Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008346

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380312001

Issued 10/28/05
Expires 10/28/06
Revenue Code 3157

Establishment: CHRISTO DESIGN BUILDERS
T8N R7E SEC 16
PRESERV@CRSS CRK-1ST BLK 1 LOT 1
15656 S 67 ST

FEES: $275.00

Permittee: CHRISTO DESIGN BUILDERS
6945 N 7 ST
LINCOLN NE 68521

TOTAL: $275.00

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: 05380312001

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 15656 So 67TH (no rural route) City _____ NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 16 Section 8N Township 7E Range _____ Subdivision _____ Addition 1 Block 1 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address THE PRESERVE AT CROSS CREEK 1ST ADD.

B. Owner

Name CHRISTO DESIGN BUILD Signature _____

Address 6945 N 7TH City/State/Zip LINCOLN NE 68521

☐ Check if owner designed system Home Phone 476-2288 Work Phone 432-0590

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 10/28/05 Date frwd 10/28/05 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-28-05 Date frwd 10-28-05 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/28/2005 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

5/4/06 Need drawing JCH

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JUNE 29, 2006

Business Office Use Only

Date Rec'd 10/28/05

Amt Paid 275.00

Rec'd By _____ Cash/Check No. 8218

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

B

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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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 15656 So 67TH (no rural route) City _____ NE, Zip _____

Owner CHRISTO DESIGN BUILD Address _____

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

Date of Tests 1/26/06 to 1/27/06 Weather: Precipitation ~~Ø~~ Temperature 50°

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	27	1/26	9 AM	1/27	9 AM	1/27	1230 PM	6	1/27	1 PM	30	3/4	40
2	27	"	"	"	"	"	"	6	"	"	30	1	30
3	28	"	"	"	"	"	"	6	"	"	30	3/4	40
4	26	"	"	"	"	"	"	6	"	"	30	5/8	48
5	27	"	"	"	"	"	"	6	"	"	30	3/4	40
6	29	"	"	"	"	"	"	6	"	"	30	5/8	48

Sum of Percolation Rates: 246
Average of Rates: 41
Rate Used for Calculation: 41

Person Conducting Percolation Tests

Name: STAN KROESE
Phone: 560 1208
Address 6667 NW 48TH
LINCOLN NE

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date FEBRUARY 8, 2006

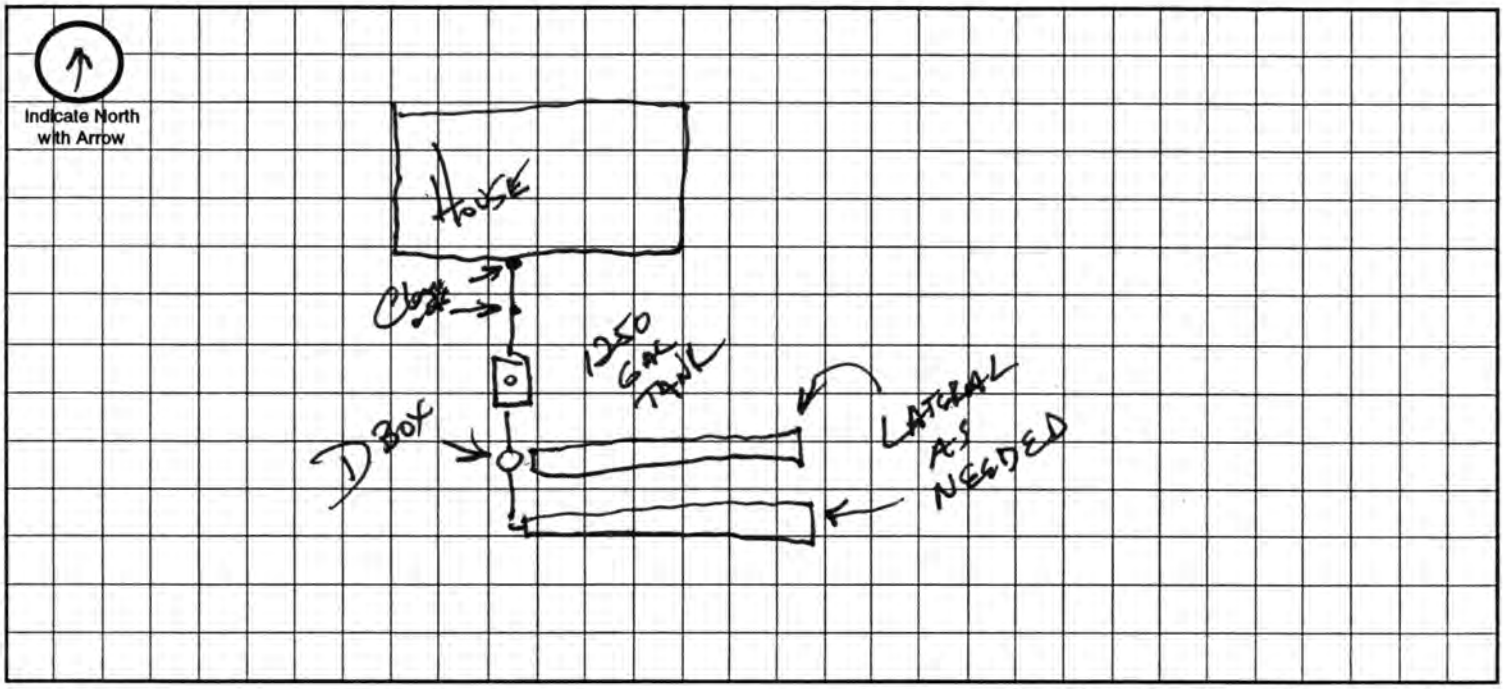
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 05380320

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) 15656 So 67TH 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 GRAVEL-LESS INFILTRATOR

Total Square Feet of Field Required: 825 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 206 ft. Number of Trenches _____ 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 10/28/05

Installer _____ Date 10/28/05

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)
Address 15656 S. 67th (no rural route) City _____ NE, Zip _____

A. Building Sewer
1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: 60 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 258 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line 50 ft.
   property line 20 ft.

B. Septic Tank
1. Material: CONC
   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 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

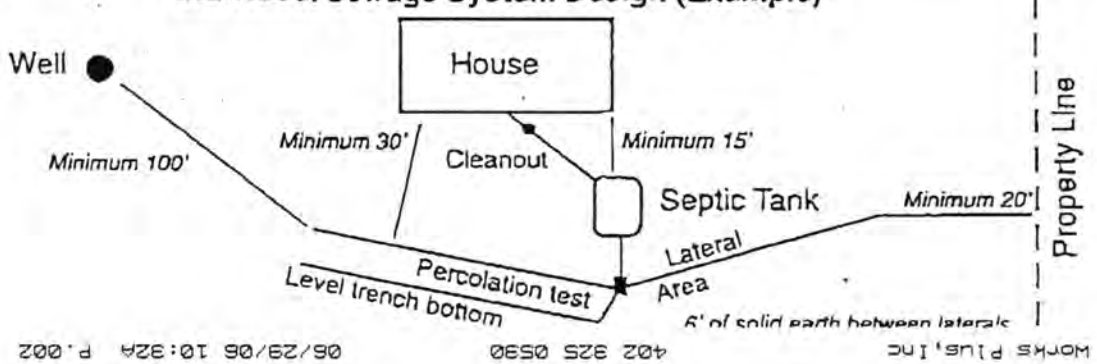
C. Distribution Box
1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 3' ft.

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 INFILTRATOR - W/ CAP
2. Lateral lines: Number 3
   Length of each line: 150 ft. 150 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 27 in
4. Filter material: GRAVEL-LESS
   Depth of material _____ in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 70 ft.
   Property line 15 ft.

Indicate North with Arrow

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

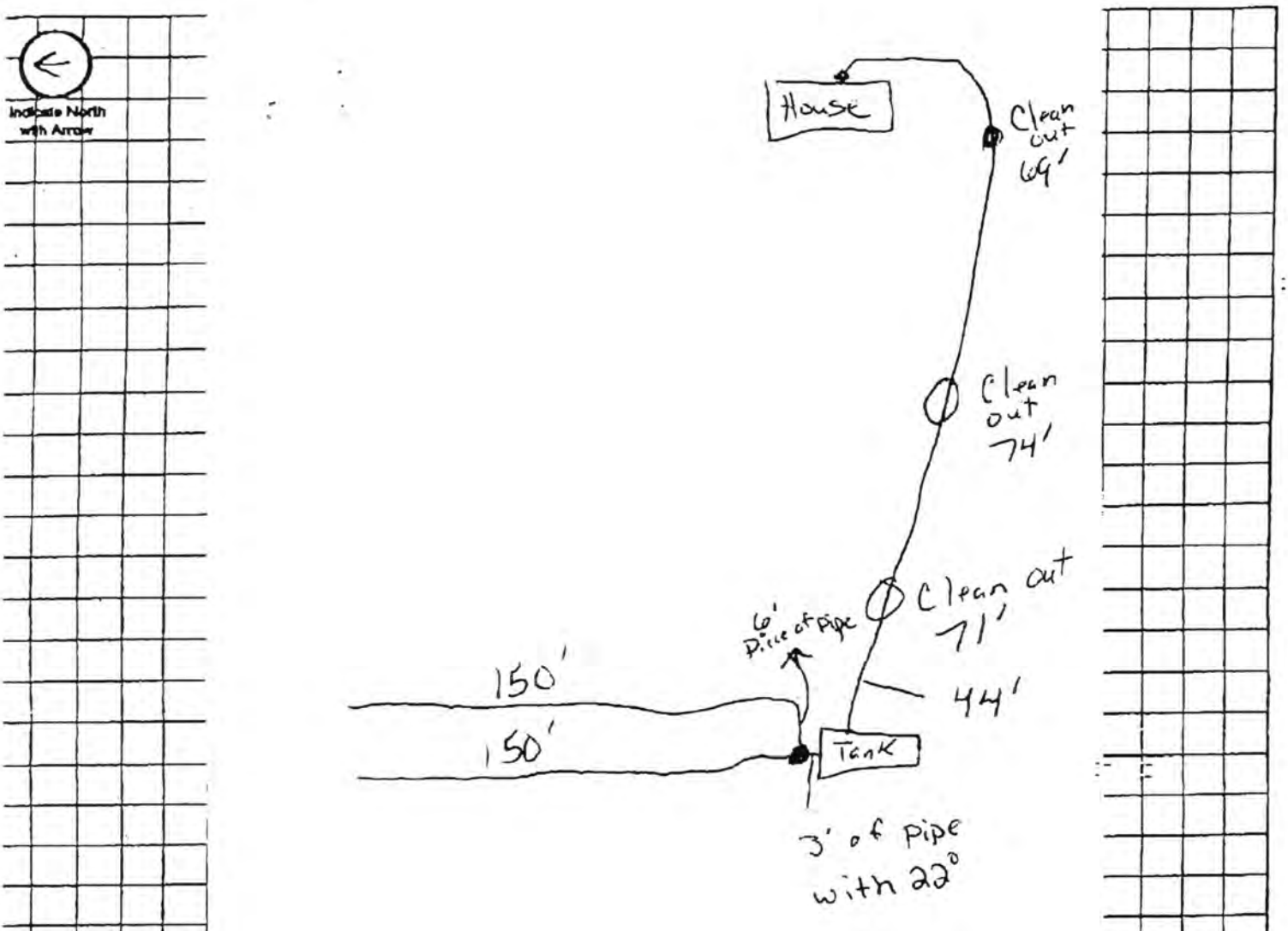
Individual Sewage System Design (Example)



FORM 23-103 10-96

DPT WORKS PLUS,INC 402 325 0530 06/29/06 10:32A P.002

As Built Drawing



Christo Septic