Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380252301

Issued 08/23/02
Expires 04/23/03
Revenue Code 3157

Establishment

JOEL & JOLENE WALKER
T8N R7E SEC 8
SOUTH CREEK ESTATES LOT 2
4425 SPENCER LN-ROCA

FEES: $200.00

Permittee

JOEL & JOLENE WALKER
BOX 126
FIRTH NE 68358

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002852

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

A

Permit Number: 02380252301

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 4425 Spencer Lane (no rural route) City Roca NE, Zip Ne 68430

Legal Description Lot 2 South Creek Estates
1/4 | 1/4 | Section 8 | Township 8N | Range 7E | Subdivision | Addition | Block | Lot 2

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Joel + JoLene Walker Signature _____

Address Firth Ne City/State/Zip 68358
P.O. BOX 126

☐ Check if owner designed system Home Phone 402-210-1007 Work Phone 479-4472

C. Contractor Greg Edwards

Name BE Fowler Custom Homes Company Name Fowler Custom Homes

Address 6210 S 57th City/State/Zip 68516

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

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

Designer Name BEN EARNEST Firm EARNEST WELL Work Phone 402-761-2281

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 8/23/02 Date frwd 8/23/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-22-02 Date frwd 8-22-02 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-23-02 Date frwd 8-23-02 ACTION ☒ Approved ☐ Disapproved Signature _____

9/4/02 Need drawing. J.C.H.

Installation Final Written Approval

By Jerrold C. Wood

Date SEPTEMBER 6, 2002

Business Office Use Only

Date Rec'd 08/23/02
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 1013

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

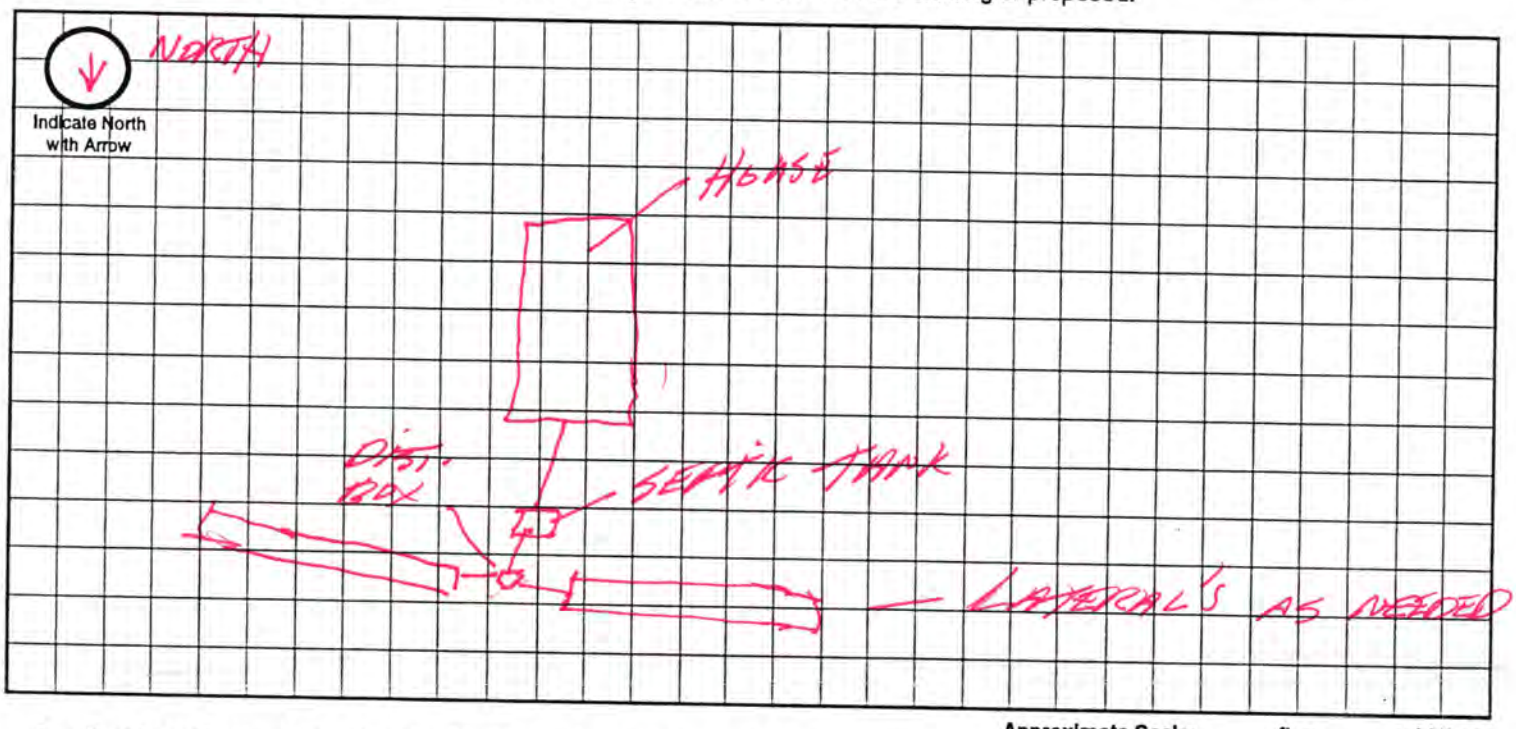
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 02380252 3

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 33 (min. per inch) Soil Type: REWORKED Land Slope: _____ %

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

Total Square Feet of Field Required: 990 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 348 ft. Number of Trenches 3 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 Greg Edwards Date 8-19-02

Installer _____ Date 8/19/02

FORM 23-102 10-96

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____ Owner: Fowler Custom Homes
Township _____ Range _____ Address: South Creek Estates
1/4 Section _____

Property Dimensions: _____ acres

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

Dates of Tests: 8-11-02 to 8-12-02 **Weather:** Precip. .15 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			Water
Hole No	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Level Drop (in.)
1	36	8-11	5:00pm	8-11	9:00pm	8-12	7:30pm	6	8:00pm	5	30	1 30 MIN/IN
2	36	8-11	5:00pm	8-11	9:00pm	8-12	7:30pm	6	8:00pm	5	30	1 30 MIN/IN
3	36	8-11	5:00pm	8-11	9:00pm	8-12	7:30pm	6	8:00pm	5½	30	½ 60 MIN/IN
4	36	8-11	5:00pm	8-11	9:00pm	8-12	7:30pm	6	8:00pm	5	30	1 30 MIN/IN
5	36	8-11	5:00pm	8-11	9:00pm	8-12	7:30pm	6	8:00pm	5	30	1 30 MIN/IN
6	36	8-11	5:00pm	8-11	9:00pm	8-12	7:30pm	6	8:00pm	5½	30	½ 60 MIN/IN

Sum of Water Level Drops (in.) [Column m]: 5½

Average of Water Level Drops (in.) [Column m]: _____

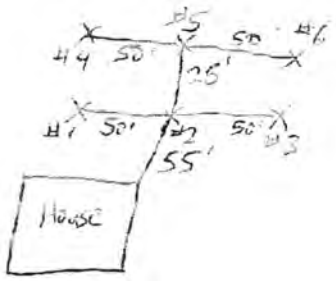
Inches per Minute: 33 MIN/IN

PERSON CONDUCTING TEST:

Name: Justin Peterson
Address: 7421 3rd Street
Milford NE 68405
Phone: (402) 761-4414
Signature: Justin Peterson

SKETCH SHOWING HOLE LOCATION:

Square Feet of Lateral per Bedroom: _____



Contact
Jerry Hood
441-5029

Official's Signature

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

SEP 6 2002

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Rocca

Date 9/4/02

Fowler Custom Homes

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: 160 PSI SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 46' ft.
   stream N/A ft.
   pressure line N/A ft.
   property line N/A ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 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: 18 in.
8. Distances to: Well or suction line N/A ft.
   Stream N/A ft.
   Pressure line N/A ft.
   Property line N/A ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 2
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

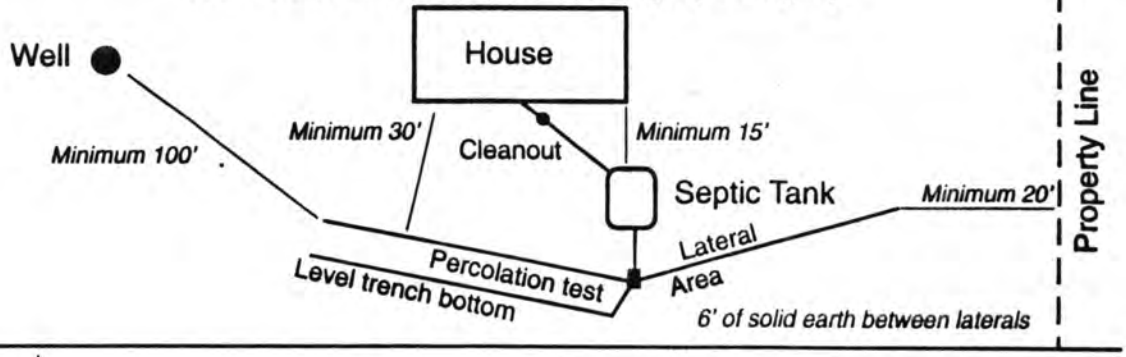
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 35" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 101.28 ft. 101.28 ft.
   50.64 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 43 in
4. Filter material: Graveless
   Depth of material N/A in.
5. Distances to: Well or suction line N/A ft.
   Stream N/A ft.
   Pressure line N/A ft.
   Property line NA ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

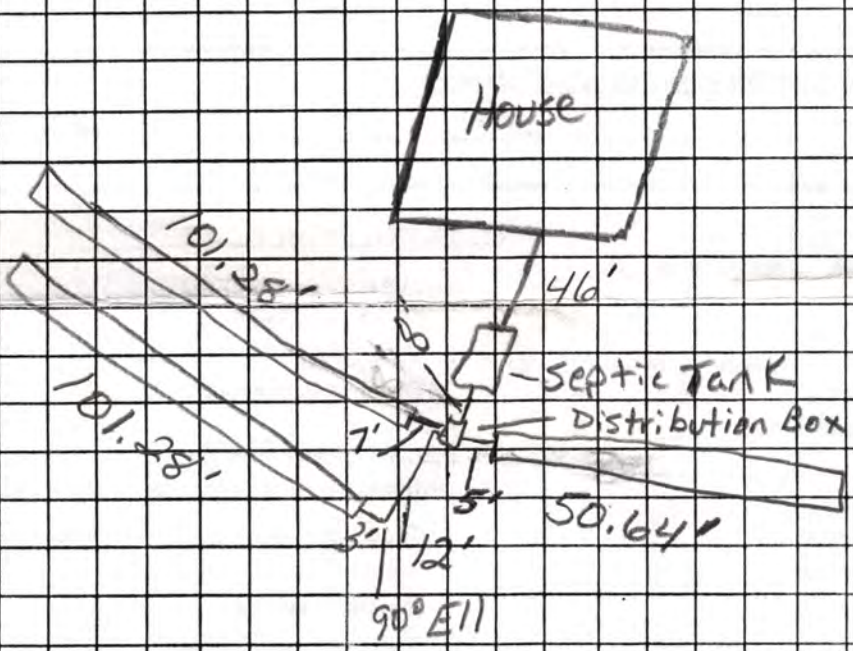


FORM 23-103 10-96

As Built Drawing

4425 Spencer

Indicate North with Arrow



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