Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003287

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380276101

Issued 11/03/03
Expires 05/03/04
Revenue Code 3157

Establishment: KEITH & KARI JACOBSON
T8N R7E SEC 8
SOUTH CREEK ESTATES LOT 1
4201 SPENCER LN-ROCA

FEES: $200.00

Permittee: KEITH & KARI JACOBSON
3803 S 48 ST
APT 1
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
NOV 0 3 2003

A

Permit Number: 04 3802761

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 4201 Spencer Lane (no rural route) City Roca NE, Zip 68430

Legal Description Lot 1 South Creek Estates

1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot

Section 9 Township 8N Range 7E

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Keith & Kari Jacobson Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone 483-4374 Work Phone Ken Cell - 414-2183

C. Contractor

Name Fowler Custom Homes Company Name Fowler Custom Homes

Address 1233 Infinity Court City/State/Zip Lincoln NE 68512

☐ Check if contractor designed system Work Phone 402-420-2950

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

Designer Name _____ Firm Earnest Weil Associates Work Phone 402-761-2281

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 _____ 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 11/3/03 Date frwd 11/6/03	**ACTION** ☒ Approved ☐ Disapproved Signature Gerhold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 11/3/03 Date frwd 11/3/03	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 11/6/03 Date frwd 11/6/03	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

Tank + lateral 11/6 JH
lateral 11/7 D.S. Need D

Installation Final Written Approval

By _____

Date 11/10/03

Business Office Use Only
Date Rec'd 11/04/03
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1193

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

B

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Scott – Fowler Custom Homes
Address: South Creek Estates

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 6-24-03 to 6-25-03 Weather: Precip. .10 inch Temp. 80's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Water Level	
Hole No.	Depth (in.)	(Mo. Day)	(Hr. Min.)	(Mo. Day)	(Hr. Min.)	(Mo. Day)	(Hr. Min.)	Level (in.)	(Hr. Min.)	Level (in.)	Time (Min.)	Drop (in.)	
1	36	6-24	9:30am	6-24	1:30pm	6-25	10:00am	6	10:30am	5½	30	½	60
2	36	6-24	9:30am	6-24	1:30pm	6-25	10:00am	6	10:30am	5¼	30	¾	40
3	36	6-24	9:30am	6-24	1:30pm	6-25	10:00am	6	10:30am	5¼	30	¾	40
4	36	6-24	9:30am	6-24	1:30pm	6-25	10:00am	6	10:30am	5¼	30	¾	40
5	36	6-24	9:30am	6-24	1:30pm	6-25	10:00am	6	10:30am	5	30	1	30
6	36	6-24	9:30am	6-24	1:30pm	6-25	10:00am	6	10:30am	5	30	1	30

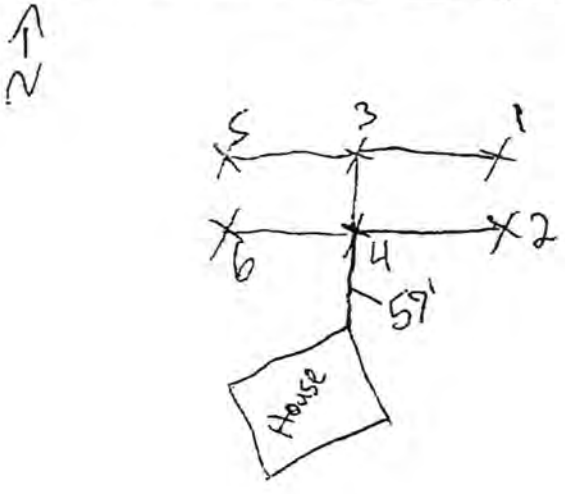
Sum of Water Level Drops (in.) [Column m]: 4¾
Average of Water Level Drops (in.) [Column m]: _____
Inches per Minute: _____

Over 20 difference
Use 60 as
Perc rate

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: (402)-761-4414
Signature: Justin L Peterson

Square Feet of Lateral per Bedroom: _____
total sq. ft.

SKETCH SHOWING HOLE LOCATION:



4901 Spencer Lane

Attn: Jerry Hood

D

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

Permit Number: 04 38 027 761

Sewage Disposal System

As Built Plans & Specifications

Date 11/7/03

System Location (Indicate correct number and street)

Address 4201 Spencer Lane (No rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: SDR26
   Diameter: 4 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: Plastic
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line Wellover 100 ft.
   Stream Wellover 100 ft.
   Pressure line 75 ft.
   Property line 50 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 7 ft.

D. Absorption Field

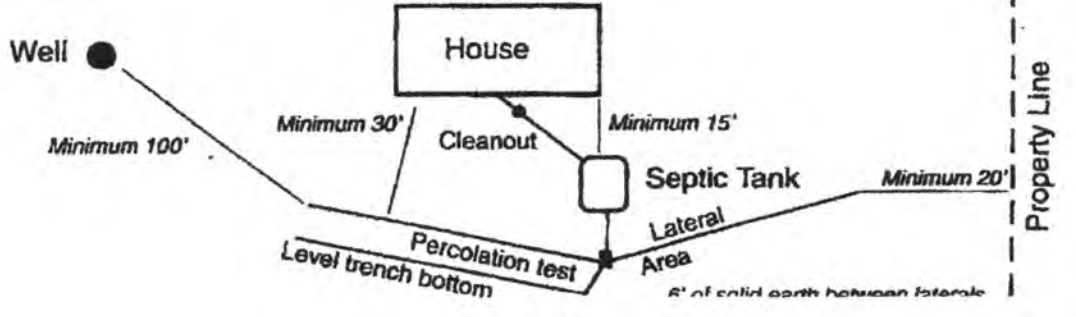
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 35"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 139.26 ft. 139.26 ft.
   82.29 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 42 in
4. Filter material: Native Clay
   Depth of material 26 in.
5. Distances to: Well or suction line Wellover 100 ft.
   Stream Wellover 100 ft.
   Pressure line 50 ft.
   Property line 30 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

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

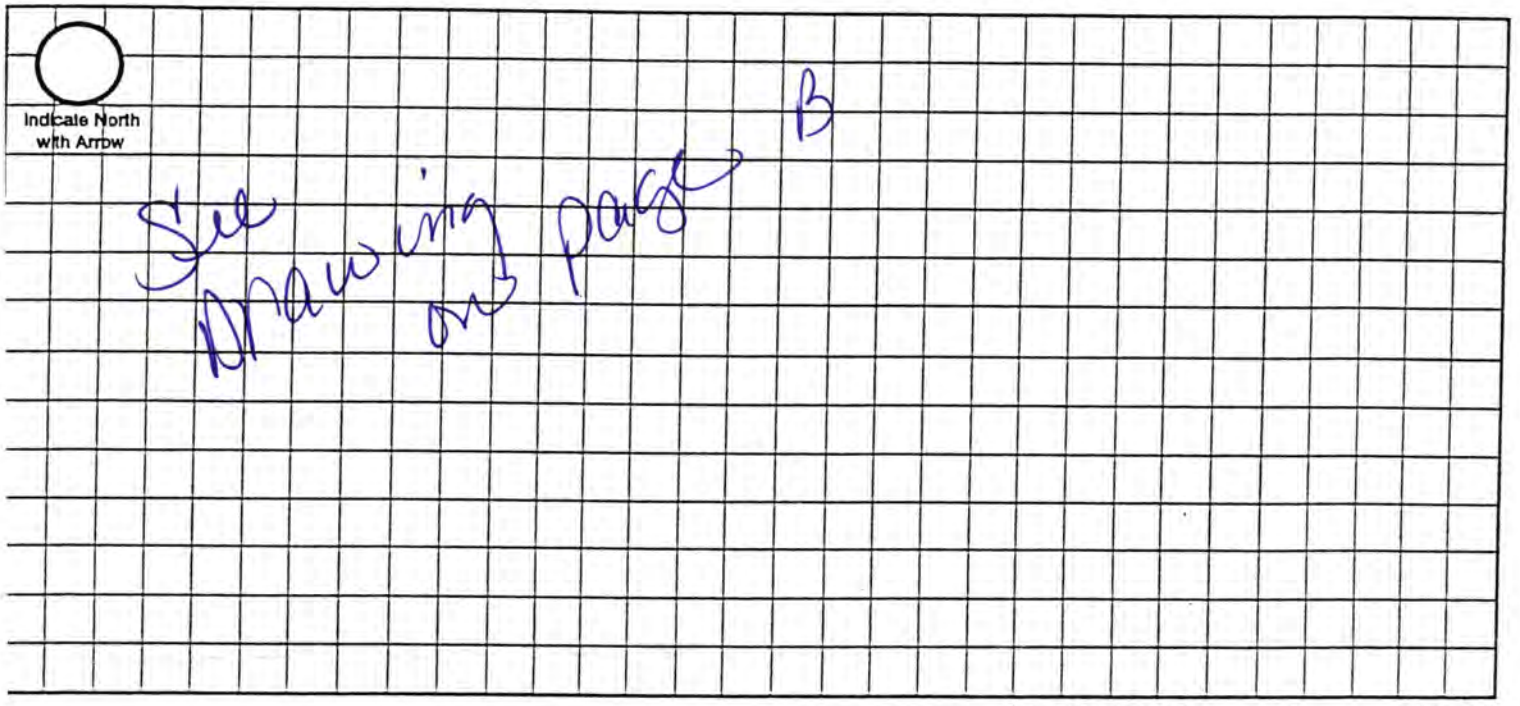
C

Permit Number: 043802761

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 B & K Sanitation Date Nov 3, 03

Installer _____ Date Nov 3, 03

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Phone: 402-441-8022

D

Permit Number: 043802761

Sewage Disposal System

As Built Plans & Specifications

Date Nov 3-03

System Location (Indicate correct number and street)

Address 4201 Spencer lane (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: _____
   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

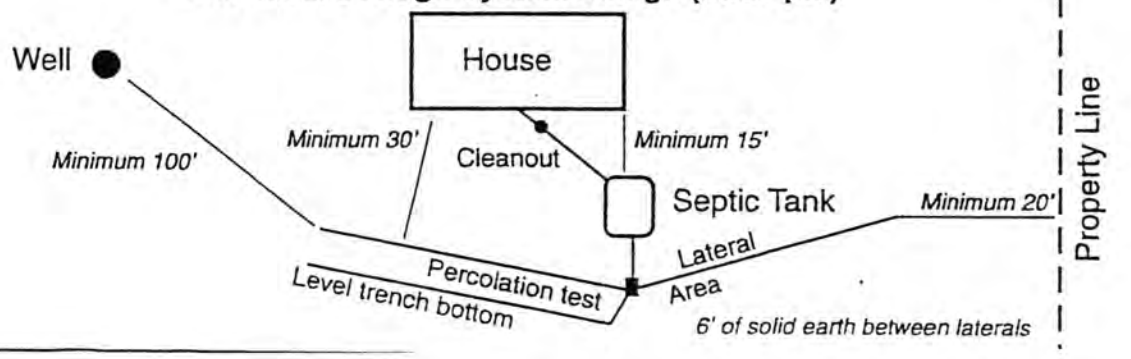
(Provide as-built drawings on back of this form)

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

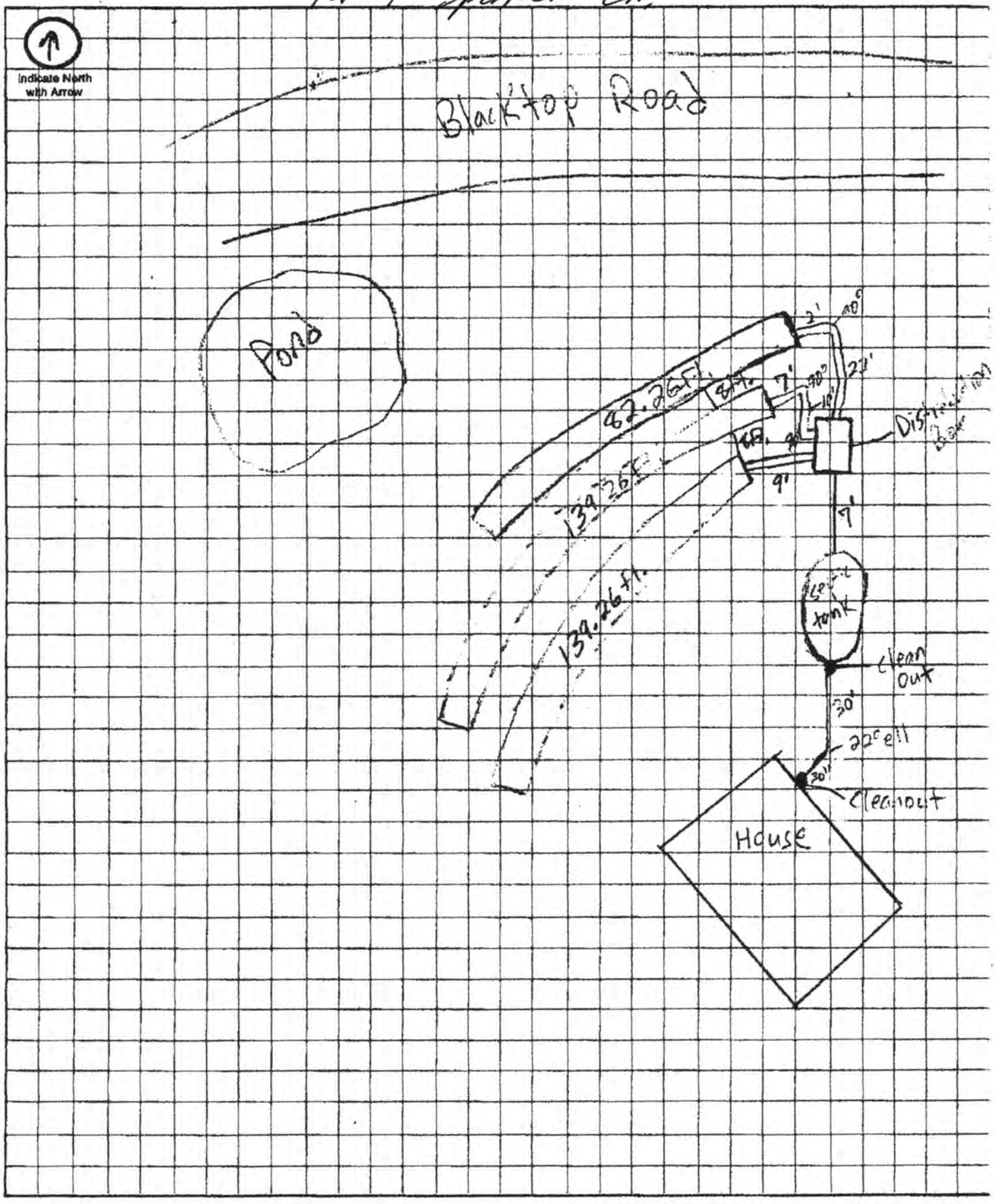
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

4201 Spencer Ln.



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

ESRI ArcExplorer 2.0

4201 Spencer Lane



streets
Parcels
flood1

N

Thursday, Nov 6 2003