Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011118

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380337901

Issued 08/09/07
Expires 08/09/08
Revenue Code 3157

Establishment:
ERICA STRANIK
T9N R5E SEC 13
TIMBERLINE ESTS LOT 1,2
6801 ALPINE RD-DENTON

FEES: $290.00

Permittee:
ERICA STRANIK
6018 OLD FARM CIR
LINCOLN NE 68512

TOTAL: $290.00

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: 07380337901 1of

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:

5.33

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 6801 ALPINE Rd. (Dayton) City LINCOLN NE, Zip

(no rural route)

Legal Description Timberline Ests 13 9 5 LCR 6023 1, 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 Erica Stranik Signature Erica Stranik

Address 6018 Old Farm Circle City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 432-0146 Work Phone 423-0033

C. Contractor

Name Aaron Vasa construction Company Name Vasa construction

Address City/State/Zip Lincoln

☐ Check if contractor designed system Work Phone 499-6663

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

Designer Name Southwick construction Firm Work Phone 475-2462

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 8/16/07 Date frwd 8/16/07 ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/15/07 Date frwd 8/15/07 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8-15-07 Date frwd 8-15-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Flouch

had contractor move 4 pieces of lateral

Installation Final Written Approval

By

Date 12/5/07

laterals are 10ft from well

Business Office Use Only

Date Rec'd 08/09/07
Amt Paid 290.00
Rec'd By Cash/Check No. 1440

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

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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 6801 ALPINE Rd. (no rural route) City Lincoln NE, Zip 68523

Owner _____ Addresss _____

Soil Type (SCS): Clay Loam Percolation Rate: 60 min./inch

Date of Tests 8-11-07 to 8-12-07 Weather: Precipitation None Temperature 100

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)
[redacted]													
7	39	8/11	8:30	8/12	7:30	8/12	11:00	34 3/8	11:30	34 7/8	30	1/2	60
	Recommend System be located North & East of well												

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: CLAUDE OZE

Phone: 402-486-4444

Address 6645 So. 66th St. Lincoln Ne. 68516

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
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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 6801 ALPINE Rd. (no rural route) City _____ NE, Zip _____

Owner TOM Addresss _____

Soil Type (SCS): CLAY Percolation Rate: 60 min./inch

Date of Tests 8/22 to 8/23 Weather: Precipitation None Temperature 95

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	36	8/22	3:00	8/23	3:00	8/23	6:30	31 5/8	8/23	7:00	30	1/16	53
2	37	8/22	3:00	8/23	3:00	8/23	6:30	29 1/2	8/23	7:00	30	1/2	60
3	36	8/22	3:00	8/23	3:00	8/23	6:30	32 1/4	8/23	7:00	30	1/2	60
4	38	8/22	3:00	8/23	3:00	8/23	6:30	32 1/8	8/23	7:00	30	1/2	60
5	37	8/22	3:00	8/23	3:00	8/23	6:30	30 1/4	8/23	7:00	30	1/2	60
6	36	8/22	3:00	8/23	3:00	8/23	6:30	31 3/8	8/23	7:00	30	7/16	68

Sum of Percolation Rates: 361

Average of Rates: 60

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: CLAUDE OIE PE-3979

Phone: 423-0614

Address 5910 So 52nd st. Ct.

Lincoln Ne. 68516

486-4444

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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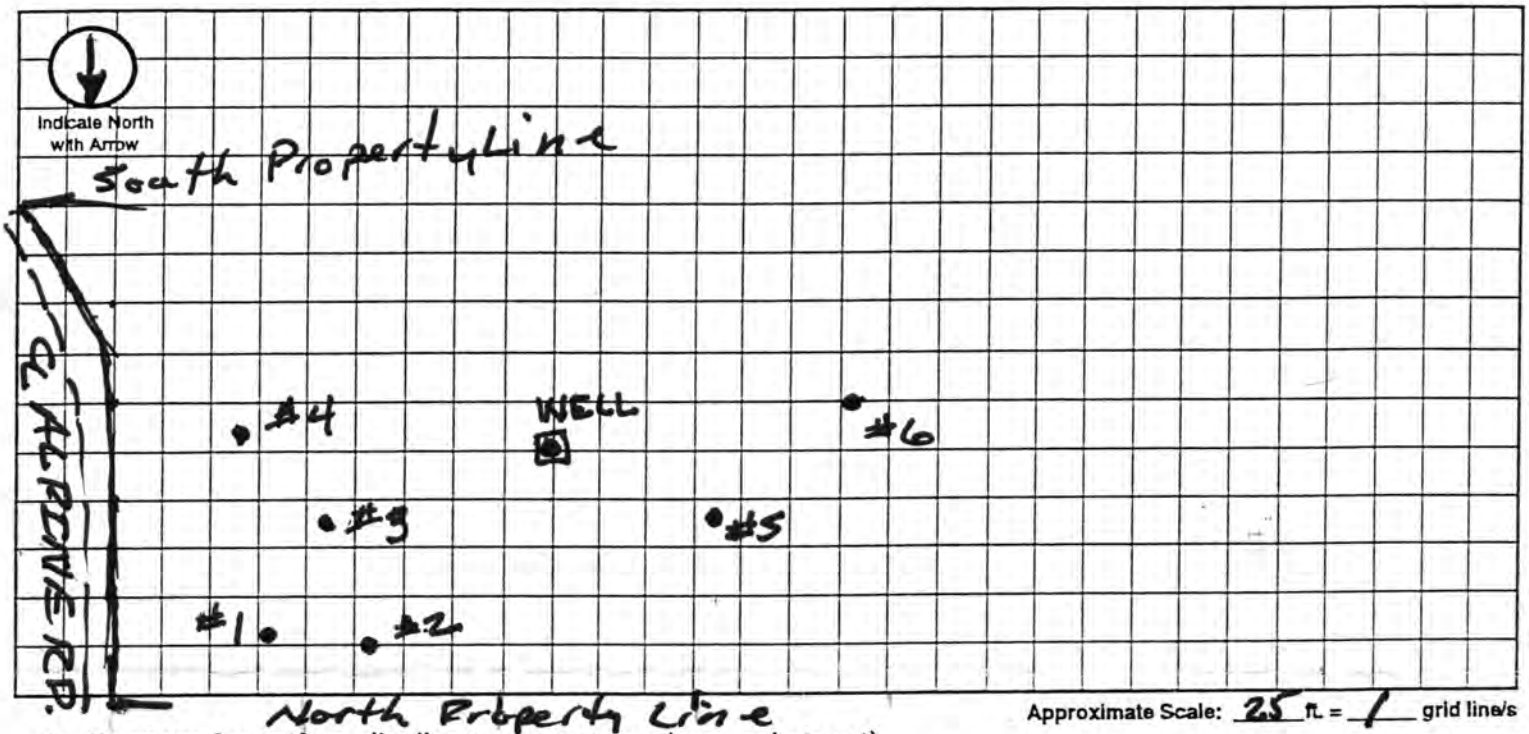
C

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) 6801 ALPINE Rd. City Lincoln 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: C/H Land Slope: 2-3 %

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

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ 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 _____ Date _____

Installer _____ Date _____

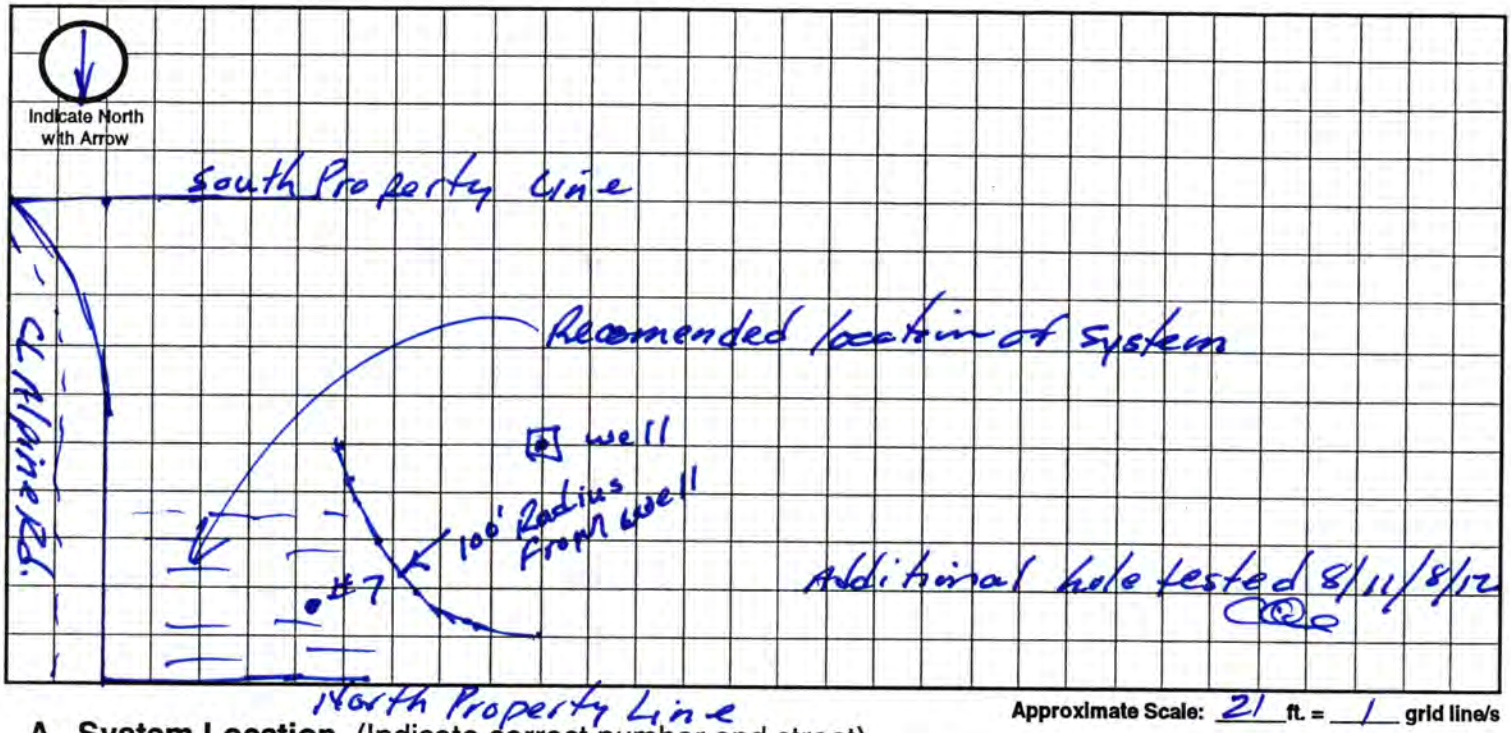
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C

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: 21 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ 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 _____ Date _____

Installer _____ Date _____