Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008503

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380313101

Issued 11/16/05
Expires 11/16/06
Revenue Code 3157

Establishment:
RUSSELL R DLOUHY
T7N R7E SEC 34
FIRTH MEADOWS LOT 5
28200 BROOKIE PL-FIRTH

FEES: $275.00

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

TOTAL: $275.00

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 053803131

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 28200 Brookie Place (no rural route) City Firth NE, Zip

Legal Description Lot 5 Firth Meadow's 5
1/4 1/4 Section Township Range Subdivision Addition Block Lot
34 7N 7E

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 Sd 82 City/State/Zip Roca NE 68430

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Dlouhy Company Name Dlouhy Homes

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

☐ Check if contractor designed system Work Phone 560 5545

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.

DO NOT WRITE BELOW THIS LINE

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

1. **Health Department** Date rec'd 10/31/05 Date frwd 10/31/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-26-05 Date frwd 10-27-05 ACTION ☒ Approved ☐ Disapproved Signature Mike Harper
3. **City or County Engineer** Date rec'd 3-9-06 Date frwd 3-9-06 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

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

Date JUNE 29, 2006

Business Office Use Only

Date Rec'd 11/16/05 11/16/05 75.00

Amt Paid $200.00

Rec'd By CW #7142 Cash/Check No. CW 7239

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: 05380 3131

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 28200 Brookie Place (no rural route) City Firth NE, Zip _____

Owner Olonky Addresss 12500 So. 82 Roca

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

Date of Tests 8-29 to 8-30 Weather: Precipitation No Temperature 85°

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	8-29	4:00 PM	8-29	8:00 PM	8-30	4:00 PM	6"	8-30	8:00 PM	30	5/8	
2	36											3/4	
3	36											5/8	
4	36											1/2	
5	36											1/2	
6	36											5/8	
7	36											5/8	
8	36											5/8	

Person Conducting Percolation Tests

Name: Heirs Plumbing

Phone: 432 8948

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

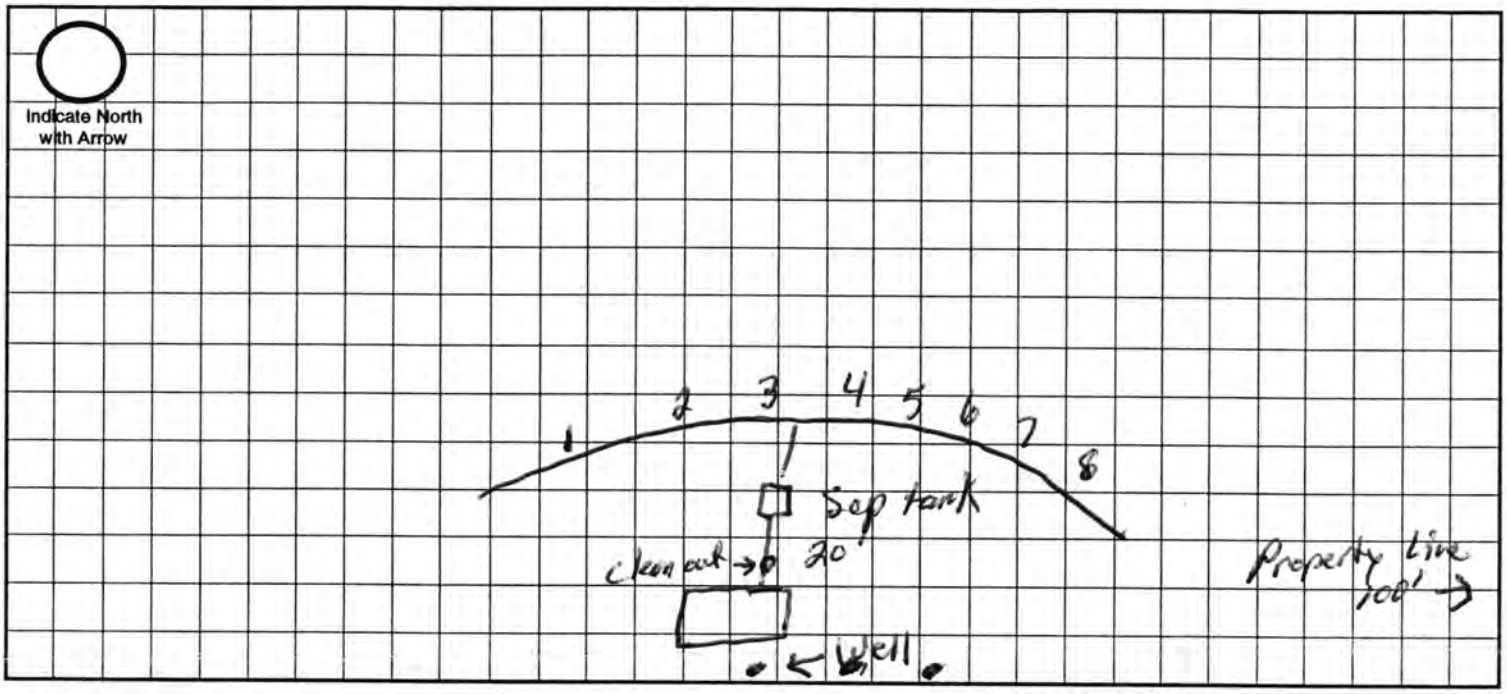
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 05380331

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) 28200 Brookie Place 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 Mosby Date 8-30-5

Installer _____ Date 9-30-05

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: 05380313 1

Sewage Disposal System

As Built Plans & Specifications

Date 8-30-5

System Location (Indicate correct number and street)

Address 28200 Brookie Place (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: 18 in.
3. Distance between dwelling and septic tank: 47 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 ft.
   stream 200 ft.
   pressure line _____ ft.
   property line 100 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1250 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 150 ft.
   Stream 125 ft.
   Pressure line _____ ft.
   Property line 75 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12 ft.

D. Absorption Field

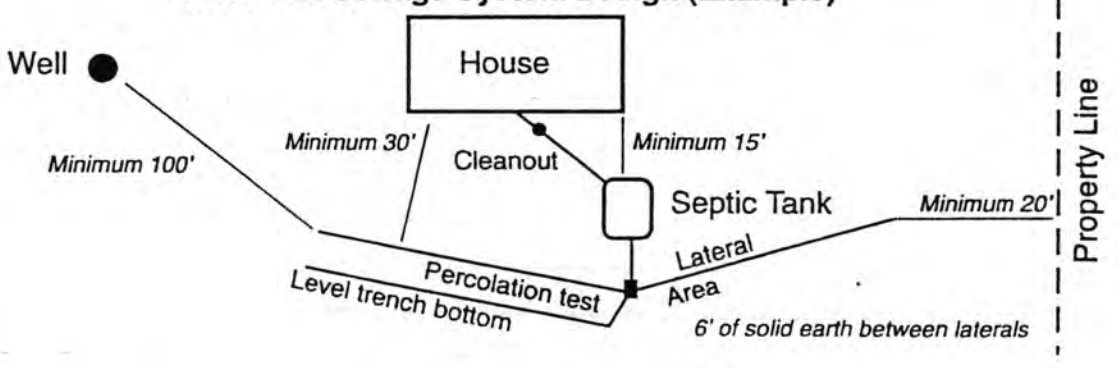
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 0 in/100 ft.
   Average depth 30" in
4. Filter material: Gravel / Clay
   Depth of material 12" in.
5. Distances to: Well or suction line 200' ft.
   Stream 100' ft.
   Pressure line _____ ft.
   Property line 75' ft.

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

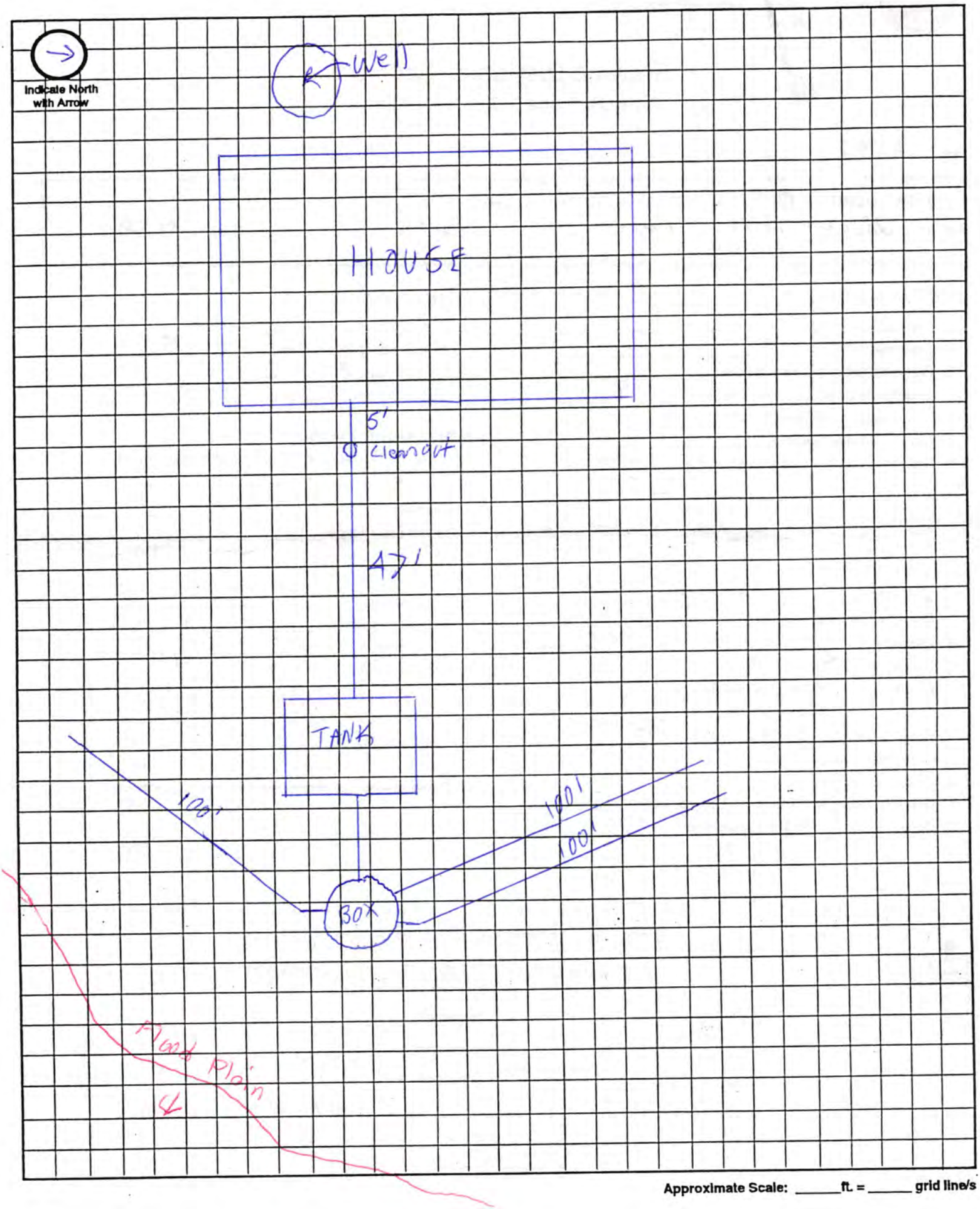
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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