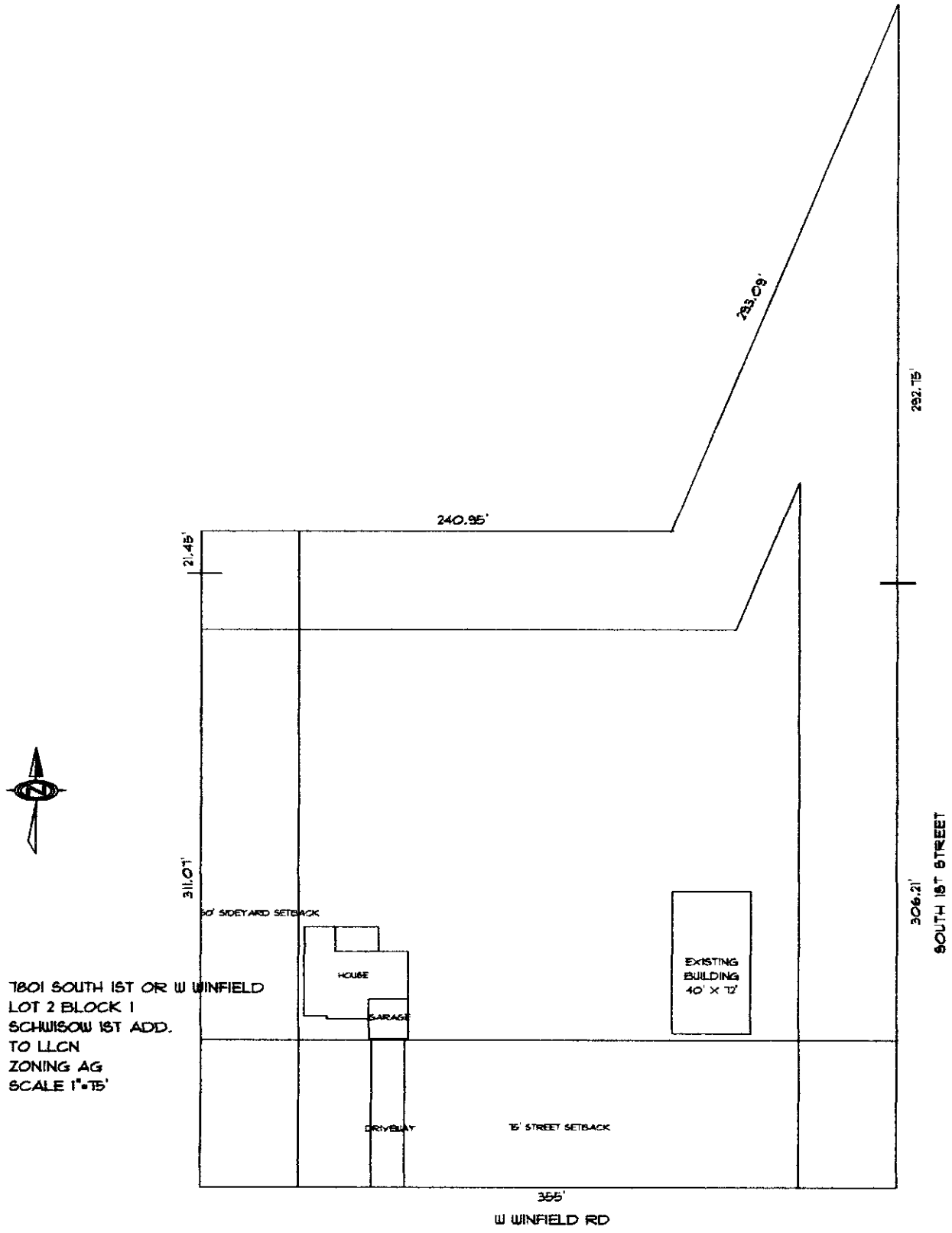
E. Required Signatures

Home Building Contractor _____ Date 3/29/11

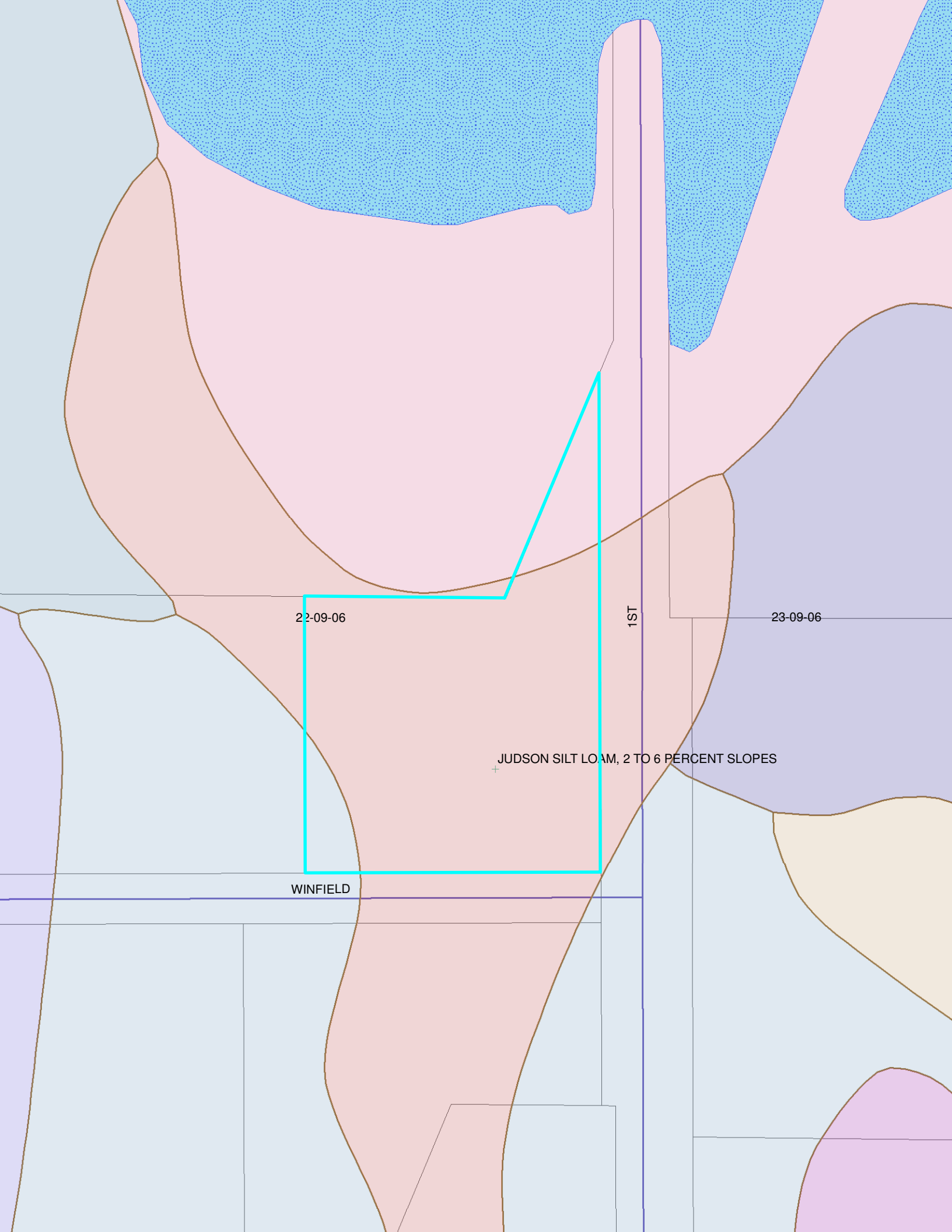
Installer _____ Date _____

FORM 23-102 10-96

3-31-2011 9:22:23



7801 SOUTH 1ST OR W WINFIELD
LOT 2 BLOCK 1
SCHWISOW 1ST ADD.
TO LLCN
ZONING AG
SCALE 1"=75'


22-09-06
1ST
23-09-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WINFIELD

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

SCANNED

A

Permit Number
HS000475

Onsite Wastewater Treatment System
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☐ Check if owner designed system Home Phone Work Phone

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Name: DON JOHNSON HOMES Company Name

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Signature

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Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By Doug Ambl
Date 9/2/11

Business Office Use Only
Date Received 3-30-11 Amount Paid 335.00
Received By BA Cash/Check No. 24772

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

Form A Updated: 5-07

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

file copy

D

Permit Number:

GPS 40°44.606' W096°43.306'

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 1 sepT 2011 Legal Description 22 9 R6 East
1/4 1/4 Section Township Range

Selw sow Lot 2 Block 1

Onsite System Location

Address (no rural route) 116 "W" WINFIELD City LINCOLN NE, Zip

Owner MARTIN SPURING Address ~~[illegible]~~ 5512 Shady Creek LINCOLN 68516

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 36 in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 36 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line OVER 50 ft.
   property line +/- 100 ft.

B. Septic Tank

☒ Label with Manufacturer, address and gallon capacity

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 50 ft.
   Property line +/- 100 ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

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

D. Drainfield Absorption

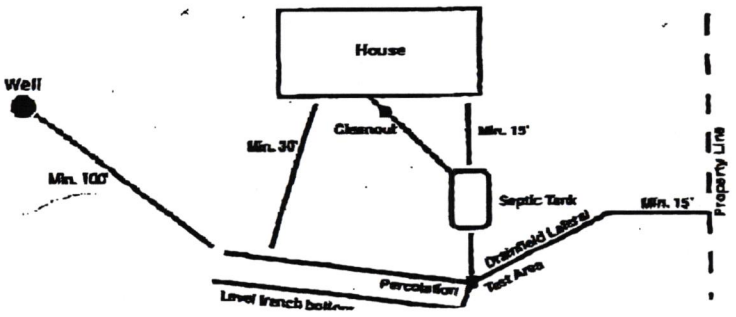
☐ Trench ☐ Bed ☒ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 48
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 3
   Length of each line: 52 ft. 96 ft.
   116 ft. ____ ft., ____ ft.
3. Drainfield dimensions: Width 4 ft.
   Distribution Pipe Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Pressure line +/- 30 ft.
   Property line +/- 20 ft.
   House or building +/- 60 ft.
   Lake or Stream NA ft.

Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)



As Built Drawing

