Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007742

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380303001

Issued 05/24/05
Expires 05/24/06
Revenue Code 3157

Establishment:
BOB BONEBRIGHT
T8N R6E SEC 17
COUNTRY ESTATES LOT 9
3001 RUHLMAN CIR-MARTELL

FEES: $200.00

Permittee:
BOB BONEBRIGHT
2215 S 49 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

RECEIVED MAY 25 2005

A

Permit Number: 05380303001

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 3001 RUHLMAN CIRCLE (no rural route) City Martell NE, Zip 68404

Legal Description 17 8N 6E COUNTRY ESTATES 9
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 Bob Bonebright Signature Bob Bonebright

Address 2215 So 49 City/State/Zip LINCOLN, NE 68506

☐ Check if owner designed system Home Phone _____ Work Phone 770-3897

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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

Designer Name Jamie D Dingler 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 5/24/05 Date frwd 5/25/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hook
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-25-05 Date frwd 5-25-05 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 05/25/2005 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

line, tank, lateral, field, rotor

Installation Final Written Approval

By Doug Amos

Date 9/23/05

Business Office Use Only

Date Rec'd 05/24/05

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1087

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

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

B

Permit Number: 053803030

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City Martell NE, Zip 68404

Owner Bob Bonebright (no rural route) Addresss 2215 So 49 Lincoln 68506

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

Date of Tests 5/10 to 5/11/05 Weather: Precipitation — Temperature 70

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	36	5/10	9:00	5/11	8:30	5/11	12:30	33	5/11	1:00	30	5/8	48
2	↓		AM		AM		PM	33 1/4		PM		1/2	60
3								28 3/8				5/8	48
4								29 1/8				5/8	48
5								30 3/4				1/2	60
6								31 1/4				3/4	40
7								29 7/8				5/8	48

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 17201 So 72nd St.
Hickman, Ne 68372

Sum of Percolation Rates: 352

Average of Rates: 51

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

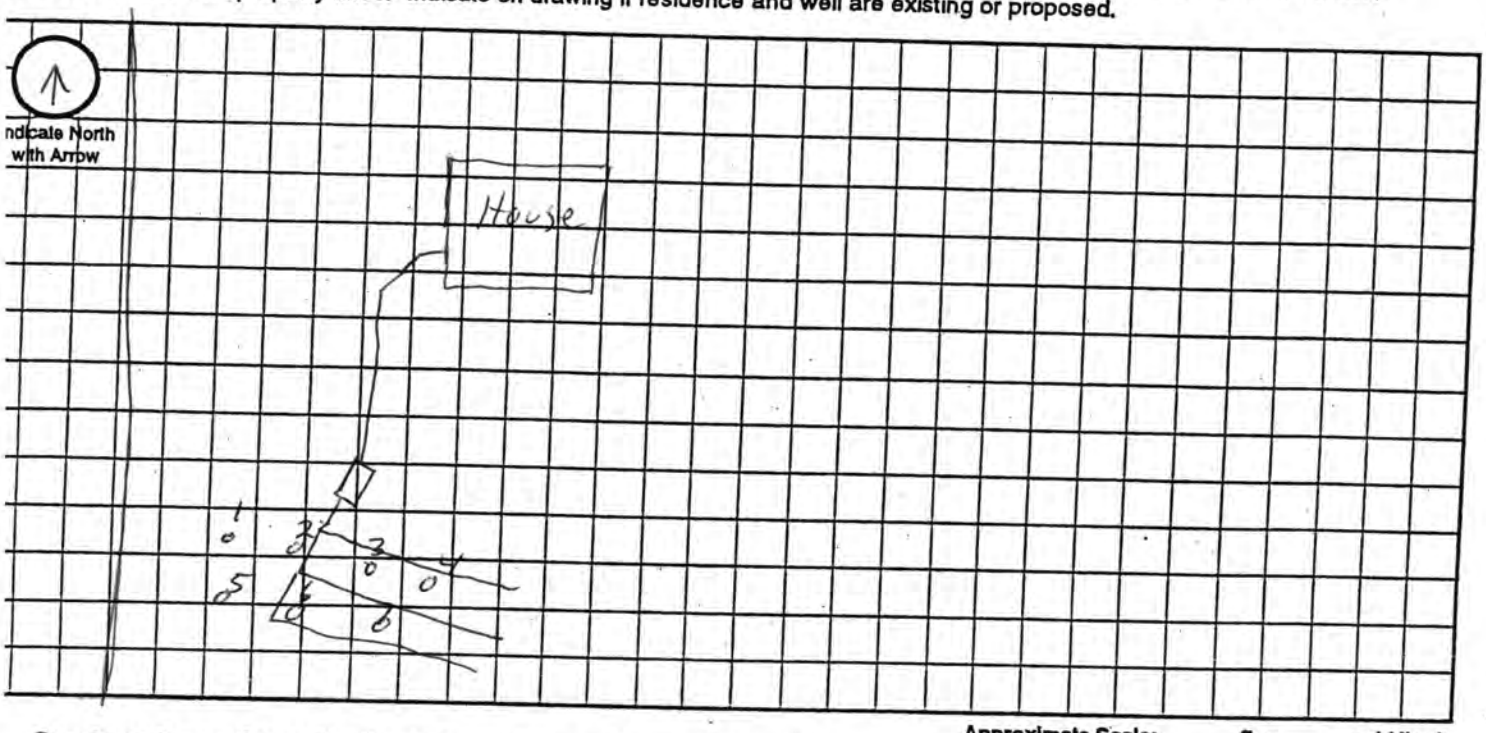
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Environmental Health Division
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C

Permit Number: 053 803030

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ldress (no rural route) _____ City Martell NE, Zip 68404

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☒ Plastic ☐ Other _____

. Proposed Absorption System (See Form B for Percolation Information)

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

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

al Square Feet of Field Required: 1050 sq. ft.

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

pacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 225 ft. Number of Trenches 3 Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

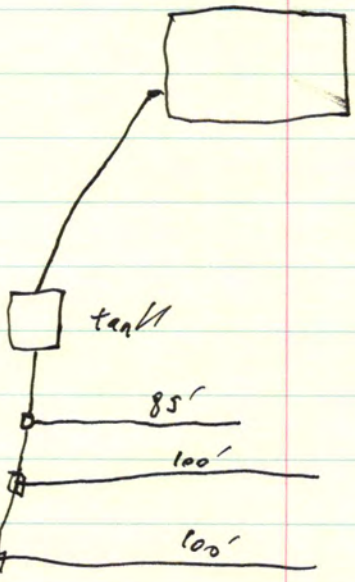
ie Building Contractor Robert F. Bailey Date 5-23-05

uller _____ Date 5-22-05

23-102 10-96

Field notes

↑ North



well

↙ > 100'

Reserve and/or expansion