Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009030

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380320401

Issued 06/05/06
Expires 06/05/07
Revenue Code 3157

Establishment: JOHN SCHWERY
T8N R6E SEC 3
WHITETAIL RUN ADDN BLK 3 LOT 3
12700 SW GRAYFAWN

FEES: $275.00

Permittee: JOHN SCHWERY
7341 S 16 ST
LINCOLN NE 68512

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

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A

Permit Number: 06380320401

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 12700 SW GRAYFAWN City Lincoln NE, Zip _____
(no rural route)

Legal Description Lot 3 Block 3 Whitetail Run Addition
1/4 1/4 Section Township Range Subdivision Addition Block Lot
3 T8N 6E

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name John Schweer Signature ★ John Schweer

Address 7341 S. 16th City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone 402 434 2197 Work Phone 402-610-1525

C. Contractor

Name STAN KLOSS Company Name DIRT WORKS PLUS INC

Address 6667 NW 48 City/State/Zip LINCOLN NE 68524

☑ Check if contractor designed system Work Phone 325 0529

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 6/5/06 Date frwd 6/5/06	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 6/5/06 Date frwd 6/5/06	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 6-5-06 Date frwd 6-5-06	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By _____

Date 11/13/06

Business Office Use Only
Date Rec'd 6/5/06
Amt Paid 275.00
Rec'd By CW Cash/Check No. 8735

FORM 23-100 10-96 6/25/06 Need Drawings See letter White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
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B

Permit Number: 06380320 4

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12700 SW GRAY FAWN (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

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 AM	6	9/9	11 AM	30	1 1/4	24
2	28	9/8	7AM	9/9	7AM	9/9	10:30 AM	6	9/9	11 AM	30	3/4	40
3	30	9/8	7AM	9/9	7AM	9/9	10:30 AM	6	9/9	11 AM	30	5/8	48
4	28	9/8	7AM	9/9	7AM	9/9	10:30 AM	6	9/9	11 AM	30	1/2	60
5	29	9/8	7AM	9/9	7AM	9/9	10:30 AM	6	9/9	11 AM	30	3/4	40
6	28	9/8	7AM	9/9	7AM	9/9	10:30 AM	6	9/9	11 AM	30	5/8	48

Person Conducting Percolation Tests

Name: DAN KROESE
Phone: 560 1208
Address 6667 NW 48TH
LINCOLN NE 68524

Sum of Percolation Rates: 236
Average of Rates: 47.2
Rate Used for Calculation: 47

KICKED OUT THE 24"/MW

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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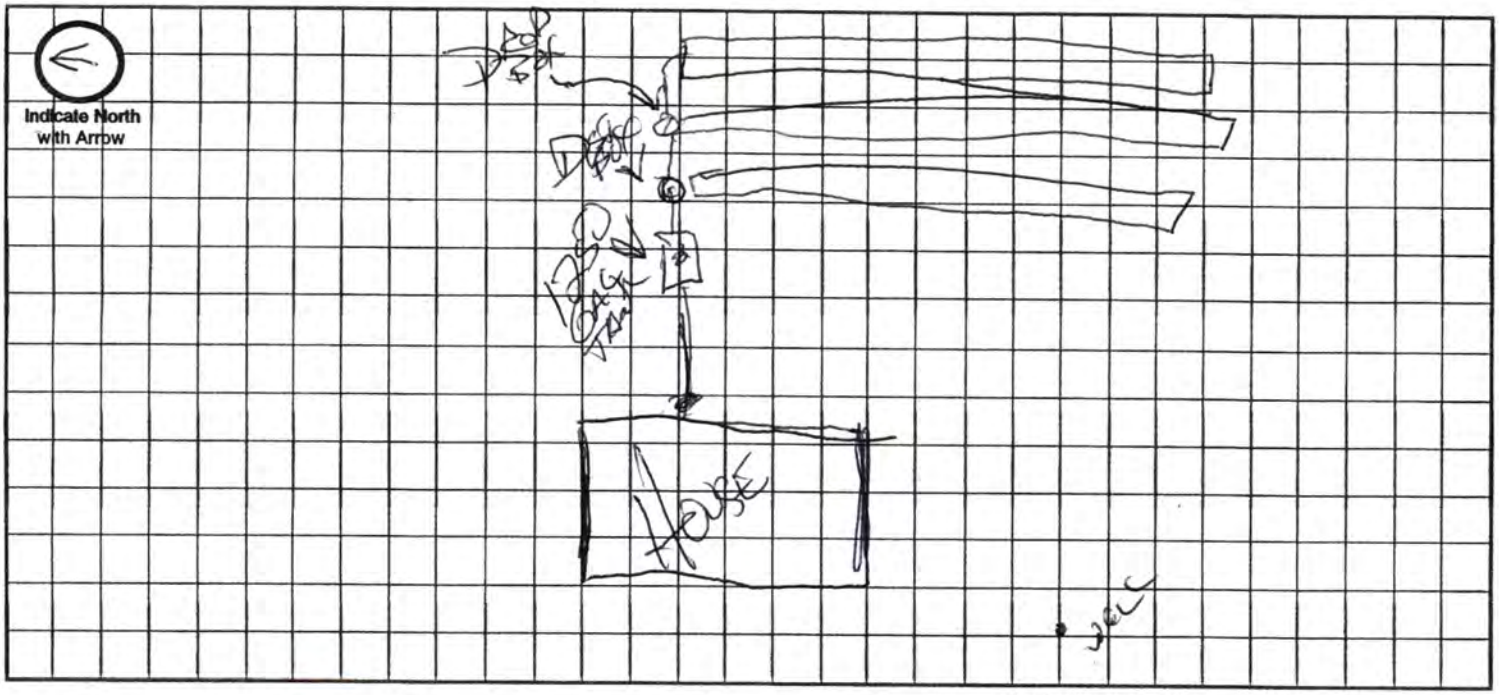
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C

Permit Number: 06380 3204

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) 12,700 SW GRAYFAWN 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 47 (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: INFILTRATOR Hi-CAP

Capacity of Septic Tank 250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 3 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

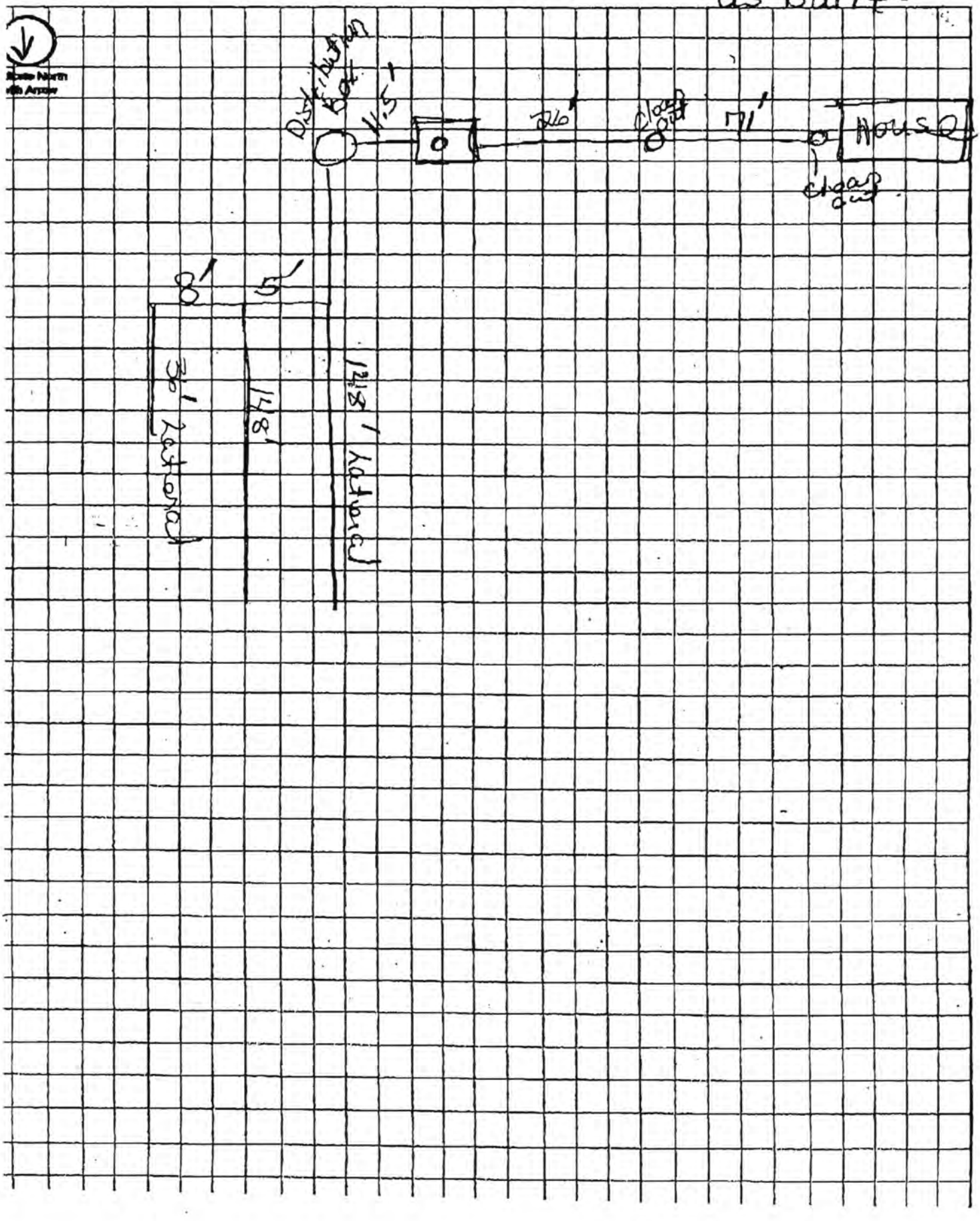
Home Building Contractor John Stuby Date 6/2/06

Installer Steve Rhoades Date 6/2/06

FORM 23-102 10-96

s Built Drawing

John Schwerin
12700 Gray Fawn Dr.
As Built -



Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1814
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 10/24/2006

System Location (Indicate correct number and street)
Address 12700 SW Grayfawn Rd (no rural route) City Lincoln/Rural NE. Zip 68523

A. Building Sewer
1. Material: Conc
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 108 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 10 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.
   Filter: ☑ above ☐ below grade 4 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: ____ in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 34.5 ft.

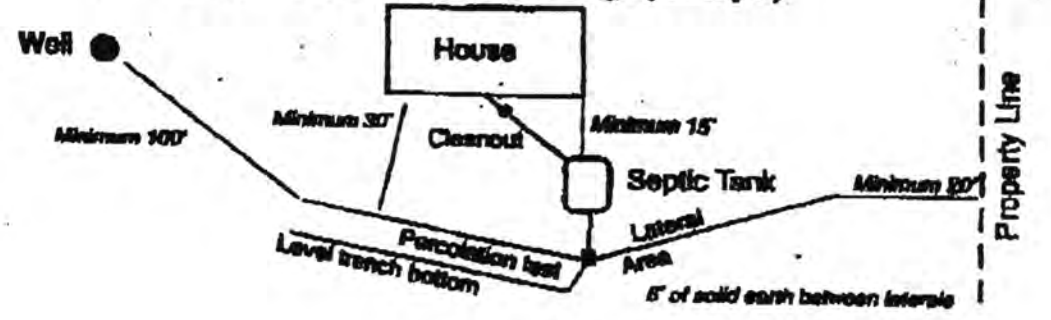
C. Distribution Box
1. Material: Conc
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 11.5 ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☐ Hall rounds ☐ Perforated pipe
   Diameter of hall round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other InSinErator HiCAP
2. Lateral lines: Number 3
   Length of each line: 148 ft. 148 ft.
   36 ft. ____ ft. ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope NA in/100 ft.
   Average depth 3 in
4. Filler material: Gravel-Less
   Depth of material NA in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 10 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-98