Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008151

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM-PERCOLATION TEST PENDING

Permit # 05380308601

Issued 08/25/05
Expires 08/25/06
Revenue Code 3157

Establishment

QUILLER H CAUDILL
T8N R6E SEC 3 QTR SW
WHITETAIL RUN BLK 4 LOT 1
GRAY FAWN DR

FEES: $200.00

Permittee

QUILLER H CAUDILL
4600 FIR HOLLOW LN
LINCOLN NE 68516

TOTAL: $200.00

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

PERC TEST PENDING

A

Permit Number: 05380308601

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 12640 GRAYFALON DR (no rural route) City _____ NE, Zip _____

Legal Description SW¼ 3 8N 6E WHITETAIL RUN 4 1
(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 Quillet Caudill Signature _____

Address 4600 Fir Hollow Ln City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 402-421-1443 Work Phone 402-467-5277 X17

C. Contractor

Name STAN KROESE Company Name DIET WORKS PLUS INC 402-770-1225 Cell

Address 7801 LEIGHTON City/State/Zip LINCOLN NE 68507

☑ Check if contractor designed system Work Phone 500 1708

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 8/25/05 Date frwd 8/25/05 ACTION ☒ Approved ☐ Disapproved Signature Jerald C. Hoke
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/15/05 Date frwd 9/15/05 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-25-05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Bruce Briney

4 inch tank, lateral, Field notes

Installation Final Written Approval

By Doug Arnold

Date 3/7/06

Business Office Use Only
Date Rec'd 08/25/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 8068

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

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B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE (SW 14 + BRANDT RD)

System Location (Indicate correct number and street)

Address GRAYFRWN DL (no rural route) City _____ NE, Zip _____

Owner BILLIE CAUDILL Address _____

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

Date of Tests 9/8/05 to 9/9/05 Weather: Precipitation _____ Temperature 90

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	27	9/8	7AM	9/9	7AM	9/9	10 30 AM	6	9/9	11 AM	30	1/2	60
2	28	9/8	7AM	9/9	7AM	9/9	10 30 AM	6	9/9	11 AM	30	5/8	48
3	26	9/8	7AM	9/9	7AM	9/9	10 30 AM	6	9/9	11 AM	30	5/8	48
4	27	9/8	7AM	9/9	7AM	9/9	10 30 AM	6	9/9	11 AM	30	1/2	60
5	27	9/8	7AM	9/9	7AM	9/9	10 30 AM	6	9/9	11 AM	30	1/2	60
6	29	9/8	7AM	9/9	7AM	9/9	10 30 AM	6	9/9	11 AM	30	5/8	48

Sum of Percolation Rates: 324
Average of Rates: 54
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: STAN KRUSE
Phone: 780 1009
Address 2801 LEIGHTON
LNK NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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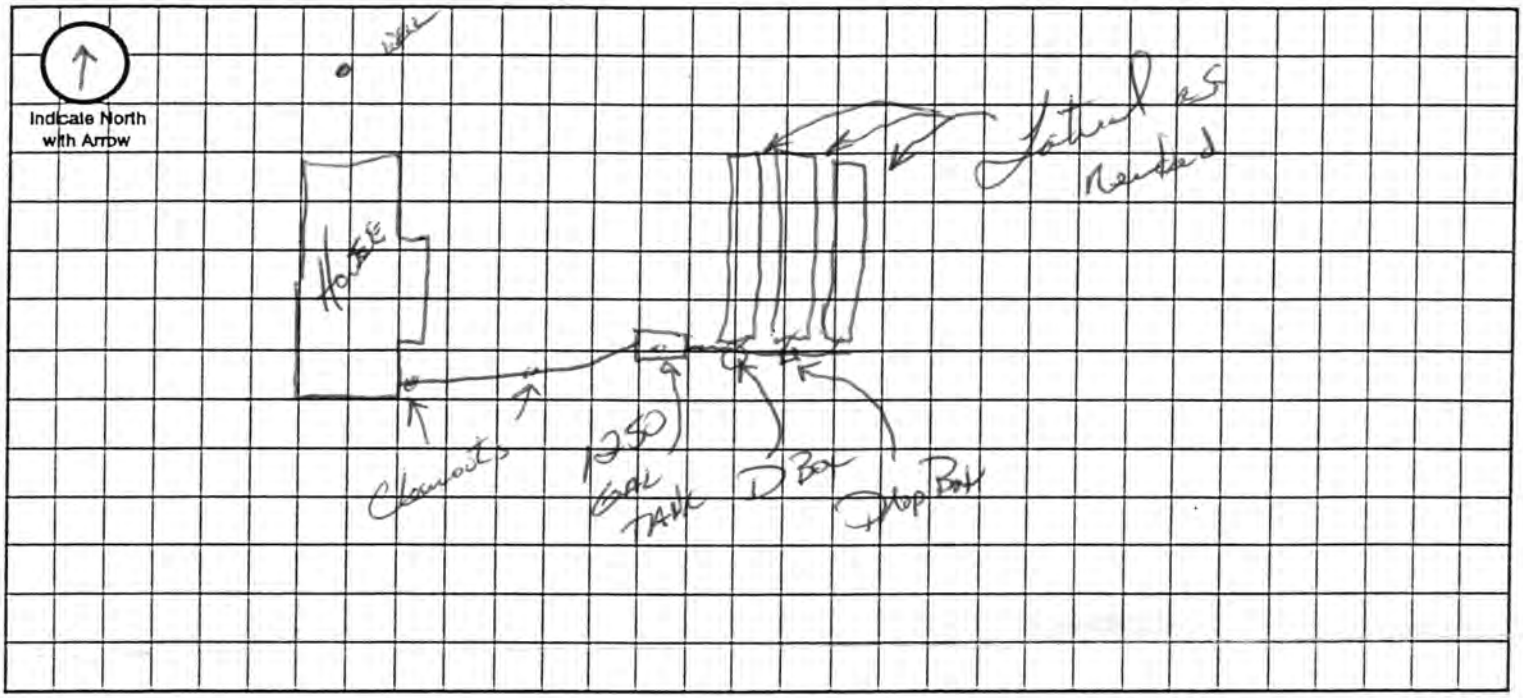
C

Permit Number: 053803086

Sewage Disposal System
Preliminary Plan Specifications

Miller Caudill

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) _____ 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 _____ (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 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ 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 _____ Date 8/24/05

Installer _____ Date 8/25/05

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date _____ QUILLER CAUDILL

System Location (Indicate correct number and street)

Address 12620 GREY FAWN (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 10 in.
3. Distance between dwelling and septic tank: 145 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 50 ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50 ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 16 ft.

D. Absorption Field

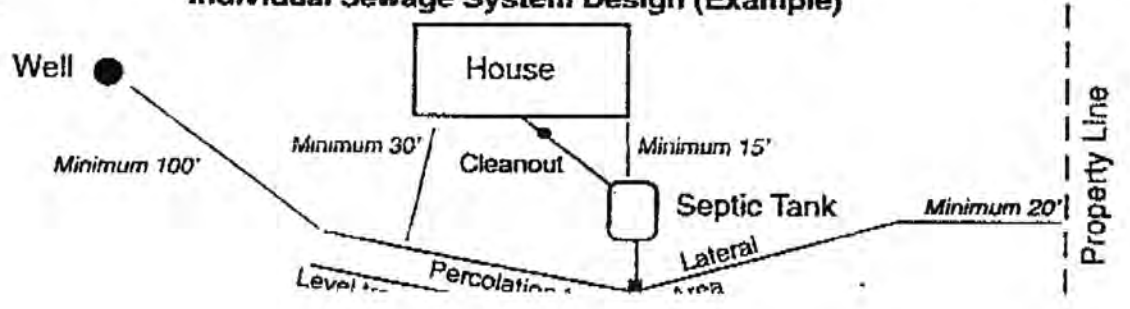
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other HI CAP INFILTRATOR
2. Lateral lines: Number 3
   Length of each line: 150 ft. 150 ft.
   50 ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 27 in
4. Filter material: GRAVEL-LESS
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 15 ft.

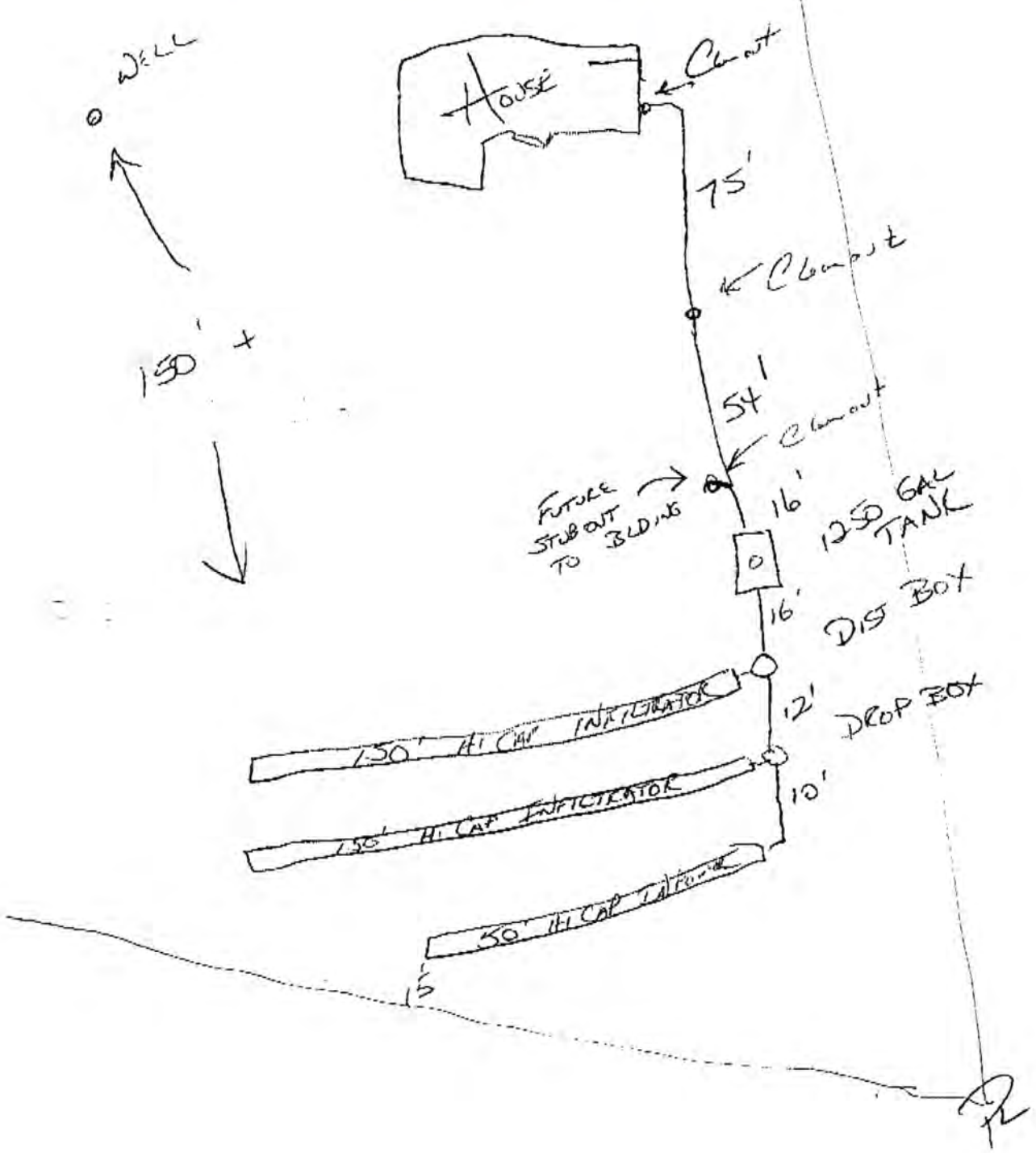
Indicate North with Arrow

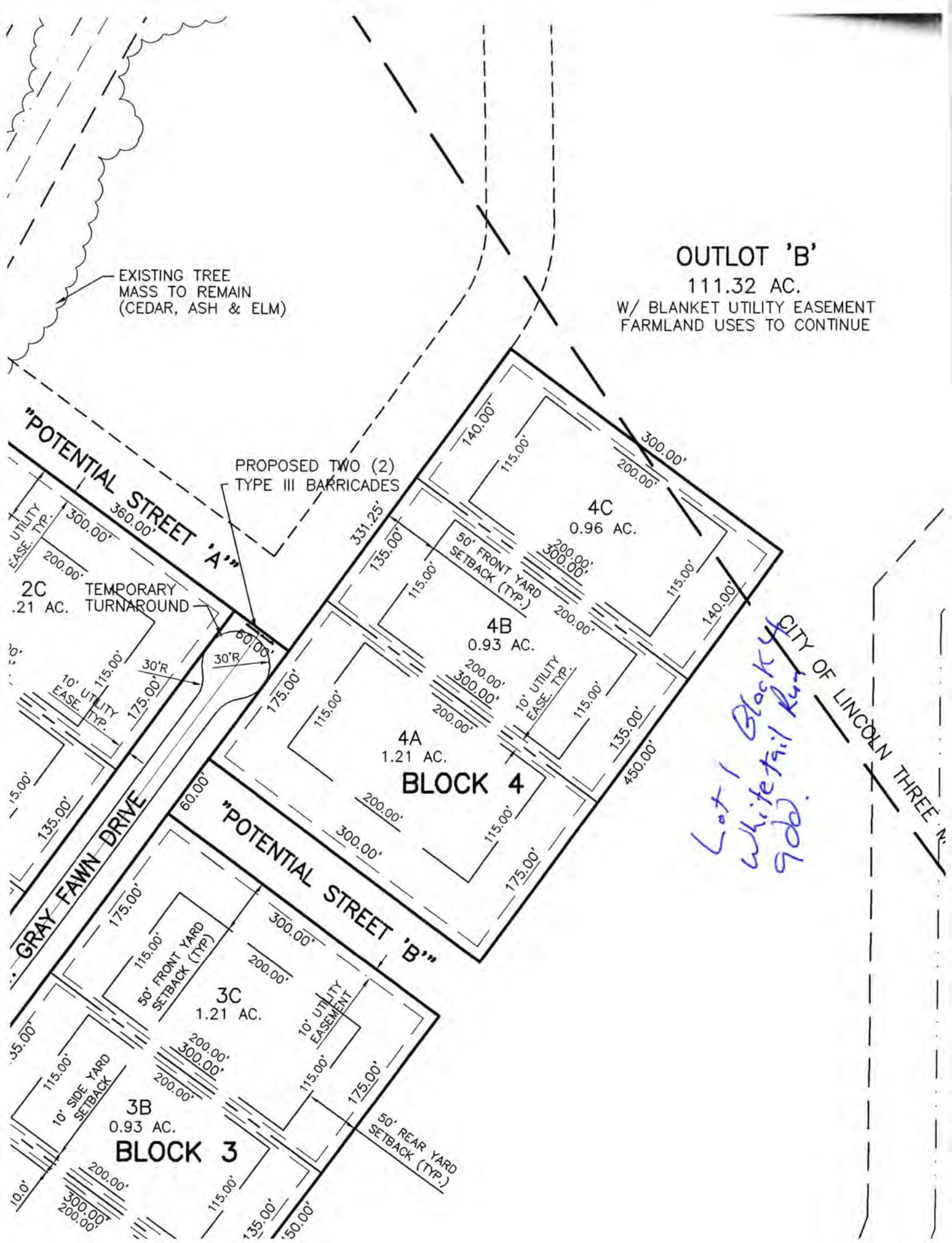
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



12620 SW Gray Fawn




OUTLOT 'B'
111.32 AC.
W/ BLANKET UTILITY EASEMENT
FARMLAND USES TO CONTINUE
EXISTING TREE MASS TO REMAIN (CEDAR, ASH & ELM)
PROPOSED TWO (2) TYPE III BARRICADES
"POTENTIAL STREET 'A'"
"POTENTIAL STREET 'B'"
GRAY FAWN DRIVE
CITY OF LINCOLN THREE
TEMPORARY TURNAROUND
2C
.21 AC.
4A
1.21 AC.
4B
0.93 AC.
4C
0.96 AC.
BLOCK 4
3B
0.93 AC.
3C
1.21 AC.
BLOCK 3
50' FRONT YARD SETBACK (TYP.)
50' REAR YARD SETBACK (TYP.)
10' SIDE YARD SETBACK
10' UTILITY EASE. TYP.
10' UTILITY EASEMENT
Lot 1 Block 4 Whitetail Run 900.