Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

004984

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM OR LAGOON DEPENDENT ON
PERCOLATION TEST

Establishment

CHARLES R URIBE
T8N R8E SEC 9
LITTLE NEMAHA LK EST LOT 2
14110 SHILOH RD-BENNET

Permittee

CHARLES R URIBE
9274 PIONEER CT
LINCOLN NE 68520

Permit # 04380282901

Issued 05/10/04

Expires 11/10/04

Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

MAY 1 3 2004

A

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

Permit Number: 04380282901

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

DEPENDENT ON PERCOLATION TEST

☒ 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 14110 SHILOH RD (no rural route) City BENNET NE, Zip

Legal Description 9 8N 8E LITTLE NEMAHA LAKE ESTATES 2
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 CHARLES R. URIBE Signature Charles R Uribe

Address 9274 PIONEERS CT. City/State/Zip LINCOLN NE 68520

☐ Check if owner designed system Home Phone 402-488-2931 Work Phone 402-467-1239

C. Contractor

Name STAN KROESE Company Name DIRTWORKS 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 5/10/04 Date frwd 5/10/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-12-04 Date frwd 5-12-04 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5-13-04 Date frwd 5-13-04 ACTION ☒ Approved ☐ Disapproved Signature

9/24/04 Need drawing. Jeff.

Installation Final Written Approval

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

Date SEPTEMBER 28, 2004

Business Office Use Only

Date Rec'd 05/10/04
Amt Paid 200.00
Rec'd By JS Cash/Check No. 6809

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application NEMAHA LAKE ESTATES

Please Print or Type URIBE SEPTIC

System Location (Indicate correct number and street)

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

Owner URIBE Addresss _____

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

Date of Tests 9/6/04 to 9/7/04 Weather: Precipitation ☺ Temperature 90°

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	29	9/6	8 AM	9/7	8 AM	9/7	8 AM	6	9/7	NOON	30	1/2	60
2	30	9/6	8AM	9/7	8AM	9/7	11:30AM	6	9/7	NOON	30	1 1/2	20
3	31	9/6	8AM	9/7	8AM	9/7	11:30AM	6	9/7	NOON	30	3/4	40
4	29	9/6	8AM	9/7	8 AM	9/7	11:30AM	6	9/7	NOON	30	1/2	60
5	30	9/6	8AM	9/7	8AM	9/7	11:30AM	6	9/7	NOON	30	1/2	60
6	29	9/6	8AM	9/7	8AM	9/7	11:30AM	6	9/7	NOON	30	3/4	40

Sum of Percolation Rates: 280
Average of Rates: 46.66
Rate Used for Calculation: ~~47~~ 60

Person Conducting Percolation Tests

Name: JAN KROESE
Phone: 560-1208
Address 7801 LEIGHTON AVE NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerold C. Wood Date SEPTEMBER 16, 2004

FORM 23-101 10-96

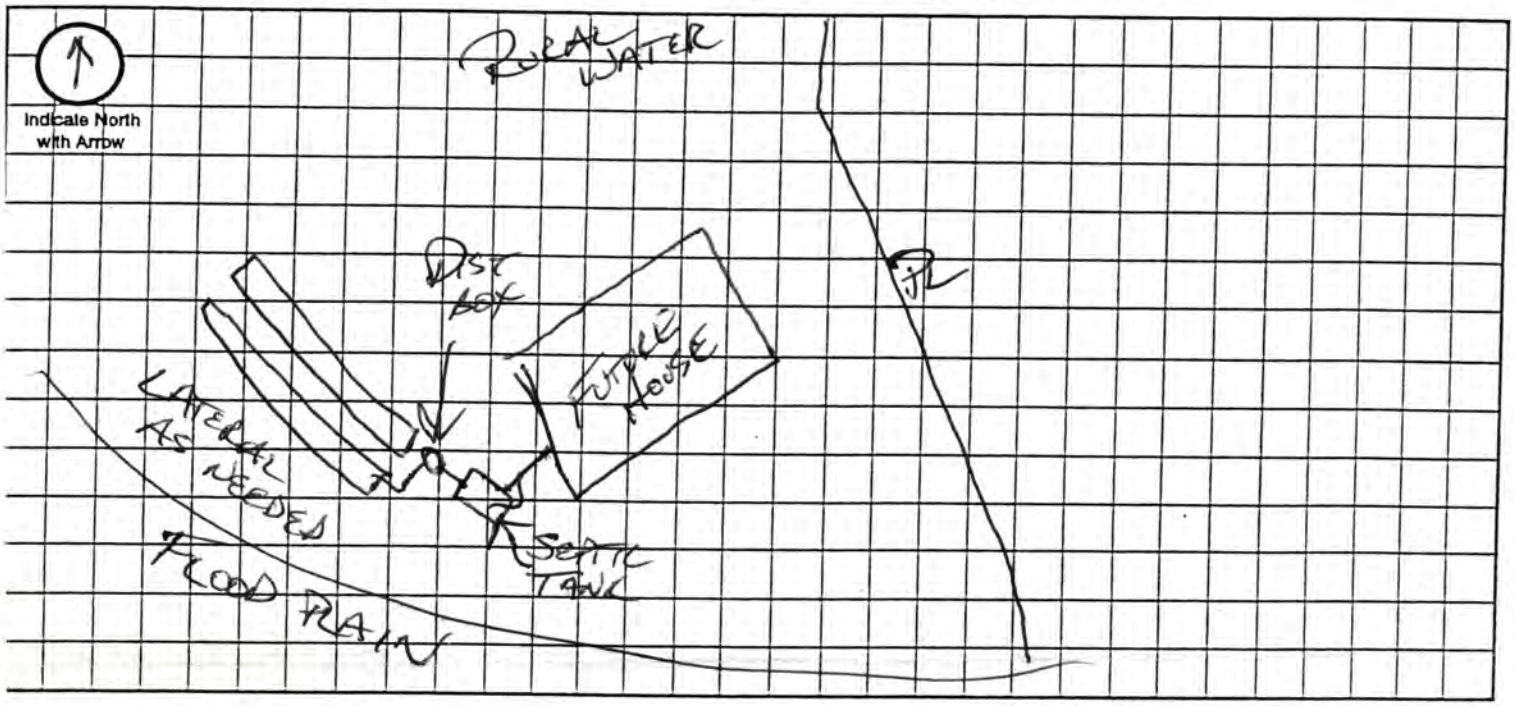
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802829

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) 1410 SHILOH 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 60 (min. per inch) Soil Type: SEVERAL TYPES Land Slope: _____ %

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 Heritage Builders Inc Gary Ford Pres. Date 4-19-04

Installer _____ Date 4/19/04

RM 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 9/24/04 CHARLES URIBE

System Location (Indicate correct number and street)

Address 14100 SHILOH (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 42 ft.
4. Number of clean-outs: 3
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 _____ 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONC BOX
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

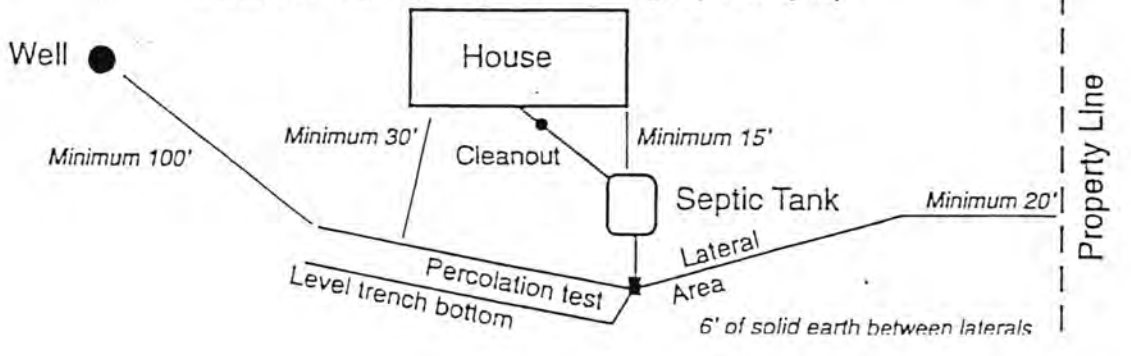
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other INFILTRATOR HI-CAP
2. Lateral lines: Number 2
   Length of each line: 132 ft. 132 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 28 in
4. Filter material: Gravel Less
   Depth of material NA in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ 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

