Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005232

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380285001

Issued 04/27/04
Expires 10/27/04
Revenue Code 3157

Establishment:
RUSSELL R DLOUHY
T7N R7E SEC 34
FIRTH MEADOWS LOT 7

FEES: $200.00

Permittee:
RUSSELL R DLOUHY
12500 S 82 ST
ROCA NE 68430

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

JUN 2 8 2004

A

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

RECEIVED
APR 2 6 2004

Permit Number: 04380285001

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 _____ City _____ NE, Zip _____

Legal Description (no rural route) ~~[illegible]~~ 34 7N 7E Finth Meadows 7
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 Dlouhy Signature Russell R Dlouhy

Address 12500 So 82 City/State/Zip Roca NE 68430

☐ Check if owner designed system Home Phone _____ Work Phone 560 5545

C. Contractor

Name Dlouhy Company Name _____

Address 12500 So 82 City/State/Zip Roca NE 68430

☐ Check if contractor designed system Work Phone 5605545

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

Designer Name Helrs Plumbing Firm _____ Work Phone 432-8948

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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department**	Date rec'd 4/27/04 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 5-24-04 Date frwd 6-25-04	**ACTION** ☒ Approved ☐ Disapproved Signature Mike Hoefft	
3. **City or County Engineer**	Date rec'd 6-30-04 Date frwd 6-30-04	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Plouzek	

4-27-04. sm

Installation Final Written Approval

By Ron Mayer

Date 5-19-04

Business Office Use Only

Date Rec'd 4-27-04
Amt Paid 200.00
Rec'd By TW Cash/Check No. 6664

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number: 04380285O

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner Dlouhy Addresss

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

Date of Tests to Weather: Precipitation Temperature

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	36"	12-28	~~12:00~~	12-28	5:00	12-29	1:00	6"	12-29	5:00	30	3/4	40
2			1:00 Pm									3/4	40
3												5/8	
4												5/8	
5												1/2	60
6												5/8	
7												1/2	

Sum of Percolation Rates:

Average of Rates: 60 in

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Russ Dlouhy

Phone: 560 5545

Address 12500 So 82 Roca NE 68430

Tim Hein

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Appears to be Judson silt loam

Signature of Reviewing Official Ron Magnuson Date 4-27-94

FORM 23-101 10-95

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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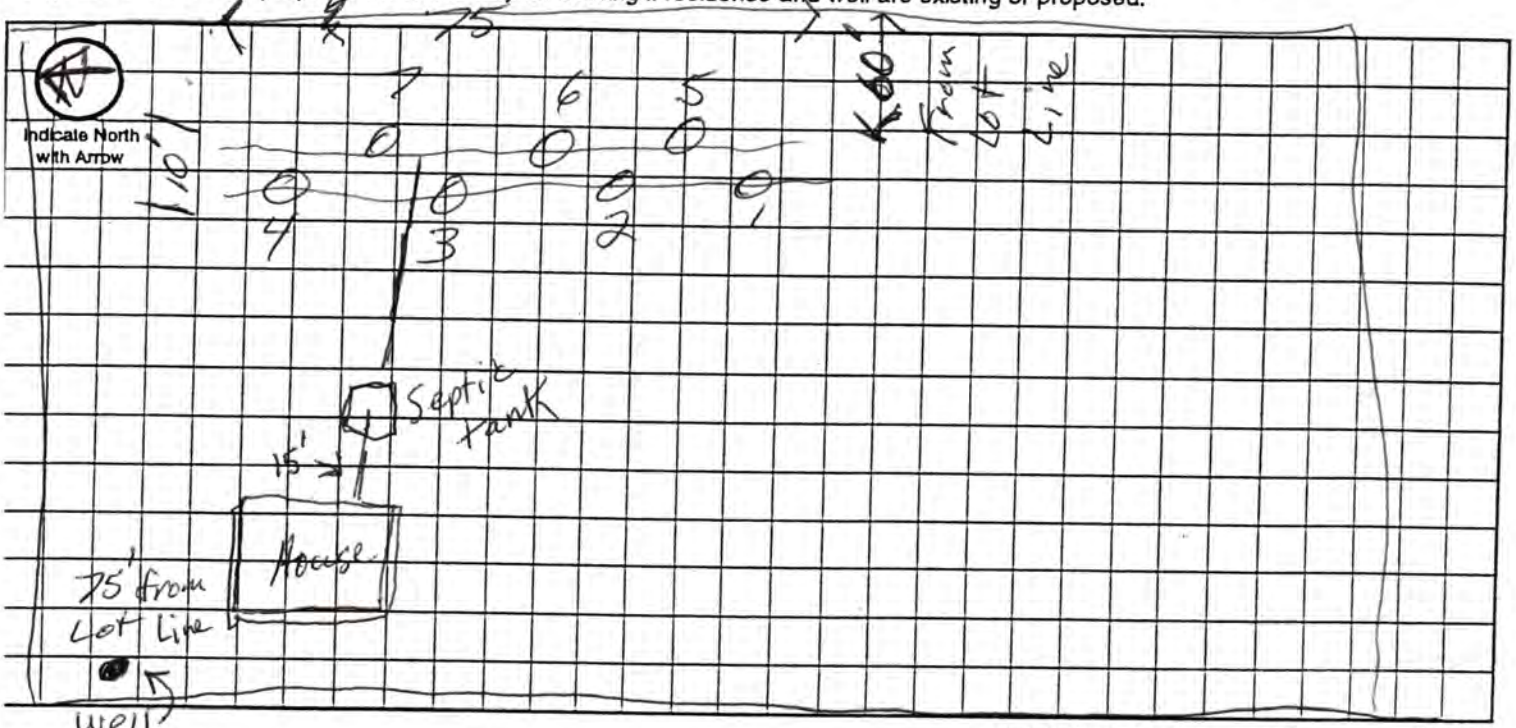
C

Permit Number: 043802850

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) Firth Meadow's 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 Russell R Mocky Date _____

Installer Heirs Plumbing Date 4-26-04

RM 23-102 10-96

SEP 1 7 2004

D

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9-9-04 34-7-7

System Location (Indicate correct number and street)

Address 107 Brookie Pl (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: 20 in.
3. Distance between dwelling and septic tank: 64 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 100 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 2
2. Capacity: 1700 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☒ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 200 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 50 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

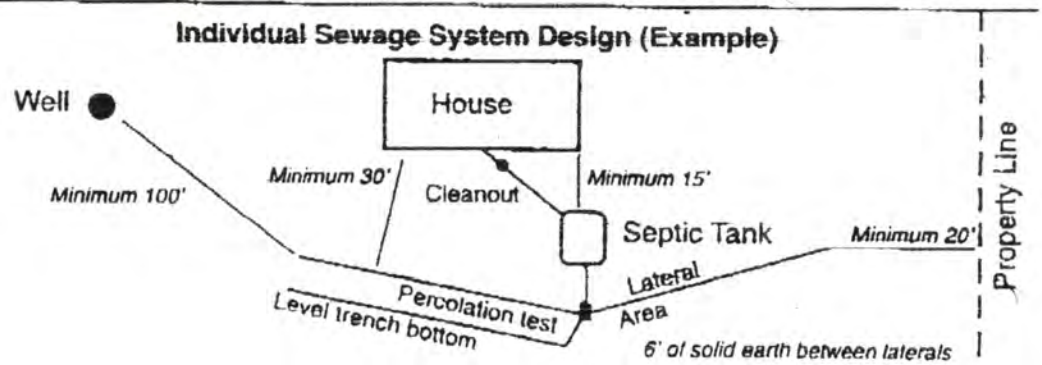
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 24
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100.6 ft. 100.6 ft.
   100.6 ft. 58.6 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 3A in
4. Filter material: Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 230 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 50 ft.

Indicate North with Arrow

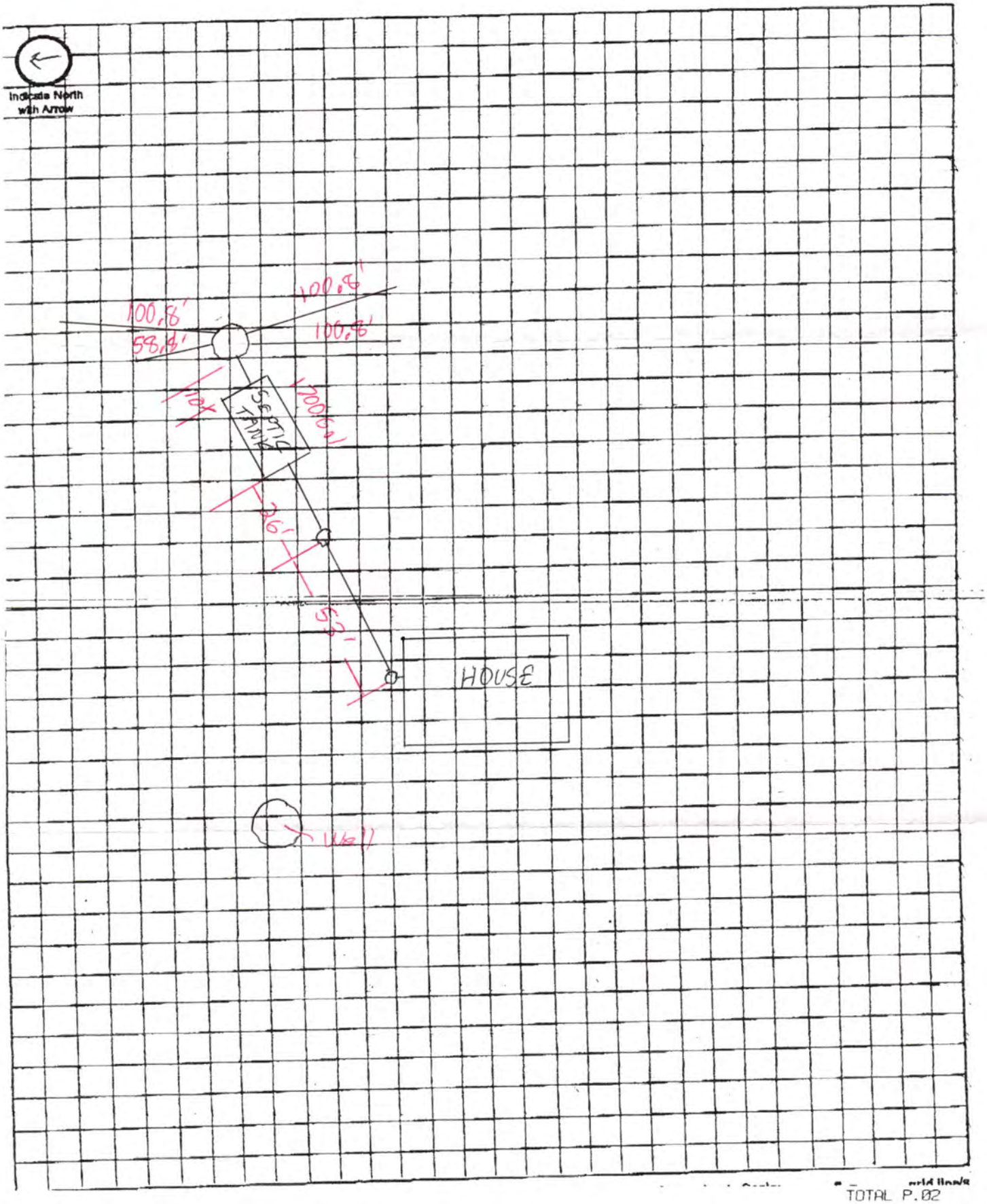
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 29-103 10-96

As Built Drawing



#043802850 LANCASTER COUNTY, A

