Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007632

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM-PENDING PERC TEST RESULTS

Permit # 05380300701

Issued 04/28/05
Expires 04/28/06
Revenue Code 3157

Establishment

FRED J GROSHANS
T8N R6E SEC 3 QTR SW
SW 14TH & BENNET RD

FEES: $200.00

Permittee

FRED J GROSHANS
3000 S 19 ST
LINCOLN NE 68502

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

A

Permit Number: 053803 00701

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 PERC TEST PENDING

A. System Location (Indicate correct number and street)

Address Approx SW 14th & Bonnett Rd (no rural route) City Lincoln NE, Zip 685

Legal Description SW 3 8N 6E Whitetail Run Block 3 Lot 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 Fred Grosham Signature [signature]

Address 3000 S. 19th City/State/Zip Lincoln NE 68502

☐ Check if owner designed system Home Phone 402 421-2420 Work Phone 402 770 3733

C. Contractor

Name STAN KROESE Company Name DIRTWORKS PLUS INC

Address 7801 LEIGHTON City/State/Zip HUCOLN NE 68507

☐ Check if contractor designed system Work Phone 560-1208

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 4/28/05 Date frwd 4/28/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/29/05 Date frwd 4/29/05 ACTION ☐ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 4-29-05 Date frwd 4-29-05 ACTION ☒ Approved ☐ Disapproved Signature Jim Rhoads

~~6/9/05 Waiver file - not signed~~ Line test passed Need Line test attend 8/24

Installation Final Written Approval

By [signature]

Date ~~6/28/05~~ 8/30/05

Business Office Use Only
Date Rec'd 4/28/05
Amt Paid $200.00
Rec'd By CW Cash/Check No. 7765

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 SW 14 + BENNET RD (no rural route) City _____ NE, Zip _____

Owner FRED GEDSHANS Addresss WHITETAIL 2ND SUBDIVISION

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

Date of Tests 7/28/05 to 7/29/05 Weather: Precipitation 0 Temperature 90's

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	7/28	8AM	7/29	8AM	7/29	11:30AM	6	7/29	12PM	30	1	30
2	30	7/28	8AM	7/29	8AM	7/29	11:30AM	6	7/29	12PM	30	1/2	60
3	28	7/28	8AM	7/29	8AM	7/29	11:30AM	6	7/29	12PM	30	5/8	52
4	28	7/28	8AM	7/29	8AM	7/29	11:30AM	6	7/29	12PM	30	1 1/4	24
5	27	7/28	8AM	7/29	8AM	7/29	11:30AM	6	7/29	12PM	30	1	30
6	29	7/28	8AM	7/29	8AM	7/29	11:30AM	6	7/29	12PM	30	1/2	60

Sum of Percolation Rates: 256
Average of Rates: 43.6
Rate Used for Calculation: 44.60

Person Conducting Percolation Tests

Name: STAN LOOSE
Phone: 560 1208
Address 7801 LEIGHTON
LINCOLN NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date 8/23/05

FORM 23-101 10-96

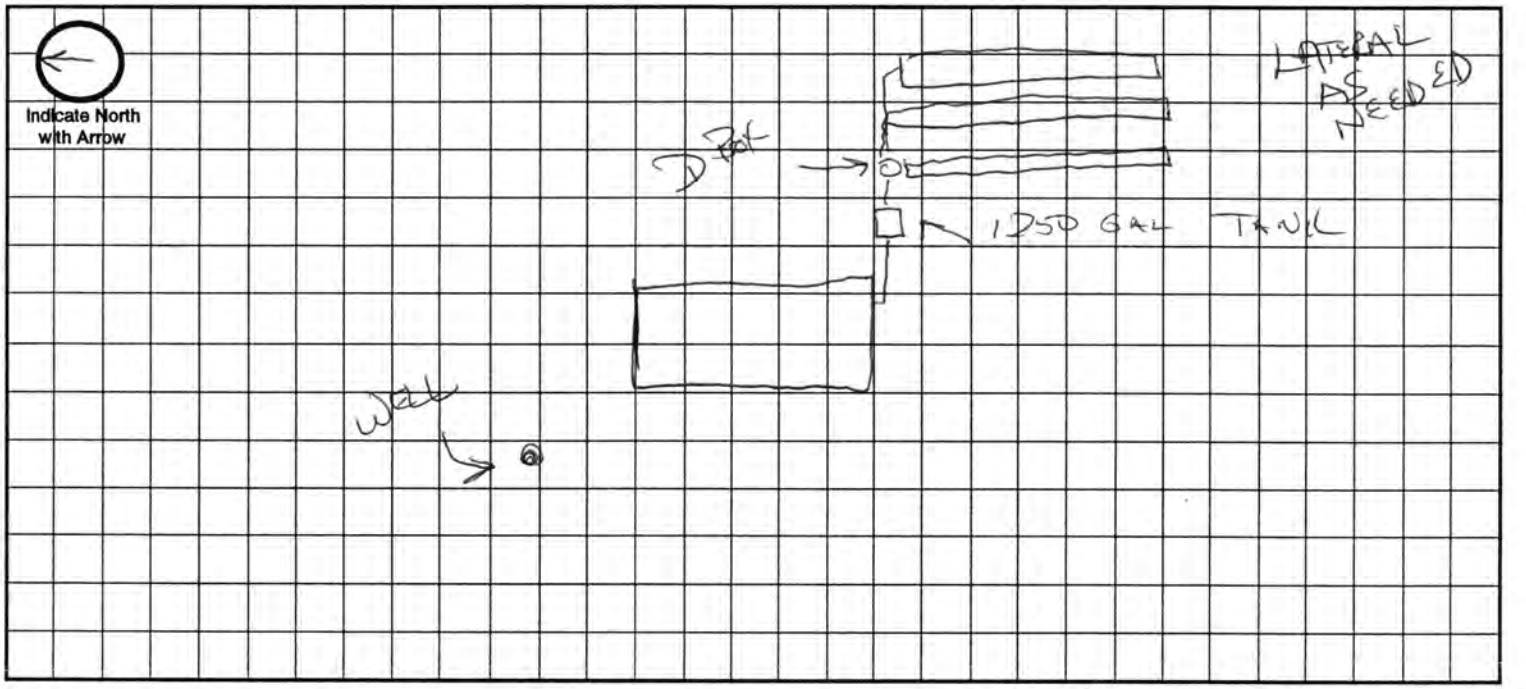
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803007

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) _____ 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: GRAVEL-LESS INFILTRATOR

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

Total Length of Laterals 350 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 4-25-05

Installer _____ Date 4/25/05

FORM 23-102 10-96

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

Doug Smith

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8/24/05

FRED GROSHANS

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 77 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 ft.
   stream 100+ ft.
   pressure line 100 ft.
   property line 100 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 100+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 17 ft.

D. Absorption Field

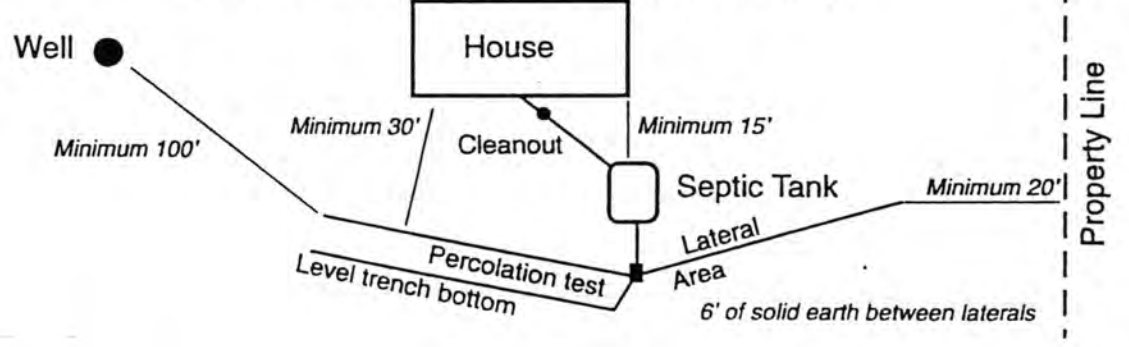
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other INFILTRATOR HI CAP
2. Lateral lines: Number 4
   Length of each line: 102 ft. 102 ft.
   102 ft. 102 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 26 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100 ft.
   Property line 10 ft.

Indicate North with Arrow

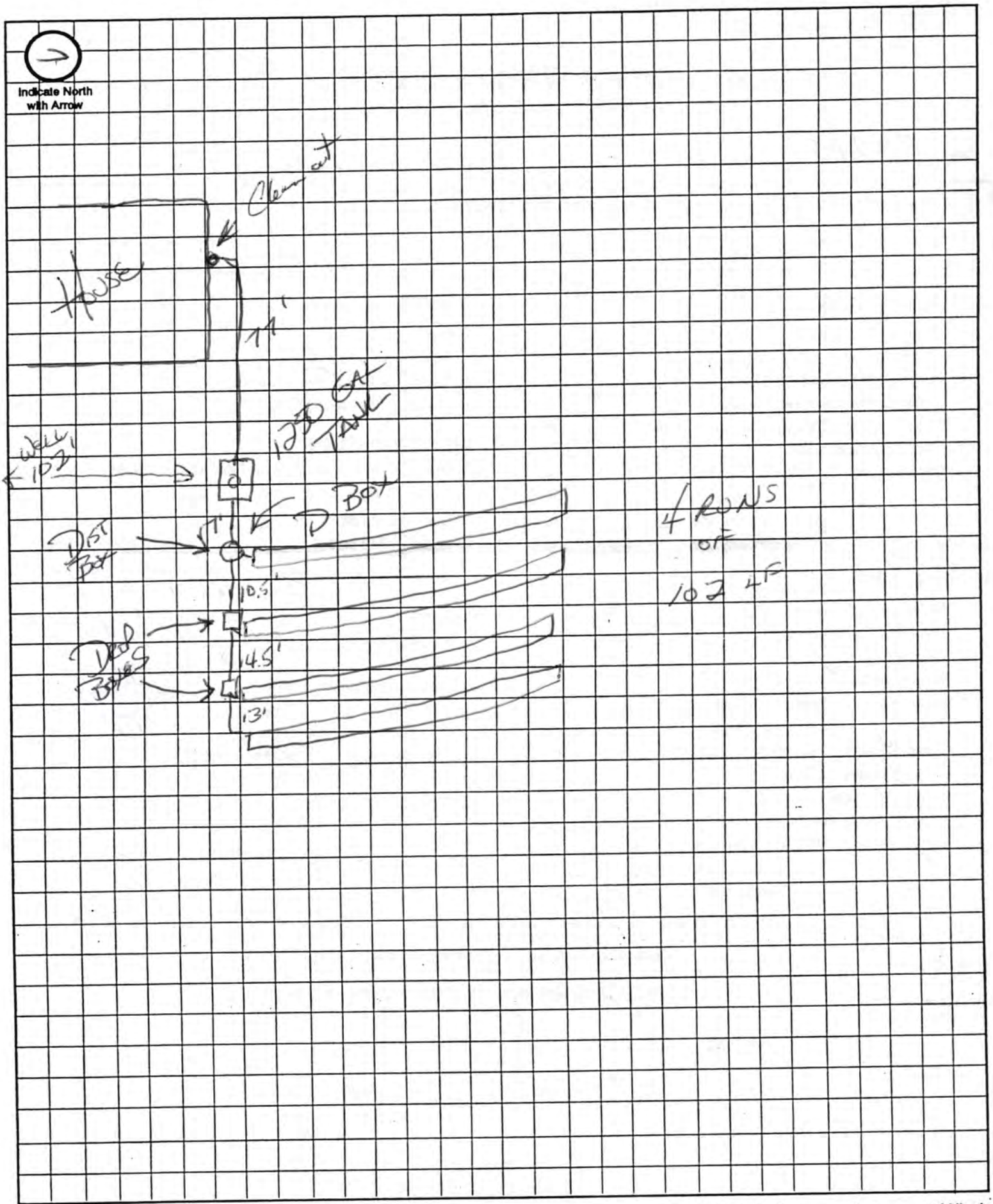
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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