Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008658

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380315301

Issued 02/22/06
Expires 02/22/07
Revenue Code 3157

Establishment:
RUSSELL R DLOUHY
T7N R7E SEC 34
FIRTH MEADOWS LOT 6
28100 BROOKIE PL-FIRTH

FEES: $275.00

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

TOTAL: $275.00

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: 06380315301

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 28100 Brookie Place (no rural route) City Firth Meadow's NE, Zip _____

Legal Description ~~NW~~ 1/4 ~~SW~~ 1/4 3 Section 7N Township 7E Range Firth Meadow's Subdivision _____ Addition 6 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 Dlowhy Signature Russell R Dlowhy

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

☐ Check if owner designed system Home Phone 423 9389 Work Phone 560 5545

C. Contractor

Name Dlowhy Company Name Dlowhy Homes

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

☐ 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 4 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 2/21/06 Date frwd 2/22/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-29-05 Date frwd 11-29-05 ACTION ☒ Approved ☐ Disapproved Signature Mike Heflin
3. **City or County Engineer** Date rec'd 02/22/2006 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

3/1/06 Need Drawing See Final Plat For Flood Plain Delineation

Installation Final Written Approval

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

Date MARCH 13, 2006

Business Office Use Only

Date Rec'd 02/22/06
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 7238

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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B

Permit Number: 06803153

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 28100 Brookie Place (no rural route) City Firth Meadow's NE, Zip _____

Owner Dlouhy Addresss 12500 So. 82 Roca NE 68430

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

Date of Tests 11-10-5 to 11-11-5 Weather: Precipitation _____ 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	36"	11-10	9:00am	11-10	1:00 Pm	11-11	9:00am	6"	11-11	1:00Pm	30	5/8	48
2	36"											3/4	40
3	36"											3/4	40
4	36"											3/4	40
5	36"											5/8	48
6	36"											5/8	48
7	36"											5/8	48

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Tim Hier - Hier's Plumbing

Phone: 432-8948

Address P.O. Box 94 Firth NE 68358

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Gerald C. Hood R.E.H.S. Date _____

FORM 23-101 10-96

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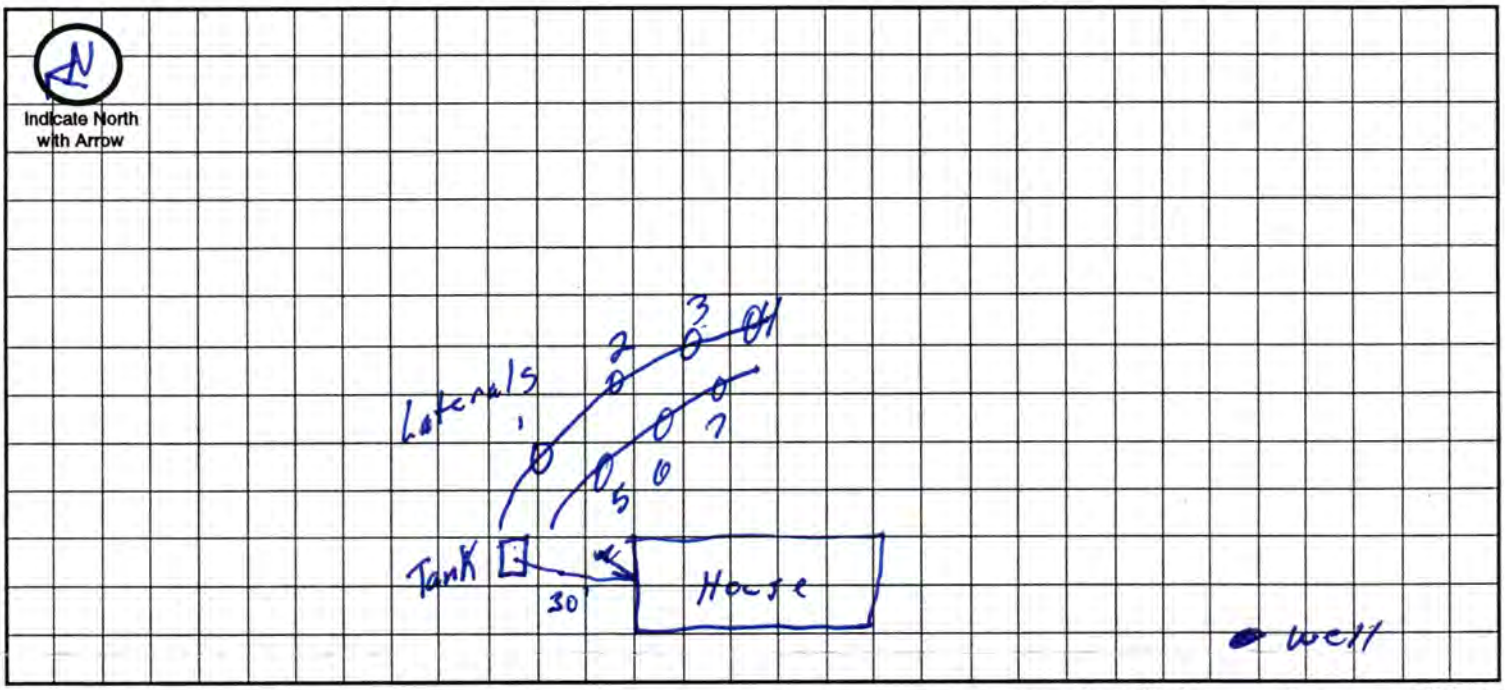
C

Permit Number: 063803153

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) 28100 Brookie Place City Firth Meadows NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 41 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1320 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches _____ 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 Russell R Alonky Date 11-12-5

Installer Tom M. Hicks Hick's Plumbing Date 2-17-06

FORM 23-102 10-96

TITLE 124 – NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY

Appendix D

COPY

RECEIVED
SEP 30 2005
Nebraska Department of Environmental Quality

NDEQ Use Only
REG # _____
Fee Rcvd? ____

Onsite System Registration Form G

Existing System Registration #_____ (if previously registered)

(Please type or print) (Must be filed within 45 days of inspection or completion of work)

System Location and Ownership:

Owner's Last Name	First Name	Middle Init	Owner's Phone number
Dluhy	Russ		423-9389

Owner's Mailing Address	City	State	Zip code
12500 So. 82nd	Roca	NE	68430

System Location Physical Address (if different than owner's)	Nearest Community
28155 Brookie Pl.	Firth

System Location Legal Description:

1/4	1/4	Section #	Twnshp	Range	County	Latitude	Longitude
		34	7	7	LANCASTER	40	96

System Information

System is for: ☒ Dwelling with 3 bedrooms, or ☐ Establishment with _____ gal/day flow

Septic Tank / Soil Absorption System	Lagoon System
Rated Tank Capacity = 1750 gallons	Water Surface Area = _____ sq. ft.
Total effective trench bottom area = ~~660~~ 1320 sq. ft.	Tested seepage rate = _____ in/day
Number of Trenches = 4	**Other Type System**
Total Trench Length = 330 ft.	NDEQ Construction Permit#_____
Design Percolation Rate = _____ min/inch	

Certified professional registering the system:

Last Name	First Name	Middle Initial	Professional Certificate #
Hier	Tim	M	P1602

Signature of Certified Professional	Date of inspection or completion of work
Tim M. Hier	6-05

A fee of fifty dollars ($50) must accompany this application, unless;

1. the system was previously registered by an Inspector following an inspection,
2. the system is being registered again by an Installer upon completion of construction, reconstruction, alteration, or modification that resulted from that inspection, **and**
3. the construction, reconstruction, alteration, or modification was completed within one-hundred twenty (120) days of the date of the original inspection.

Make checks payable to the **Nebraska Department of Environmental Quality.** Mail to NDEQ P.O. Box 98922 Lincoln Nebraska 68509-8922

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-12-5

System Location (Indicate correct number and street)

Address 28100 Brookie Place City Firth Meadow's NE, Zip
(no rural route)

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: 45 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 300 ft.
   stream 300 ft.
   pressure line ____ ft.
   property line 200 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 300 ft.
   Stream 300 ft.
   Pressure line ____ ft.
   Property line 200 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8' 2" ft.

D. Absorption Field

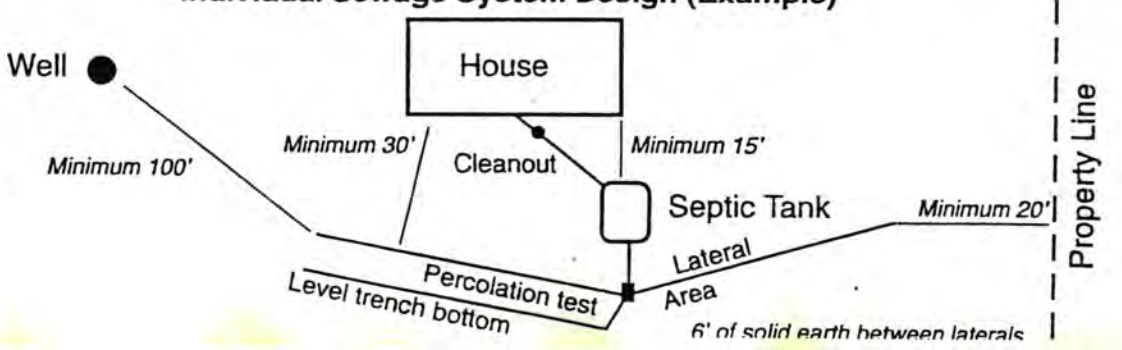
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 30 ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 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 200 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)



As Built Drawing

