Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003328

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM
VARIANCE REQUEST

Permit # 04380277301

Issued 01/23/04
Expires 07/23/04
Revenue Code 3157

Establishment STEVE DAVIS
T8N R7E SEC 16 QTR SE
SE 1/4 OF SE 1/4
15801 S 68 ST-ROCA

FEES: $200.00
$100.00

TOTAL: $300.00

Permittee STEVE DAVIS
15801 S 68 ST
ROCA NE 68430-9690

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: 043802773

Sewage Disposal System

Request for Site Clearance and Permit

CHANGE TO MD

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 15801 So 68TH (no rural route) City ROCA NE, Zip

Legal Description SE SE 16 T8N R7E
(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 STEVE DAVIS Signature

Address 15801 So 68TH City/State/Zip ROCA NE

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7324 BALLARD City/State/Zip LNK NE

☐ Check if contractor designed system Work Phone 560 1208

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

Designer Name DESIGN ASSOC. Firm Jimmy Williams Work Phone 474 3000

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 1/22/04 Date frwd 1 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date 3/27/07

Business Office Use Only

Date Rec'd 01/23/04
Amt Paid 200.00 & 100.00
Rec'd By LS ~~Cash~~/Check No. 1105 & 1106

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

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 15801 S. 68th Street (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests 8/18/03 to 8/19/03 Weather: Precipitation _____ Temperature _____

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	36	8/18	3:00	8/19	11:00	8/19	11:00	6	8/19	3:00	30	2	15
2	36	8/18	3:00	8/19	11:00	8/19	11:00	6	8/19	3:00	30	1/2	60
3	36	8/18	3:00	8/19	11:00	8/19	11:00	6	8/19	3:00	30	1/2	60
4	36	8/18	3:00	8/19	11:00	8/19	11:00	6	8/19	3:00	30	1/4	120
5	36	8/18	3:00	8/19	11:00	8/19	11:00	6	8/19	3:00	30	1/4	120
6	36	8/18	3:00	8/19	11:00	8/19	11:00	6	8/19	3:00	30	1/4	120

Person Conducting Percolation Tests

Name: Tom Burt - Design Associates

Phone: 474-3000

Address 1609 'N' Street

Lincoln, NE 68508

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 120

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

D

Permit Number: 043802773

Sewage Disposal System

As Built Plans & Specifications

Date 1/21/04 STEVE DAVIS

System Location (Indicate correct number and street)

Address 15801 So 68TH (no rural route) City ROCA NE, Zip

A. Building Sewer

1. Material: CLS 160
   Diameter: 4" in.
2. Distance above basement floor: 70 in.
   or distance below basement floor: ~~70~~ in.
3. Distance between dwelling and septic tank: 76 ft.
4. Number of clean-outs: 1
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: CONC
   Number of compartments: 1
2. Capacity: 1000 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 100 ft.
   Stream 100 ft.
   Pressure line 50 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: 12 ft.

D. Absorption Field

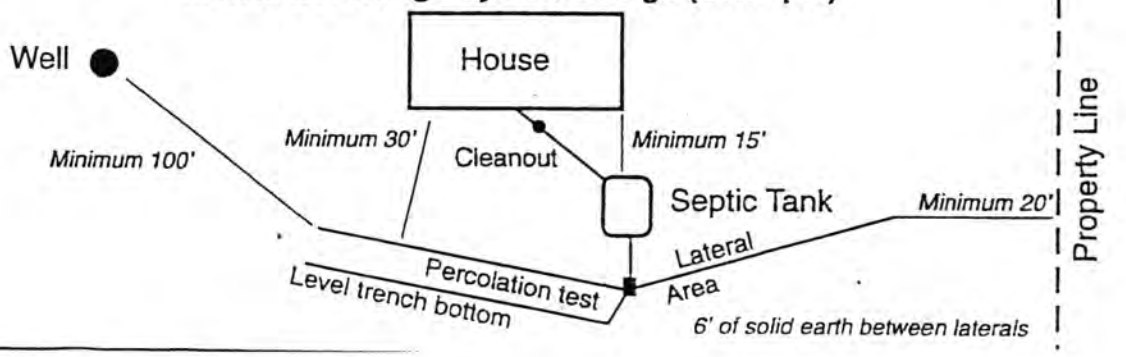
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other INFILTRATOR
2. Lateral lines: Number 3
   Length of each line: 67 ft. 67 ft.
   ____ ft. 50 ft., ____ ft.
3. Trench dimensions: Width 5 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Masonry Sand
   Depth of material 18 in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 60 ft.
   Property line ~~50~~ 50 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

Nebraska Department of Environmental Quality

Construction Permit No. 03OWT013

is hereby issued to

Steve & Teri Davis

for the

On-site Wastewater Treatment System

serving the

Single Family Dwelling

located at

SE 1/4 of the SE 1/4, Section 16, Township 8N, Range 7E
Lancaster County, Nebraska

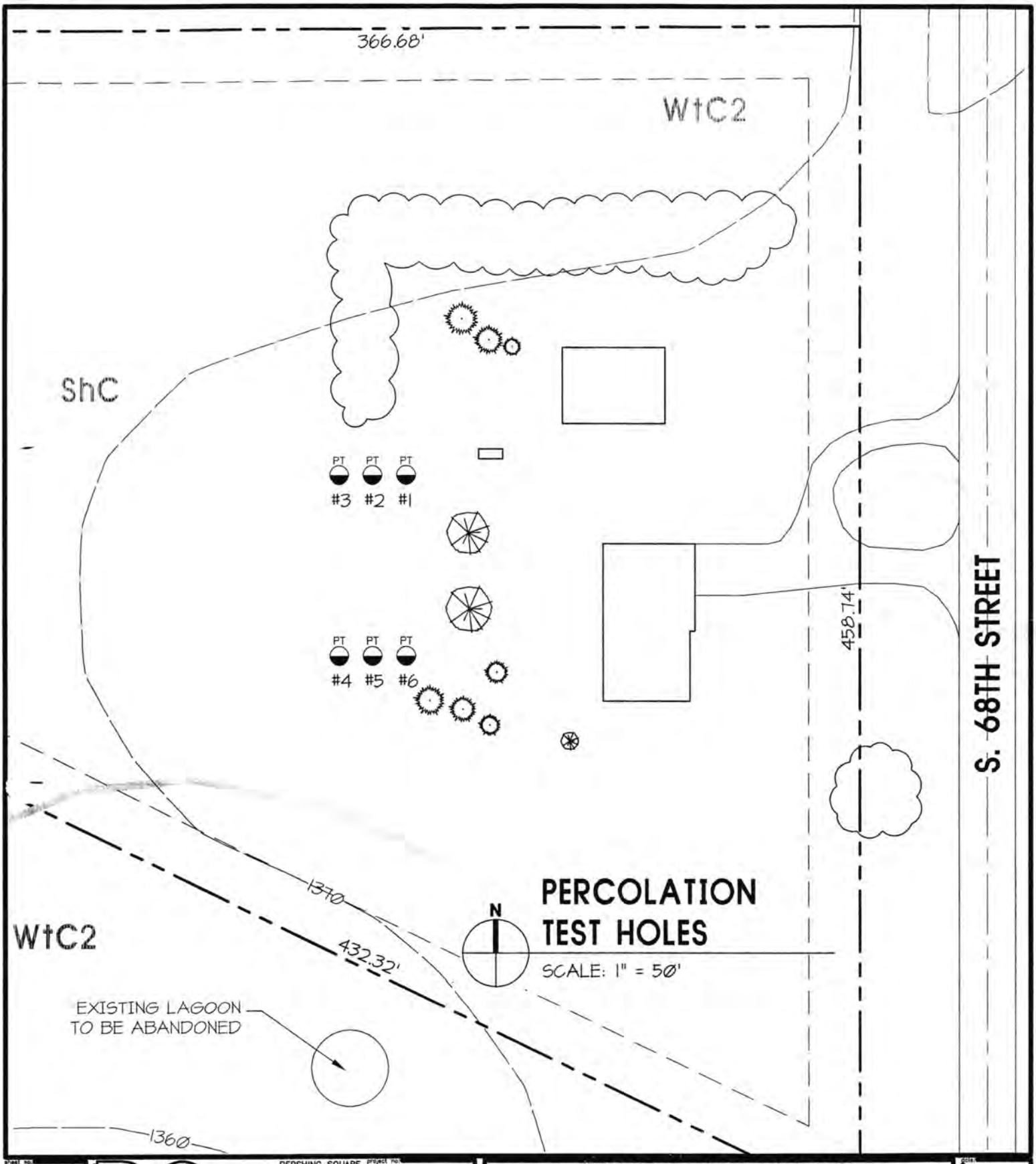
Pursuant to a Delegation Memorandum dated January 12, 1999, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed 9/5/03

Patrick W. Rice

Patrick W. Rice, Assistant Director

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186, Fax (402) 471-2909, e-mail Pubinfo@mail.deq.state.ne.us



sheet no. 1 OF 1

DESIGN ASSOCIATES OF LINCOLN, INC

PERSHING SQUARE
1609 "N" STREET
LINCOLN NEBRASKA 68508
voice: 402/474-3000
fax: 402/474-4045
desassoc@inebraska.com

project no.

sheet name: PERCOLATION TEST HOLES

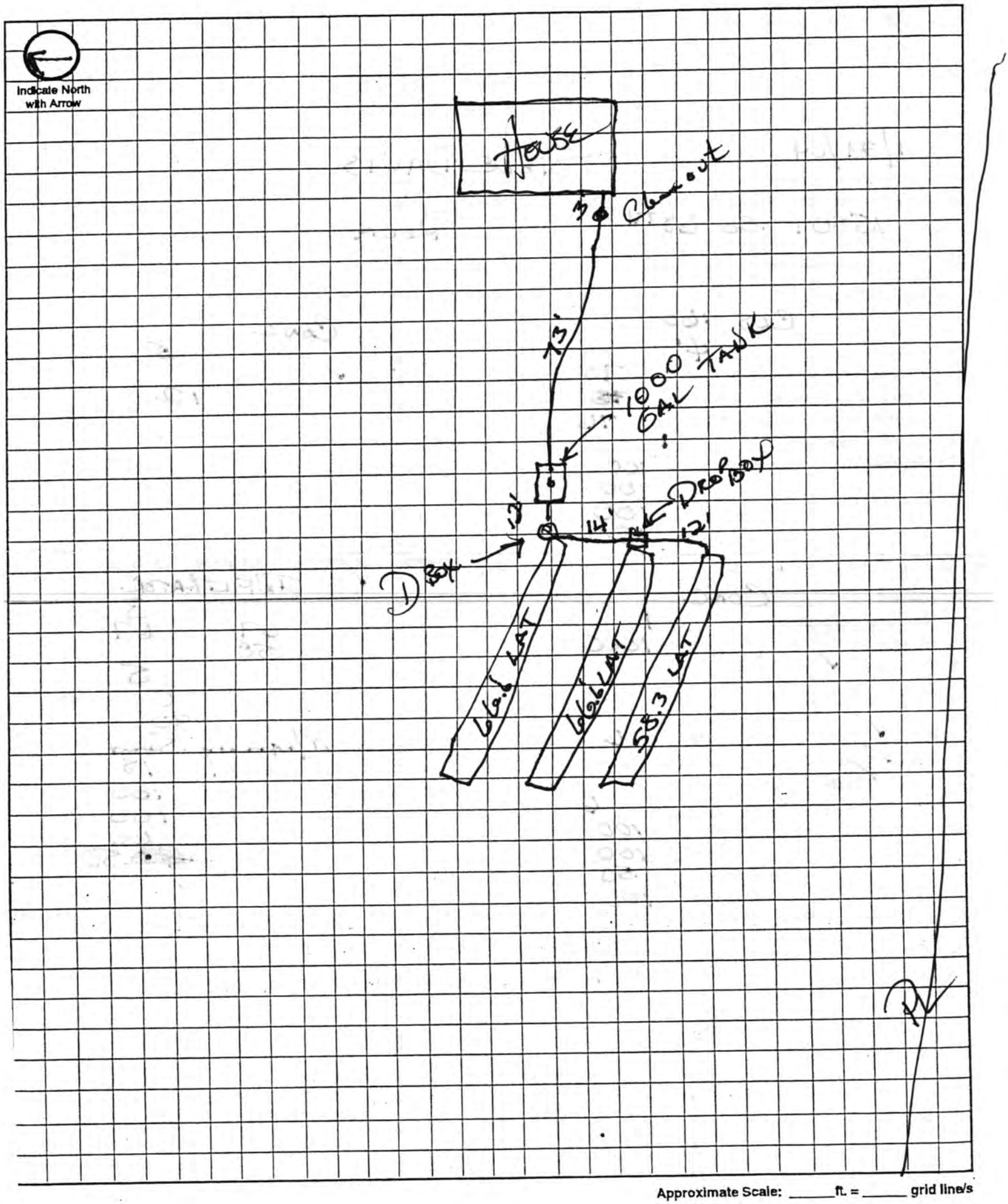
15801 S. 68TH STREET

LINCOLN, NEBRASKA

date: 22 AUG 2003

revised:

As Built Drawing



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