LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION

PERMIT

Permit No. 97380168101

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 11/13/97
Expires 05/13/98
Revenue Code 3157

FEES: $150.00

Establishment

MATTHEW J WOODWARD
T9N R5E SEC 13 QTR NW
PARCEL A-EAST 1/2 LOT 2
6401 W OLD CHENEY RD

TOTAL $150.00

Permittee

MATTHEW J WOODWARD
2113 SW 19 ST
LINCOLN NE 68522

Issued By Gregg M Wright MD
M. Jane Ford
Health Director

5462

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 9738016810 1

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 6401 West Old Cheney Road (no rural route) City Lincoln NE, Zip 68522

Legal Description East 1/2 NW 1/4 13 T9N R5E Parcel A 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 Matthew + Kim Woodward Signature Matthew J. Woodward

Address 2113 S.W. 19th City/State/Zip Lincoln Neb. 68522

☐ Check if owner designed system Home Phone 402-438-1986 Work Phone 402-438-3772

C. Contractor

Name Steve Champoux Company Name Prairie Homes

Address P.O. Box 84891 City/State/Zip Lincoln Neb. 68522

☐ Check if contractor designed system Work Phone 402-476-6599

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

Designer Name De Wayne Friesen Firm Friesen Excavating Work Phone 402-730-3277

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 11/13/97 Date frwd 11/13/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/13/97 Date frwd 11/13/97 ACTION ☒ Approved ☐ Disapproved Signature TV
3. **City or County Engineer** Date rec'd 11/13/97 Date frwd 11/13/97 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Paul Williamson

Date 12-9-97

Business Office Use Only

Date Rec'd 11/13/97

Amt Paid #150 cc

Rec'd By MF Cash/Check No. 4486.

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6401 West Old Cheney Rd (no rural route) City Lincoln NE, Zip 68522

Owner Matt + Kim Woodward Addresss 2113 S.W. 19th Lincoln Neb 68522

Soil Type (SCS): BURCHARD CLAY LOAM (DESCRIBED + INCLUSION) Percolation Rate: _____ min./inch

Date of Tests ~~11-4-97~~ 11-4-97 to 11-5-97 Weather: Precipitation None Temperature 40°

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	11-4	1:00	11-5	2:00	11-5	~~2~~:00	14 1/16	11-5	4:30	30	1	
2	32	"	"	"	"	"		12 1/16	"		"	3/4	
3	32	"	"	"	"	"		12 1/4	"		"	5/8	
4	32	"	"	"	"	"		11 7/8	"		"	1/2	
5	32	"	"	"	"	"		11 3/4	"		"	3/4	
6	32	"	"	"	"	"	2:40	13 3/4	"	4:40	"	5/8	

Person Conducting Percolation Tests

Name: Matt Woodward
Phone: 402-438-1986
Address 2113 SW 19th
Lincoln Neb 68522

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date 11/13/97

FORM 23-101 10-96

11/5/97

Perk test Woodward Matt and KIM S. W. 64th and West Old Cheney Rd. ~~8/25/97~~

TIME:	HOLE #1	HOLE #2	HOLE #3	HOLE # 4	HOLE #5	HOLE#6
2:00	14 1/8	12 1/8	12 1/4	11 7/8	11 3/4	13 3/4
2:30	12 1/8	10 1/2	11 1/4	10 5/8	10	12 1/4
3:00	10 7/8	9 1/2	10 3/4	9 3/4	8 7/8	11 1/4
3:30	9 1/2	8 3/8	10 1/4	9 1/4	8 1/8	10 5/8
4:00	8 3/4	7 7/8	9 5/8	8 1/2	7 3/8	10
4:30	7 3/4	7 1/8	9	8	6 5/8	9 3/8
—	1"	3/4"	5/8"	1/2"	3/4"	5/8"

Drop last 30 min

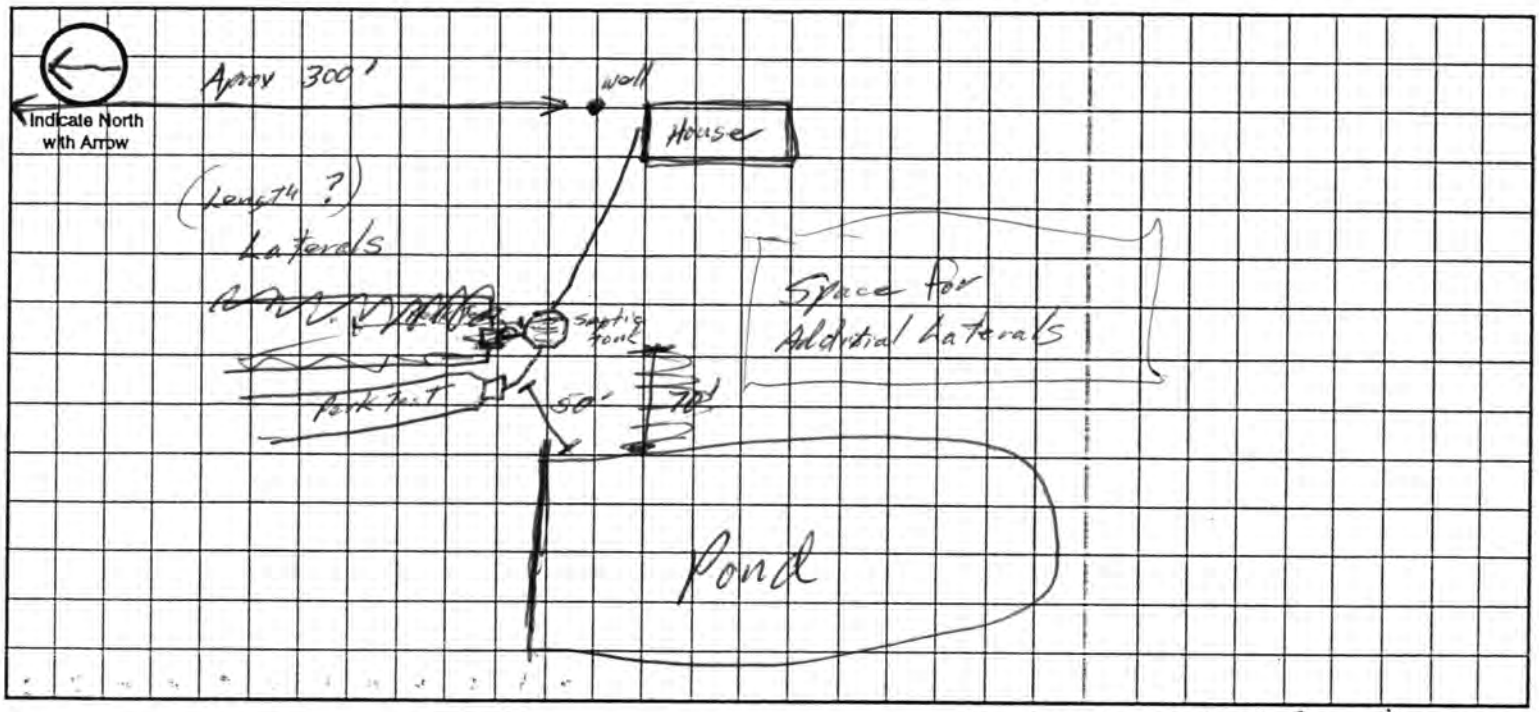
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 6401 West Old Cheney Road City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 36.715 (min. per inch) Soil Type: Sandy/Clay Land Slope: 8° %

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

? Total Square Feet of Field Required: 990 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 _____ ft. Number of Trenches _____ Trench Width _____

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 Steve Champoux Date 10-31-97

Installer DeWayne Friesen Date 10/30/97

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: 97380168101

Matt Woodward
438-1986

Sewage Disposal System
As Built Plans & Specifications

Date 11-24-97

System Location (Indicate correct number and street)

Address 6401 S.W. Old Cheney Road (no rural route) City Lincoln NE, Zip 68522

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 85' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 20' ft.
   stream — ft.
   pressure line 20' ft.
   property line — ft.

B. Septic Tank

1. Material: Concrete (Precast)
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter Precast in.
   Over outlet, diameter Precast in.
   Riser: ☐ above ☑ below grade 24" 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 75' ft.
   Stream 120' ft.
   Pressure line 75' ft.
   Property line 350' ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 6
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 13' ft.

D. Absorption Field

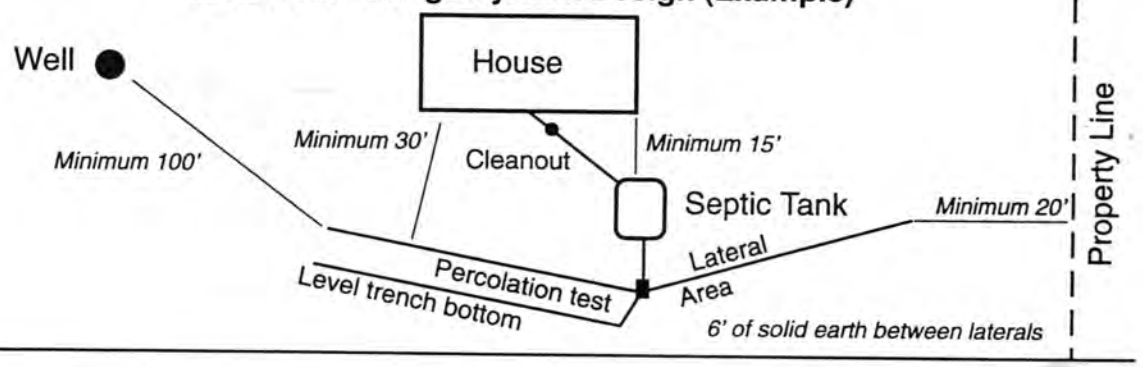
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 18"
   or perforated pipe: ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 100' ft. 100' ft.
   50' ft. ____ ft. ____ ft.
3. Trench dimensions: Width 4½' ft.
   Slope 0 in/100 ft.
   Average depth 3' in
4. Filter material: Gravel
   Depth of material 2½' in.
5. Distances to: Well or suction line 115' ft.
   Stream 85' ft.
   Pressure line 115' ft.
   Property line 250' ft.

Indicate North with Arrow

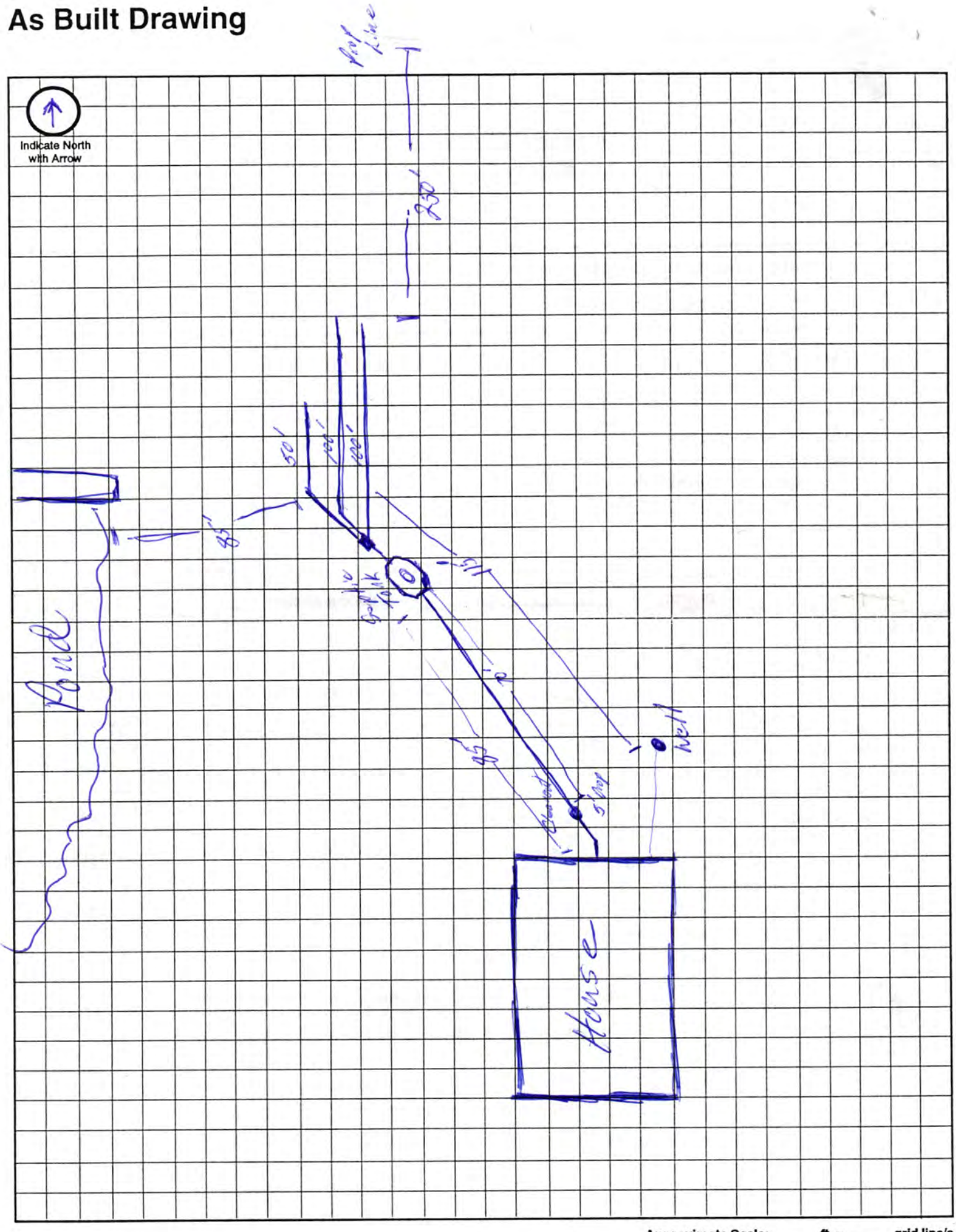
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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