Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007977

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEWAGE INSTALLATION

Establishment
STEVE OLSON
T9N R5E SEC 20
LOT 26
12350 W SPRING ROAD

Permittee
STEVE OLSON
7210 CASS ST
DENTON NE 68339

Permit # 05380305701

Issued 07/11/05
Expires 07/11/06
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

IFM COPY

JUL 0 6 2005

A

Permit Number: 05380305701

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

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 12350 W. Spring Road (no rural route) City Denton NE, Zip 68339

Legal Description W1/2 (1/4) 20 (1/4 Section) 9N (Township) 5E (Range) _____ (Subdivision) _____ (Addition) _____ (Block) 26 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Steve Olsen Signature Steve Olsen

Address 7210 Cass City/State/Zip Denton Ne 68339

☐ Check if owner designed system Home Phone 402-499-2307 Work Phone 402-499-2307

C. Contractor

Name Steve Olsen Company Name _____

Address 7210 Cass Ave City/State/Zip Denton Ne 68339

☐ Check if contractor designed system Work Phone 402-499-2307

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Inc. Work Phone 402-890-6009

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms 1 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 7/11/05 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/13/05 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature [signature]	
3. **City or County Engineer**	Date rec'd 7-11-05 Date frwd 7-11-05	ACTION ☒ Approved ☐ Disapproved Signature [signature]	

8/16/05 line, tank, lateral field notes OK

Installation Final Written Approval

By [signature]

Date 8/22/05

Business Office Use Only

Date Rec'd 07/07/05

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 5823

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 12350 W Spring Rd (no rural route) City Denton NE, Zip 68339

Owner Steve Olsen Address 7210 CR 55 Denton, NE 68339

Soil Type (SCS): Wymore Percolation Rate: 32 min./inch

Date of Tests 7/13/05 to 7/14/05 Weather: Precipitation 0 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	30	7/13	12:30p	7/13	4:30p	7/14	11:30a	16	7/14	3:30p	30	15/16	30/0.94 = 32
2	34	"	"	"	"	"	"	"	"	"	"	2	30/2.00 = 15
3	35	"	"	"	"	"	"	"	"	"	"	3 3/8	30/3.38 = 9
4	35	"	"	"	"	"	"	"	"	"	"	3 1/4	30/3.25 = 9
5	31	"	"	"	"	"	"	"	"	"	"	1 13/16	30/1.81 = 17
6	31	"	"	"	"	"	"	"	"	"	"	2	30/2.00 = 15

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 # P1198

Sum of Percolation Rates: 97

Average of Rates: 16

Rate Used for Calculation: 32 (20 mpi variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

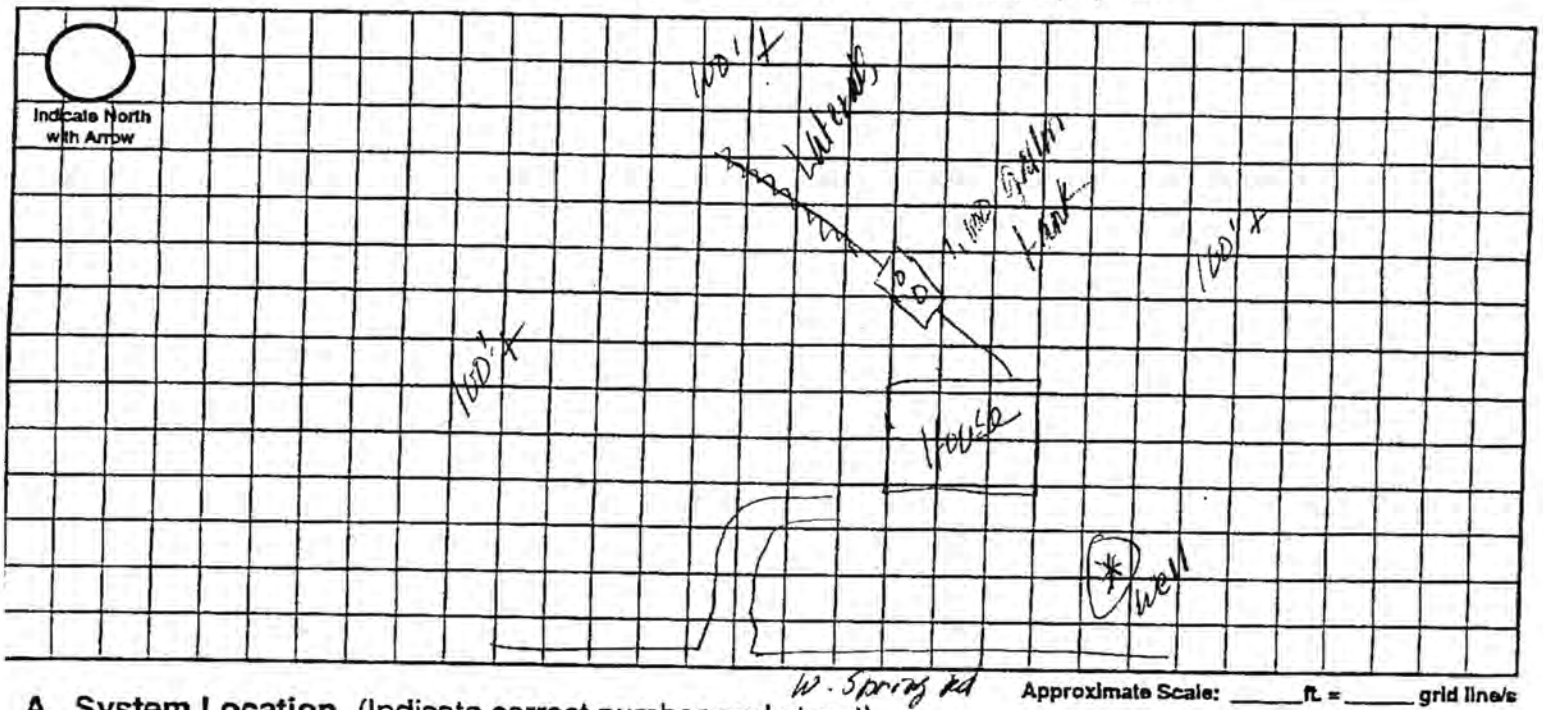
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C

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: ____ ft. = ____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12350 W Spring Rd City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other ____

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

Percolation Rate 32 (min. per inch) Soil Type: Wymore (Sandy) Land Slope: ____ %

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

Total Square Feet of Field Required: 275 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: H-10 Standard

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

Total Length of Laterals 69 ft. Number of Trenches 1 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 Steven L Olsen Date ____

Installer Terri L. Jakoubek Date 7-15-05

RM 23-102 10-96

AUG 1 9 2005

D

Permit Number:

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Phone: 402-441-8022

Sewage Disposal System

As Built Plans & Specifications

Date 8/16/05

Steve Olsen

System Location (Indicate correct number and street)

Address 12350 NW Spring (no rural route) City Denton NE, Zip 68339

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. ~~Distance above basement floor:~~ _____ in.
   or distance below ~~basement~~ floor: 24 in.
3. Distance between dwelling and septic tank: 83 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade AT in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

C. Distribution Box

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

D. Absorption Field

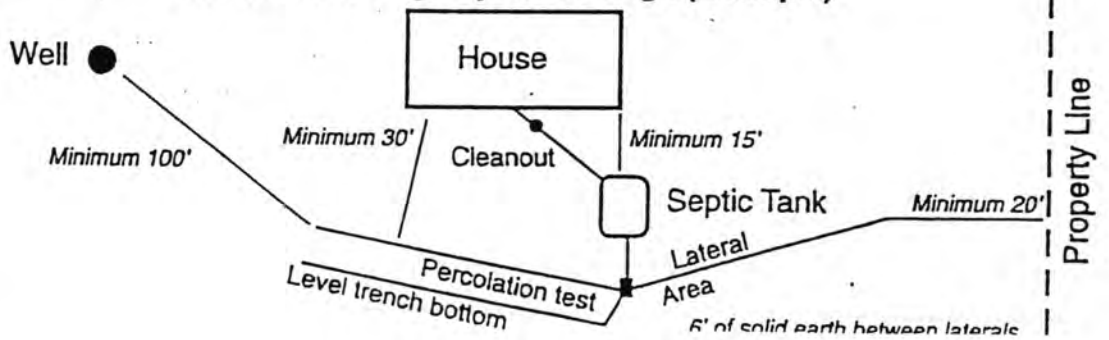
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: H-10 Standard
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 70' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 50" ft.
   Slope Flat in/100 ft.
   Average depth 36" in
4. Filter material: Dirt
   Depth of material 36" in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

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

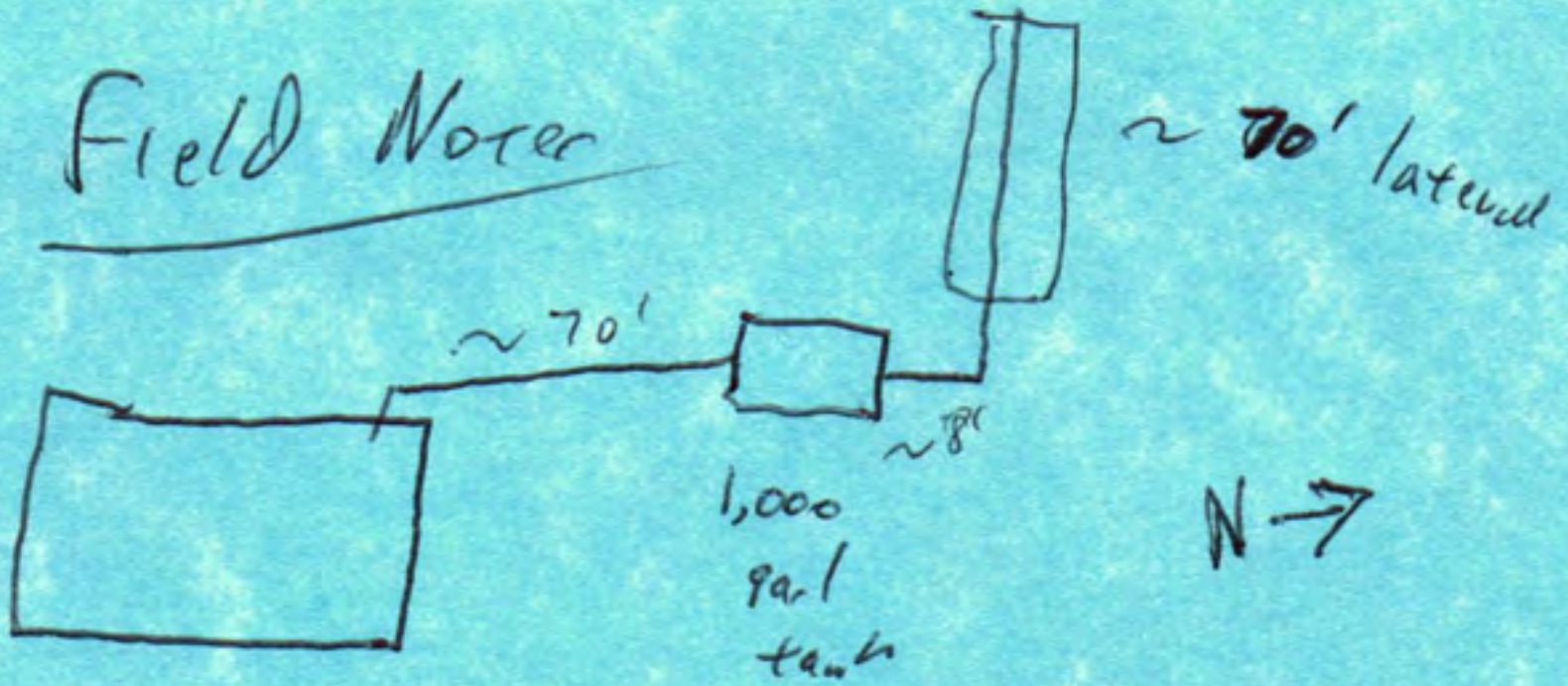
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

Field Notes



As Built Drawing

