Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003735

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380279801

Issued 03/29/04
Expires 09/29/04
Revenue Code 3157

Establishment DOUG & JILL STUTZMAN
T9N R5E SEC 8 QTR NW
E 1/2 OF NW 1/4 LOT 51

FEES: $200.00

Permittee DOUG & JILL STUTZMAN
5309 S 80 ST
LINCOLN NE 68516

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: 04380279801

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) Have not established address yet

Address 12101 W. Pioneers Blvd. (no rural route) City _____ NE, Zip _____

Legal Description Lot 51, E½ of NW¼ of Section 8, Township 9 North, Range 5, East of the 6th PM
(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 Doug & Jill Stutzman Signature Doug & Jill Stutzman

Address 5309 S. 80th St. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 402-489-9237 Work Phone 402-423-2394, ext. 115

C. Contractor

Name Same as owner 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 BEN EARNEST Firm EARNEST WEN DRILLING Work Phone 402-761-2281

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 3/29/04 Date frwd 3/29/04 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
10-25-04 jmm

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/29/04 Date frwd _____ **ACTION** ☑ Approved ☐ Disapproved Signature _____

3. **City or County Engineer** Date rec'd 3/29/04 Date frwd 3/29/04 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 10-26-04

Business Office Use Only

Date Rec'd 03/29/04

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 6339

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: 043802798

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

SEE ATTACHED

System Location (Indicate correct number and street) Lot 51, E ½ of NW¼ of Section 8, Township 9 North, Range 5, East of the 6th PM.

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

Owner Doug & Jill Stutzman Addresss 5309 S. 80th St., Lincoln, Ne 68516

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

Date of Tests _____ to _____ 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)

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct Lot 51 Section 8
Township 9N Range 5
1/4 Section E ½ of NW ¼

Owner: Doug Stutzman
Address: 126th + Pioneers 3/8 mile east southside

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 3-24-04 to 3-25-04. **Weather:** Precip. Ø Temp. 70's

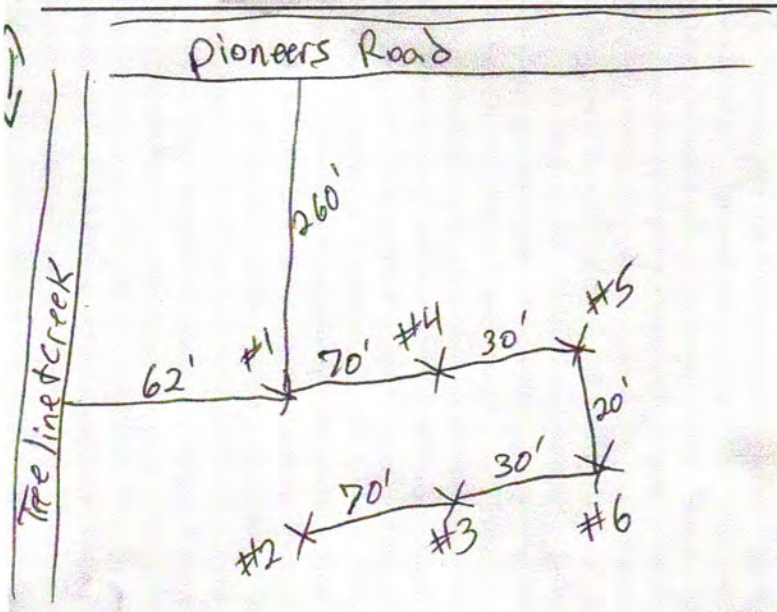
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	36	3-24	7:00pm	3-24	11:00pm	3-25	8:00pm	6	8:30pm	5	30	1
2	36	3-24	7:00pm	3-24	11:00pm	3-25	8:00pm	6	8:30pm	5¼	30	¾
3	36	3-24	7:00pm	3-24	11:00pm	3-25	8:05pm	6	8:35pm	5¼	30	¾
4	36	3-24	7:00pm	3-24	11:00pm	3-25	8:05pm	6	8:35pm	5¼	30	¾
5	36	3-24	7:00pm	3-24	11:00pm	3-25	8:10pm	6	8:40pm	5¼	30	¾
6	36	3-24	7:00pm	3-24	11:00pm	3-25	8:10pm	6	8:40pm	5¼	30	¾

Sum of Water Level Drops (in.) [Column m]: 4¾
Average of Water Level Drops (in.) [Column m]: _____
Inches per Minute: _____

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: (402)-761-4414
Signature: Justyn L. Peterson

Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



3 Bedroom with whirlpool Tub

Official's Signature

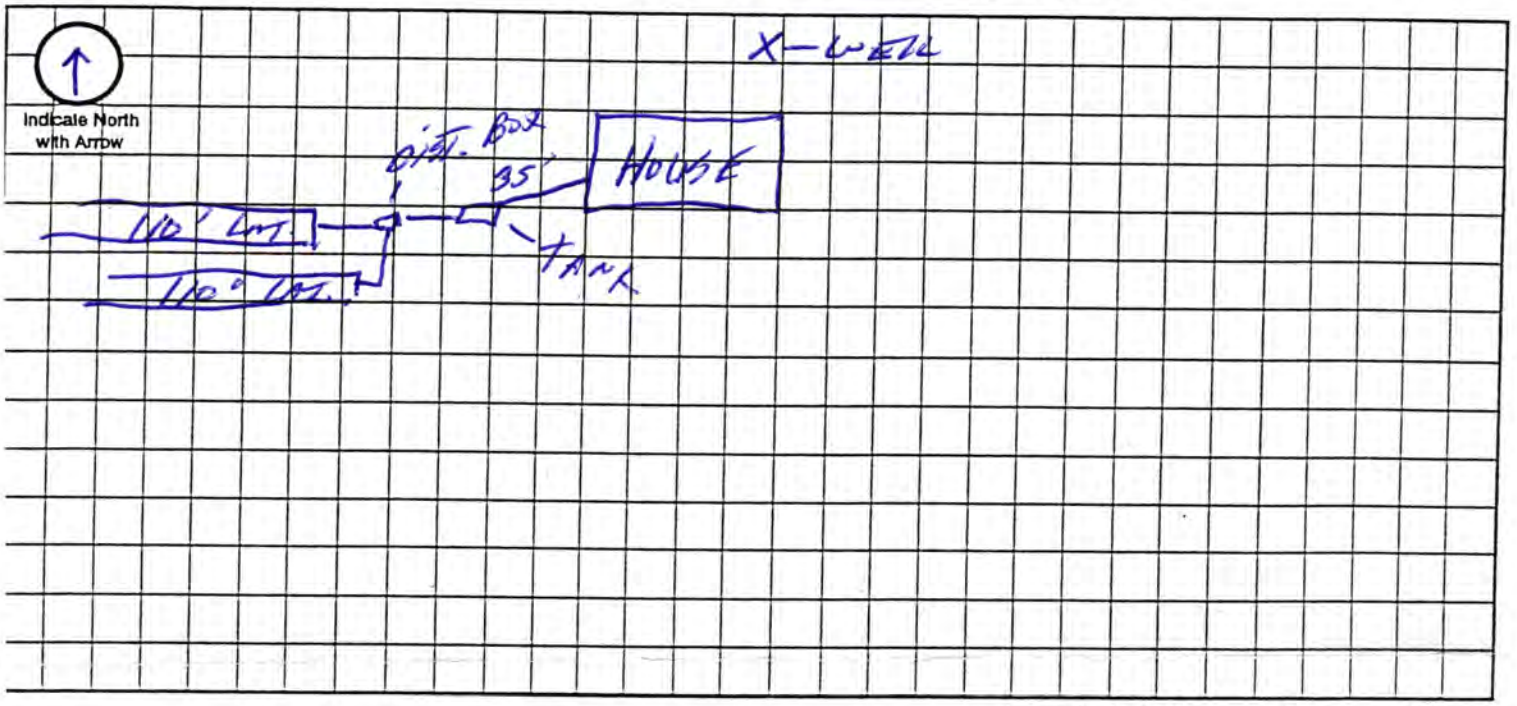
Lincoln-Lancaster County Health Department
Environmental Health Division
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C

Permit Number: 04380279B

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) Lot 51, E½ of NW ¼ of section 8, Township 9 North, Range 5, East of the 6th PM. 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: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 825 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: INFILTRATOR (GRAVELESS)

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 ft. Number of Trenches 2 Trench Width 3'

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 Orig: Jill Stuthman Date 3/27/04

Installer _____ Date 3/27/04

RM 23-102 10-96

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 10/25/04 Doug Stutzman

System Location (Indicate correct number and street)

Address 12101 W Pioneers Blvd. (no rural route) City Denton NE, Zip 68339

. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 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 140 ft.
   Stream _____ ft.
   Pressure line 20 ft.
   Property line 200' ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 30 ft.

D. Absorption Field

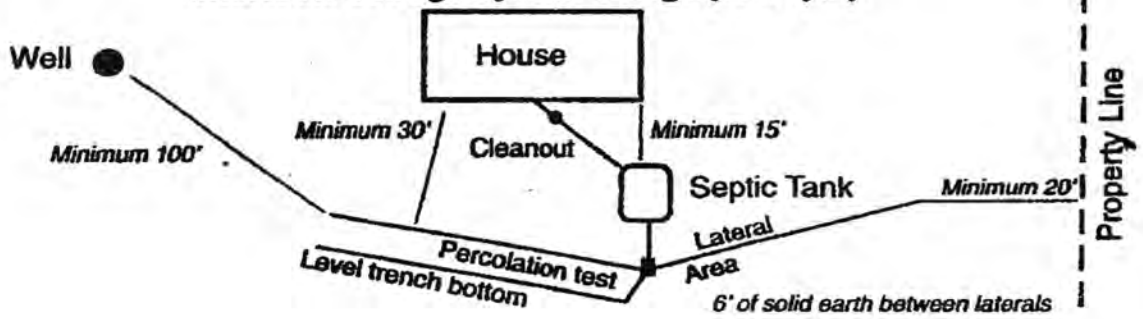
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 126.6 ft. 126.6 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 1½" in/100 ft.
   Average depth 42 in
4. Filter material: Native Clay
   Depth of material 22 in.
5. Distances to: Well or suction line 120 ft.
   Stream _____ ft.
   Pressure line 80 ft.
   Property line 80 ft.

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

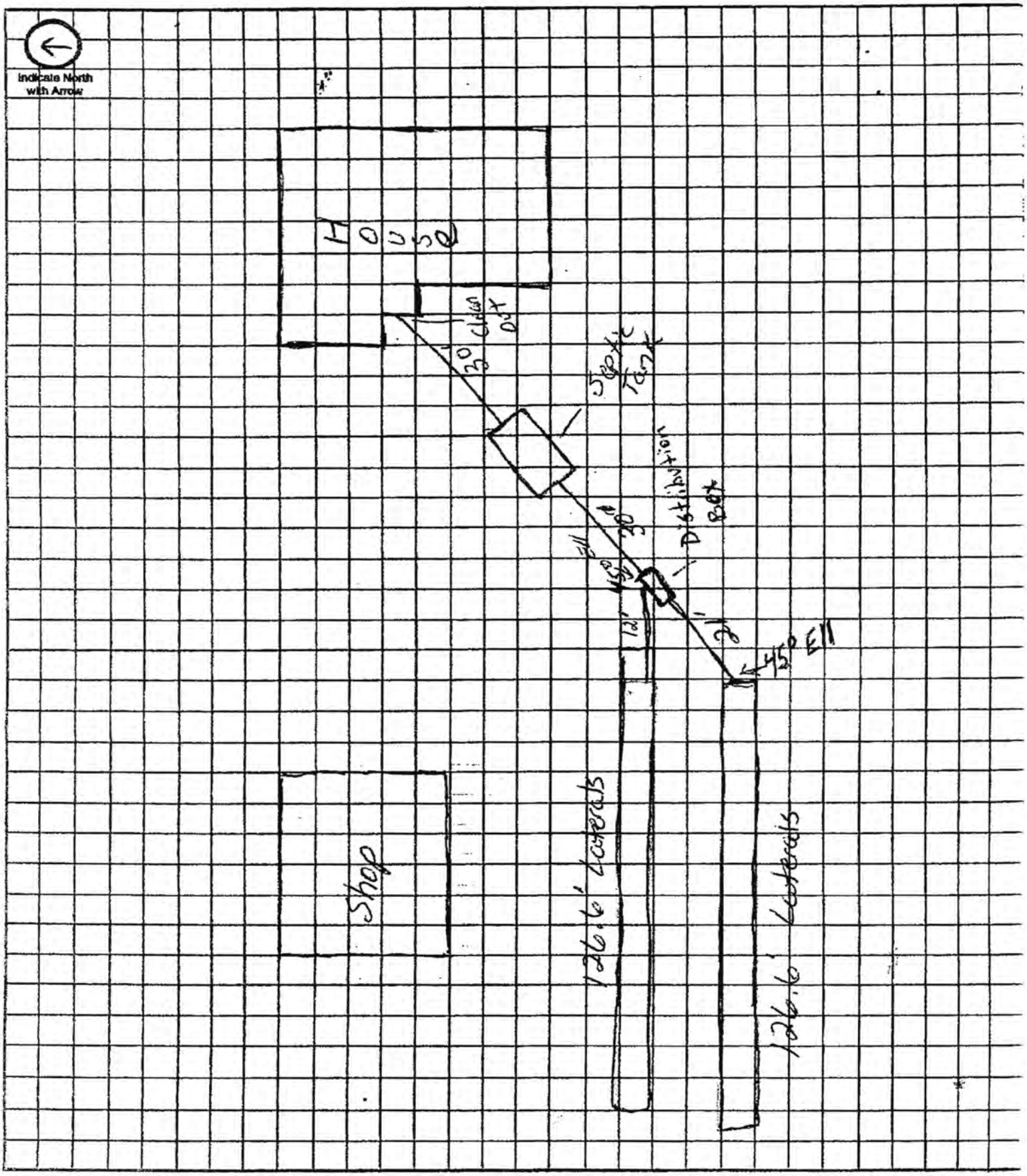
dicate North with Arrow

Individual Sewage System Design (Example)



RM 23-103 10-95

As Built Drawing



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