Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011004

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC

Permit # 07380334301

Issued 05/30/07
Expires 05/30/08
Revenue Code 3157

Establishment
THOMAS OLIVER
T8N R6E SEC 3
LOT 20
845 W SALTILLO RD

FEES: $290.00

Permittee
KRESHEL EXCAVATING
1653 #2200 CITY RD
WILBUR NE 68465

TOTAL: $290.00

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

MAY 25 2007

A

Permit Number: 07380 334301

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:

20.01

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 845 W. SALTILLO RD. City Roca NE, Zip 68430-9678

(no rural route)

Legal Description LOR 5979 — 1/4: — 1/4: — Section: 3 — Township: 8 — Range: 6 — Subdivision: — Addition: — Block: — Lot: 20

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

NCR 71664

Name Thomas Oliver Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Keith Kreshel Company Name Kreshel Excavating

Address 1653 Cty Rd 2200 City/State/Zip Wilber Ne 68465

☒ Check if contractor designed system Work Phone 641-7898

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 500 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 5/29/07 Date frwd 5/29/07 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/30/07 Date frwd 5/30/07 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-30-07 Date frwd 5-30-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Flanzer

Locate out of flood plain

Installation Final Written Approval

206 Ft to Head JM

By _____

Date 7/2/2007

Business Office Use Only

Date Rec'd 05/30/07

Amt Paid 290.00

Rec'd By _____ Cash/Check No. 4560

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3 8 Road 6 Lot 20 City Lincoln NE, Zip

Salem Township (no rural route)

Owner Thomas Oliver Addresss

Soil Type (SCS): Silty Loam Percolation Rate: 13.2 min./inch

Date of Tests 4-12 to 4-13 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	30"	4-12	3:00	4-13	3:00	4-13	3:00	6"	4-13	7:00	30	2	15
2	30"	4-12	3:00	4-13	3:00	4-13	3:00	6"	4-13	7:00	30	2 1/2	12
3	30"	4-12	3:00	4-13	3:00	4-13	3:00	6"	4-13	7:00	30	2	15
4	30"	4-12	3:00	4-13	3:00	4-13	3:00	6"	4-13	7:00	30	2 1/2	12
5	30"	4-12	3:00	4-13	3:00	4-13	3:00	6"	4-13	7:00	30	2	15
6	30"	4-12	3:00	4-13	3:00	4-13	3:00	6"	4-13	7:00	30	3	10

Person Conducting Percolation Tests

Name: Keith Kreshel

Phone: 821-3388

Address PO 291 Wilber NE 68465

Sum of Percolation Rates:

Average of Rates: 13.2 min/in

Rate Used for Calculation: 11-20 min/in

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Perc seems very fast for Wymore soil. Adding more material to compensate.

Signature of Reviewing Official Date

FORM 23-101 10-96

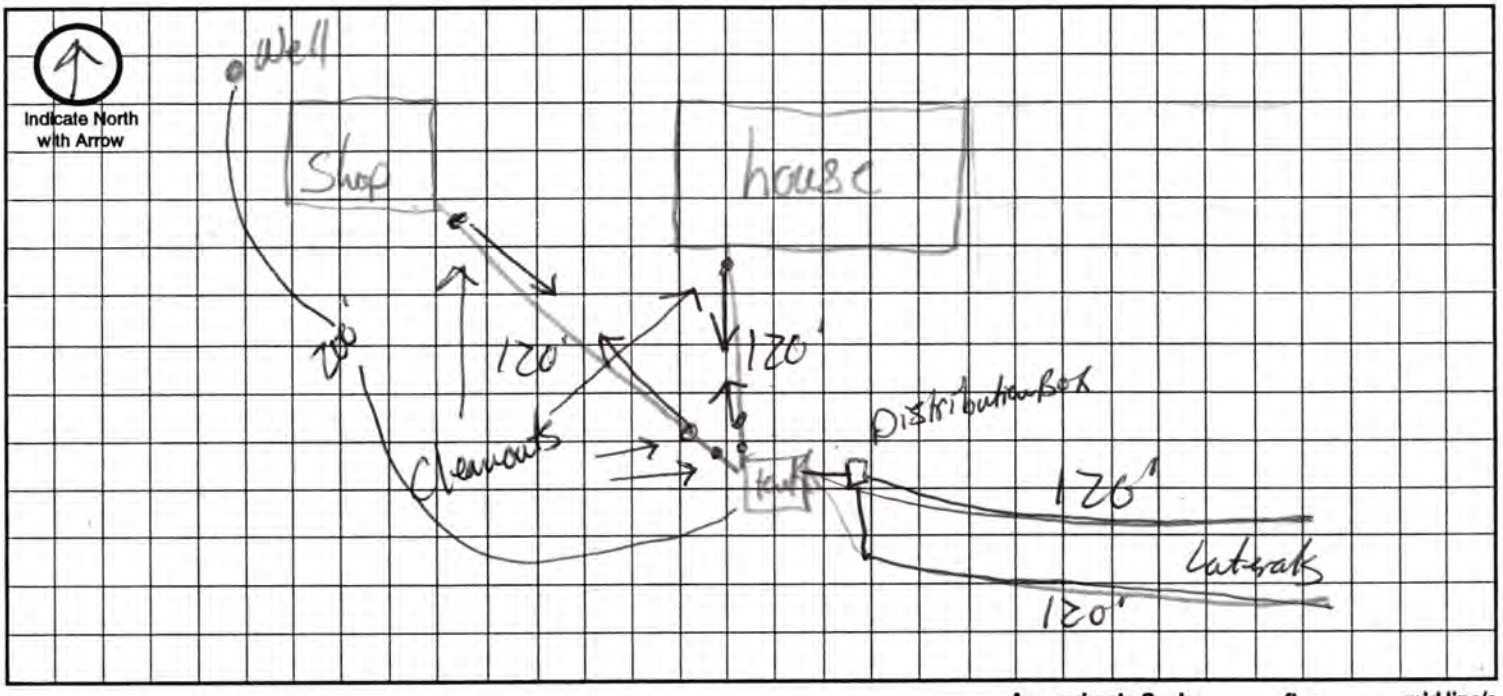
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C

Permit Number:

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) Section 3 township 8 Range 6 lot 20 City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 13.2 (min. per inch) Soil Type: Silty Loam Land Slope: 7 %

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

Total Square Feet of Field Required: 840 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 240 ft. Number of Trenches 2 Trench Width 36"

Use 300 ft of lateral

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

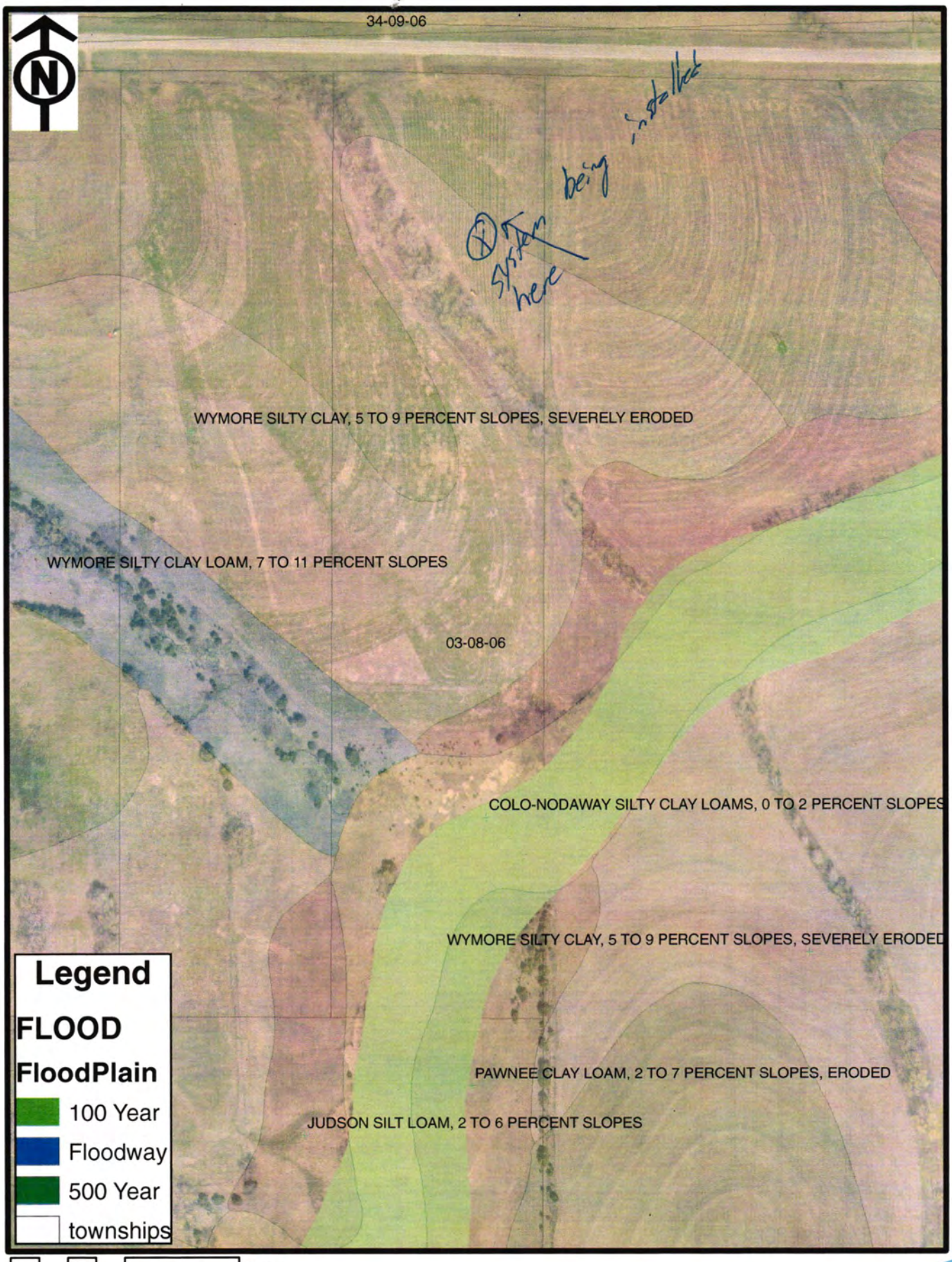
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☐	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☐	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 5/22/07

Installer _____ Date 5/22/07

FORM 23-102 10-96


34-09-06
being installed
System here
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
03-08-06
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
Legend
FLOOD
FloodPlain
100 Year
Floodway
500 Year
townships
0 120 240 480 Feet