Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005491

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380288701

Issued 09/07/04
Expires 03/07/05
Revenue Code 3157

Establishment:
WALTER RUTHERFORD
T8N R6E SEC 17
COUNTRY ESTATES LOT 6
3303 RUHLMAN CIR-MARTELL

FEES: $200.00

Permittee:
WALTER RUTHERFORD
1825 BROWER RD
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

RECEIVED
SEP 07 2004

A

Permit Number: 043802-88701

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 3303 Ruhlman Circle (no rural route) City Martell NE, Zip 68404

Legal Description 1/4 1/4 Section 17 Township 8N Range 6E Subdivision Country Estates Addition Block 6 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Walter Rutherford Signature Walter Rutherford

Address 1825 Brower Rd City/State/Zip Lincoln, NE 68502

☑ Check if owner designed system Home Phone 420-6749 Work Phone 479-3722

C. Contractor

Name Walter Rutherford Company Name _____

Address 1825 Brower Rd City/State/Zip Lincoln NE 68502

☒ Check if contractor designed system Work Phone 479 3722

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

Designer Name Walter Rutherford Firm _____ Work Phone 479-3722

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 600 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 9/7/04 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Doug Amtsberg
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-8-04 Date frwd 9-8-04 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 9-8-04 Date frwd 9-8-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Installation Final Written Approval

By Doug Amtsberg

Date 11/19/04

Business Office Use Only

Date Rec'd 9-7-04

Amt Paid 200.00

Rec'd By CW Cash/Check No. 7652

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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B

Permit Number: 043802887

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3303 Ruhlman Circle (no rural route) City Martell NE, Zip 68404

Owner Walter Rutherford Addresss 1825 Brower Rd, Lincoln NE 68502

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

Date of Tests 9/5/04 to 9/6/04 Weather: Precipitation Clear Temperature 70-80

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	48"	9/5	3:00	9/5	7:00	9/6	6:30	6"	9/6	7:00	30	1"	30
2	48"	9/5	3:00	9/5	7:00	9/6	6:33	6"	9/6	7:03	30	1.125"	27
3	48"	9/5	3:00	9/5	7:00	9/6	6:36	6"	9/6	7:06	30	.625"	48
4	48"	9/5	3:00	9/5	7:00	9/6	6:39	6"	9/6	7:09	30	.5	60
5	48"	9/5	3:00	9/5	7:00	9/6	6:42	6"	9/6	7:12	30	.5	60
6	48"	9/5	3:00	9/5	7:00	9/6	6:45	6"	9/6	7:15	30	1.125	27
7	48"	9/5	3:00	9/5	7:00	9/6	6:48	6"	9/6	7:18	30	1.25	24

Person Conducting Percolation Tests

Name: Walter Rutherford

Phone: 402 420 6749(h) 479 3722(w)

Address 1825 Brower Rd
Lincoln NE 68502

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60 min/inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

NEBRASKA — SHEET NUMBER 44

SEP 0 7 2004



Rosa Rd.

SW 29th

Nav proposed onsite cystem

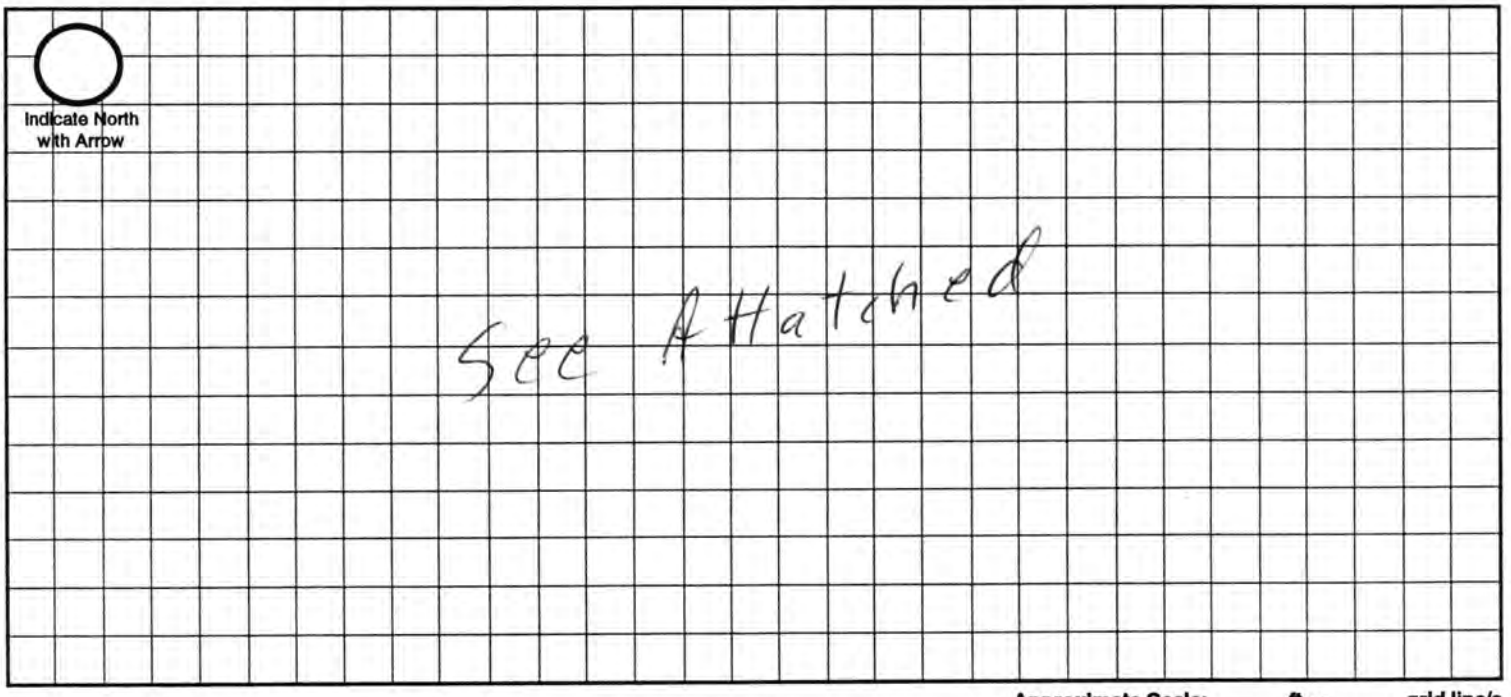
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 04380287

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) 3303 Ruhlman ~~Crt~~ Circle City Martell NE, Zip 68404

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: Wymore Silty Clay Land Slope: 3-7 %

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

Total Square Feet of Field Required: 1800 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 450 ft. Number of Trenches 5 Trench Width 18"

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 Walter Rutherford Date 9/7/2004

Installer Walter Rutherford, P.E. Date 9/7/2004

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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D

Permit Number: 043802887

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 3303 Ruhlman Circle (no rural route) City Martell NE, Zip 68404

A. Building Sewer

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

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

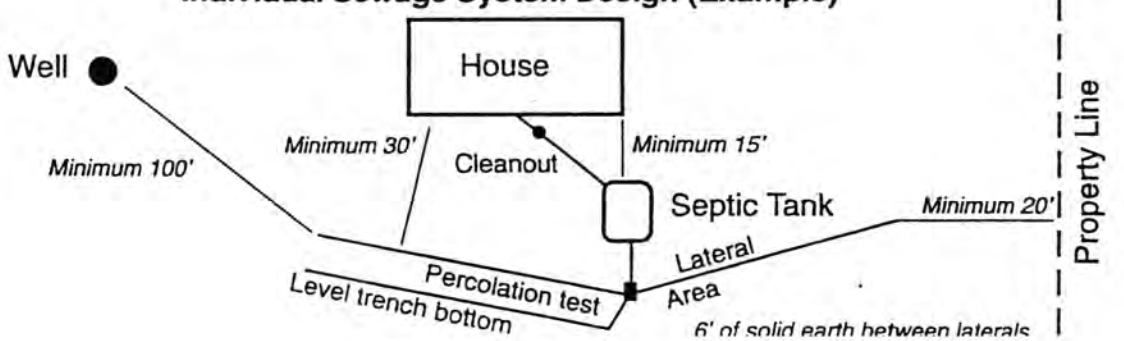
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ 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

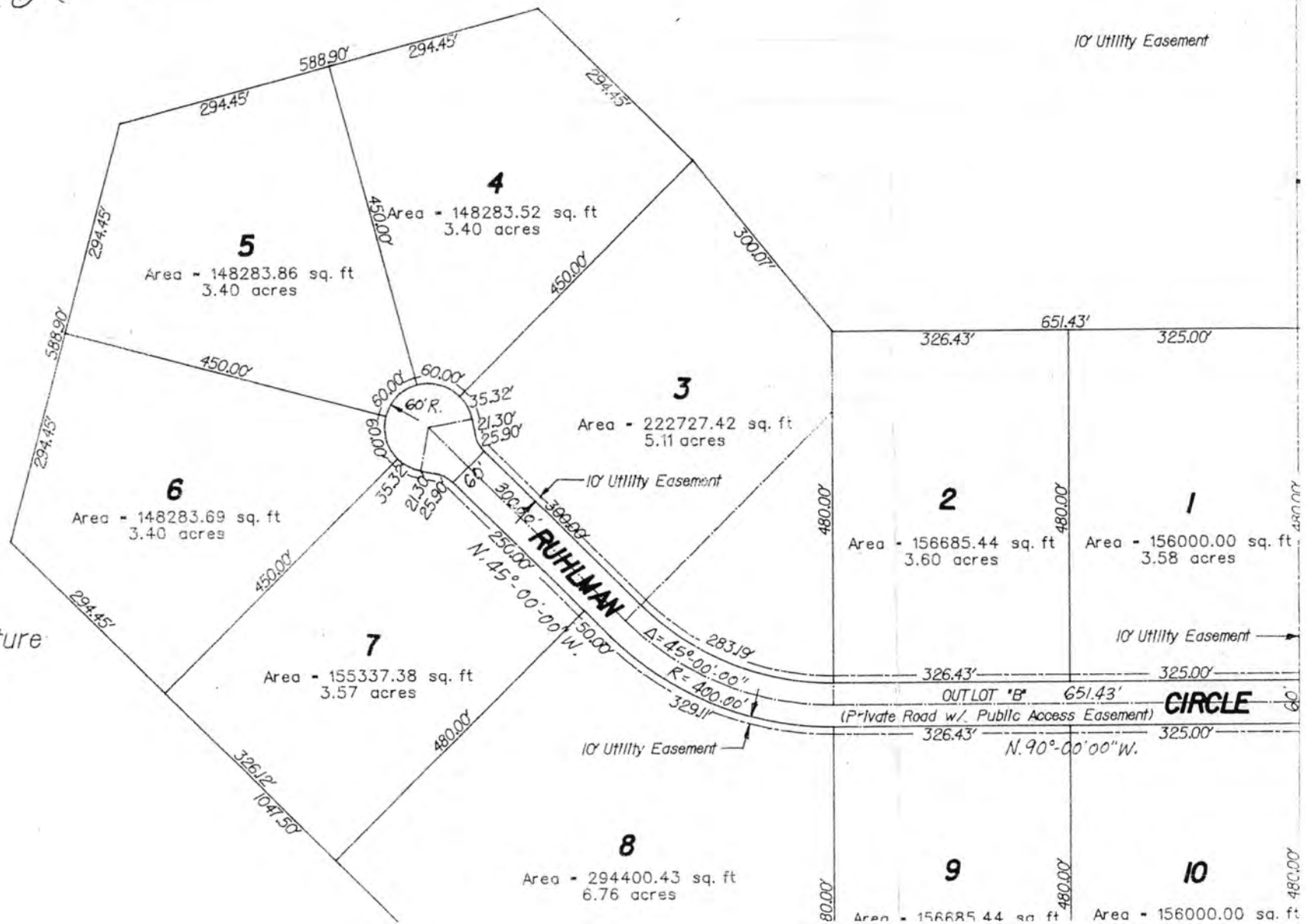
Individual Sewage System Design (Example)

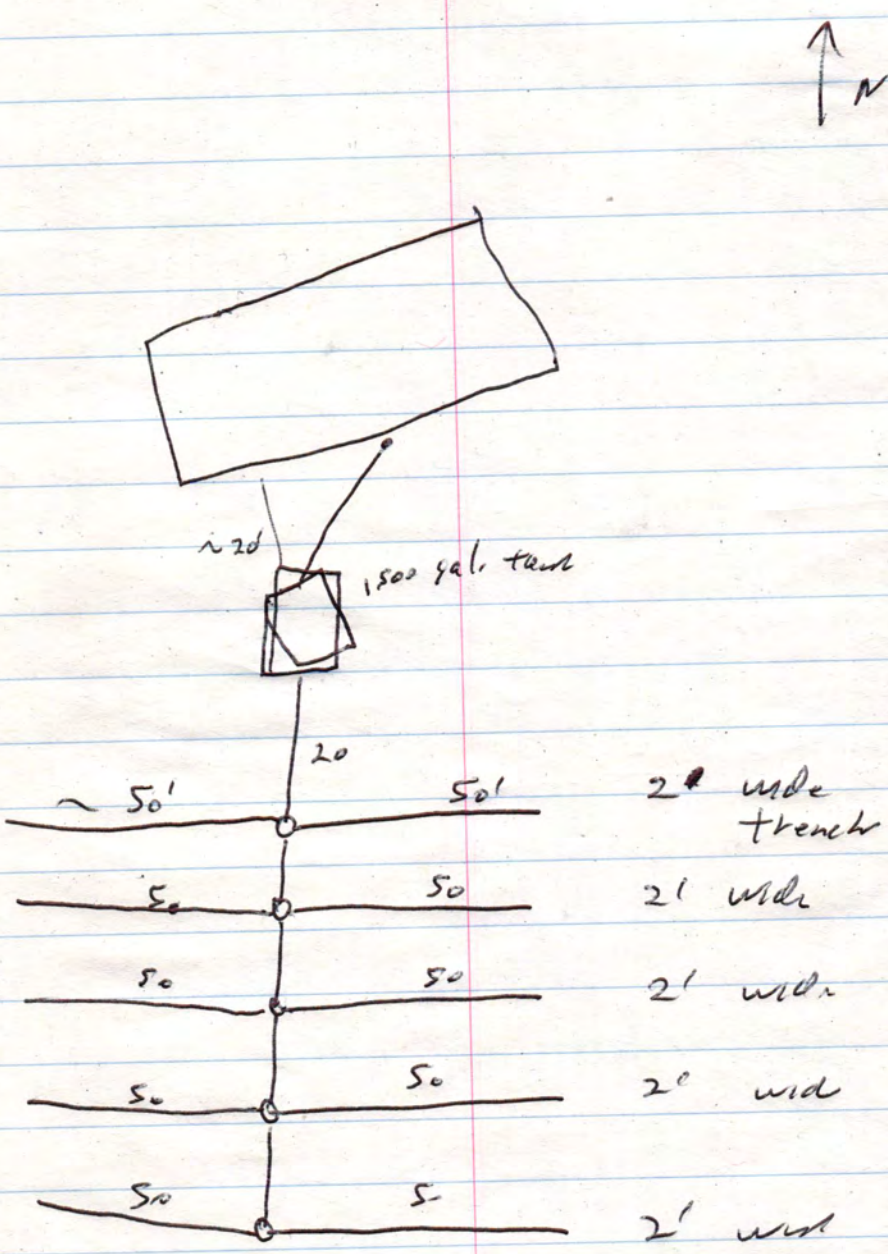


N88°37'18"E 2610.93'

County Estate

Lot 6




N
~20'
1500 gal. tank
20'
~ 50'
50'
2' wide trench
50'
50'
2' wide
50'
50'
2' wide
50'
50'
2' wide
50'
50'
2' wide