Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

005220

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380284901

Issued: 06/22/04
Expires: 12/22/04
Revenue Code: 3157

Establishment:
JEFF LAMBERT
T8N R6E SEC 17
COUNTRY ESTATES LOT 5
3330 RUHLMAN CIR-MARTELL

FEES: $200.00

Permittee:
JEFF LAMBERT
8600 SW 84 ST
DENTON NE 68339

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
NOV 09 2004

A

Permit Number:

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 3330 Ruhlman (no rural route) City MARIELL NE. NE, Zip 68404

Legal Description 17 8N 6E COUNTRY ESTATES 5
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 JEFF LAMBERT Signature _____

Address 8600 S.W. 84 City/State/Zip DENTON NE. 68339

☐ Check if owner designed system Home Phone 797-2048 Work Phone 432-6795

C. Contractor

Name HAROLD CASEMENT Company Name CASEMENT

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 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 _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
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 Jerrold C. Hood R.E.H.S.

Date DECEMBER 10, 2004

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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Environmental Health Division
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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 3330 Ruhlman (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests 11/5 to 11/6 Weather: Precipitation none 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	36	11/5	3:00P	11/6	12:00	11/6	3:30	31 7/16	11/6	4:00	30	9/16	53
2	39	11/5	3:00	11/6	12:00	11/6	3:30	34	11/6	4:00	30	1/2	60
3	37	11/5	3:00	11/6	12:00	11/6	3:30	32 7/8	11/6	4:00	30	1/2	60
4	37	11/5	3:00	11/6	12:00	11/6	3:30	32 1/8	11/6	4:00	30	5/8	48
5	36	11/5	3:00	11/6	12:00	11/6	3:30	30 1/4	11/6	4:00	30	1/2	60
6	38	11/5	3:00	11/6	12:00	11/6	3:30	32 5/8	11/6	4:00	30	1/2	60

Sum of Percolation Rates: 341

Average of Rates: 57

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Claude Ose PE-3939

Phone: 5910 So 52nd St Ct

Address Lincoln Ne. 68516

402-423-0614

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

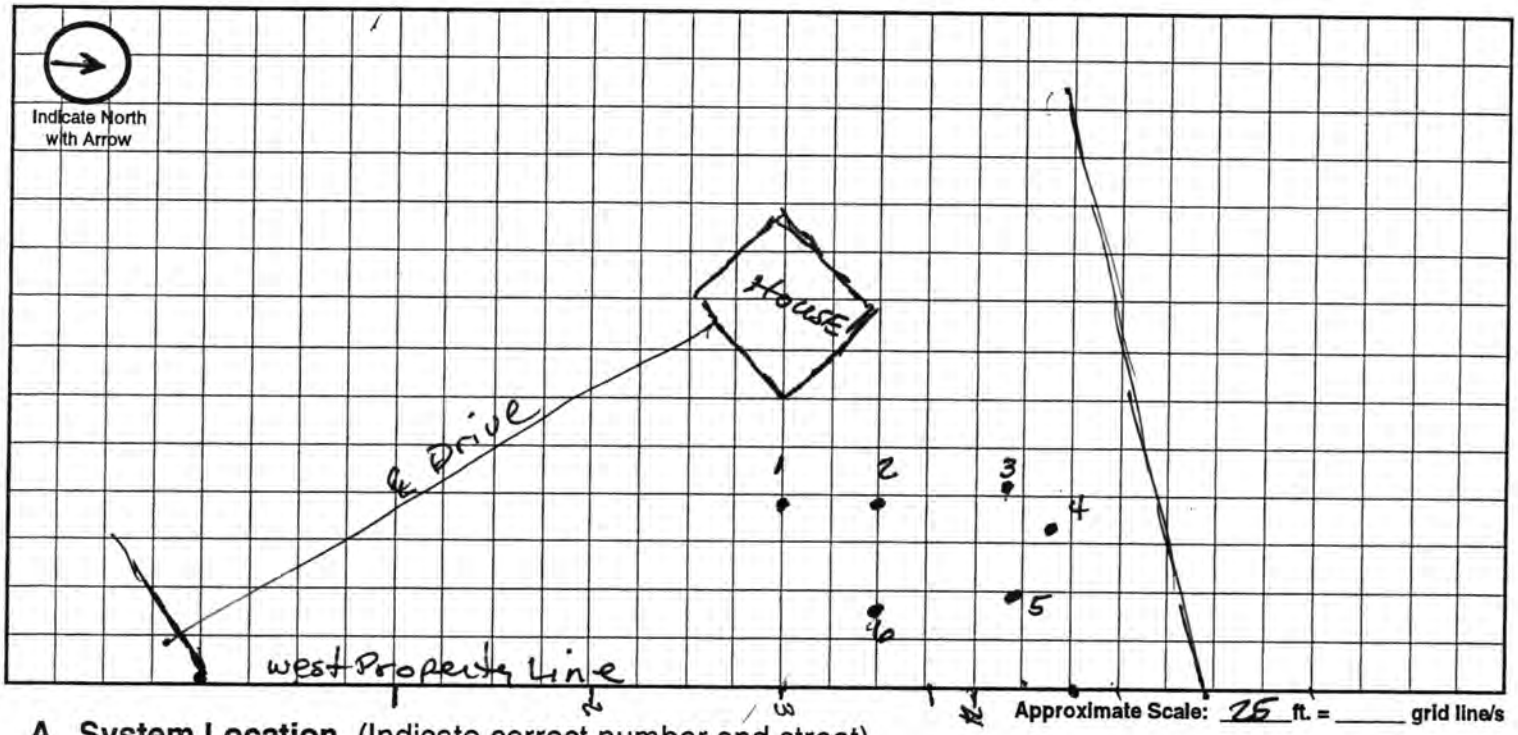
RECEIVED
NOV 0 9 2004

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.



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: 1050 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 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 _____

Installer _____ Date _____

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 12-10-04

T8N R6E Sec 17 LOT 5.

System Location (Indicate correct number and street)

Address 3330 Ruhlman (no rural route) City Mastell NE, Zip

A. Building Sewer

1. Material: CAST + PVC
   Diameter: 4 in.
2. Distance above basement floor: 36 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 28 ft.
4. Number of clean-outs: 1 inside
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1000 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: 18 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 4 ft.

D. Absorption Field

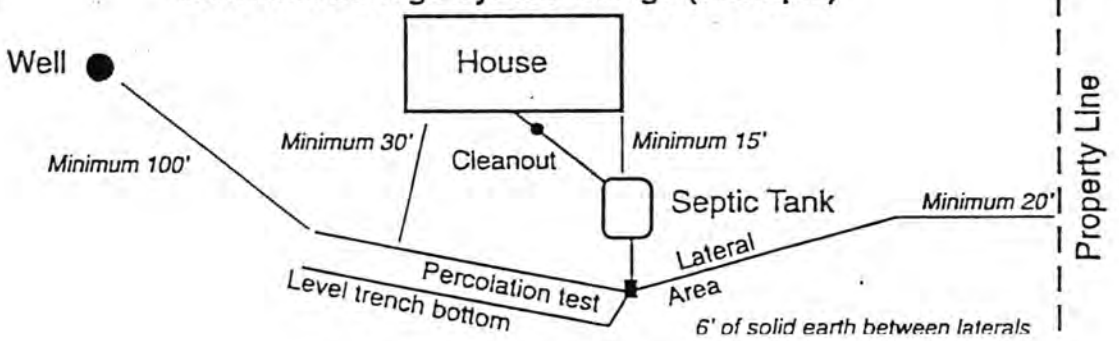
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 32
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 14.5 ft. 119 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope — in/100 ft.
   Average depth 36 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



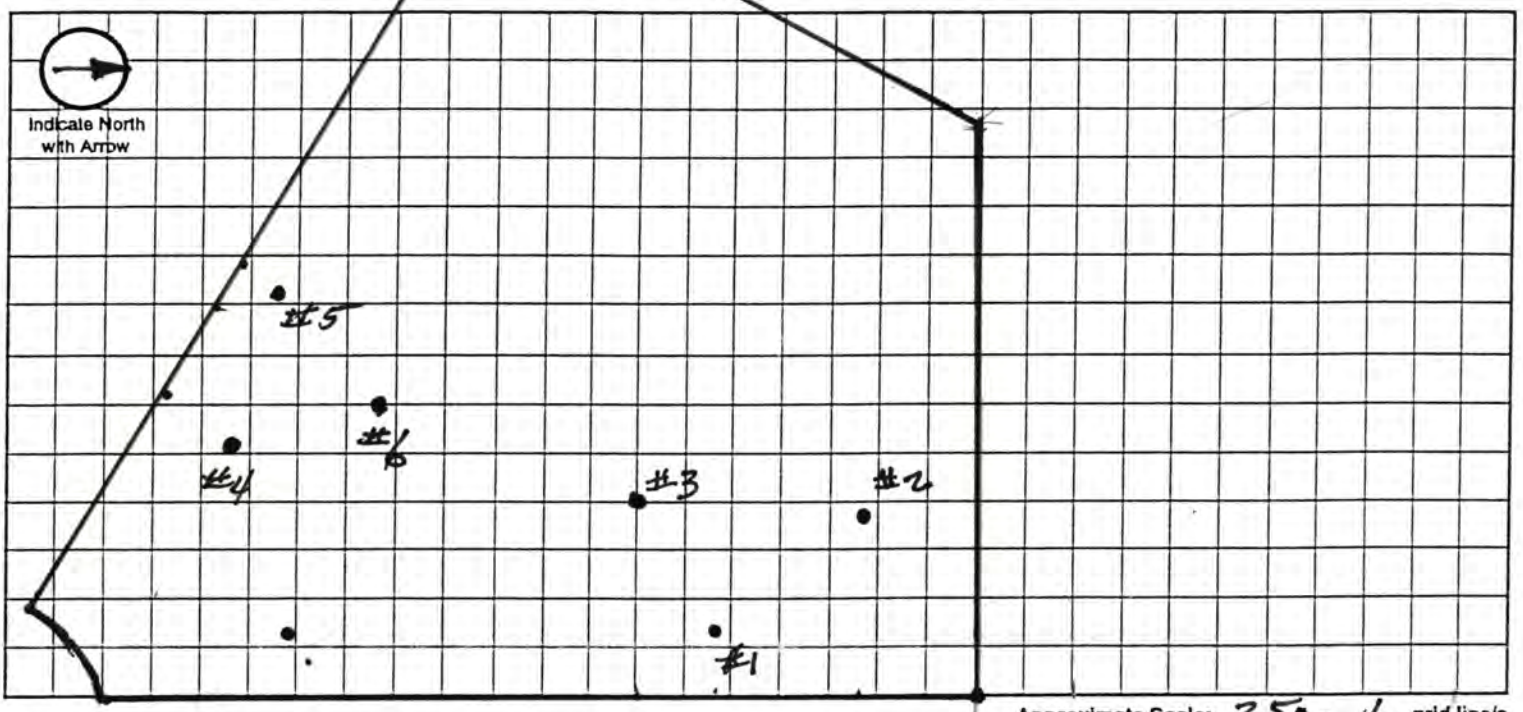
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 03802849

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: 25 ft. = 1 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: Silty Clay Land Slope: 5-6 %

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 6-23-04

Installer Capital City Trenching Date 6-22-04

FORM 23-102 10-96

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

03 211

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 3330 Ruhlman Circle, Martell, NE

Parcel ID 08-17-401-005-000 (i.e. 99-99-999-999-999)

Twp 8N Range 6E Section 17 1/4 SE 1/4 Block ___ Lot 5 Addition COUNTRY ESTATES

Directions to Property Highway 77 south to Crete exit, west to SW-29th, north few blocks left on Ruhlman

Location of Well North West of Back Patio Door Tap Location: Inside ☒ Outside ☐ furnace room

Location of Sewage System Southeast Corner of House Year Installed 2004

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Steve + Sharisa Dowse	3330 Ruhlman Circle Martell NE 68404	540-2059
Tenant/Buyer:	Brian + Barb Novak	135 N Vermont Cortland NE 68331	
Return to:	Kim Erickson Woods Bros Realty	714 'A' St Lincoln, NE 68510	730-3215 (Fax)

Contact Kim to arrange inspection

Signature of Applicant Barbara L Novak Address 135 N. Vermont Cortland NE 68331 Date 1/2/06

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 1/3/06 Amount $200.00 Check No. 4583 Initials JLW

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 1/6/06

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ ___ /ml
Nitrate	☒ 0.9 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: On-site wastewater treatment system was installed December 2004.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Doug Smith Date 1/9/06

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

As Built Drawing

