Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002849

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380267201

Issued 07/14/03
Expires 01/14/04
Revenue Code 3157

Establishment

ART ROBERTSON
T8N R6E SEC 25
DEERTRAIL ADDN LOT 5
1401 DEER TRAIL-ROCA

FEES: $200.00

Permittee

ART ROBERTSON
140 BENTON CT
LINCOLN NE 68521

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

A

Permit Number: 03380267 2 ref

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 1401 DEER TRAIL (no rural route) City ROCA NE, Zip 68430

Legal Description 25 8N 6E DEERTRAIL ADD'N — 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 ART ROBERTSON Signature _____

Address 140 BENTON CT City/State/Zip LINCOLN, NE 68521

☐ Check if owner designed system Home Phone 402·560·5126 Work Phone 919·349·9322

C. Contractor

Name ~~SCOTT HAES~~ ART ROBERTSON Company Name ~~HAES CONTRACTING~~ LOWLAND CONSTRUCTING

Address 140 BENTON CT. City/State/Zip LINCOLN, NE 68521

☒ Check if contractor designed system Work Phone 402-560-5126

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

Designer Name ~~SCOTT~~ HAES Firm HAES CONSTRUCTION LLC. Work Phone 402-423-3553

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 05 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 7/14/03 Date frwd 7/15/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd 7/15 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-15-03 Date frwd 7-15-03 ACTION ☒ Approved ☐ Disapproved Signature _____

11/13/03 NEED DRAWING. J.C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date January 29, 2004

Business Office Use Only
Date Rec'd 07/14/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 1123

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

CITY OF LINCOLN
NEBRASKA

MAYOR COLEEN J. SENG
www.ci.lincoln.ne.us

Lincoln-Lancaster County
Health Department
Bruce D. Dart, MS, Health Director
3140 "N" Street
Lincoln, Nebraska 68510-1514
402-441-8000
TDD: 402-441-6284
fax: 402-441-8323
health@ci.lincoln.ne.us

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

LANCASTER COUNTY
NEBRASKA

COPY

January 20, 2004

Art Robertson
140 Benton Ct.
Lincoln, NE 68521

Re: Sewage Installation Permit #033802672

Dear Mr. Robertson:

The Lincoln-Lancaster County Health Department (LLCHD) has completed its review of sewage installation permits that **never received final approval because the "D" Sheet drawing has not been submitted**. This file indicates that this Sewage Installation Permit expired January 14, 2004.

In order for us to complete our records for final approval **please call us on the status of this sewage permit within the next two days.**

Since this sewage system has not received final approval by LLCHD, future loan approvals or repair permits will be disapproved. If LLCHD is not contacted the permit will be considered expired and the files closed. New permit fees are $200.00.

If you have any questions, please contact me at 441-8029.

Sincerely,

Jerrold C. Hood

Jerrold Hood, REHS
Environmental Health Specialist
Environmental Health Division

JH:dl

ticklerltrs

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

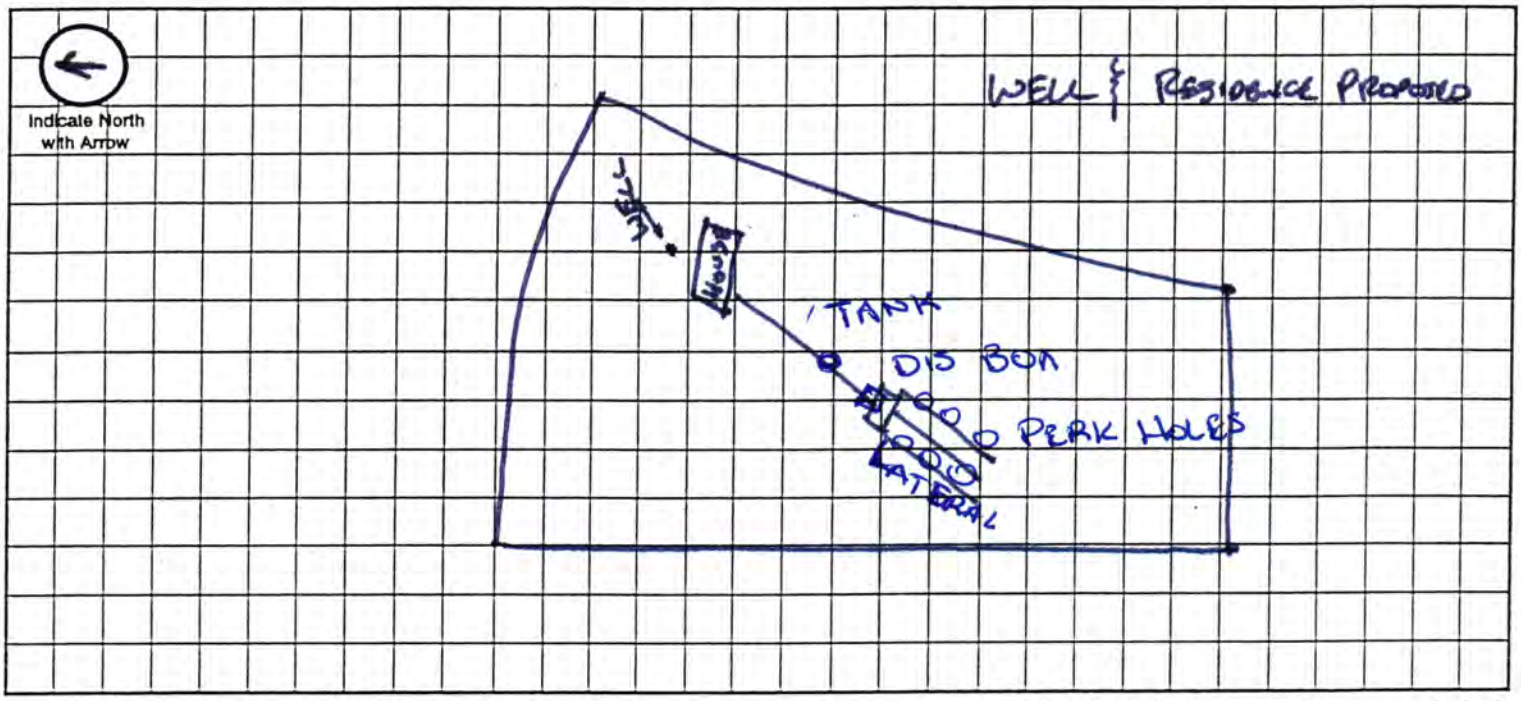
C

Permit Number: 033802672

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) 1401 DEER TRAIL City ROCA NE, Zip 68430

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: MORRILL CLAY LOAM SAND SPOT Land Slope: _____ %

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

Total Square Feet of Field Required: 1375 sq. ft.

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

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

Total Length of Laterals 344 ft. Number of Trenches _____ Trench Width 48"

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 14 July 03

Installer _____ Date 14 July 03

FORM 23-102 10-96

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

B

Permit Number: 033802672

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1401 DEER TRAIL (no rural route) City ROCA NE, Zip 68430

Owner ART ROBERTSON Addresss 140 BENTON CT LINCOLN, NE 68521

Soil Type (SCS): MORRILL CLAY LOAM SAND SPOT Percolation Rate: _____ min./inch

Date of Tests 5-17-03 to 5-18-03 Weather: Precipitation NONE Temperature 60's

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	3'	5-16										45.5"	
2	3'	"											
3	3'	"											
4	3'	"											
5	3'	"											
6	3'	"											

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: SCOTT HAES

Phone: 402-499-1166

Address 10600 S. 40th ROCA, NE 68430

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

SW property perk test holes

5-17-03

1	2	3	4	5	6
3:00 40"	3:02 59"	3:03 30"	3:04 40"	3:09 58"	3:09 29"
3:52 41.5"	3:53 61.5"	3:55 31"	3:56 41.5"	3:56 59"	3:57 30.25"
4:20 42.75"	4:21 62.75"	4:21 32"	4:22 42.75"	4:24 61"	4:24 31"
4:31 43.5"	4:32 63.5"	4:31 32.75"	4:32 43.5"	4:34 62.25"	4:34 32.25"
4:57 44"	4:57 64"	4:58 33.5"	4:59 44.25"	4:58 63"	4:59 33"
4:58 44.75"	4:56 64.75"	4:55 34.5"	4:55 45.25"	4:56 64.5"	4:57 33.75"
5:30 45.5"	5:30 65.5"	5:31 35.25"	5:31 46.75"	5:32 65.75"	5:32 34.25"
6:00 46.5"	6:00 66.37"	6:01 37"	6:01 47.56	6:02 64"	6:03 35"
	34 MIN/IN	6 MIN/IN	37 MIN		40 MIN
1	.87	4.75	.081		.75
					18 MIN/IN

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D

Permit Number: 033802677201

Sewage Disposal System

As Built Plans & Specifications

Date 1-29-04

System Location (Indicate correct number and street)

Address 1401 DEERTRAIL (no rural route) City ROCA NE, Zip 68430

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: CONCRETE
   Number of compartments: 1
2. Capacity: 1750 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter 24" in.
   Riser: ☑ above ☐ below grade 6" in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 30" in.
8. Distances to: Well or suction line 120' ft.
   Stream N/A ft.
   Pressure line 120' ft.
   Property line 75' ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 6
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 25' ft.

D. Absorption Field

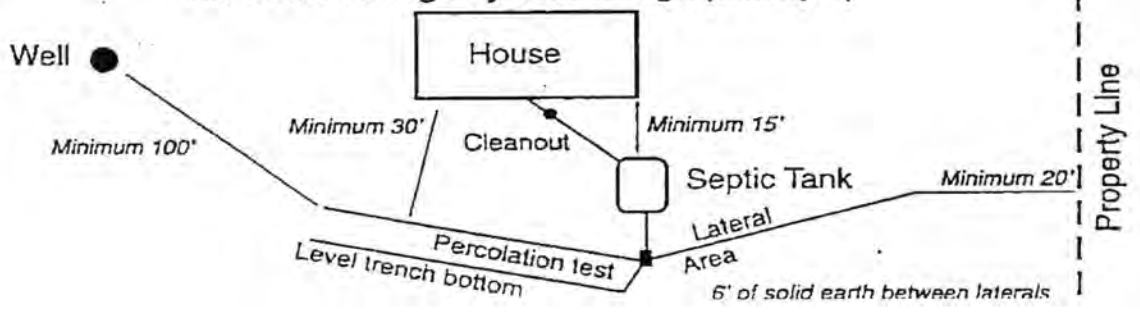
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 32"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 90' ft. 90' ft.
   90' ft. 90' ft., 90' ft.
3. Trench dimensions: Width 3 ft.
   Slope — in/100 ft.
   Average depth 18" in
4. Filter material: GRAVEL
   Depth of material 12" in.
5. Distances to: Well or suction line 120 ft.
   Stream N/A ft.
   Pressure line 120 ft.
   Property line 75' ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

