Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009137

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380322701

Issued 08/01/06
Expires 08/01/07
Revenue Code 3157

Establishment:
VAUGHAN BOWEN
T9N R6E SEC 3
LOVES LOT 5-7
4101 S 1 ST

FEES: $275.00

Permittee:
VAUGHAN BOWEN
3901 S 1 ST
LINCOLN NE 68502

TOTAL: $275.00

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: 06380322701

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 4101 S 1ST ST (no rural route) City LINCOLN NE, Zip 68502

Legal Description 1/4 3 1/4 Section 9N Township 6E Range LOWES SUB Subdivision Addition 5½-1 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 VAUGHAN BOWEN Signature Vaughan Bowen

Address 4101 S 1ST ST. City/State/Zip LINCOLN NE 68502

☐ Check if owner designed system Home Phone 423-8487 Work Phone 423-8482

C. Contractor

Name Melvin Eagner Company Name Eagner Const.

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

☐ Check if contractor designed system Work Phone 402-432-5698

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

Designer Name Mel Eagner. Firm Eagner Const Work Phone 432-5698

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 8/1/06 Date frwd 8/1/06 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Rood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/1/06 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-1-06 Date frwd 8-1-06 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 8/21/06

Business Office Use Only

Date Rec'd 8/1/06
Amt Paid #275.00
Rec'd By _____ Cash/Check No. 5057

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: 06380327

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4401 S 1ST ST. (no rural route) City LINCOLN NE, Zip 68502

Owner VAUGHAN BOWEN Addresss SAME.

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

Date of Tests 7-30-06 to 7-31-06 Weather: Precipitation 0 Temperature 103

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	7-30	8:15	7-31	5:30	7-31	6:30	6	7-31	7:00	30	3/4	40
2	32	"	"	"	"	"	"	"	"	"	"	1/2	60
3	30	"	"	"	"	"	"	"	"	"	"	5/8	48
4	31	"	"	"	"	"	"	"	"	"	"	1/2	60
5	31	"	"	"	"	"	"	"	"	"	"	3/4	40
6	32	"	"	"	"	"	"	"	"	"	"	5/8	48

Sum of Percolation Rates: 296
Average of Rates: 49.33
Rate Used for Calculation: 49.33

Person Conducting Percolation Tests

Name: Melvin Traeger
Phone: 432-5698
Address 4810 "W" Claire Ave
LINCOLN NE 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date AUGUST 1, 2006

FORM 23-101 10-96

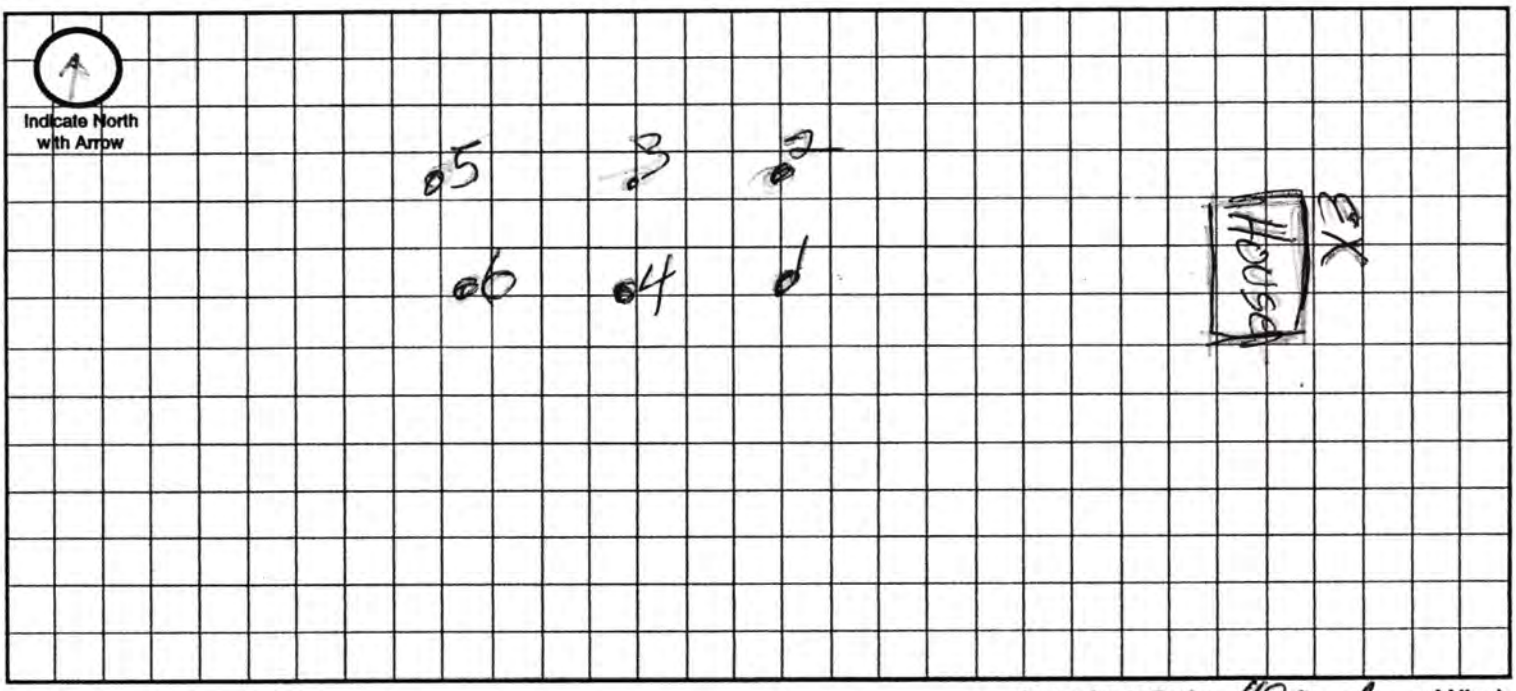
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063803227

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 401 S 1ST ST. City LINCOLN NE, Zip 68502

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 49.33 (min. per inch) Soil Type: _____ Land Slope: 0 %

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: INFILTRATORS

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

Total Length of Laterals 247 ft. Number of Trenches 3 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 Vaughan Bowen Date 7/31/06

Installer Melvin Hagen Date 7/31/06

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:

Sewage Disposal System
As Built Plans & Specifications

GPS - TANK
N 40° 46.317'
W 096° 43.282'

Date 8/21/06

System Location (Indicate correct number and street)
Address 4101 S. 125 (no rural route) City LINCOLN NE, Zip 68502

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 28 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 62 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line OVER 10 ft.
   property line OVER 15 ft.

B. Septic Tank

1. Material: CONCRET.
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line OVER 50 ft.
   Stream NA ft.
   Pressure line OVER 10 ft.
   Property line OVER 10 ft.

C. Distribution Box

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

D. Absorption Field

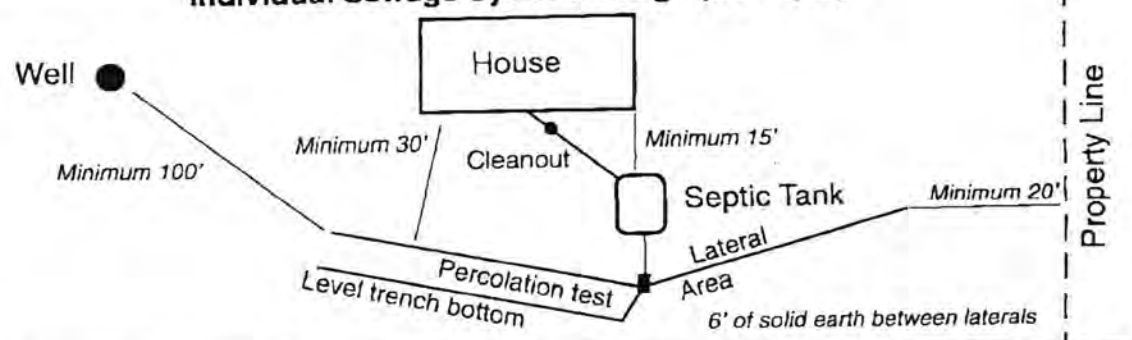
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INCINERATORS
2. Lateral lines: Number 2
   Length of each line: 130 ft. 130 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 28 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 25 ft.
   Property line OVER 15 ft.

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

Indicate North with Arrow

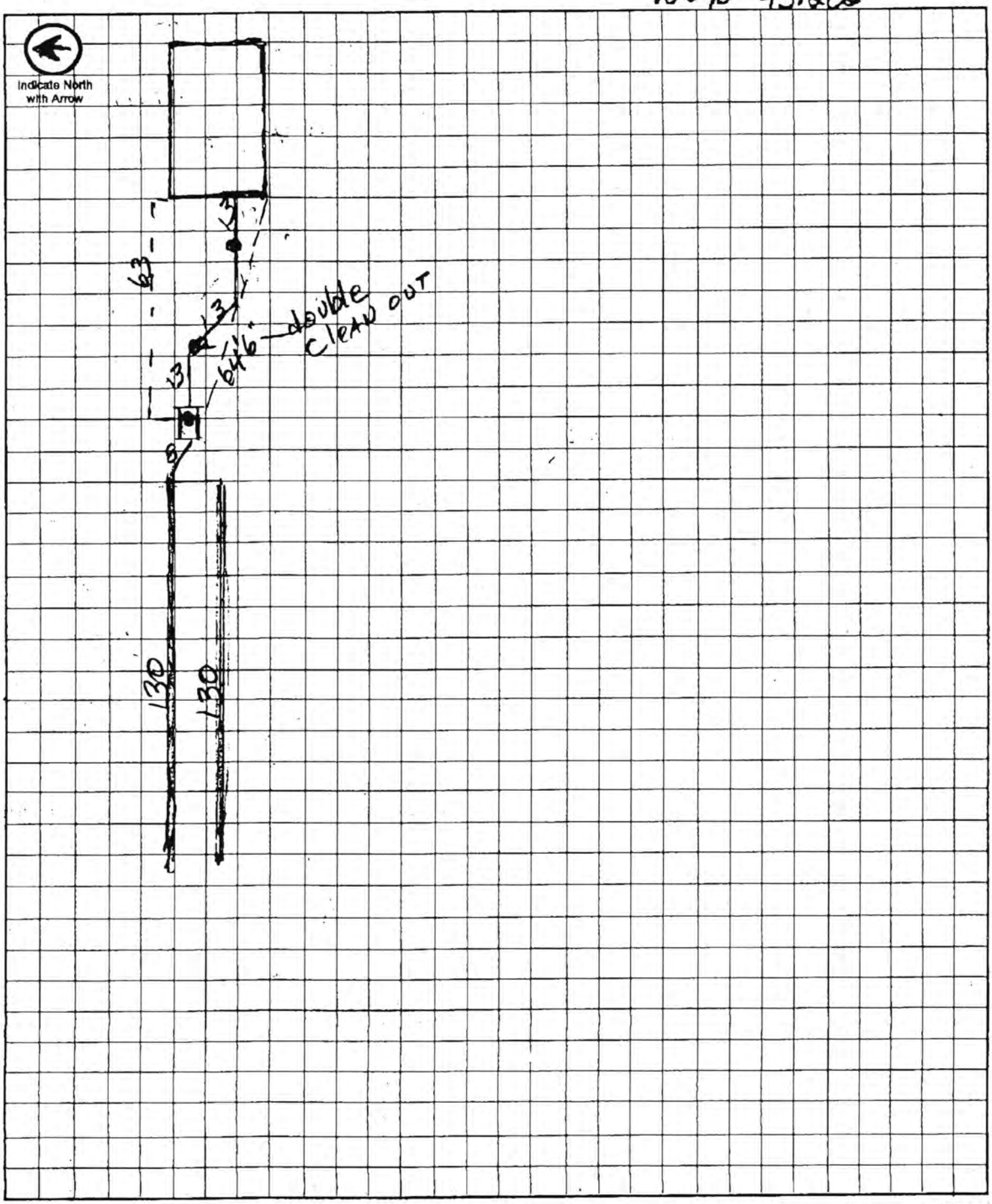
Individual Sewage System Design (Example)



FORM 23-103 10-96

Dec 16 08 12:35p Gagner Construction 1 402 797 7475 p.2

As Built Drawing



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