Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

GARY E HRUSKA
T7N R7E SEC 10 QTR SW
IRREG TRACTS LOT 3&29
23400 S 68 ST-FIRTH

Permittee

GARY E HRUSKA
23400 S 68 ST
FIRTH NE 68358

Permit # 01380231201

Issued 05/08/01
Expires 11/08/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Acting Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015667

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

A

Permit Number: 013802313

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 23400 S68 (no rural route) City Firth NE, Zip 68358

Legal Description Lots 3 + 29, Irregular tracts SW1/4, Sec10-7-7 3 + 29 Irr.
1/4 1/4 Section Township Range Subdivision 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 Gary E. HRUSKA Signature _____

Address 23400 S68 City/State/Zip Firth, NE 68358

☐ Check if owner designed system Home Phone 402 792 2684 Work Phone _____

C. Contractor

Name Tim M. Hier Company Name Hier's Plumbing

Address 202 MAY St. City/State/Zip Firth NE 68358

☐ Check if contractor designed system Work Phone 432-8948

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

Designer Name Tim Hier Firm Hier's Plumbing Work Phone 432-8948

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 5/8/01 Date frwd 5/8/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/8/01 Date frwd 5/10/01 ACTION ☒ Approved ☐ Disapproved Signature _____
   BUILDING PERMITS REQ. FOR CHANGE OF USE
3. **City or County Engineer** Date rec'd 5/8/01 Date frwd 5/8/01 ACTION ☒ Approved ☐ Disapproved Signature _____

5/15/01 Need drawing. J. Gth

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JANUARY 22, 2002

Business Office Use Only

Date Rec'd 05/08/01
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1141

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

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

B

Permit Number: 013802312

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 23400 S 68th (no rural route) City Firth NE, Zip 68358

Owner Gary Hruska Addresss 23400 S 68

Soil Type (SCS): BURCHARD & MORRILL CLAY LOAM BOTH WITH SANDY PHASES Percolation Rate: _____ min./inch

Date of Tests 4/11 to _____ Weather: Precipitation Lt Rain Temperature 40

#3 + #4 5/7 5/8 6-5" rain / dark 52

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	32	4/14	12:30	4-14	1:00 pm	4-14	4:10	21 3/4	4-14	4:40	30	5/8	48 MIN/IN
2	32	4-14	12:30	4-14	1:00 pm	4-14	4:11	22 1/4	4-14	4:41		1 1/8	27 MIN/IN
3	32	4-14	12:30	4-14	1:00 pm	4-14	4:12	24 1/2	4-14	4:42		7/8	34 MIN/IN
4	32	5-7	10:00 am	5-7	10:00 pm	5-8	3:30 pm	25 3/4	5-8	4:00		3/4	40 MIN/IN
5	32	5-7	10:00 am	5-7	10:00 pm	5-8	3:30 pm	26	5-8	4:01		1/2	60 MIN/IN
6	32	4-14	12:30	4-14	1:00 pm	4-14	4:15	23 5/8	4-14	4:45		3/4	40 MIN/IN

Person Conducting Percolation Tests

Name: Betty Hruska

Phone: 792-2684

Address 23400 S 68 Firth

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MAY 8, 2001

FORM 23-101 10-96

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

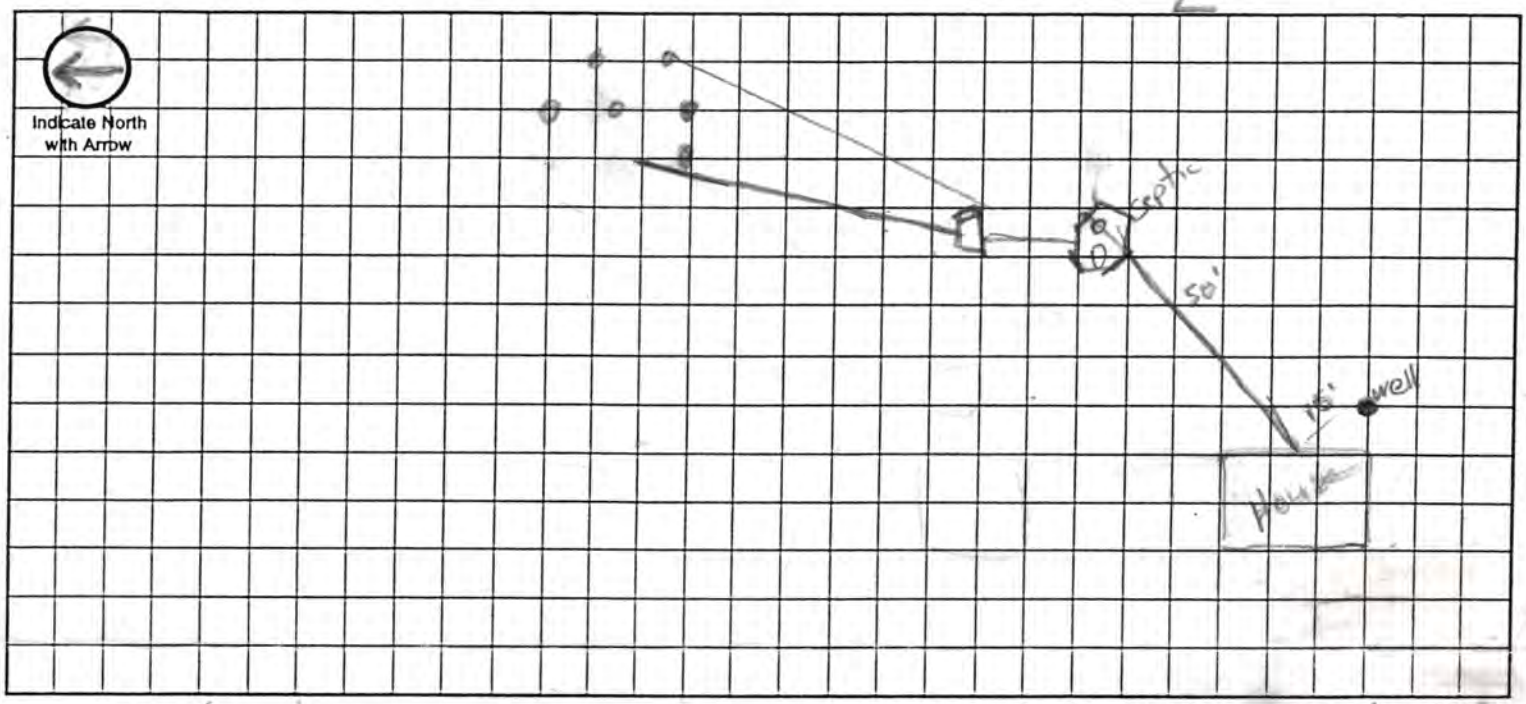
C

Permit Number: 013802312

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. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 23400 S68 City Firth NE, Zip 68358

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: BURCHARD CLAY & MORRILL CLAY BOTH WITH SANDY PHASES Land Slope: _____ %

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

Total Square Feet of Field Required: 700 sq. ft.

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

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

Total Length of Laterals 175 ft. Number of Trenches 2 Trench Width 4

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 Hiers Plumbing Jo Mc Nb Date 5-8-01

FORM 23-102 10-96

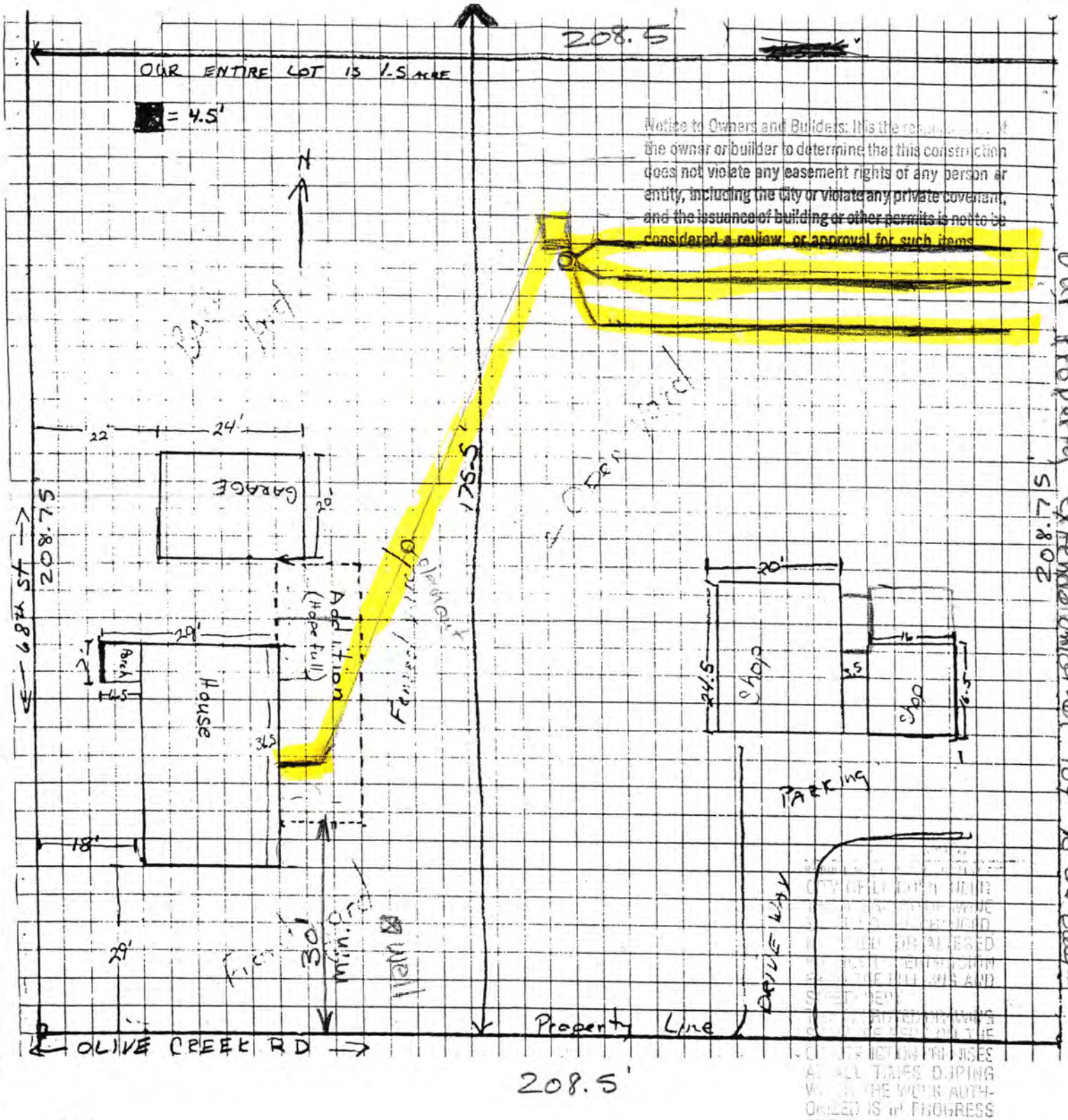
JAN 1 6 2002

Mr. Hood

Enclosed is an overview of our yard.
The septic system is highlighted in yellow.
This concerns permit # #013802312.

Thankyou for your help!

Betty Hynek
23400 568
Firth, NE



AG
Front = ~~50'~~ 30' —— PER CO. BZA #102
Side = 60'
Rear = 100'

CONSTRUCTION PLANS AT ALL TIMES DURING WORK AUTHORIZED IS IN PROGRESS AND SHALL BE OPEN TO INSPECTION BY PUBLIC OFFICIALS.

DATE 6/5/01
REVIEWER mw
PERMIT # BC010056