Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM
VARIANCE FEE OF $100 EXTRA

Establishment

JOHN BURBACH
T9N R6E SEC 9 QTR SE
LOT 41IT

Permittee

JOHN BURBACH
1243 CLAREMONT ST
LINCOLN NE 68508

Permit # 02380251301

Issued 08/01/02
Expires 02/01/03
Revenue Code 3157

FEES: $200.00
$100.00

TOTAL: $300.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002767

PROBABLY WILL NOT BE STARTED FOR A YEAR

A

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

Permit Number: 023802513

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 _____ City _____ NE, Zip _____
(no rural route)

Legal Description SE 9 9N 6E LOT 41
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 JOHN BURBACH Signature John L Burbach

Address 1243 CLAREMONT City/State/Zip LINCOLN NE 68508

☐ Check if owner designed system Home Phone 476-6988 Work Phone 436-1068

C. Contractor

Name JOHN BURBACH Company Name (SELF)

Address 1243 CLAREMONT City/State/Zip LINCOLN NE 68508

☐ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm _____ Work Phone _____

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 8/1/02 Date frwd 8/1/02	ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Wood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 8/1/02 Date frwd _____	ACTION ☑ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 8/1/02 Date frwd 8/1/03	ACTION ☒ Approved ☐ Disapproved Signature Charles Baker	

10/24 tank + line – D.S

Installation Final Written Approval

By Doug Smith

Date 11/13/02

Business Office Use Only

Date Rec'd ~~200.00~~ 08/01/02

Amt Paid 200.00 $100.00 VARIOUS FEE

Rec'd By _____ Cash/Check No. 1774-1773

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: 023802513

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address LOT 41 SE 9-9-6 (no rural route) City _____ NE, Zip _____

Owner JOHN BURBACH Addresss 1243 CLAREMONT LINCOLN

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 44 min./inch

Date of Tests 6/18/02 to 6/19/02 Weather: Precipitation 0 Temperature 90

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	6/18	5:30	6/19	4:30	6/19	7:00	6	6/19	7:30	30	5/8	48 MIN/IN
2	"	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
3	"	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
4	"	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
5	"	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
6	"	"	"	"	"	"	"	"	"	"	"	7/8	34 MIN/IN

Person Conducting Percolation Tests

Name: MELVIN SAGNER
Phone: 402-432-5698
Address 4810 W. CLAIRE AVE
LINCOLN NE 68523

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 44 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date JUNE 20, 2002

FORM 23-101 10-96

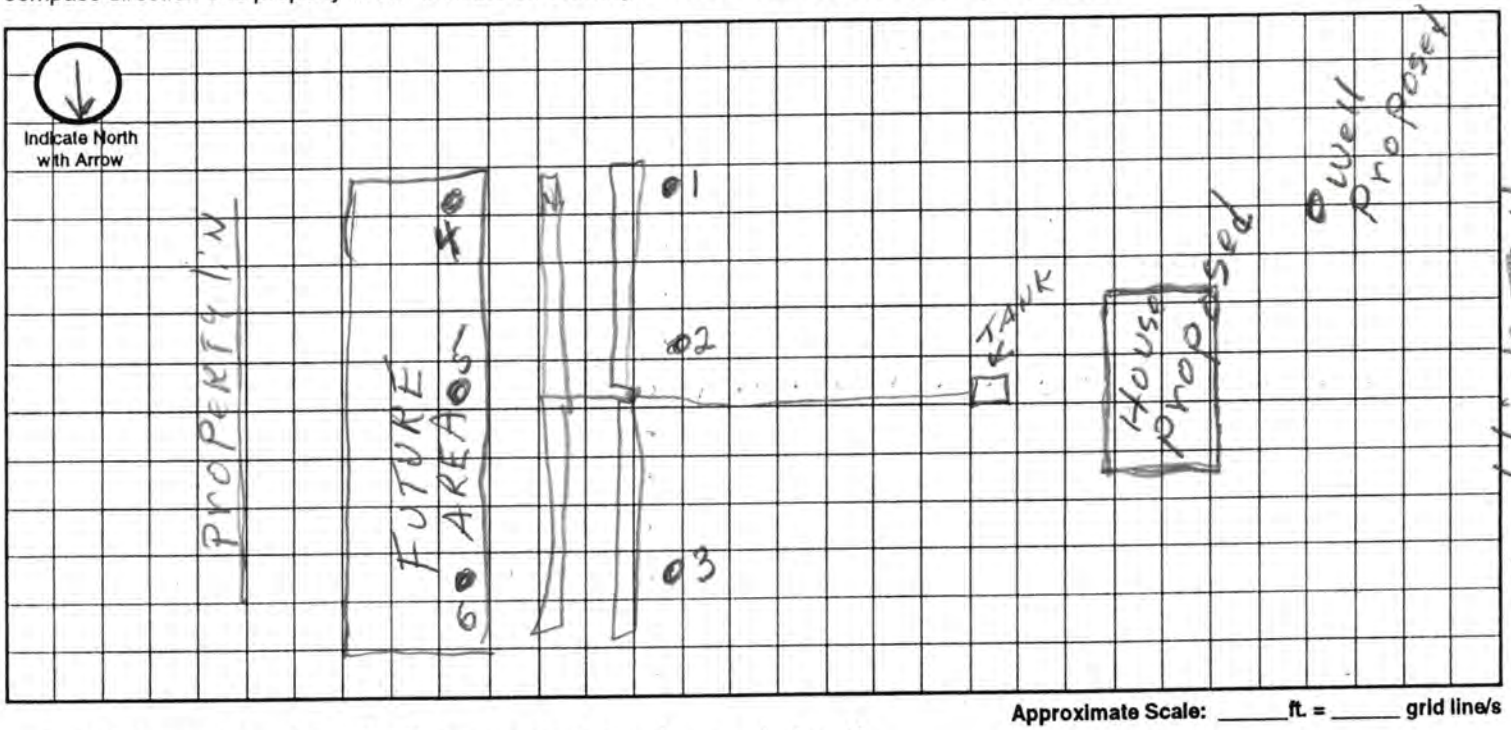
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802513

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) _____ 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 44 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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 _____ Date _____

Installer John Dunbar Date _____

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

Date 11NOV03

System Location (Indicate correct number and street)
Address 5250 SOUTH CODDINGTON City LINCOLN NE, Zip 68523
(no rural route)

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: 101 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line NA ft.
   property line _____ ft.

B. Septic Tank
1. Material: CONCRETE
   Number of compartments: 1
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 _____ 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 OVER 50 ft.
   Stream NA ft.
   Pressure line _____ ft.
   Property line OVER 100 ft.

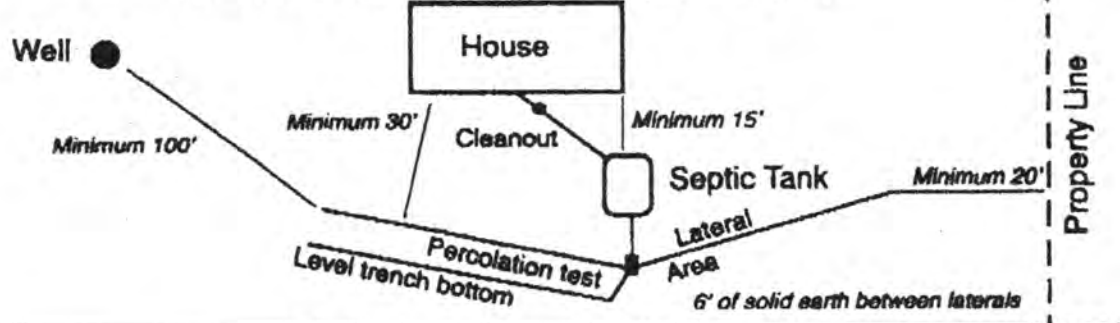
C. Distribution Box
1. Material: PLASTIC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 135 ft.

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 INFILTRATORS
2. Lateral lines: Number 2
   Length of each line: 125 ft. 125 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NA
   Depth of material _____ in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line OVER 20 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

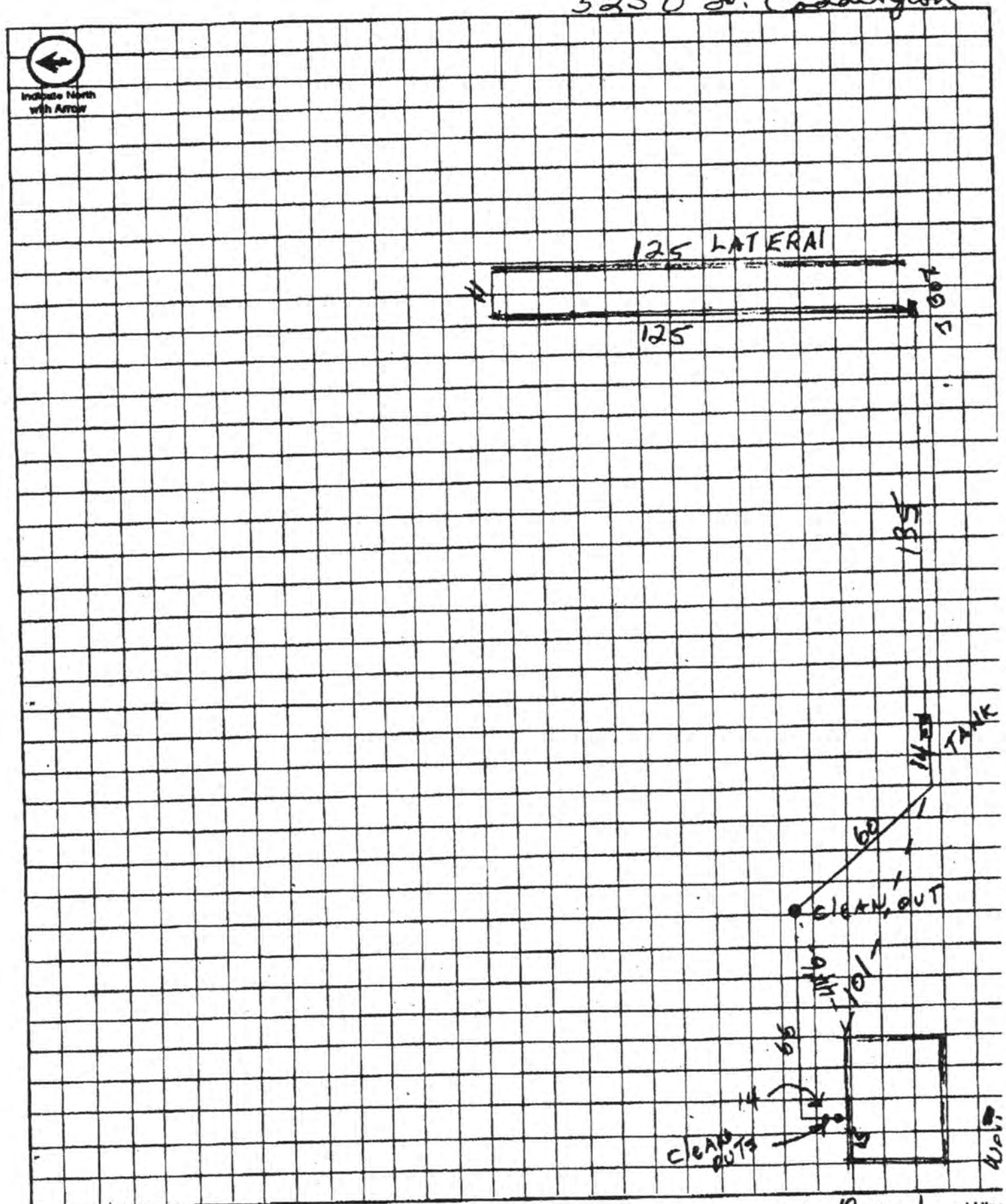


FORM 23-103 10-96

11/12/2003 22:20 14027977475 GAGNER PAGE 02

As Built Drawing

John Burbach
5250 So. Coddington



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