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

**ON-SITE WASTE WATER SYSTEM**
**CONSTRUCTION - INSTALLATION PERMIT**
**No. HS000810**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 9/11/2013

Expires: 9/11/2014

**Description:** CONESTOGA LAKE ESTATES, BLOCK 1, Lot 5

**Owner:** BECKER CONSTRUCTION INC
2549 COUNTY ROAD B
VALPARISO, NE 68065

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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

BECKER CONSTRUCTION
2549 COUNTY RD B
VALPARAISO, NE 68065

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

**A**

Permit Number: HS000810

# 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 West Burnham St. (no rural route) City _____ NE, Zip _____

Legal Description 3 (1/4) 9N (1/4) 5E (Section, Township, Range) Conestoga Lake Estates (Subdivision) | 5 (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 BECKER CONST., INC. Signature Brad Becker

Address 2549 COUNTY ROAD B City/State/Zip VALPARAISO, NE 68065

☐ Check if owner designed system Home Phone _____ Work Phone 402-416-3799

### C. Contractor

Name Justin Peterson Company Name Earnest Well Drilling Inc.

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

### 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 Garbage Grinder

☐ 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 9/9/13 | ACTION | ☒ Approved ☐ Disapproved |
| | Date frwd 9/10/13 | Signature | |
| 2. Supt. Bldg. Insp. or Village Clerk | Date rec'd 9-9-13 | ACTION | ☒ Approved ☐ Disapproved |
| | Date frwd 9-9-13 | Signature | |
| 3. City or County Engineer | Date rec'd 9-9-13 | ACTION | ☒ Approved ☐ Disapproved |
| | Date frwd 9-9-13 | Signature | |

### Installation Final Written Approval

By _____

Date _____

***Business Office Use Only***

Date Rec'd 9-10-13

Amt Paid 355.00

Rec'd By B. Hall Cash/Check No. 6751

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

* McCall *

SCANNED

A

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

Permit Number: HS000810

# Sewage Disposal System

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### B. Owner

Name BECKER CONST., INC. Signature Brad Becker

Address 2549 COUNTY ROAD B City/State/Zip VALPARAISO, NE 68065

☐ Check if owner designed system Home Phone Work Phone 402-416-3799

### C. Contractor

Name Justyn Peterson Company Name Earnest Well Drilling Inc.

Address 2796 W. Milford Rd P.O. Box H City/State/Zip Milford, NE 68405

☒ Check if contractor designed system Work Phone 402-761-2281

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

Designer Name Firm Work Phone

### E. This System Will Serve a

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

# McCall #

# SOIL ABSORPTION TEST DATA REPORT

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

**Owner:** Becker Construction
**Address:** Conestoga Lake Estates
West Lot
9210 W. Burnham

**Property Dimensions:** _____ acres

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

**Dates of Tests:** 7-6-13 to 7-7-13 **Weather:** Precip. Trace Temp 80's

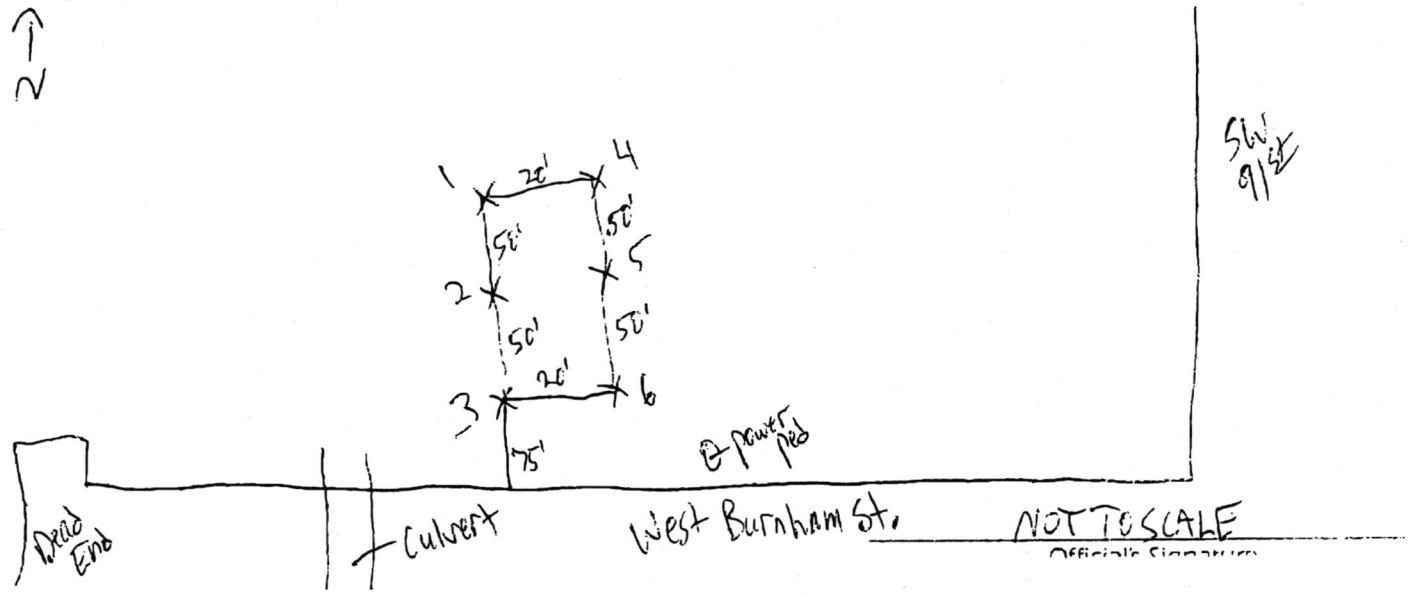
| a. | b. | c. | d. | e. | f. | g. | h. | i. | j. | k. | l. | m. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Readings | | | | | Results | |
| | | Start | | End | | Start | | End | | | | Water Level Drop |
| Hole No. | Hole Depth (in.) | Date (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.) | |
| 1 | 36 | 7-6 | 12:30pm | 7-6 | 4:30pm | 7-7 | 10:40am | 6 | 11:10am | 5½ | 30 | ½ |
| 2 | 36 | 7-6 | 12:30pm | 7-6 | 4:30pm | 7-7 | 10:40am | 6 | 11:10am | 5¼ | 30 | ¾ |
| 3 | 36 | 7-6 | 12:30pm | 7-6 | 4:30pm | 7-7 | 10:40am | 6 | 11:10am | 5¼ | 30 | ¾ |
| 4 | 36 | 7-6 | 12:30pm | 7-6 | 4:30pm | 7-7 | 10:45am | 6 | 11:15am | 5¼ | 30 | ¾ |
| 5 | 36 | 7-6 | 12:30pm | 7-6 | 4:30pm | 7-7 | 10:45am | 6 | 11:15am | 5¼ | 30 | ¾ |
| 6 | 36 | 7-6 | 12:30pm | 7-6 | 4:30pm | 7-7 | 10:45am | 6 | 11:15am | 5¼ | 30 | ¾ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Sum of Water Level Drops (in.) [Column m]: 4.25
Average of Water Level Drops (in.) [Column m]: .71
~~Inches per Minute:~~ 42.25 MPI

**PERSON CONDUCTING TEST:**
Name: Justyn Peterson
Address: 322 - 238th Road
Milford, NE 68405
Phone: 402-641-6174
Signature: Justyn Peterson

Square Feet of Lateral per Bedroom: 330

**SKETCH SHOWING HOLE LOCATION:**




Official's Signature

SCANNED

C

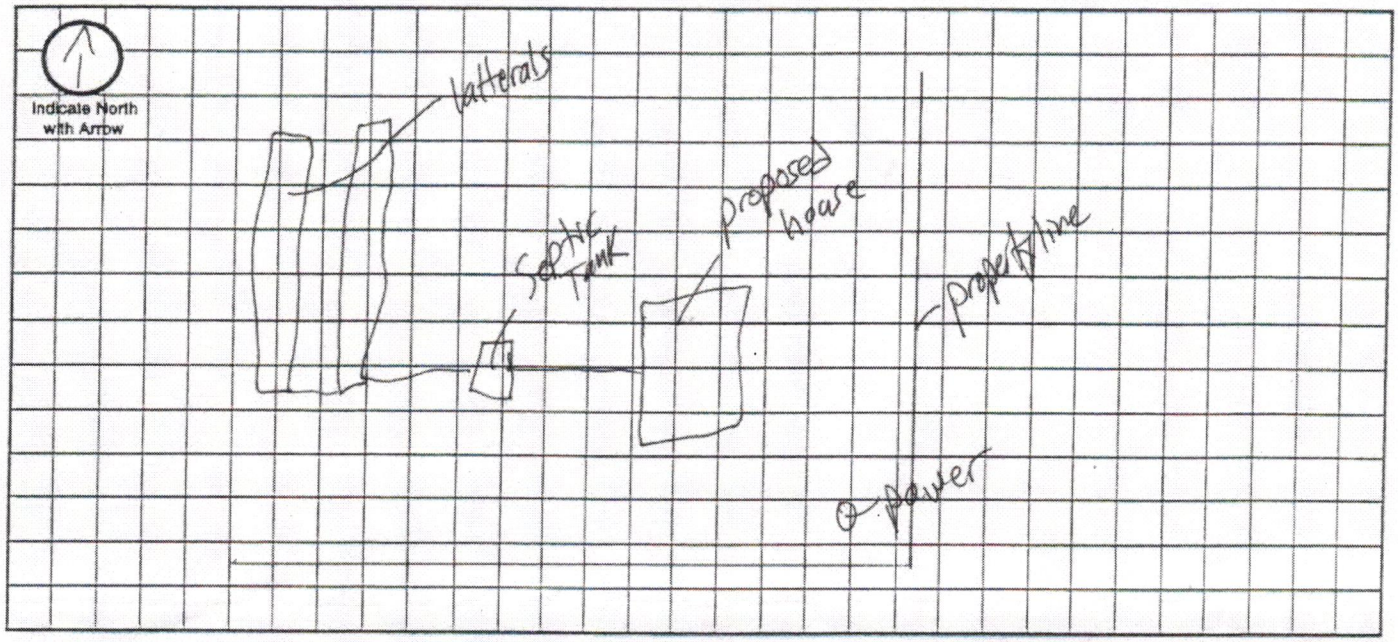
Permit Number:

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

# 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) _____ 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 42.25 (min. per inch) Soil Type: Clay Loam Land Slope: 2 %

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

Total Square Feet of Field Required: 990 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 124 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 Brad Becker Date 9/6/13

Installer _____ Date 9/6/13

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 11/14/13

**System Location (Indicate correct number and street)**

Address 9210 W. Burnham (no rural route) City _____ NE, Zip _____

## A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 80'+ ft.
   stream NA ft.
   pressure line 90'+ ft.
   property line 60'+ ft.

## B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 90'+ ft.
   Stream NA ft.
   Pressure line 90'+ ft.
   Property line 60'+ ft.

## C. Distribution Box – Did not use

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

## D. Absorption Field

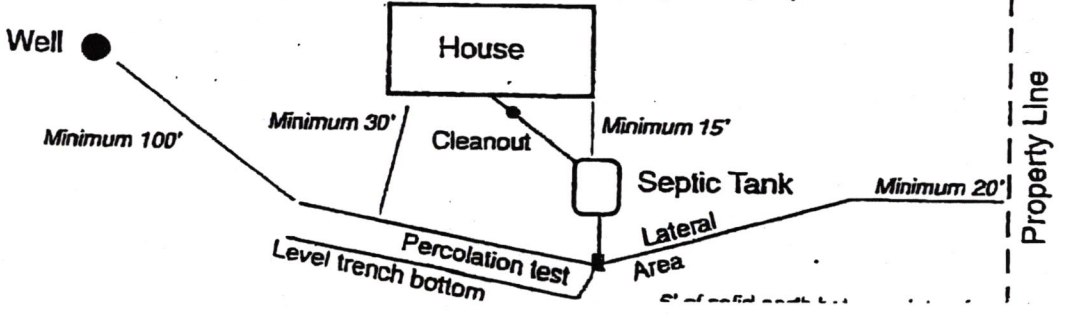
*(Provide as-built drawings on back of this form)*

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete ☐ other
2. Lateral lines: Number 2
   Length of each line: 124 ft. 124 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 26 in
4. Filter material: Native Clay
   Depth of material 26 in.
5. Distances to: Well or suction line 120'+ ft.
   Stream NA ft.
   Pressure line 120'+ ft.
   Property line 60'+ ft.

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

Scale North with Arrow

### Individual Sewage System Design (Example)



# As Built Drawing

Jerry & Lori Sidlo 11/14/13

