Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008083

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380306701

Issued 07/18/05
Expires 07/18/06
Revenue Code 3157

Establishment TREVOR TYLER
T8N R6E SEC 22
LOT 22IT
17160 SW 14 ST-MARTELL

FEES: $200.00

Permittee TREVOR TYLER
BOX 51
MARTELL NE 68404

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

AUG 0 5 2005

A

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

Permit Number: 05380306701

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)

RECEIVED JUL 18 2005

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 17160 SW 14 (no rural route) City MARTELL NE, Zip 68404

Legal Description 22 8N 6E (1/4, 1/4, Section, Township, Range) Subdivision Addition Block 22 Lot 1

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name TREVOR TYLER Signature _____

Address PO Box 51 City/State/Zip MARTELL, NE 68404

☐ Check if owner designed system Home Phone 402 794 8460 Work Phone 402 610 6140

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7801 LEIGHTON City/State/Zip LINCOLN NE 68507

☑ Check if contractor designed system Work Phone 560 1208

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 7/18/05 Date frwd 7/22/05	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/27/05 Date frwd 8/3/05	**ACTION** ☒ Approved ☐ Disapproved Signature Patricia Smith	
3. **City or County Engineer**	Date rec'd 8/9/05 Date frwd 8/9/05	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By Doug Arnold

Date 11/16/05

Business Office Use Only

Date Rec'd 07/18/05

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 7969

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

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JUL

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address SW 14 (no rural route) City Martell NE, Zip 68404

Owner _____ Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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	5/17	3:00	5/18	7:30	5/18	9/00	20 7/8	5/18	9/30	30	5/8	48
2			PM		AM			20 1/4		AM		3/4	40
3								21 1/2				7/8	34
4								20 1/2				1	30
5								21 3/8				7/8	34
6								23				7/8	34

Sum of Percolation Rates: 220
Average of Rates: 37
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Sathmer
Phone: 430-7606
Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

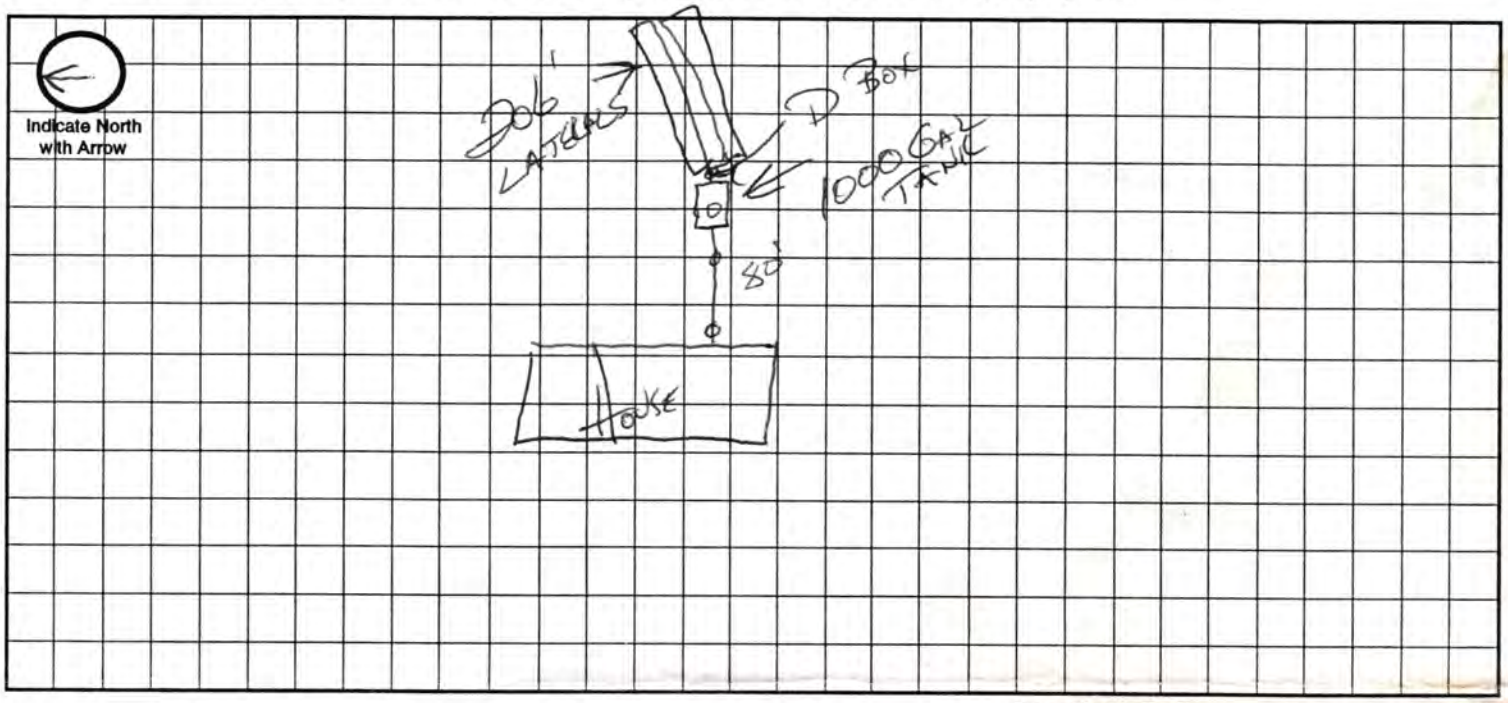
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



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

A. System Location (Indicate correct number and street)

Address (no rural route) 17160 SW 14TH 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 40 (min. per inch) Soil Type: JVC Land Slope: _____ %

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

Total Square Feet of Field Required: 825 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATOR Hi-CAP

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

Total Length of Laterals 206 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	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 7/15/05

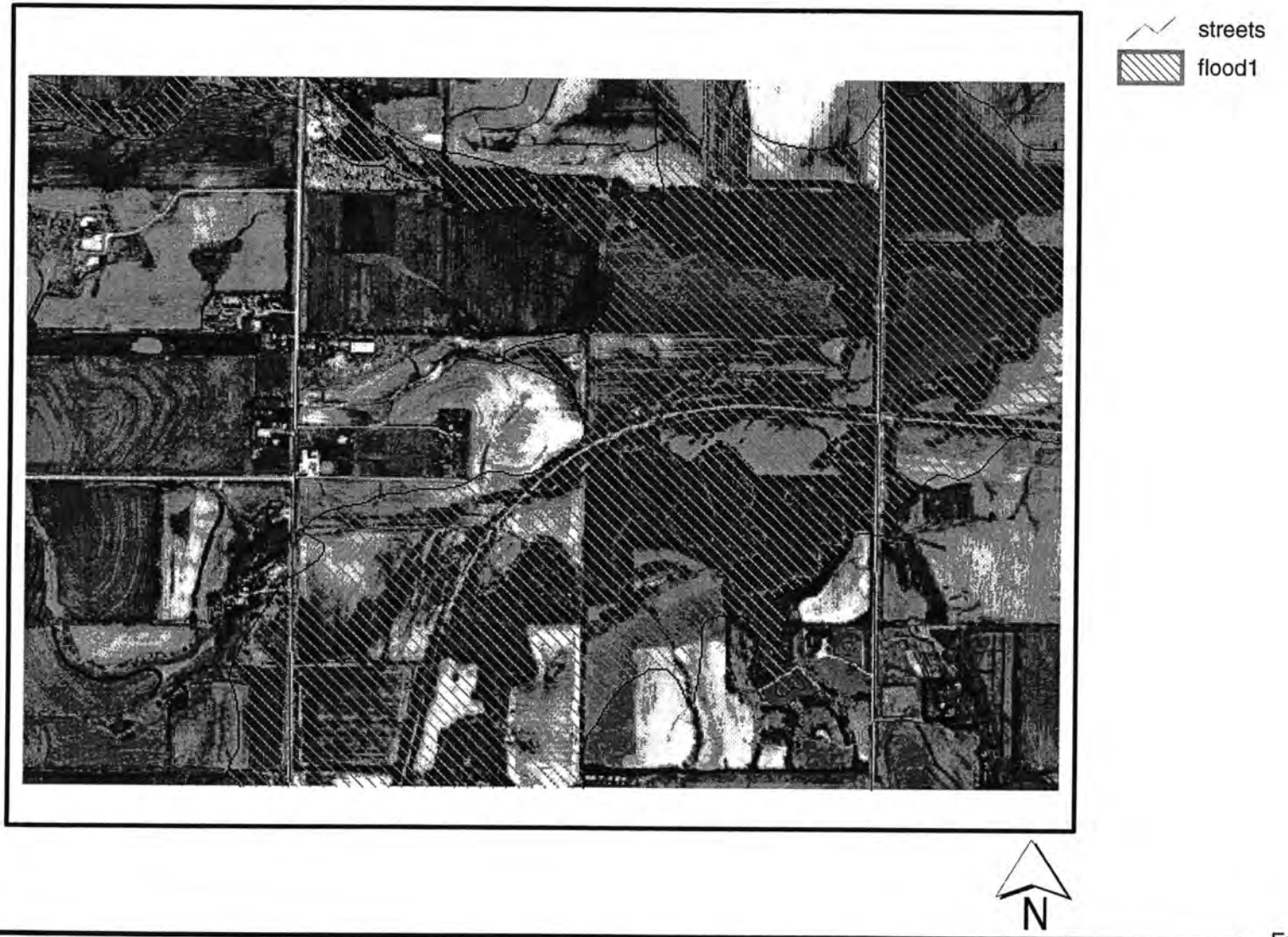
Installer _____ Date 7/18/05

FORM 23-102 10-96

TREAVOR TYLER 476-2232

ESRI ArcExplorer 2.0

17160 S.W. 14th Street

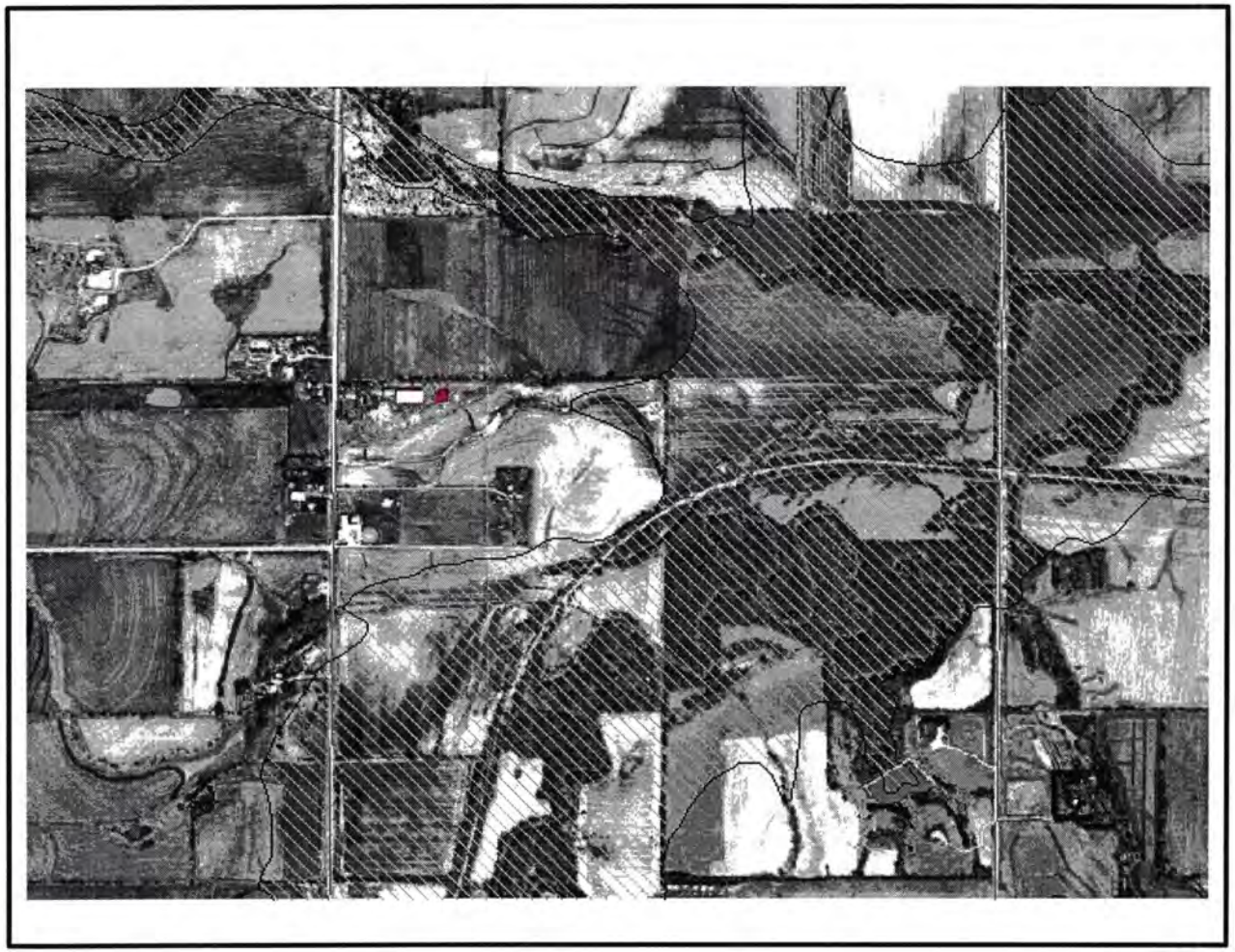


Friday, Jul 22 2005

TREAVOR TYLER 476-2232

ESRI ArcExplorer 2.0

17160 S.W. 14th Street



streets
flood1
TYLER HOUSE

TREVOR TYLER
#610 6140

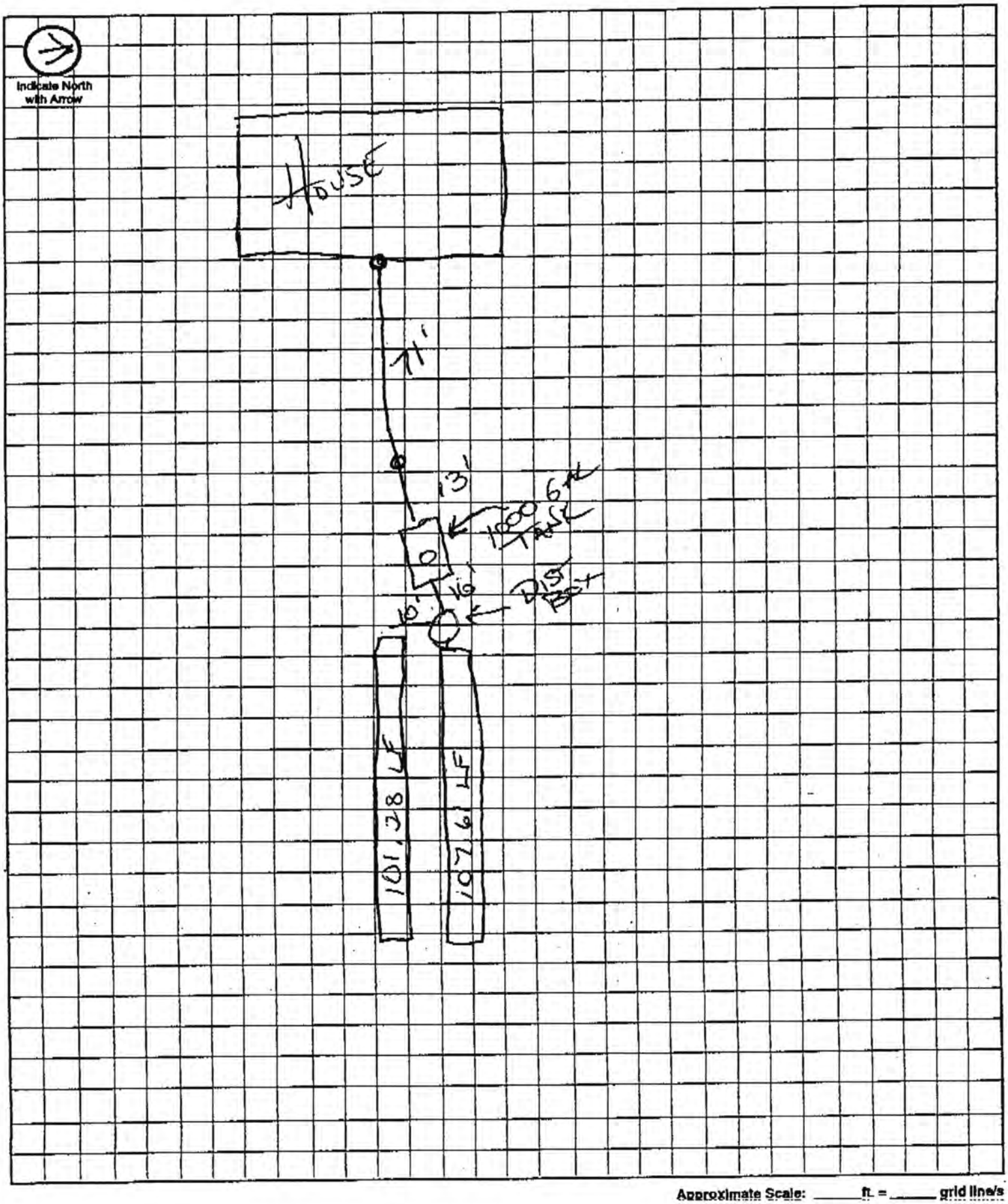
N

Friday, Jul 22 2005

Doug Smith

As Built Drawing

Trevor Tyler - SW 14th



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