# Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380222701

Issued 08/01/00
Expires 02/01/01
Revenue Code 3157

Establishment

GREGORY S DERKS
T7N R7E SEC 35 QTR NE
N 1/2 OF NE 1/4 LOT 102IT
9441 FIRTH RD-FIRTH

FEES: $150.00

Permitee

GREGORY S DERKS
3729 CLOVER CIR
LINCOLN NE 68516

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013584

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

**A**

Permit Number: 0038 02227

# 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 9441 FIRTH ROAD (no rural route) City FIRTH NE, Zip 68358

Legal Description TRACT A, SUBDIVISION OF LOT 102 I.T. N½ OF NE¼ SECTION 35 TOWNSHIP 7 NORTH, RANGE 7 EAST OF THE 6TH P.M. LANCASTER COUNTY, NE.
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 OWNER MAIL ADDRESS WILL CHANGE FROM 3729 CLOVER CR. TO 9441 FIRTH RD ON AUG. 14.

### B. Owner

Name GREGORY S. DERKS Signature Gregory S. Derks

Address 3729 CLOVER CIRCLE City/State/Zip LINCOLN, NE, 68516

☒ Check if owner designed system Home Phone (402) 423-3373 Work Phone (402)-429-4282 CEL.

### C. Contractor

Name OWNER 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 _____ 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 400 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 8/1/00 Date frwd 8/1/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-7-00 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Michael A. Hogan
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jim Flanyk

~~8/25/00 Need drawing. J.C.H.~~

**Installation Final Written Approval**

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

Date SEPTEMBER 22, 2000

***Business Office Use Only***

Date Rec'd 08/01/00

Amt Paid 150 CC

Rec'd By _____ ~~Cash~~/Check No. 2084

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: 00380227

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

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

Address 9441 FIRTH ROAD (no rural route) City FIRTH NE, Zip 68358

Owner GREG DERKS Addresss 3729 CLOVER CIRCLE, LINCOLN, NE / WILL CHANGE TO 9441 FIRTH RD. AUG 14

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 39.23 min./inch

Date of Tests 10-01-99 to 10-02-99 Weather: Precipitation MISTING Temperature 50°

### 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 | 24"-30" | 10/01 | 7:30PM | 10/02 | 12:00pm | 10/02 | 4:00pm | | 10/02 | 7:30pm | ~~240~~ 30 | 6.375" | ~~40~~ 37.647 |
| 2 | 24"-30" | 10/01 | 7:30pm | 10/02 | 12:00pm | 10/02 | 4:00pm | | 10/02 | 7:30pm | 240 30 | 5.75" | ~~484~~ 41.739 |
| 3 | 24"-30" | 10/01 | 7:30pm | 10/02 | 12:00pm | 10/02 | 4:00pm | | 10/02 | 7:30pm | 240 30 | 6.00" | ~~40~~ 40.00 |
| 4 | 24"-30" | 10/01 | 7:30Pm | 10/02 | 12:00pm | 10/02 | 4:00Pm | | 10/02 | 7:30pm | 240 30 | 5.875" | ~~40~~ 40.85 |
| 5 | 24"-30" | 10/01 | 7:30Pm | 10/02 | 12:00pm | 10/02 | 4:00 Pm | | 10/02 | 7:30pm | 240 30 | 7.00" | ~~40~~ 34.286 |
| 6 | 24"-30" | 10/01 | 7:30Pm | 10/02 | 12:00pm | 10/02 | 4:00 Pm | | 10/02 | 7:30pm | ~~240~~ 30 | 5.875" | ~~40~~ 40.85 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: ~~235.372~~

Average of Rates: ~~39.23~~ 41

Rate Used for Calculation: ~~39.23~~ 41

### Person Conducting Percolation Tests

Name: GREGORY S. DERKS

Phone: (402) 423-3373

Address 3729 CLOVER CIRCLE, LINCOLN, NE

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood Date AUGUST 1, 2000

FORM 23-101 10-96

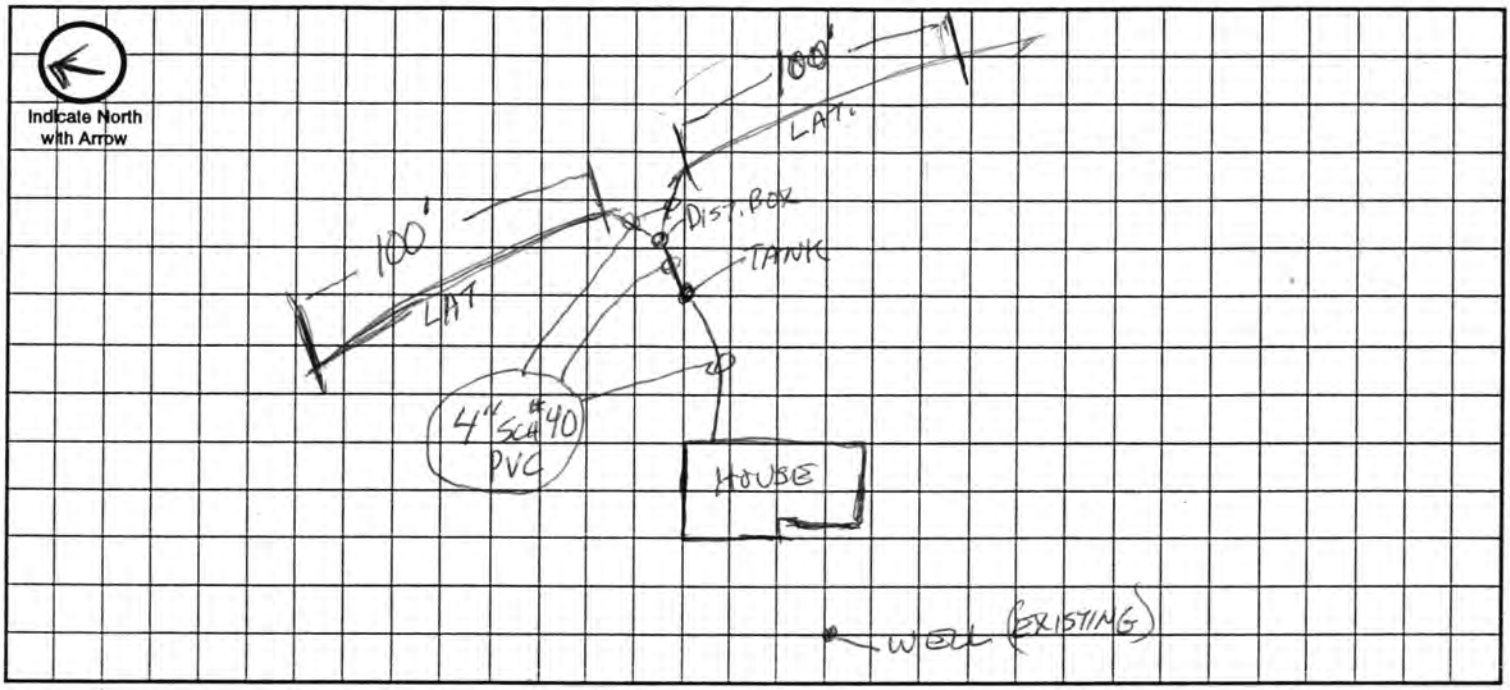
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 0038 02227

# 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) 9441 FIRTH ROAD 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 #1 ~~39.23~~ (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: 3 %

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

Total Square Feet of Field Required: ~~825~~ 990 sq. ft.

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

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

Total Length of Laterals ~~240~~ ft. Number of Trenches _____ 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 Gregory S. Derks Date 07-31-00

Installer Gregory S. Derks Date 07-31-00

FORM 23-102 10-96

SEP 2 1 2000

D

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

Permit Number: 00 380222 701

# Sewage Disposal System

## As Built Plans & Specifications

Date 09-05-2000

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

Address 9441 FIRTH ROAD (no rural route) City FIRTH NE, Zip 68358

### A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24" in.
3. Distance between dwelling and septic tank: 65 ft.
4. Number of clean-outs: ONE
5. Distances to: well or suction line 90 ft.
   stream _____ ft.
   pressure line 50 ft.
   property line 140 ft.

### B. Septic Tank

1. Material: CONCRETE
   Number of compartments: ONE
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6"X10" in.
   Over outlet, diameter 6"X10" in.
   Riser: ☐ above ☒ below grade 8 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line 150 ft.
   Stream _____ ft.
   Pressure line 100 ft.
   Property line 140 ft.

### C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 ft.

### D. Absorption Field

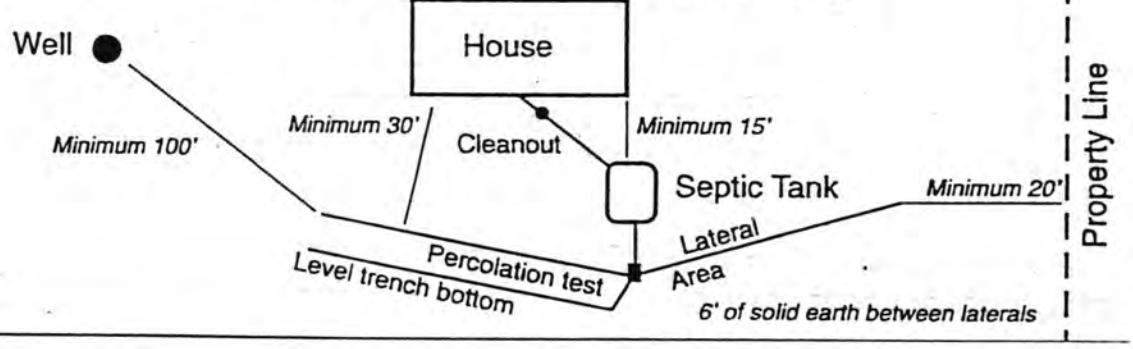
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: EQUALIZER 24 CHAMBERS
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 84.4 ft. 75.94 ft.
   92.81 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope LEVEL in/100 ft.
   Average depth 26 in
4. Filter material: ROAD GRAVEL
   Depth of material 13 in.
5. Distances to: Well or suction line 150 ft.
   Stream _____ ft.
   Pressure line 100 ft.
   Property line 120 ft.

Indicate North with Arrow

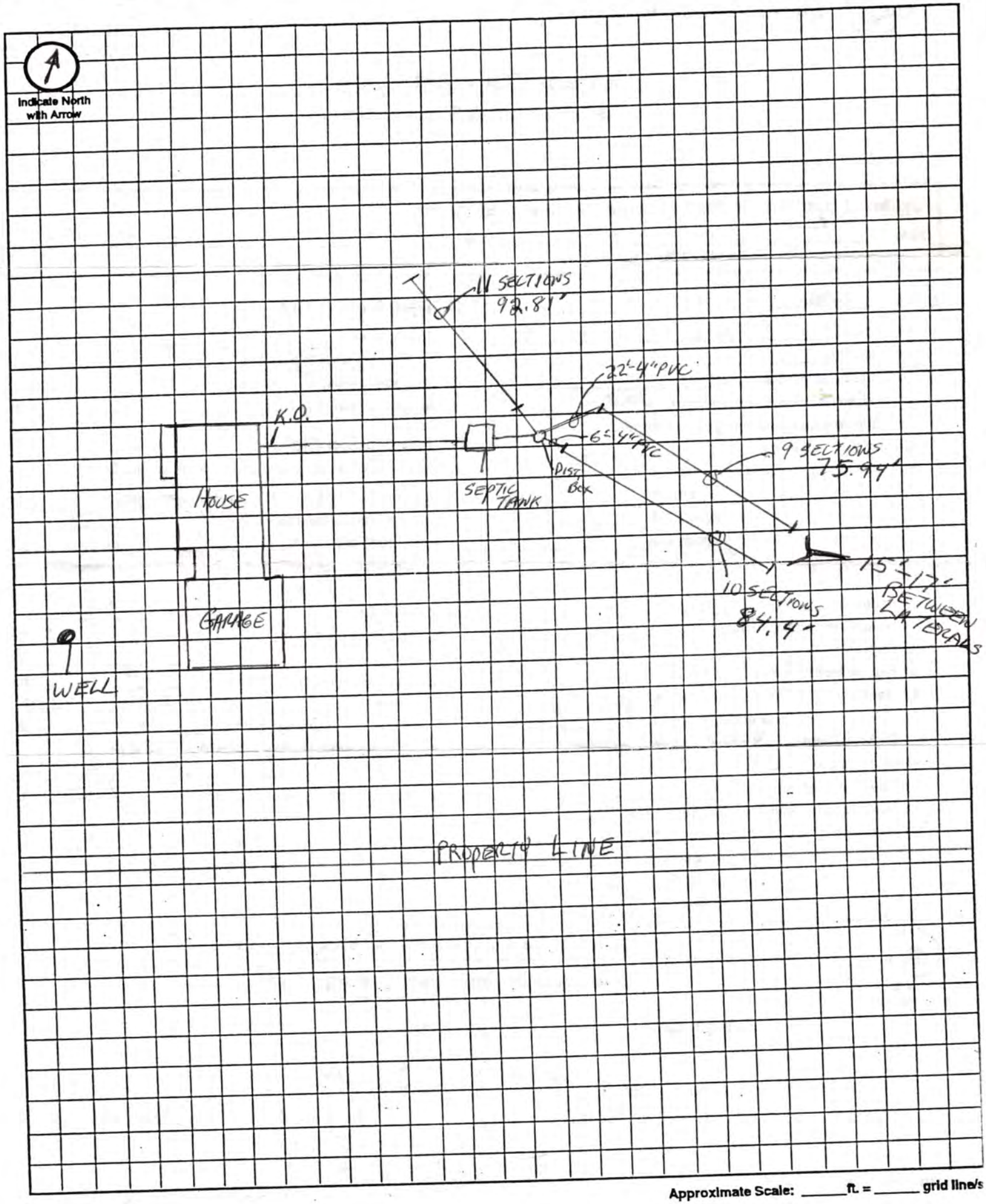
**Complete "As Built" drawing on back of this form.**

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

# As Built Drawing




Approximate Scale: _____ ft. = _____ grid line/s