Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380245701

Issued 04/26/02
Expires 10/26/02
Revenue Code 3157

Establishment
MATTHEW & KARLA EGGER
TBN R6E SEC 17 QTR SE
COUNTRY ESTATES LOT 3
3200 RUHLMAN CIR-MARTELL

FEES: $200.00

TOTAL: $200.00

Permittee
MATTHEW & KARLA EGGER
3400 W PELLA RD
HALLAM NE 68368

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002092

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

A

Permit Number: 023802457

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 3200 RUHLMAN CIRCLE (no rural route) City MARTELL NE, Zip 68404

Legal Description SE (1/4) 17 (1/4) 8-N (Section) 6E (Township) COUNTRY ESTATES (Range) 3 (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 MATTHEW EGGER + KARLA EGGER Signature Matthew D. Egger, Karla Egger

Address 3400 WEST PELLA RD. City/State/Zip HALLAM, NE. 68368

☐ Check if owner designed system Home Phone 402-787-3700 Work Phone 402-787-5267

C. Contractor

Name MATTHEW D. EGGER Company Name _____

Address SEE ABOVE City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name SAME AS ABOVE 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 4/26/02 Date frwd 4/26/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/26/02 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/26/02 Date frwd 4/26/02 ACTION ☒ Approved ☐ Disapproved Signature _____

7/24/02 Tank, Inc, lateral – Need drawing

Installation Final Written Approval

By Doug Arnold

Date 8/2/02

Business Office Use Only

Date Rec'd 04/26/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 4360

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

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

B

Permit Number: 023802467

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3200 RUHLMAN CIRCLE (no rural route) City MARTELL NE, Zip 68404

Owner MATTHEW + KARLA EGGER Addresss 3400 WEST PELLA RD., HALLAM, NE. 68368

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 20 min./inch

Date of Tests 4/22/01 to _____ Weather: Precipitation DRIZZLE LATE IN TEST 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	28	4/22	0930	4/22	1430	4/22	1435	6"	4/22	1505	30	1 5/16	22.86
2	32	〃	〃	〃	〃	〃	1437	〃	〃	1507	30	2 1/4	13.33
3	30	〃	〃	〃	〃	〃	1439	〃	〃	1509	30	3 3/16	9.41
4	33	〃	〃	〃	〃	〃	1441	〃	〃	1511	30	3 3/8	8.89
5	32	〃	〃	〃	〃	〃	1443	〃	〃	1513	30	2 1/4	13.33
6	29	〃	〃	〃	〃	〃	1445	〃	〃	1515	30	9/16	53.33

Sum of Percolation Rates: 121.15

Average of Rates: 121.15/6 = 20.19 MIN/IN

Rate Used for Calculation: 5.3

Person Conducting Percolation Tests

Name: MATTHEW D. EGGER

Phone: 402-787-3700

Address 3400 WEST PELLA RD.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 26, 2002

FORM 23-101 10-96

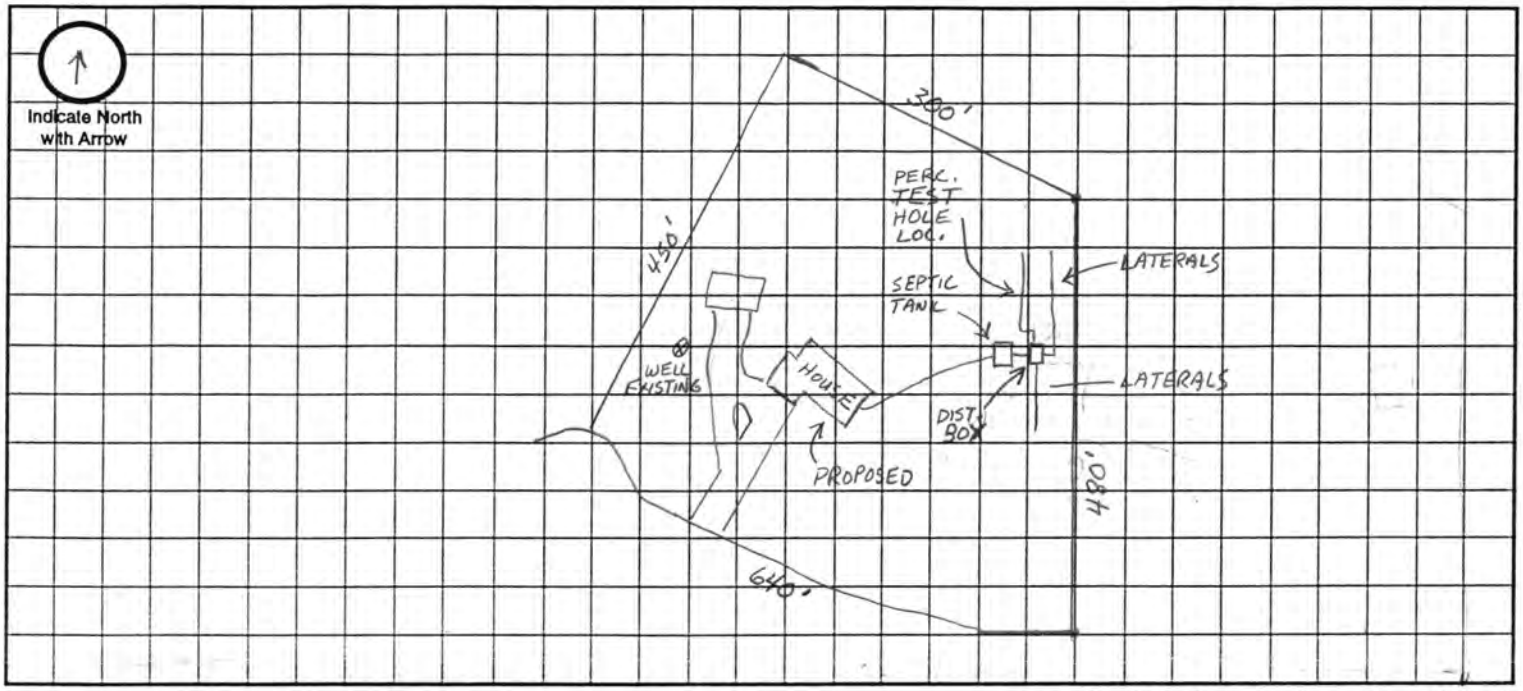
Lincoln-Lancaster County Health Department
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C

Permit Number: 023802457

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3200 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 58 (min. per inch) Soil Type: WYMORE Land Slope: 3.6 TO SITE ~2@SITE %

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: INFILTRATOR PIPE

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 268 ft. Number of Trenches 2 Trench Width 4'

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

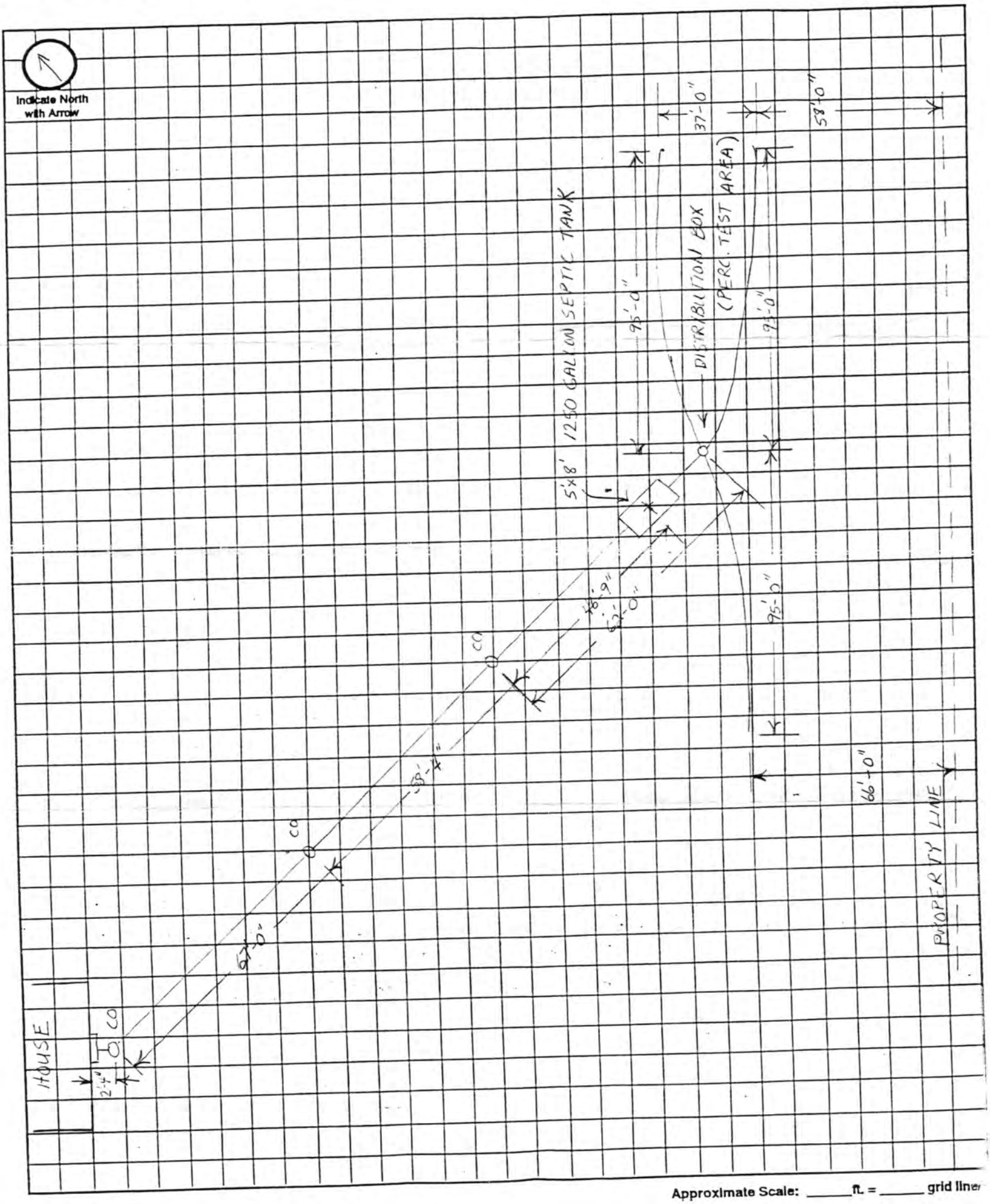
Distance From	Private Well	Public Well NA	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☐	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☐	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A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

E. Required Signatures

Home Building Contractor Matthew D. Eggen Date 4/24/02

Installer _____ Date _____

As Built Drawing



Approximate Scale: _____ ft. = _____ grid lines

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3140 "N" Street • Lincoln, NE 68510-1514
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JUL 30 2002

D

Permit Number: 02380245701

Sewage Disposal System

As Built Plans & Specifications

Date 7/24/02

System Location (Indicate correct number and street)

Address 3200 KILMAN CIRCLE (no rural route) City MARTELL NE, Zip 68404

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 22 in.
3. Distance between dwelling and septic tank: 175 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 155 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12"x7" in.
   Over outlet, diameter 12"x7" in. 17" CENTER MH
   Riser: ☐ above ☒ below grade 18" 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 290 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: 12 ft.

D. Absorption Field

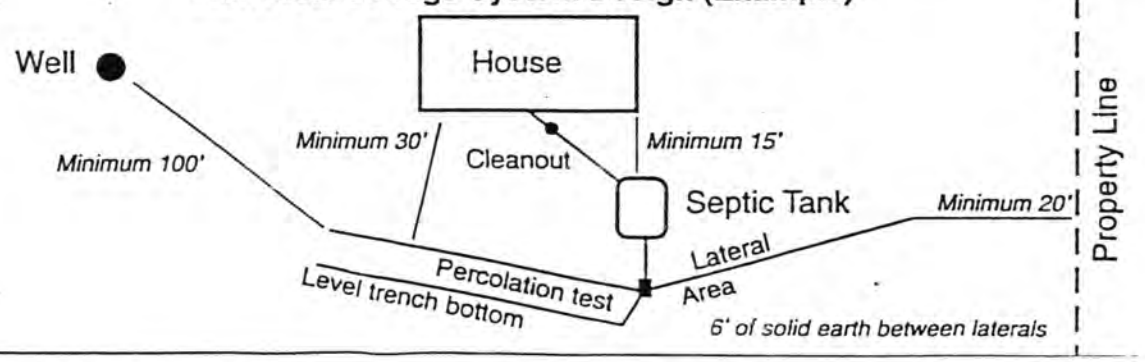
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 24"
   or perforated pipe: INFILTRATOR
   Material: ☒ fiberglass ☐ plastic ☐ concrete ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 95 ft. 95 ft. 95 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3" in/100 ft.
   Average depth 42" in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line 300 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 58 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96