Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002259

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380264401

Issued 05/21/03
Expires 11/21/03
Revenue Code 3157

Establishment: DAVID N ARBOGAST
T8N R6E SEC 17
COUNTRY ESTATES LOT 4
3300 RUHLMAN CIR-MARTELL

FEES: $200.00

Permittee: DAVID N ARBOGAST
4120 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

RECEIVED
MAY 21 2003

A

Permit Number: 033802644O1

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 3300 Ruhlman Circle (no rural route) City Martell NE, Zip 68404

Legal Description ~~Country Acres Lot 4~~ COUNTRY ESTATES 4
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 17 8N 6E Latitude

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

B. Owner

Name David N. Arbogast Signature David N. Arb

Address 4720 Washington St. City/State/Zip Lincoln, NE 68506

☑ Check if owner designed system Home Phone 489-7828 Work Phone 441-3720 x 119

C. Contractor

Name Owner ↑ Company Name

Cell: 580-4892

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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

Designer Name Owner ↑ Firm Work Phone

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 480 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 5/21/03 Date frwd 5/22/03 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-22-03 Date frwd 5-22-03 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5/22/03 Date frwd 5/22/03 **ACTION** ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

4inc tank lateral, field notes

By Doug Amack

Date 4/1/04

Business Office Use Only

Date Rec'd 05/21/03
Amt Paid 200.00
Rec'd By ~~Cash~~/Check No. 0186

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

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B

Permit Number: 033802644

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3300 Ruhlman Cr. (no rural route) City Martell NE, Zip 68404

Owner David Arbogast Addresss 4120 Washington St., Lincoln, NE 68506

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

Date of Tests 5/17/03 to 5/18/03 Weather: Precipitation none Temperature 60-80°F

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~~	~~24"~~	~~5/17~~	~~12:17p~~	~~5/18~~	~~12:35p~~	~~5/18~~	~~4:33p~~	~~15 4/8~~	~~5/18~~	~~5:03p~~	~~30~~	~~1/8~~	~~240~~
~~2~~	~~24"~~	~~5/17~~	~~12:19~~	~~5/18~~	~~12:35p~~	~~5/18~~	~~4:35~~	~~15 6/8~~	~~5/18~~	~~5:05~~	~~30~~	~~1/8~~	~~240~~
3	24"	5/17	12:22	5/18	12:35	5/18	4:37	17 6/8	5/18	5:07	30	1 2/8	(24)
4	24"	5/17	12:24	5/18	12:35	5/18	4:39	16 6/8	5/18	5:09	30	1 1/8	(26.7)
5	24"	5/17	12:26	5/18	12:35	5/18	4:41	16 6/8	5/18	5:11	30	1 6/8	(30)
6	24"	5/17	12:29	5/18	12:35	5/18	4:43	17 1/8	5/18	5:13	30	3/8	~~80~~
7	24"	5/17	12:33	5/18	12:35	5/18	4:45	16 6/8	5/18	5:15	30	1 6/8	(30)
8	24"	5/17	12:35	5/18	12:35	5/18	4:47	15 4/8	5/18	5:17	30	6/8	(40)
												→	150.7

Sum of Percolation Rates: ~~710.7~~ / ~~230.7~~

Average of Rates: ~~88.8~~ / ~~38.5~~ 30

Rate Used for Calculation: 30 ~~80~~

Person Conducting Percolation Tests

Name: Dave Arbogast

Phone: 580-4892 or 441-3720x119

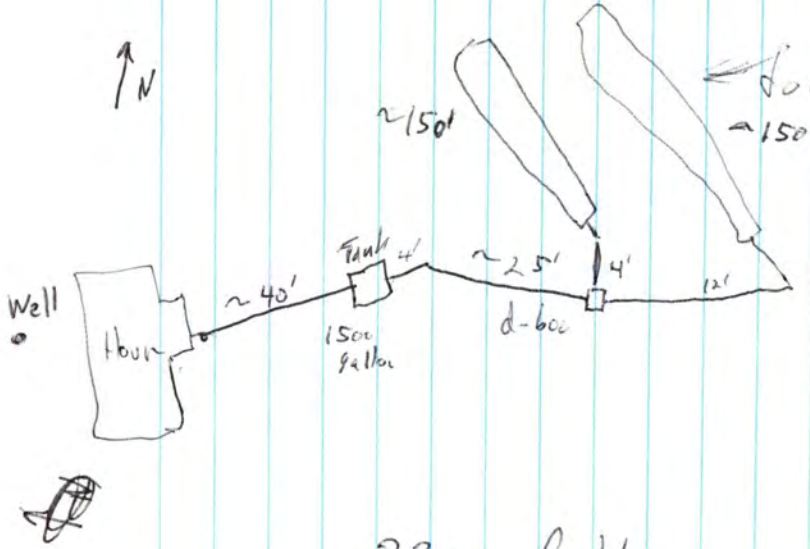
Address 4120 Washington St.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

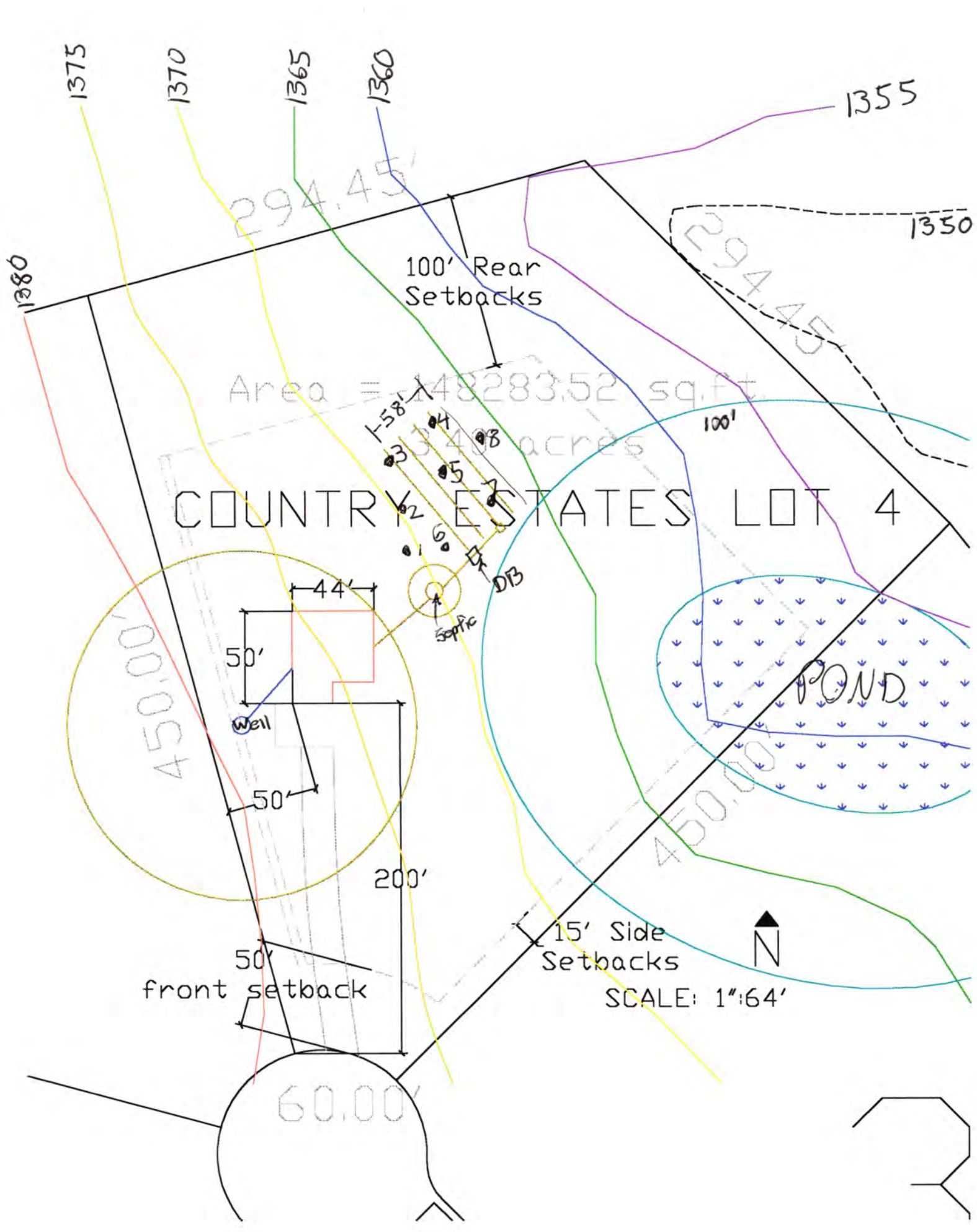
Signature of Reviewing Official _____ Date _____



3300 Ruhlman

4/1/04

Field Noter by D.S


1375
1370
1365
1360
1355
1350
1380
294.45'
294.45'
100' Rear
Setbacks
Area = 48283.52 sq.ft.
1.11 acres
COUNTRY ESTATES LOT 4
158'
100'
44'
50'
Well
50'
200'
50'
front setback
15' Side
Setbacks
Septic
DB
POND
450.00'
450.00'
60.00'
N
SCALE: 1"=64'

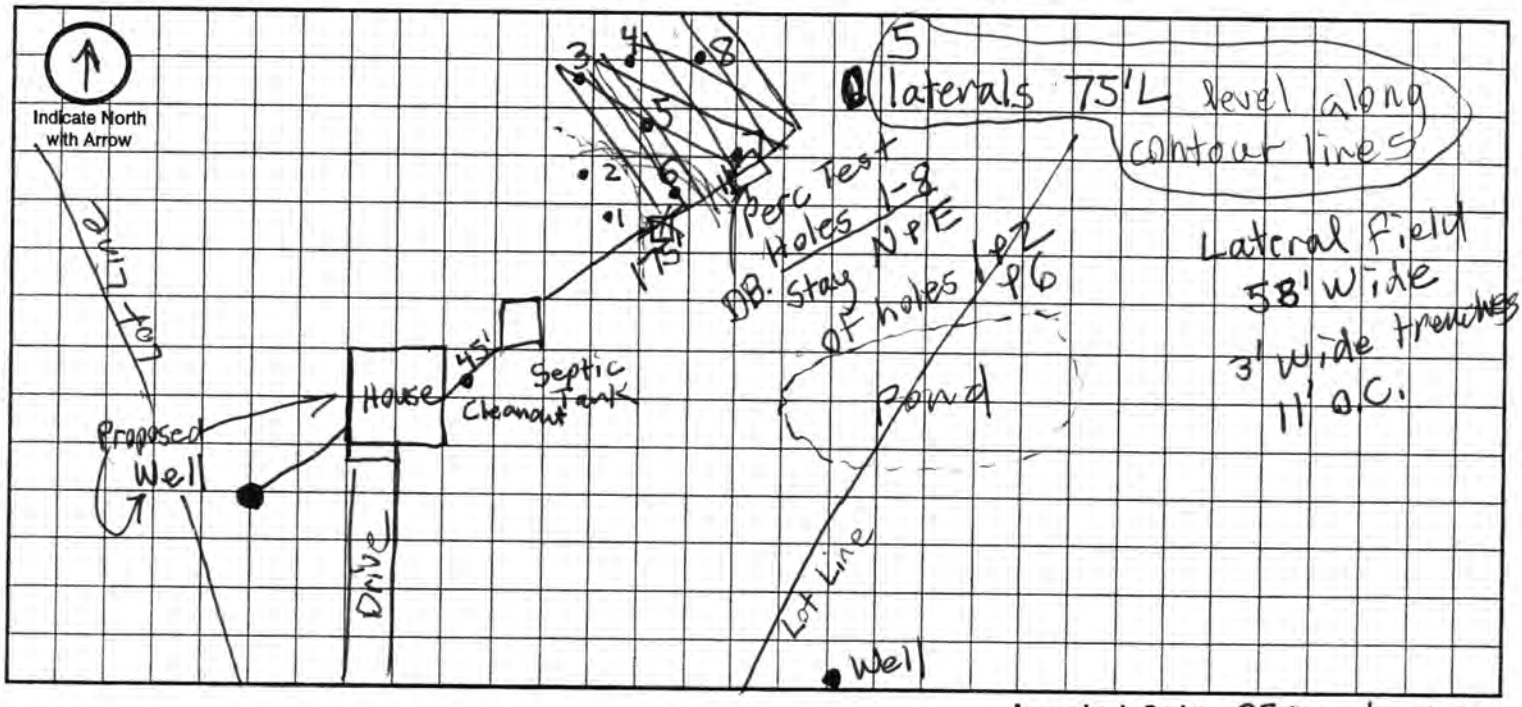
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C

Permit Number: 033802644

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) 3300 Ruhlman 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 ~~30~~ 30 (min. per inch) Soil Type: Wymore Clay Land Slope: 6'/100' down to NE 6 %

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

Total Square Feet of Field Required: ~~4350~~ 1800 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 6

Total Length of Laterals ~~450~~ 375 250 ft. Number of Trenches 5 Trench Width ~~3'~~ 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 Darrell A. Ames Date 5/20/03

Installer Darrell A. Ames Date 5/20/03

FORM 23-102 10-96