# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002976

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380269101

Issued 08/15/03
Expires 02/15/04
Revenue Code 3157

Establishment: DAVE HANS
T9N R5E SEC 4 QTR SW
LOTS 6, 11, & 12
3838 SW 112 ST-DENTON

FEES: $200.00

Permittee: DAVE HANS
1307 W PARK AVE
LINCOLN NE 68522

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: 033802691O1

# 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 3830 SW 112TH (no rural route) City DENTON NE, Zip 68339

Legal Description 4 9N 5 LOT SIX + LOT ELEVEN + ~~TWELVE~~ TWENTY-TWO S.W. QUARTER
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 DAVE HANS Signature Dave Hans

Address 1307 WEST PARK AVE City/State/Zip LINCOLN, NE 68522

☐ Check if owner designed system Home Phone 402-476-0231 Work Phone 402-420-9301

## C. Contractor

Name MELVIN FAGNER Company Name FAGNER

Address 4810 W CLAIRE AVE City/State/Zip LINCOLN NE 68523

☐ 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 8/15/03 Date frwd 8/18/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoos
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-18-03 Date frwd 8-18-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-18-03 Date frwd 8-18-03 ACTION ☒ Approved ☐ Disapproved Signature _____

4/28/04 Partial

## Installation Final Written Approval

By _____

Date 10/6/04

***Business Office Use Only***
Date Rec'd 08/15/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 582

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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B

Permit Number: 033802691

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 3838 SW 112TH (no rural route) City _____ NE, Zip _____

Owner DAVE HAAS Addresss _____

Soil Type (SCS): WYMORE + SHARPSBURG IN AREA Percolation Rate: 53 min./inch

Date of Tests 8/6/03 to 8/7/03 Weather: Precipitation 0 Temperature 82

### 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 | 8/6 | 8:00 | 8/7 | 6:00 | 8/7 | 7:00 | 6 | 8/7 | 7:30 | 30 | 5/8 | 48 MIN/IN |
| 2 | 34 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 MIN/IN |
| 3 | 30 | " | " | " | " | " | " | " | " | " | " | 3/4 | 40 MIN/IN |
| 4 | 31 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 MIN/IN |
| 5 | 34 | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 MIN/IN |
| 6 | 32 | " | " | " | " | " | " | " | " | " | " | 5/8 | 48 MIN/IN |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

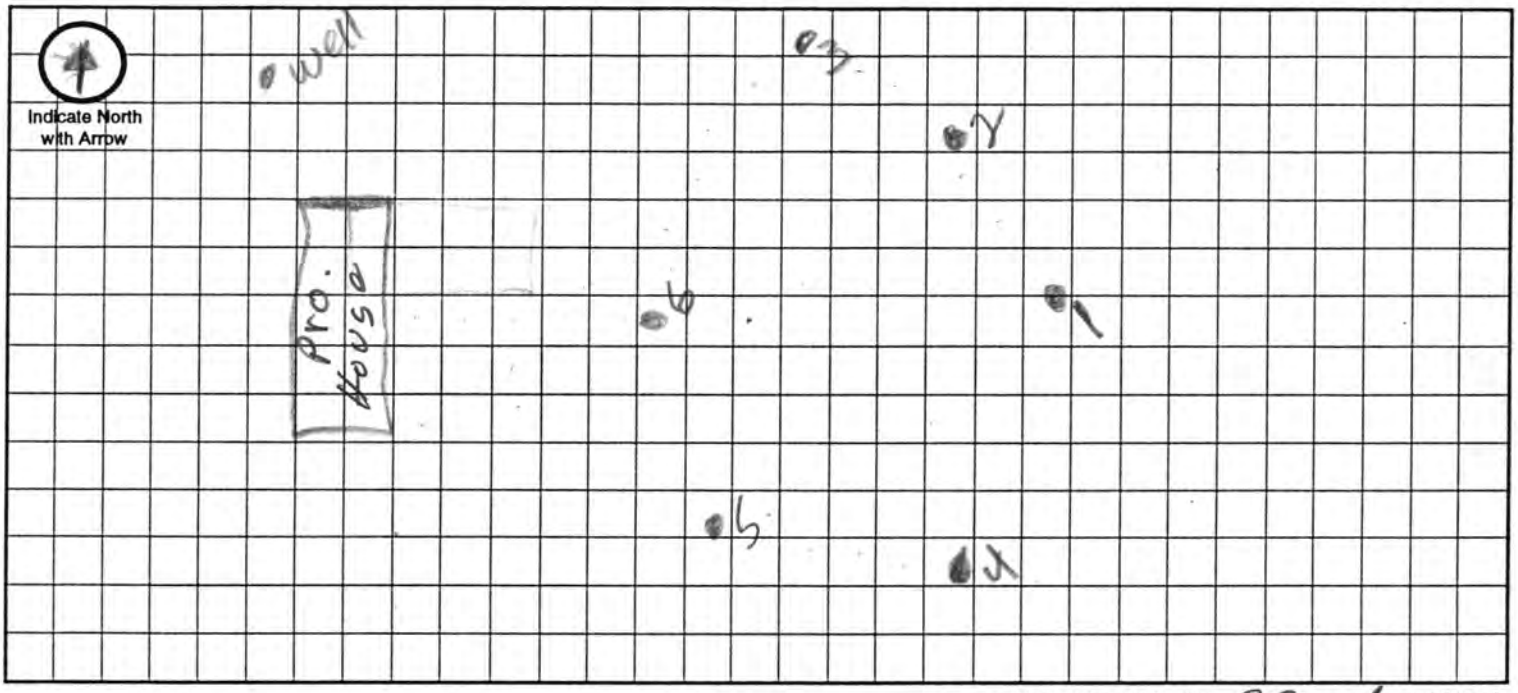
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 03380269/

# 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: 20 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: WYMORE & SHARPSBURG Land Slope: .02 %

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: INFILTRATORS

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

Total Length of Laterals 262 ft. Number of Trenches 3 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 8-10-03

Installer Melvin F. Kapler Date 8/8/03

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
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**D**

Permit Number:

# Sewage Disposal System
## As Built Plans & Specifications

Date 30 sept 04

**System Location (Indicate correct number and street)**
Address 3838 SW 12th (no rural route) City _____ NE, Zip _____

### A. Building Sewer
1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 45 in.
3. Distance between dwelling and septic tank: 46 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 ft.
   stream NA ft.
   pressure line NA ft.
   property line OVER 20 ft.

### B. Septic Tank
1. Material: Concret
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line OVER 20 ft.

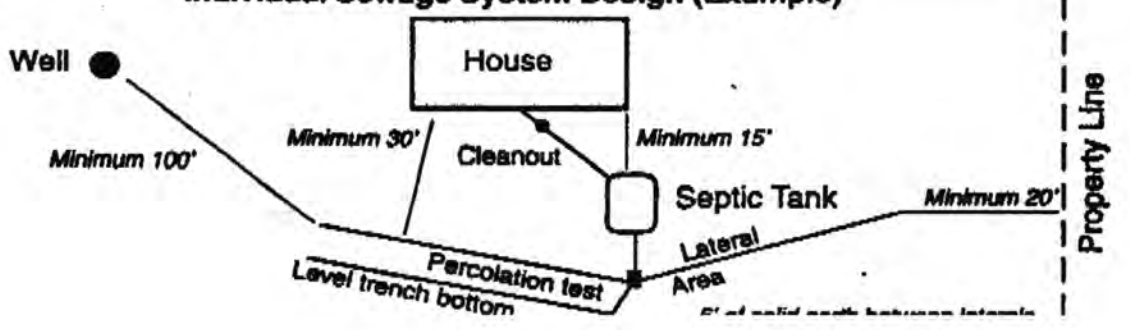
### C. Distribution Box
1. Material: PLASTIC
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 40 ft.

### 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 INFILTRATORS
2. Lateral lines: Number 3
   Length of each line: 150 ft. 150 ft.
   44 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line OVER 20 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

3838 SW 112th

