Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002817

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380266701

Issued 07/02/03
Expires 01/02/04
Revenue Code 3157

Establishment DENNIS TENOPIR
T8N R7E SEC 22
HICKMAN RIDGE ESTS BLK 4 LOT 2
17001 S 72 ST

FEES: $200.00

Permittee DENNIS TENOPIR
BOX 1007
WILBER NE 68465

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: 03380266701

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 17001 SOUTH 72ND (no rural route) City _____ NE, Zip _____

Legal Description _____ 22 (Section) 8N (Township) 7E (Range) HICKMAN RIDGE (Subdivision) _____ (Addition) 4 (Block) 2 (Lot)
1/4 1/4

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name DENNIS TENOPIR Signature Dennis Tenopir

Address BOX 1007 City/State/Zip WILBER, NE 68465

☐ Check if owner designed system Home Phone 821-2417 Work Phone 430-8602

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 7/2/03 Date frwd 7/3/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoop
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/3/03 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7/3/03 Date frwd 7/3/03 ACTION ☒ Approved ☐ Disapproved Signature _____

7-23-03, rm

Installation Final Written Approval

By Ron Mayfield

Date 7-25-03

Business Office Use Only

Date Rec'd 07/02/03
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 8353

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

B

Permit Number: 033802667

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17001 So 72nd (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): Clay Silt WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 7/24 to 7/25 Weather: Precipitation Trace Temperature 70°-80°

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	38"	7/24	5:30	7/25	4:30	7/25	8:00	34	7/25	8:30	30	5/8	48
2	37	7/24	5:30	7/25	4:30	7/25	8:00	33 3/4	7/25	8:30	30	1/2	60
3	39	7/24	5:30	7/25	4:30	7/25	8:00	35 1/2	7/25	8:30	30	5/8	48
4	36	7/24	5:30	7/25	4:30	7/25	8:00	32 3/4	7/25	8:30	30	3/4	40
5	37	7/24	5:30	7/25	4:30	7/25	8:00	31 1/2	7/25	8:30	30	9/16	53
6	38	7/24	5:30	7/25	4:30	7/25	8:00	33 3/4	7/25	8:30	30	1/2	60
		Because of variability, recommend											
		owner use 60 min/in at Percolation Rate											

Sum of Percolation Rates: 309
Average of Rates: 51
Rate Used for Calculation: 53 MIN/IN

Person Conducting Percolation Tests

Name: Claude Off E-3939
Phone: 402-423-0614
Address 5910 So 52nd St. Ct.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date July 29, 2003

FORM 23-101 10-96

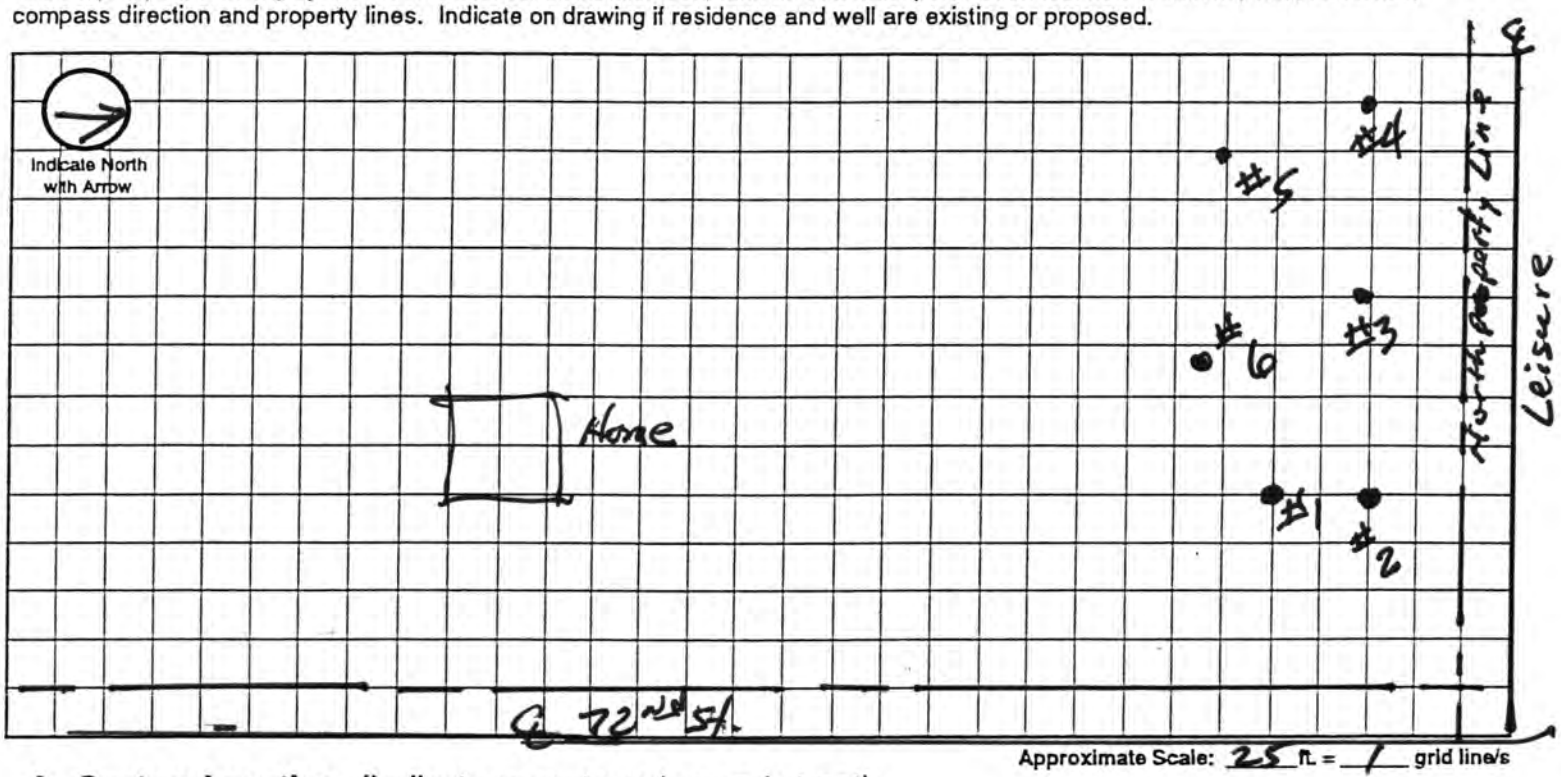
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802667

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: 25 ft. = 1 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 53 (min. per inch) Soil Type: Clay Silt, WYMORE SILTY CLAY LOAM Land Slope: 6 DOWNSTON %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 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 Brian Swanson Ferguson Const. Date 7-2-03

Installer Richard Cruz Capital City Trenching Date 7-2-03

FORM 23-102 10-96

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

D

Permit Number: 033802L67

Sewage Disposal System

As Built Plans & Specifications

Date 7-23-03

System Location (Indicate correct number and street)

Address 17001 N 72 (no rural route) City HICKMAN NE, Zip 68372

A. Building Sewer

1. Material: PVC sch 40 (4" x 4")
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: 134 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: concrete
   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 _____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: c/c 8' ft.

D. Absorption Field

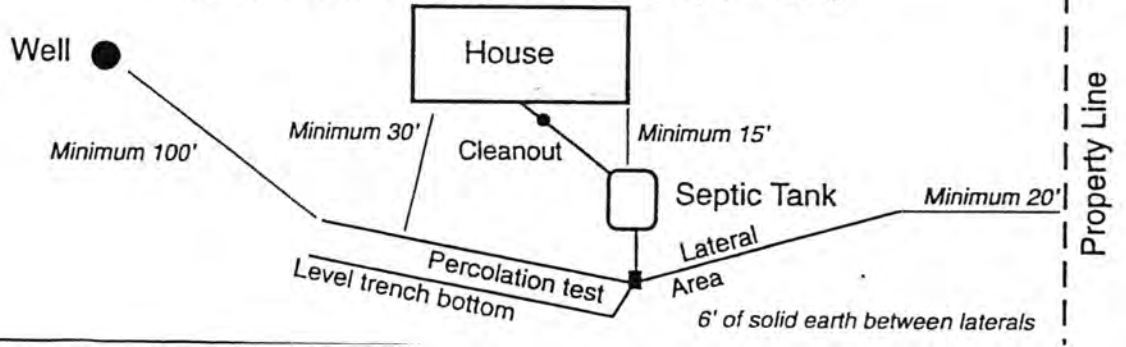
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 3/6
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   63 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope — in/100 ft.
   Average depth 30 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

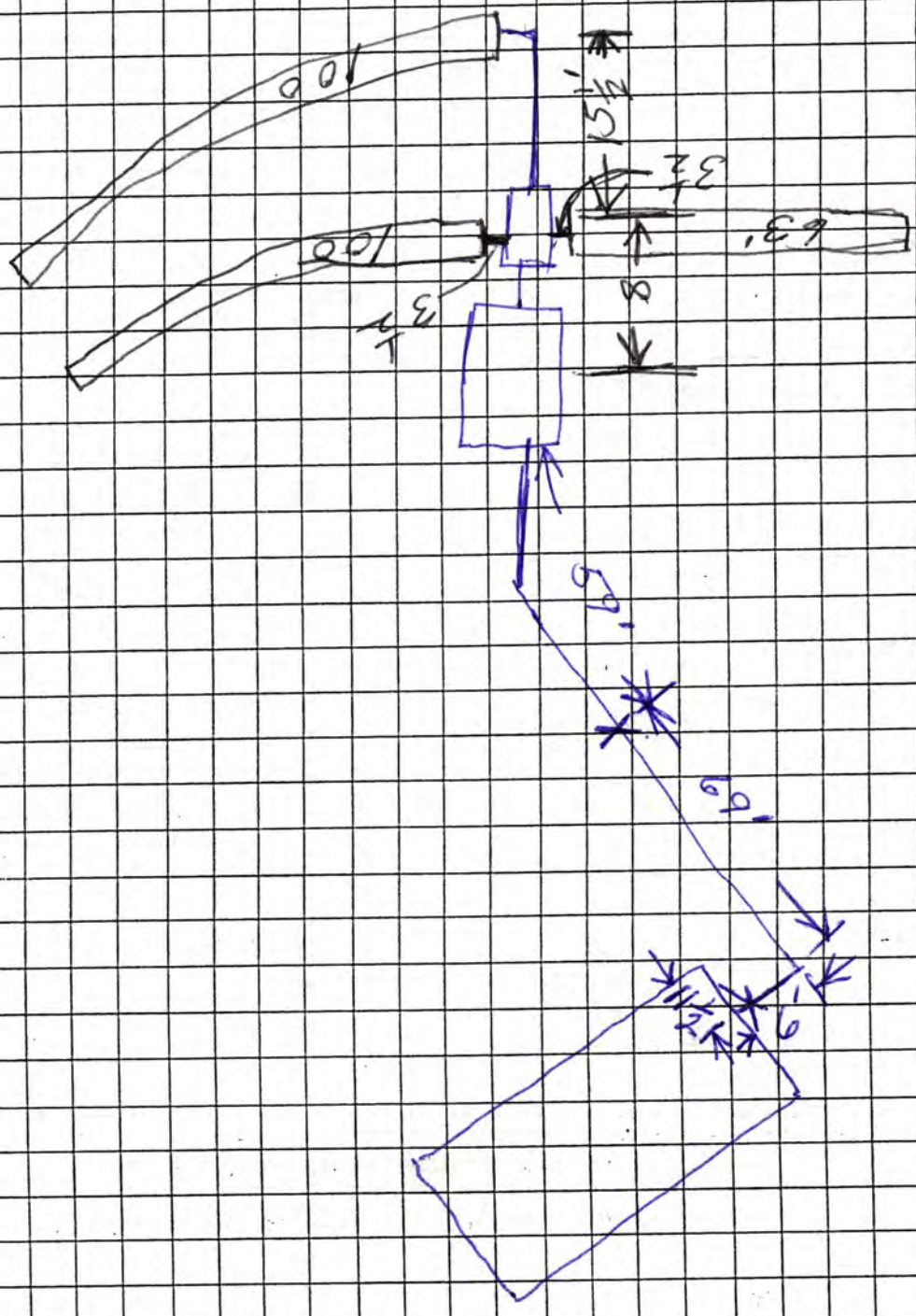
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow



7-23-03 Capitol City Trenching

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