LLCHD HS000518

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

A

Permit Number HS000518

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 4001 Arbor Rd (no rural route) City Lincoln, NE Zip 68514

Legal Description NW of SW 29 North Bluff T-11-N R-7-E

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: 9

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name: Harry Muhlbach Company Name H.L. Muhlbach Constr.

Address 14305 N 56th St City/State/Zip Lincoln, Ne 68514

☐ Check if contractor designed system Work Phone 402-430-7304

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 _____
Date rec'd 7/7/11
Date frwd 7/7/11
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 7-7-11 Amount Paid 185.—
Received By BH Cash/Check No. 10028

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

Form A Updated: 5-07

7-8-2011 10: 9:30

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 4001 Arbor Rd (no rural route) City Lincoln NE, Zip 68514

Owner Grace Smith Trust Addresss 4001 Arbor Rd, Lincoln, Ne 68514

Soil Type (SCS): Crete Silt Loam Percolation Rate: 60 min./inch

Date of Tests 7-5-11 to 7-6-11 Weather: Precipitation Dry 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	54"	7-5	8AM	7-5	4P.M.	7-6	12:30PM	12"	7-6	4:30PM	30	1	30
2	54"	"	8A.M	"	"	7-6	"	"	"	"	30	1¼	24
3	30"	"	"	"	"	"	"	"	"	"	30	1	30
4	30"	"	"	"	"	"	"	"	"	"	30	¾	40
5	30"	"	"	"	"	"	"	"	"	"	30	1	30
6	30"	"	"	"	"	"	"	"	"	"	30	½	60

Sum of Percolation Rates: 214

Average of Rates: 35.7

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Harry Muhlbach

Phone: 402-430-7304

Address 14305 N 56 Lincoln, Ne 68514

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

LLCHD HS000518

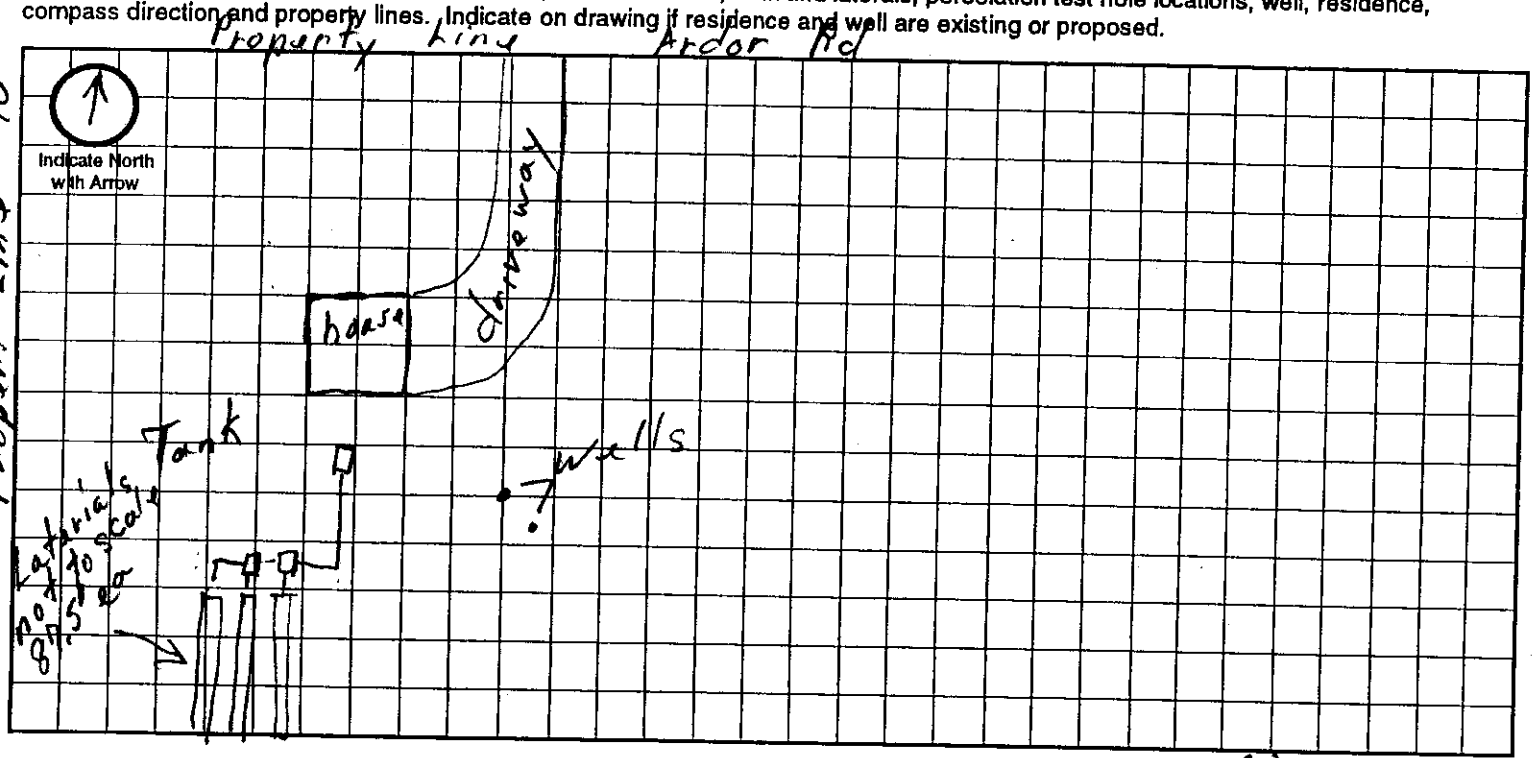
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 4001 Arbor Rd City Lincoln NE, Zip 68514

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: Less than 1 %

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: Infiltrator

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 1

Total Length of Laterals 262 ft. Number of Trenches 3 Trench Width 4 plus

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 H.F. Muhlbach Constr Date 7-7-11

Installer Harry Muhlbach Date 7-7-11

FORM 23-102 10-96
7-8-2011 10: 9:33

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

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: STANDARD **No. HS000518**

Situs: 4001 ARBOR RD Permit Fee: $185.00

Legal Description: T11N-R07E-S29-Lot 36

Owner: GRACE & ORVILEE SMITH FAMILY T Total Fees: $185.00

LINCOLN NE
68501 Issued: 07/07/2011
Expires 07/06/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

MULHBACH CONSTRUCTION
14305 N 56TH
LINCOLN NE 68514

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

SCANNED

A

Permit Number H5000518

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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Legal Description NW of SW 29 North Bluff T-11-N R-7-E

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: 29

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

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Date rec'd 7/7/11
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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 7/12/11

Business Office Use Only
Date Received 7-7-11 Amount Paid 185—
Received By BH Cash/Check No. 10028

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7-11-11 Legal Description NW 1/4 NW 1/4 Section Township Range

Onsite System Location

Address (no rural route) 4001 Arbor Rd City Lincoln NE, Zip

Owner Smith Trust Address

A. Sewer Pipe

1. Material: Sch 40
   Diameter: 4 in.
2. Distance above basement floor: 60 in.
   or distance below basement floor: in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 50+ ft.
   stream — ft.
   pressure line in house ft.
   property line 200 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 6 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: 6 in.
8. Distances to: Well or suction line 100+ ft.
   Stream — ft.
   Pressure line — ft.
   Property line 200 ft.

C. ☐ Distribution Box ☑ Drop Boxes

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

1. Material: PVC
   Number available outlets: 3 each
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 100 ft.

D. Drainfield Absorption

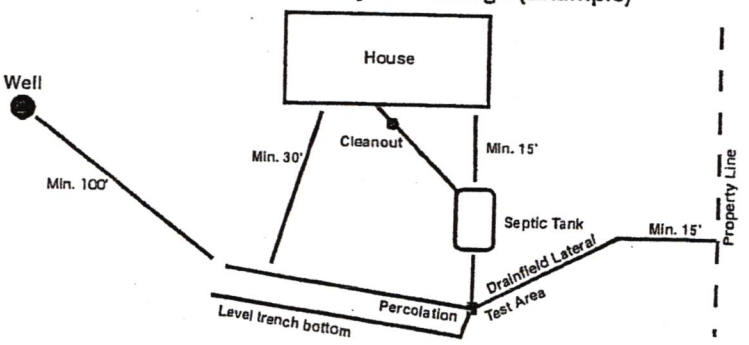
☑ Trench ☐ Bed ☑ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: 36"
   Number of distribution lines in bed 3
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 3
   Length of each line: 90 ft. 90 ft.
   64 ft. ft., ft.
3. Drainfield dimensions: Width 4 ft.
   Distribution Pipe Slope 14 in/100 ft.
   Average depth 30 in
4. Filter material: Soil
   Depth of material 40 in.
5. Distances to: Well or suction line 100 ft.
   Pressure line 100+ ft.
   Property line 95 ft.
   House or building 100 ft.
   Lake or Stream — ft.

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

Onsite Wastewater System Design (Example)

Indicate North with Arrow



Smith Trust 4001 Arbor Rd 7-11-11

