Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008214

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380309901

Issued 09/15/05
Expires 09/15/06
Revenue Code 3157

Establishment DAN FAIRBANKS
T8N R7E SEC 14
LOT 39IT
15901 S 96 ST-ROCA

FEES: $200.00

Permittee DAN FAIRBANKS
1630 MARLENE DR
LINCOLN NE 68512

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: 05380309901

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 15901 S. 96th Street City Roca NE, Zip ~~68510~~ 68430

(no rural route)

Legal Description LCR 55 21 14 8N 7E of 6th P.M 39 Lot

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 Dan Fairbanks Signature Dan Fairbanks

Address 1630 Marlene Drive City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 421-1361 Work Phone 499-5896

C. Contractor

Name Brad Southwick Company Name Southwick Sewer

Address _____ City/State/Zip Hickman, NE

☑ Check if contractor designed system Work Phone 792-2462

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 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 9/15/05 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Gerald E. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-14-05 Date frwd 10-14-05 **ACTION** ☒ Approved ☐ Disapproved Signature _____

5/8/06
Line, tank, lateral Dr

Installation Final Written Approval

By Doug Thomas

Date 5/15/06

Business Office Use Only

Date Rec'd 09/15/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1199

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

A

Permit Number: 05380309901

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 ~~15901~~ S. 96th Street (no rural route) City Roca NE, Zip ~~68355~~ 68430

Legal Description 14 8N 7E of 6th P.M 39 Lot
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 Dan Fairbanks Signature Dan Fairbanks

Address 1630 Marlene Drive City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 421-1361 Work Phone 499-5896

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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 9/15/05 Date frwd 9/16/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/16/05 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-14-05 Date frwd 10-14-05 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 09/15/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1199

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address So 96 (no rural route) City Roca NE, Zip 68430

Owner Dan Fairbanks Addresss 1630 Marlene Dr. Lincoln 68512

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

Date of Tests 9/27 to 9/28 Weather: Precipitation — Temperature 80s

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	32	9/27	6/30	9/28	8/00	9/28	9/40	7 3/4	9/28	10/10	30	5/8	48
2			P		A		A	7 1/8		AM		3/4	40
3								7				3/4	40
4								7 3/8				5/8	48
5								7 3/8				7/8	34

Sum of Percolation Rates: 210

Average of Rates: 42

Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Southwell #C1178

Phone: 430-7606 / 475-2462

Address 17201 S. 72
Lincoln, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

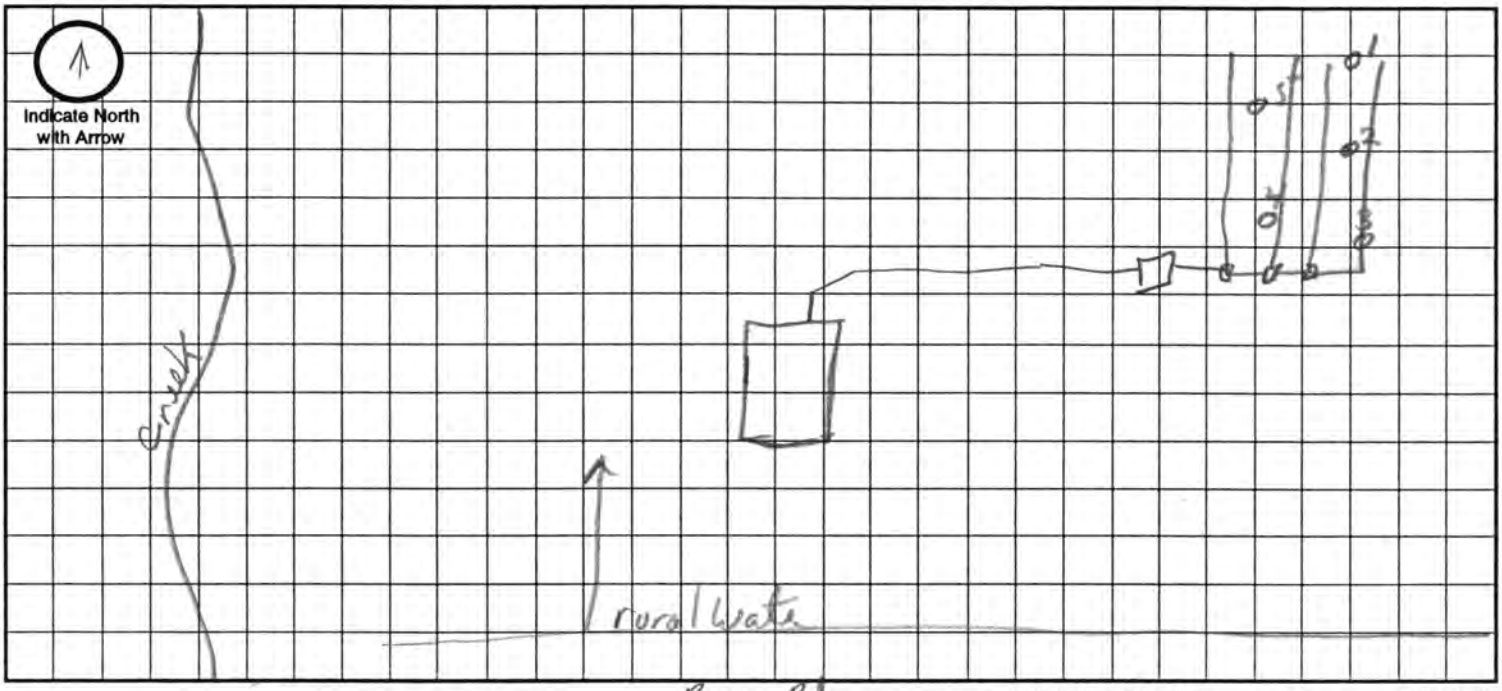
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) So 96 City Roca NE, Zip 68430

B. Proposed Septic Tank/s

4B0rm w/whirpool

Tank Material: ☐ Concrete ☒ Plastic ☐ Other Fralo

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

Percolation Rate 50 (min. per inch) Soil Type: Mrd Land Slope: 4 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1320 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 340 ft. Number of Trenches 4 Trench Width

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

(Flood Plain)

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 _____

Installer [signature] Date 10/13/05

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5-8-06 Fairbanks

System Location (Indicate correct number and street)

Address 15939 S. 90th St (no rural route) City Roca NE, Zip 68430

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: 4' in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 45 ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: 2-1000gal concrete
   Number of compartments: one
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at 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 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: Drop Box End caps. 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10' First one ft.

D. Absorption Field

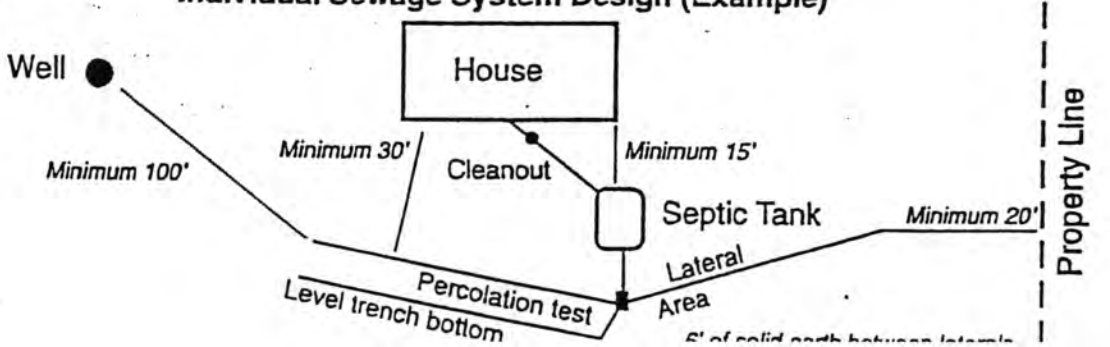
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide 12" Tall
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 83 ft. 113 ft.
   96 ft. 126 ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 24" - 32" in
4. Filter material: Dirt
   Depth of material 24" - 32" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ 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

