Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000230

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

Permit # 03380259701

Issued 02/24/03
Expires 08/24/03
Revenue Code 3157

Establishment KEN ROSBURG
T8N R6E SEC 6 QTR SE
4600 W BENNET RD-MARTELL

FEES: $200.00

Permittee KEN ROSBURG
3430 WASHINGTON ST
LINCOLN NE 68506

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: 03380259701

Sewage Disposal System

Request for Site Clearance and Permit

CHANGE TO

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 4600 W BENNET RD (no rural route) City _____ NE, Zip _____

Legal Description SE 6 8N 6E
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 KEN ROSBURG Signature _____

Address 3430 WASHINGTON ST City/State/Zip LINCOLN NE 68506

☐ Check if owner designed system Home Phone 474 1337 Work Phone 430 5287

C. Contractor

Name Melvin Eagner Company Name Eagner Const

Address 4810 "W" Clair Ave City/State/Zip Lincoln NE. 68523

☒ Check if contractor designed system Work Phone 402-432-5698

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Melvin Eagner Firm Eagner Const. Work Phone 402-432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4/3 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 2/24/03 Date frwd 2/24/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Ahrens

Date 8/26/03

Business Office Use Only

Date Rec'd 2/24/03

Amt Paid 200.00

Rec'd By ar Cash/Check No. 5771

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 4600 W BENNET RD (no rural route) City _____ NE, Zip _____

Owner KEN ROSBURG Addresss 3430 WASHINGTON ST LINCOLN 68506

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

Date of Tests 3/12/03 to 3/13/03 Weather: Precipitation 0 Temperature 60

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	3/12	11:00	3/13	10:30	3/13	10:30	6	3/13	1:30	30	1/2	60 MIN/IN
2	29	"	"	"	"	3/13	"	"	"	"	"	5/8	48 MIN/IN
3	31	"	"	"	"	"	"	"	"	"	4	5/8	48 MIN/IN
4	28	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
5	30	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
6	31	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN

Person Conducting Percolation Tests

Name: MELVIN SAGNER
Phone: 432-5698
Address 4810 W CLAIRE AVE
LINCOLN NE. 68523

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 48 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Gerald C. Hood R.E.H.S. Date APRIL 8, 2003

FORM 23-101 10-96

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

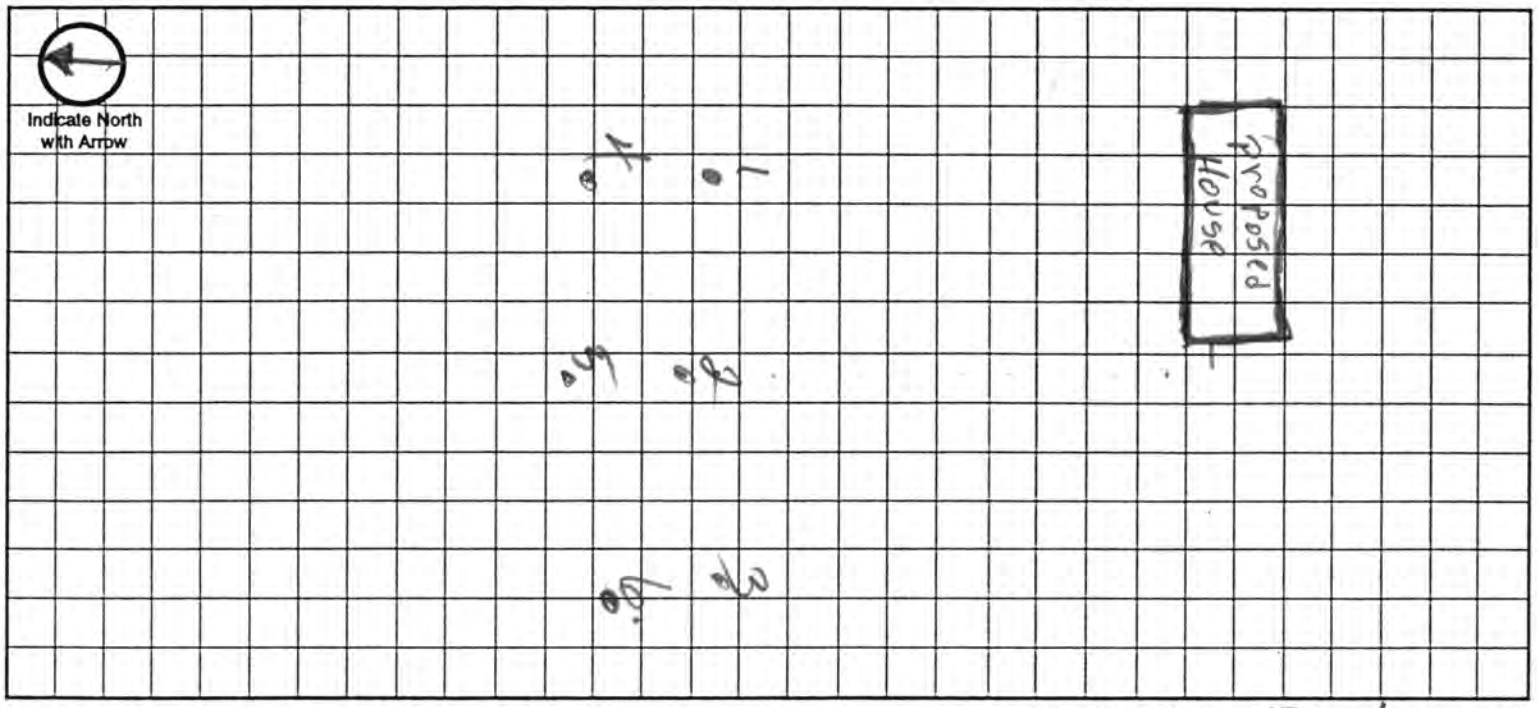
C

Permit Number:

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 4600 W BENNET Rd. 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 48 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 990 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 330 ft. Number of Trenches 3 Trench Width 36

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 4.7.03

Installer Melvin F. Dagner Date 3/28/03

FORM 23-102 10-96

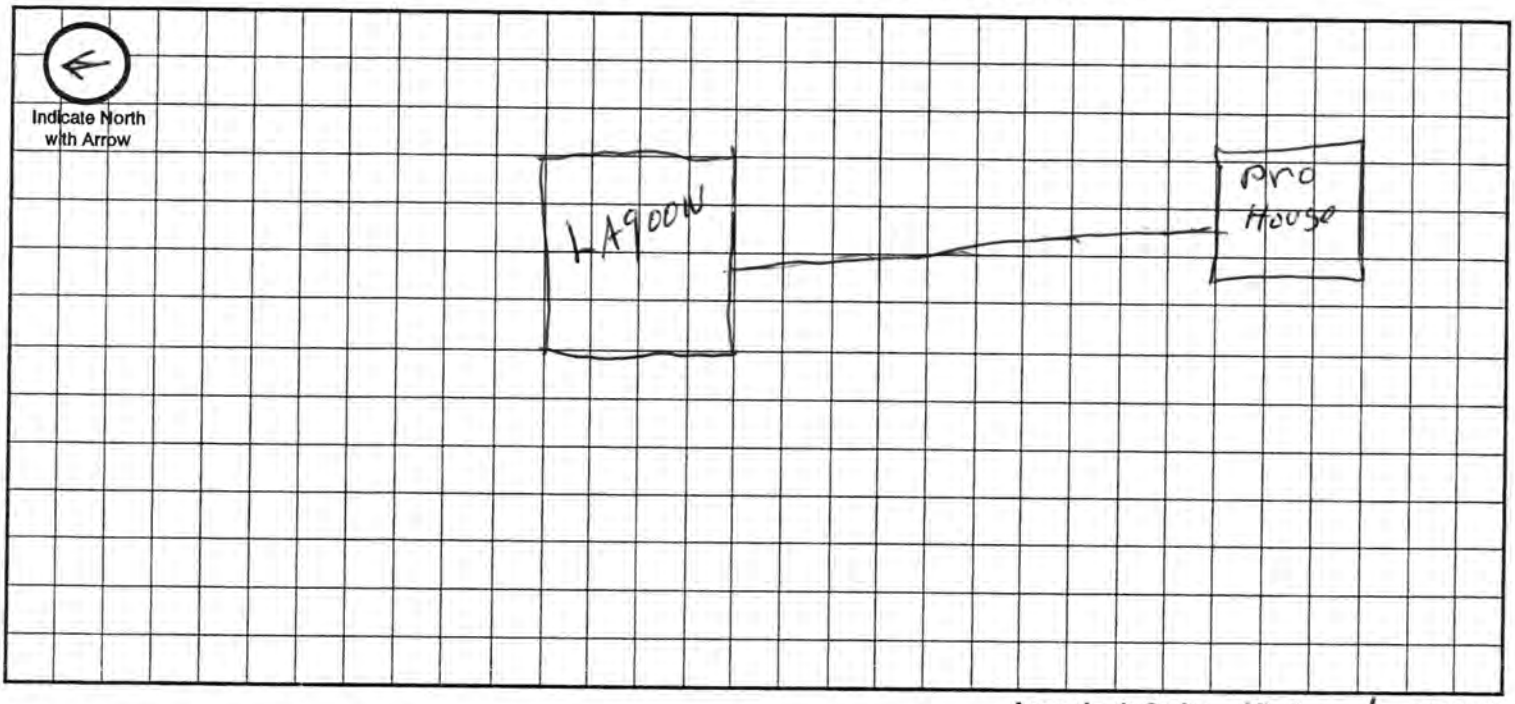
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 46600 W BENNET RD 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: PAWNEE CLAY LOAM 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 _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 23 FEB 03

Installer Melvin F Kapke Date 20 Feb 03.

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 25 AUG 03

System Location (Indicate correct number and street)

Address 4600 "W" BENNET Rd (no rural route) City MARTELL NE, Zip 68404

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 67 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line OVER 100 ft.
   property line OVER 200 ft.

B. Septic Tank

1. Material: Poly
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☑ below grade _____ 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 OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 20 ft.
   Property line OVER 200 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 26 ft.

D. Absorption Field

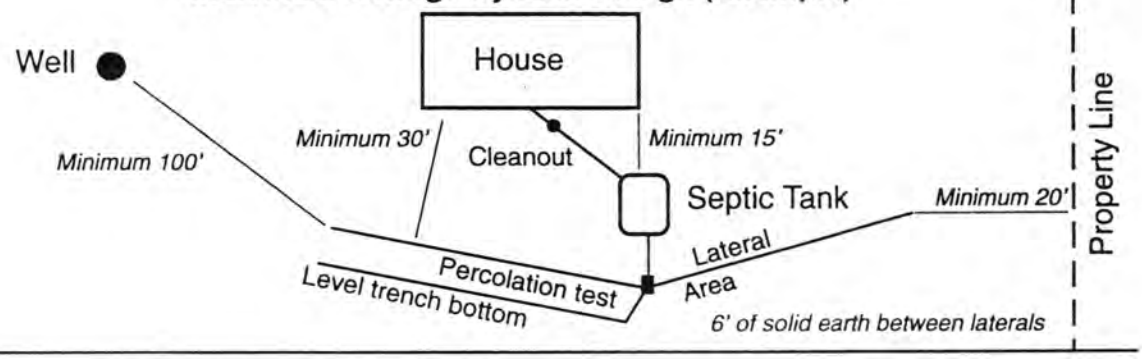
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other PVC
2. Lateral lines: Number 3
   Length of each line: 110 ft. 150 ft.
   70 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 0 in/100 ft.
   Average depth 24" in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 20 ft.
   Property line OVER 200 ft.

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

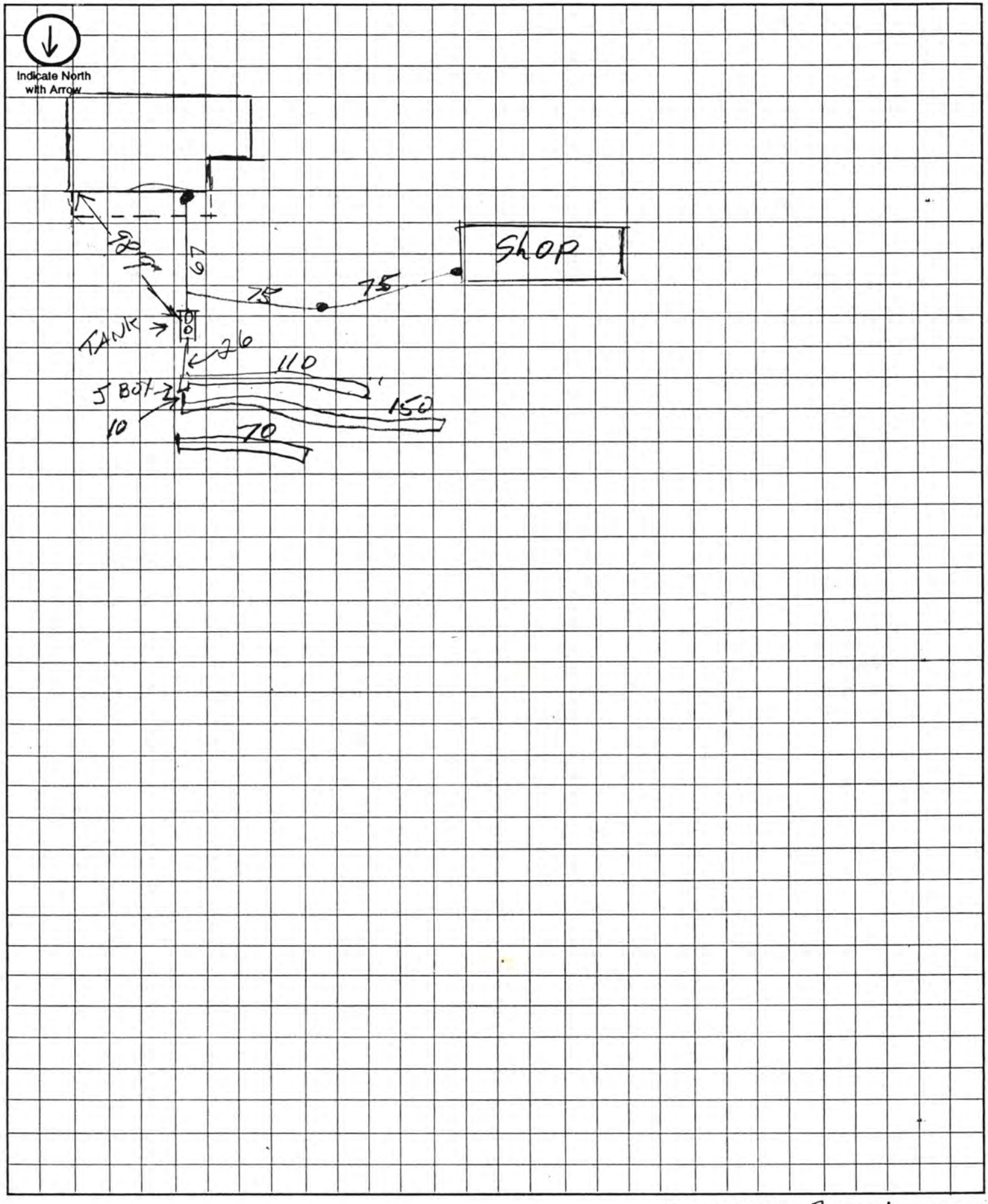
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 20 ft. = 1 grid line/s