Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007647

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380301501

Issued 05/05/05
Expires 05/05/06
Revenue Code 3157

Establishment: DAVID M FRYE
T9N R5E SEC 11
FOUR WINDS ESTS BLK 1 LOT 3
5400 SW 80 CT-DENTON

FEES: $200.00

Permittee: DAVID M FRYE
2750 AUSTIN DR
LINCOLN NE 68506

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

A

Permit Number: 05380301501

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 ~~5400~~ 5600 SW 80th Ct (no rural route) City Denton NE, Zip 68339

Legal Description 11 (1/4) 9N (Section) 5E (Township) FOUR WINDS ESTATES (Range / Subdivision) 1 (Addition) 3 (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 David & Anne Frye Signature David M. Frye

Address 2750 Austin Drive City/State/Zip Lincoln NE 68506

☐ Check if owner designed system Home Phone 486-3272 Work Phone 434-3250

C. Contractor

Name McEwen Construction Company Name McEwen Construction

Address 5034 Old Cheney City/State/Zip Lincoln NE 68516

☐ Check if contractor designed system Work Phone 402-421-9494 580-7771 cell

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

Designer Name Brad Southwick Firm Southwick Septic Work Phone 430-7606

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 5/5/05 Date frwd 5/5/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-5-05 Date frwd 5-5-05 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 5/5/05 Date frwd 5/5/05 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 12/29/06

Business Office Use Only

Date Rec'd 05/05/05
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 022786

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

Lincoln-Lancaster County Health Department
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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 5400 SW 80th CT. City Denton NE, Zip 68339

Owner (no rural route) McEWEN Brendal Address 5034 Old Cheney Rd Lincoln 68516

Soil Type (SCS): JUC Percolation Rate: 40 min./inch

Date of Tests 5/3 to 5/4 Weather: Precipitation — Temperature 50s-60s

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	30	5/3	6:00	5/4	9:00	5/4	9:55	23⅜	5/4	10:35	30	⅞	34
2			"		"		"	22½		"		⅞	34
3								21⅝				1⅛	27
4								25¾				¾	40
5								21⅞				⅞	34
6								23¼				⅞	34

Sum of Percolation Rates: 203
Average of Rates: 34
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address: 17201 Saratoga St
Hickman, Ne. 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Jerrold C. Hood R.E.H.S. Date: MAY 5, 2005

FORM 23-101 10-96

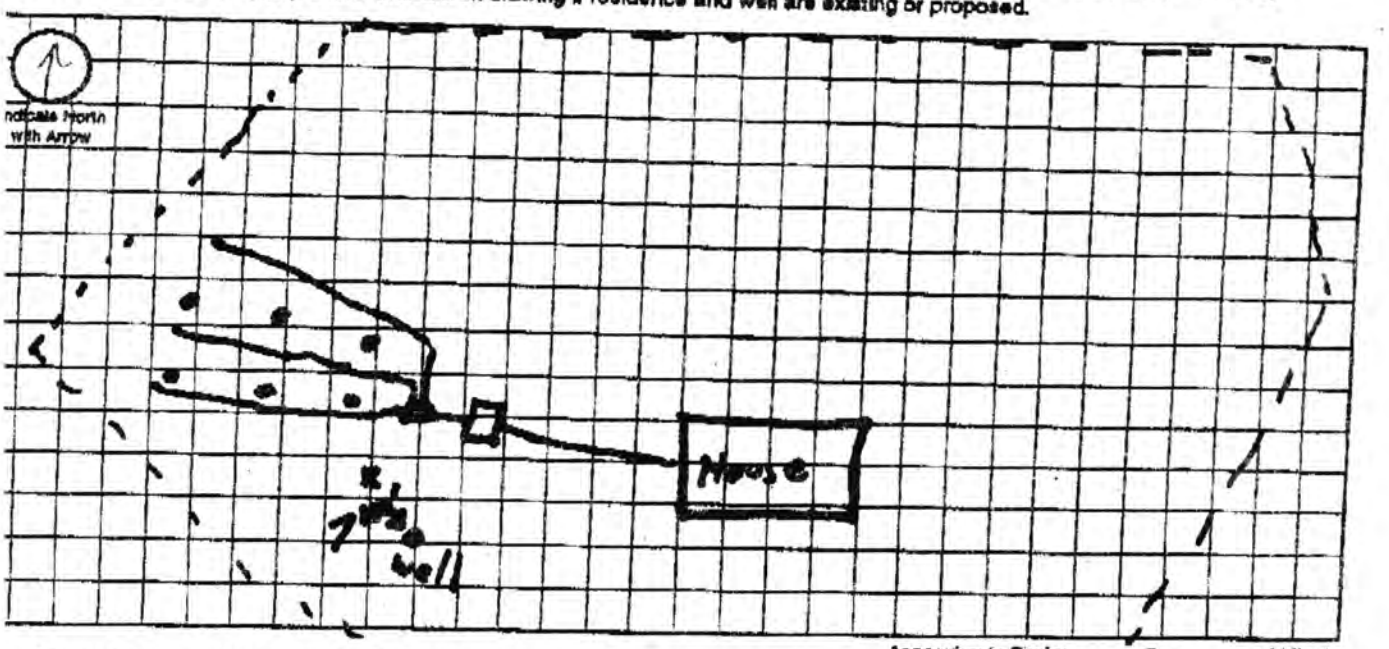
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C

Permit Number: 053803015

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, mpass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

dress (no rural route) 5400 SW 80th CT City Denton NE, Zip 68339

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☒ Plastic ☐ Other _____

Proposed Absorption System (See Form B for Percolation Information)

colation Rate 40 (min. per inch) Soil Type: SVC Land Slope: _____ %

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

al Square Feet of Field Required: 1100 sq. ft.

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: PVC Infiltrator Quantum

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

l Length of Laterals 265 ft. Number of Trenches 4 Trench Width 4'

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

stance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
nk (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
eld (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

e Building Contractor Rusty McEwen Construction Date 5-5-05

ner Brad Southwick Date 5-4-05

3-102 10-96