Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

006234

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380296501

Issued 02/25/05
Expires 08/25/05
Revenue Code 3157

Establishment: PACIFIC CLAY PRODUCTS INC
T9N R6E SEC 4 QTR SW
LOT 15-18
3705 S CODDINGTON AVE

FEES: $200.00

Permittee: PACIFIC CLAY PRODUCTS INC
3705 S CODDINGTON AVE
LINCOLN NE 68522

TOTAL: $200.00

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: 053802965

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 3705 SOUTH CODDINGTON AVE. City LINCOLN NE, Zip 68522
(no rural route)

Legal Description SW 4 9N 6E LOTS 15-18 SW¼ 4-9-6
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 PACIFIC CLAY PRODUCTS, INC. Signature [signature]

Address 3705 S. CODDINGTON AVE. City/State/Zip LINCOLN, NE 68522

☐ Check if owner designed system Home Phone _____ Work Phone 477-6663

C. Contractor

Name _____ Company Name GENERAL EXCAVATING

Address 6701 CORNHUSKER HWY. City/State/Zip LINCOLN, NE 68507

☐ Check if contractor designed system Work Phone 467-1627

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

Designer Name MARK BAUER, P.E. Firm EA ENGINEERING, SCIENCE & TECHNOLOGY Work Phone 476-3766

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/Other Facility Specify BRICK MANUFACTURING PLANT

Design flow in gallons per day 750 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 2/25/05 Date frwd 2/25/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2-25-05 Date frwd 2-25-05 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 3-2-05 Date frwd 3-2-05 ACTION ☒ Approved ☐ Disapproved Signature Chas Baker

*Holding tank & tank 5/24/05 OK
Built as per engineer spec. 6/2/05

Installation Final Written Approval

By [signature]

Date 6/2/05

Business Office Use Only
Date Rec'd 2/25/05
Amt Paid #200.00
Rec'd By _____ Cash/Check No. 017159

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

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B

Permit Number: 05380 2965

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3705 SOUTH CODDINGTON AVE. City LINCOLN NE, Zip 68522
(no rural route)

Owner PACIFIC CLAY PRODUCTS Addresss 3705 S. CODDINGTON AVE. LINCOLN, NE 68522

Soil Type (SCS): ShC, WtC2 (SILTY CLAY LOAM) Percolation Rate: 33 min./inch

Date of Tests 11-11-04 to 11-22-04 Weather: Precipitation TRACE Temperature 45°-50°

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"	11-19	09:00	11-22	09:00	11-22	12:50	30"	11-22	1:50	60	1.5	40
2	↓	11-19	09:00	11-22	09:00	11-22	12:52	30"	11-22	1:52	60	4.0	15
3		11-19	09:00	11-22	09:00	11-22	12:53	30"	11-22	1:53	60	1.5	40
4		11-11	12:00	11-13	12:00	11-13	1:40	30"	11-13	2:10	30	0.5	60
5		11-19	09:00	11-22	09:00	11-22	12:55	30"	11-22	1:55	60	4.25	14.1
6		11-11	12:00	11-13	12:00	TEST HOLE DISTURBED					—	—	—
7		11-11	12:00	11-13	12:00	11-13	1:42	30"	11-13	2:12	30	0.75	40
8	↓	11-19	09:00	11-22	09:00	11-22	12:58	30"	11-22	1:58	60	3.5	17.1

Person Conducting Percolation Tests

Name: GEOTECHNICAL SERVICES, INC.
Phone: 466-8154
Address 5701 N. 58TH ST.
LINCOLN, NE 68507

Sum of Percolation Rates: 226.2
Average of Rates: 32.3
Rate Used for Calculation: 33 MIN/INCH

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

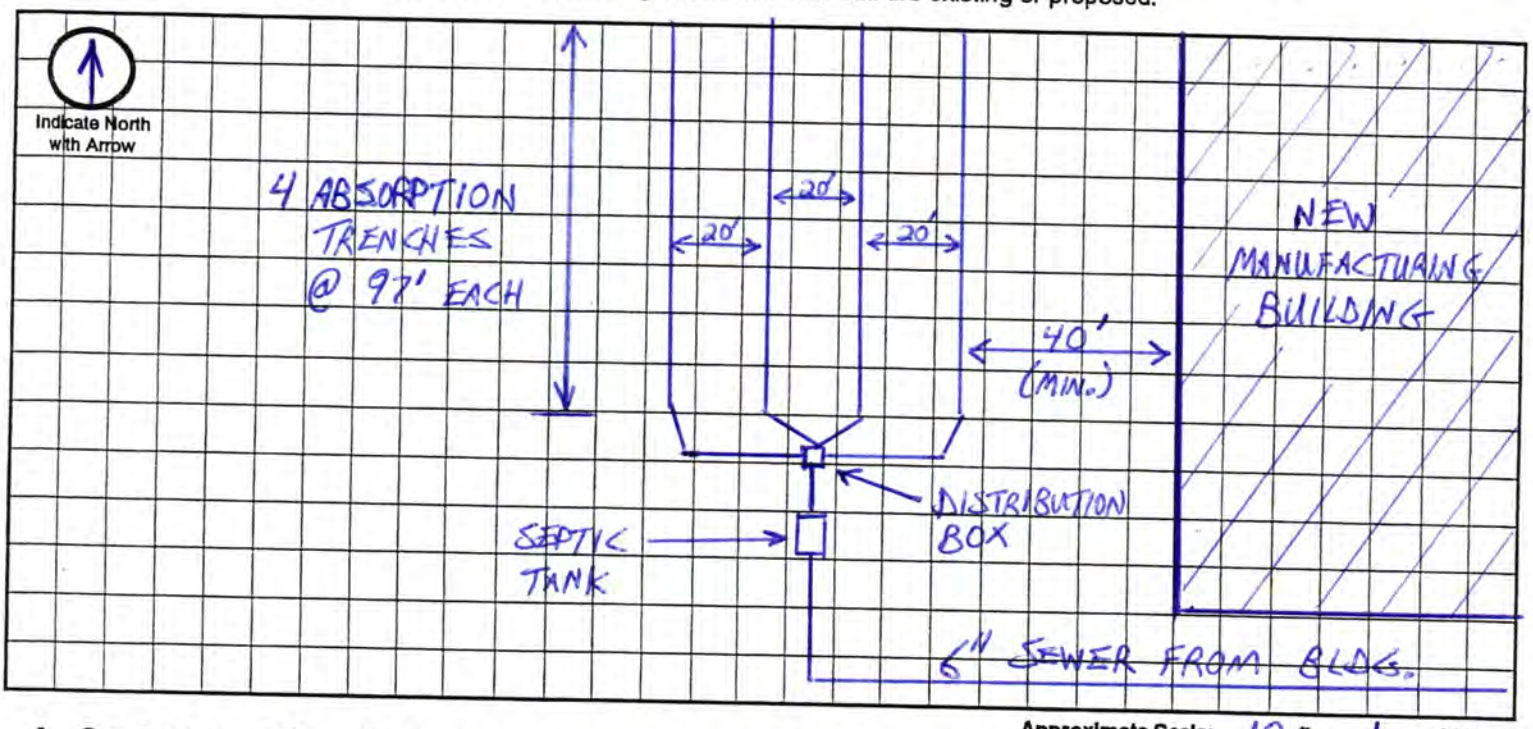
Lincoln-Lancaster County Health Department
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C

Permit Number: 053802965

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) 3705 S. CODDINGTON AVE. 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 60 (min. per inch) Soil Type: SHC, Wt C2 (SILTY CLAY LOAM) Land Slope: 1-2 %

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

Total Square Feet of Field Required: 1162 sq. ft. ←(750/(5/60))

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

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

Total Length of Laterals 97 EA ft. (388 TOTAL) Number of Trenches 4 Trench Width 3

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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D

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Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 3705 S. CODDINGTON AVE (no rural route) City LINCOLN NE, Zip 68522

A. Building Sewer

1. Material: PVC
   Diameter: 6 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

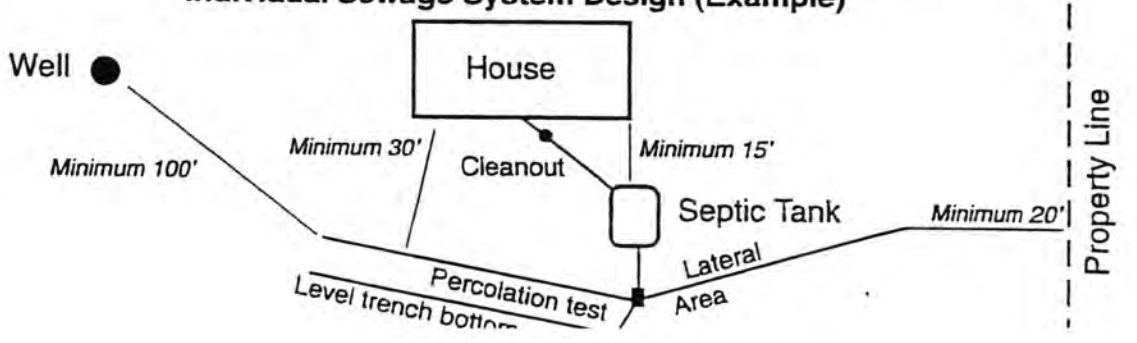
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 97 ft. 97 ft.
   97 ft. 97 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope FLAT in/100 ft.
   Average depth _____ in
4. Filter material: GRAVEL / CRUSHED ROCK
   Depth of material 12 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



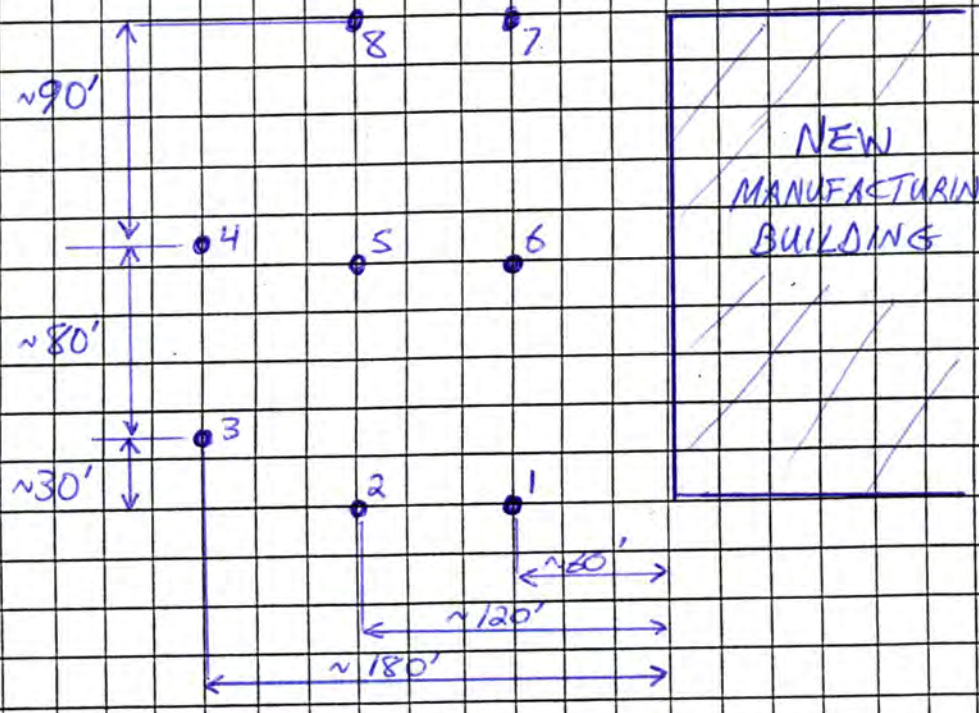
FORM B (CONTINUED)

As Built Drawing

LOCATION OF PERCOLATION TEST HOLES

Indicate North with Arrow

= 20 FT.



NOTE: HOLE #6 DISTURBED PRIOR TO TEST

Approximate Scale: ft. = grid line/s