Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET . LINCOLN, NE 68510-1514

003291

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380276001

Issued 12/31/03
Expires 06/01/04
Revenue Code 3157

Establishment:
JASON DIESLEY
T8N R6E SEC 17
COUNTRY ESTATES LOT 7
3201 RUHLMAN CIR-MARTELL

FEES: $200.00

Permittee:
JASON DIESLEY
3211 N 60 ST
LINCOLN NE 68507

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: 03380276O

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 3701 KUHLMAN (no rural route) City Martell NE, Zip 68404

Legal Description LOT 7 KUHLMAN CIRCLE COUNTRY ESTATES
1/4 1/4 Section 17 Township 8N Range 6E Subdivision COUNTRY ESTATES Addition Block Lot 7

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Jason Diesley Signature Jason Diesley

Address 3211 N. 60th City/State/Zip Lincoln NE 68507

☐ Check if owner designed system Home Phone 465-8820 Work Phone 314-1883

C. Contractor

Name Lewis Homes Company Name _____

Address P.O. Box 6815 City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 499-4793

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

Designer Name Capital City Treatment Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 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 12/31/03 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 1/2/04 Date frwd 1/2/04	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 1-2-04 Date frwd 1-2-04	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 12/31/03
Amt Paid 200.00
Rec'd By CW Cash/Check No. 1996

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

B

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

Permit Number: 033802760

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 3201 Eublman (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): Silty Clay LOAM (WYMORE) Percolation Rate: _____ min./inch

Date of Tests 12/20 to 12/21 Weather: Precipitation clear Temperature 35-40

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	37	12/20	11:00	12/21	1:00	12/21	4:30	32 3/4	12/21	5:00	30	1 1/4	20
2	38	12/20	11:00	12/21	1:00	12/21	4:30	33 1/2	12/21	5:00	30	1 1/8	27
3	36	12/20	11:00	12/21	1:00	12/21	4:30	31 3/4	12/21	5:00	30	3/4	40
4	37	12/20	11:00	12/21	1:00	12/21	4:30	30 3/4	12/21	5:00	30	1 1/8	27
5	39	12/20	11:00	12/21	1:00	12/21	4:00	35 1/2	12/21	5:00	30	3/4	40
6	36	12/20	11:00	12/21	1:00	12/21	4:00	30 1/2	12/21	5:00	30	1	30

Sum of Percolation Rates: 184
Average of Rates: 30
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Gerald Ole PE-3939
Phone: 402-423-0614
Address: 5740 So. 52nd St. Ct.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Gerrold C. Hood

C

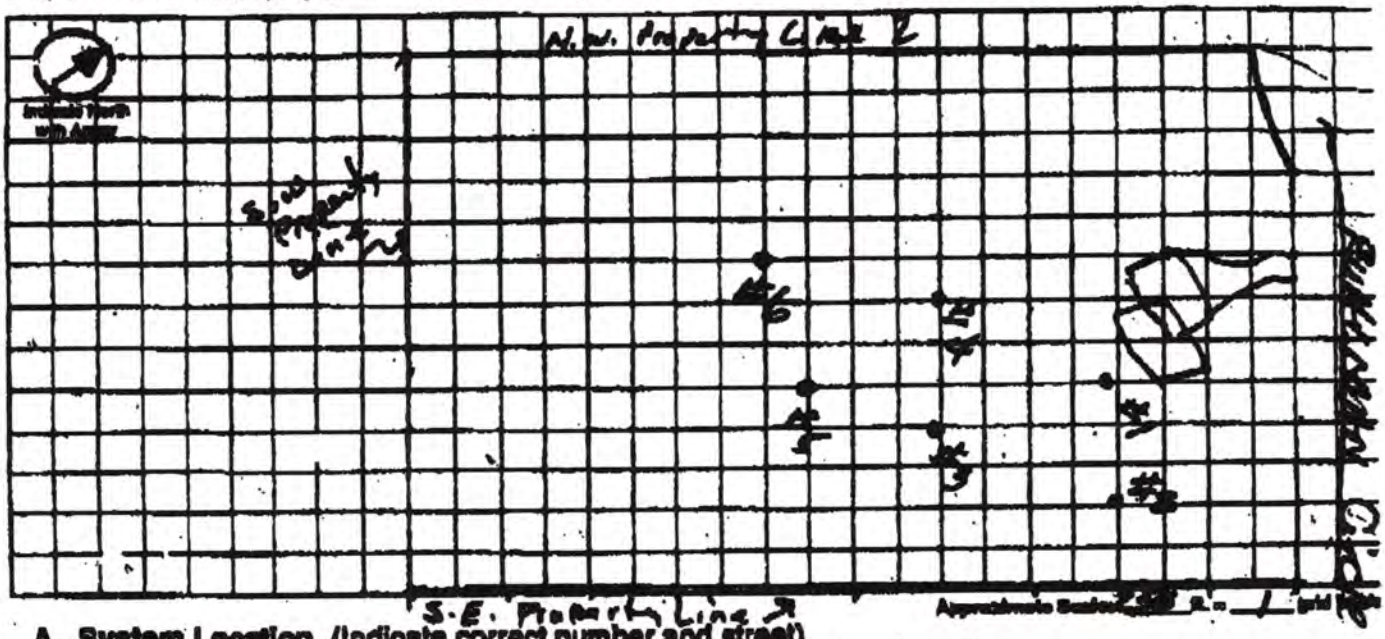
Lincoln-Lancaster County Health Department
Environmental Health Division
8140 "N" Street • Lincoln, NE 68510-1814
Phone: 402-441-8022

Permit Number: 033802760

Sewage Disposal System

Preliminary Plan Specifications

Draw a plat 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.



A. System Location (Indicate correct number and street)

Address (no rural route) 3201 Rublimeon Circle 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: WYMORE SILTY CLAYLOAM Land Slope: _____ %

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

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

Type of Laterals: ☐ 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

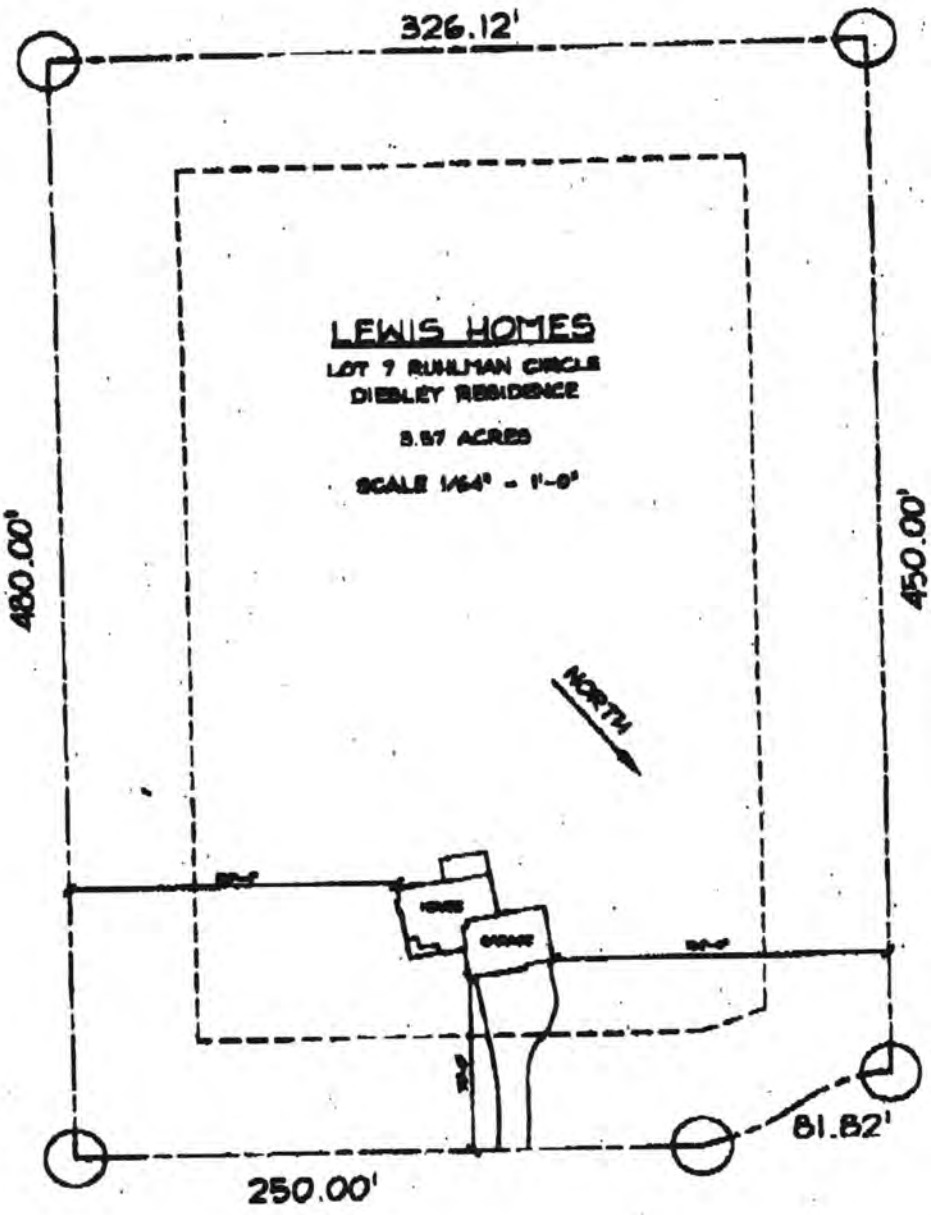
Distance From	Private Well	Public Well	Surface Water	Ground Water	Pressure Water Lines	Property Lines	Foundations: Yours	Foundations: Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	50 ☐	20 ☐	20 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A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

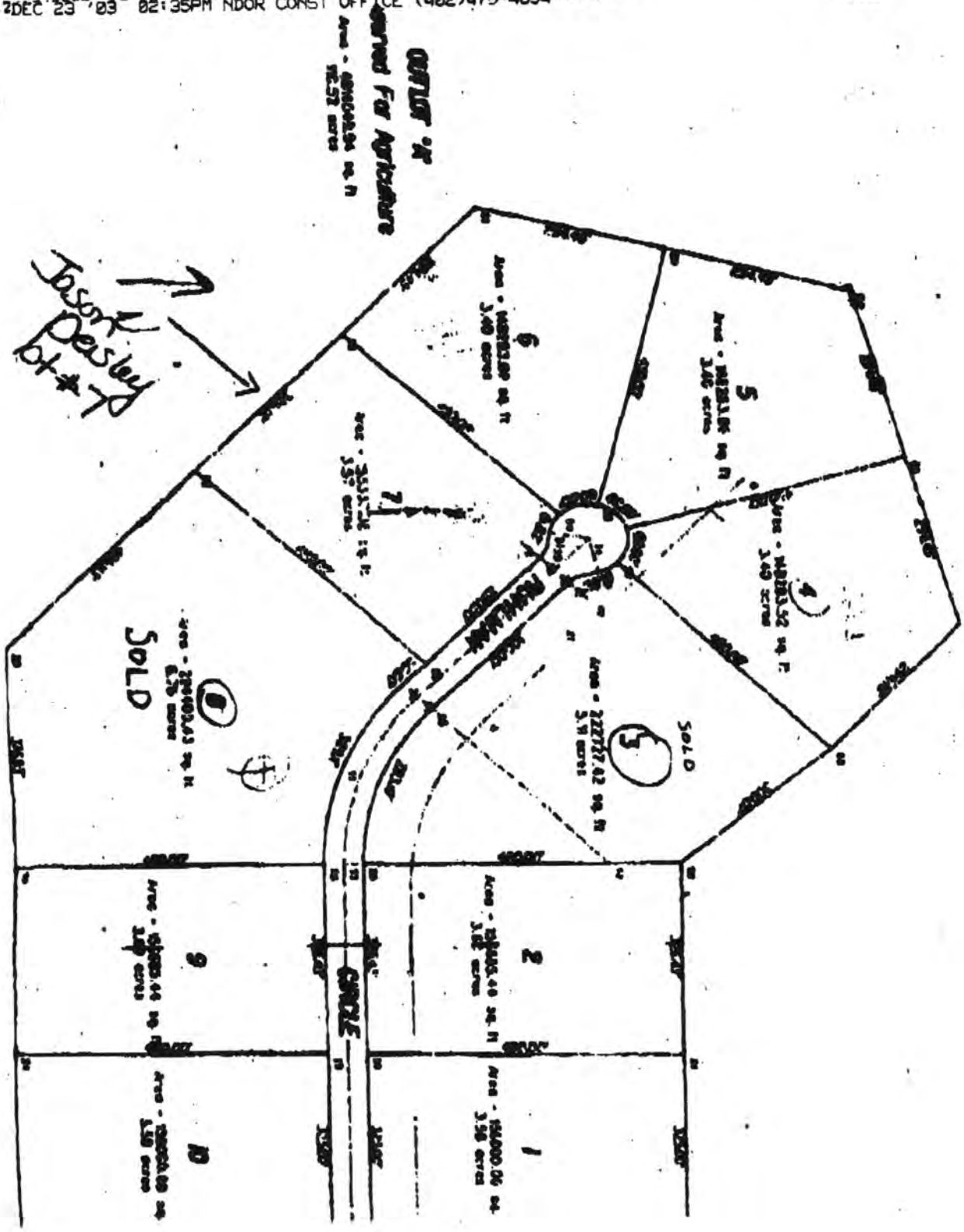
E. Required Signatures

Home Building Contractor _____ Date 12/31/03

Installer Robert Blossman, Capital City Trenching. 12-31-03

Tube-Art Inc


326.12'
LEWIS HOMES
LOT 7 RUHLMAN CIRCLE
DIEBLEY RESIDENCE
5.57 ACRES
SCALE 1/64" = 1'-0"
480.00'
450.00'
NORTH
81.82'
250.00'


OUTLOT 'A'
Reserved For Agriculture
Area - 4000000.00 sq ft
91.83 acres
Joint Desley Dr
6
Area - 166130.40 sq ft
3.81 acres
5
Area - 166130.40 sq ft
3.81 acres
7
Area - 166130.40 sq ft
3.81 acres
4
Area - 166130.40 sq ft
3.81 acres
SOLD
1
Area - 222772.02 sq ft
5.11 acres
SOLD
CIRCLE
9
Area - 166130.40 sq ft
3.81 acres
2
Area - 166130.40 sq ft
3.81 acres
10
Area - 166130.40 sq ft
3.81 acres
11
Area - 154000.04 sq ft
3.54 acres