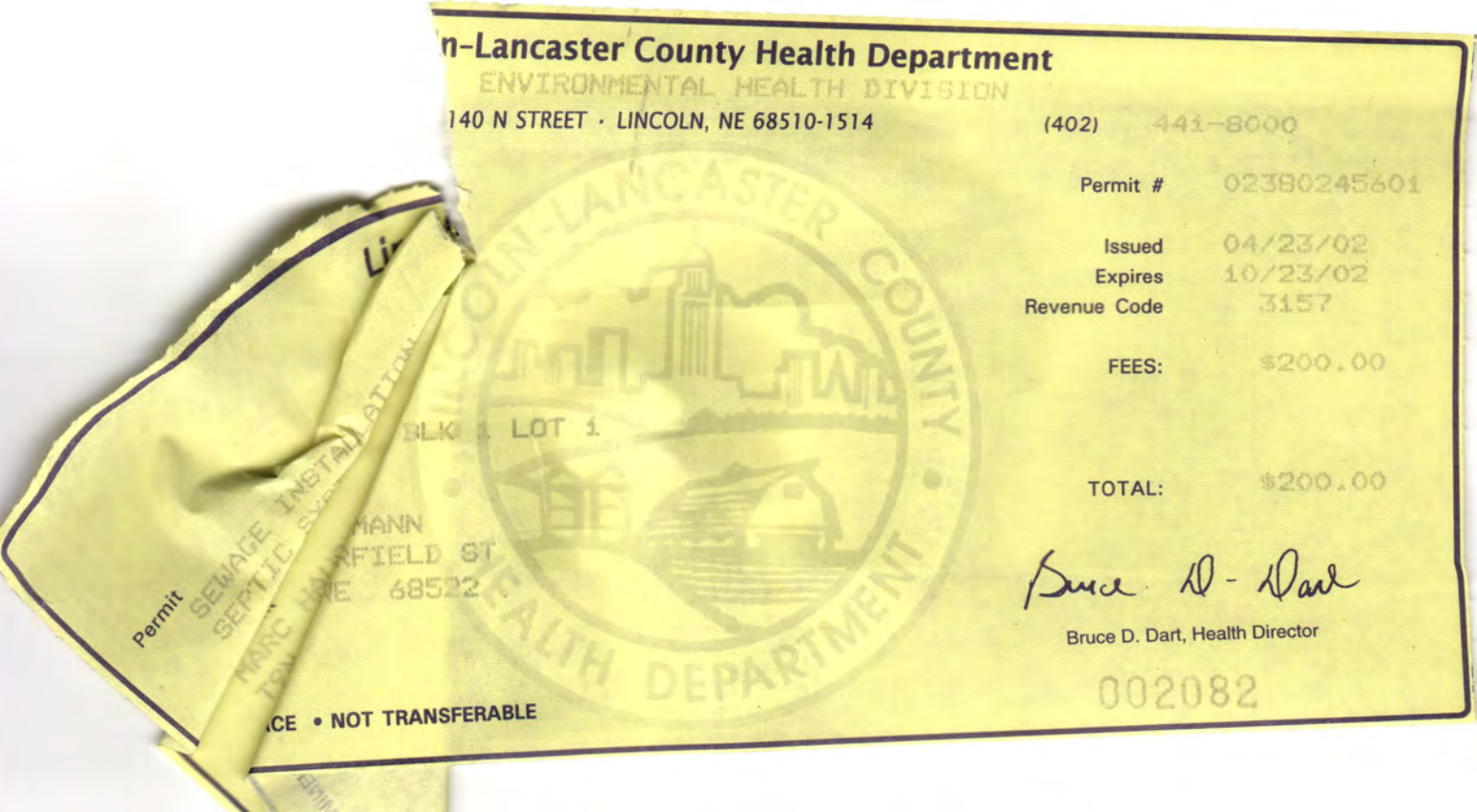


n-Lancaster County Health Department
ENVIRONMENTAL HEALTH DIVISION
140 N STREET · LINCOLN, NE 68510-1514
(402) 441-8000
Permit # 02380245601
Issued 04/23/02
Expires 10/23/02
Revenue Code 3157
FEES: $200.00
TOTAL: $200.00
Bruce D. Dart, Health Director
002082
LOT 1
MANN
RFIELD ST
68522
Permit
SEWAGE INSTALLATION
SEPTIC
CE • NOT TRANSFERABLE

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

A

Permit Number:

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 3900 BUCKTHORN ROAD (no rural route) City LINCOLN NE, Zip NE.

Legal Description 5 (1/4 ~~1/4~~ 1/2) N,W. (1/4) 17 (Section) 9N (Township) E (Range) ROBERTS IRONWOOD ESTATES (Subdivision) 1 (Addition) 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 MARC HAUSMANN Signature _____

Address 3434 W. GARFIELD City/State/Zip LINCOLN, NE. 68523

☐ Check if owner designed system Home Phone 477-6414 Work Phone 770-6908

C. Contractor

Name LARRY SEMIN Company Name SEMIN CONSTRUCTION INC.

Address 3442 OLD DOMINION ROAD City/State/Zip LINCOLN, NE. 68516

☐ Check if contractor designed system Work Phone 432-1944

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 4/23/02 Date frwd 4/23/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-23-02 Date frwd 4-23-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/23/02 Date frwd 4/23/02 ACTION ☒ Approved ☐ Disapproved Signature Chad Baker

Installation Final Written Approval

By _____

Date 8/13/02

Business Office Use Only

Date Rec'd 04/23/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 09615

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3900 BUCKTHORN ROAD (no rural route) City LINCOLN NE, Zip NE.

Owner MARC HAUSMANN Addresss 3434 W. GARFIELD LINCOLN, NE. 68522

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

Date of Tests 4-18 to 4-19 Weather: Precipitation _____ Temperature _____

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	4-18	9.00	4-19	6:30	4-19	8:00	16	4-19	60	1		60 MIN/IN
2	1							20 1/2			1		60 MIN/IN
3	1							19 1/0			1		60 MIN/IN
4	1							19 1/4			2 1/2		24 MIN/IN
5	1							11			1 1/8		51 MIN/IN
6	1							18			2 1/4		27 MIN/IN

Person Conducting Percolation Tests

Name: School Trenching
Phone: 641-4756
Address 2183 Vand Rd Milford

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 23, 2002

FORM 23-101 10-96

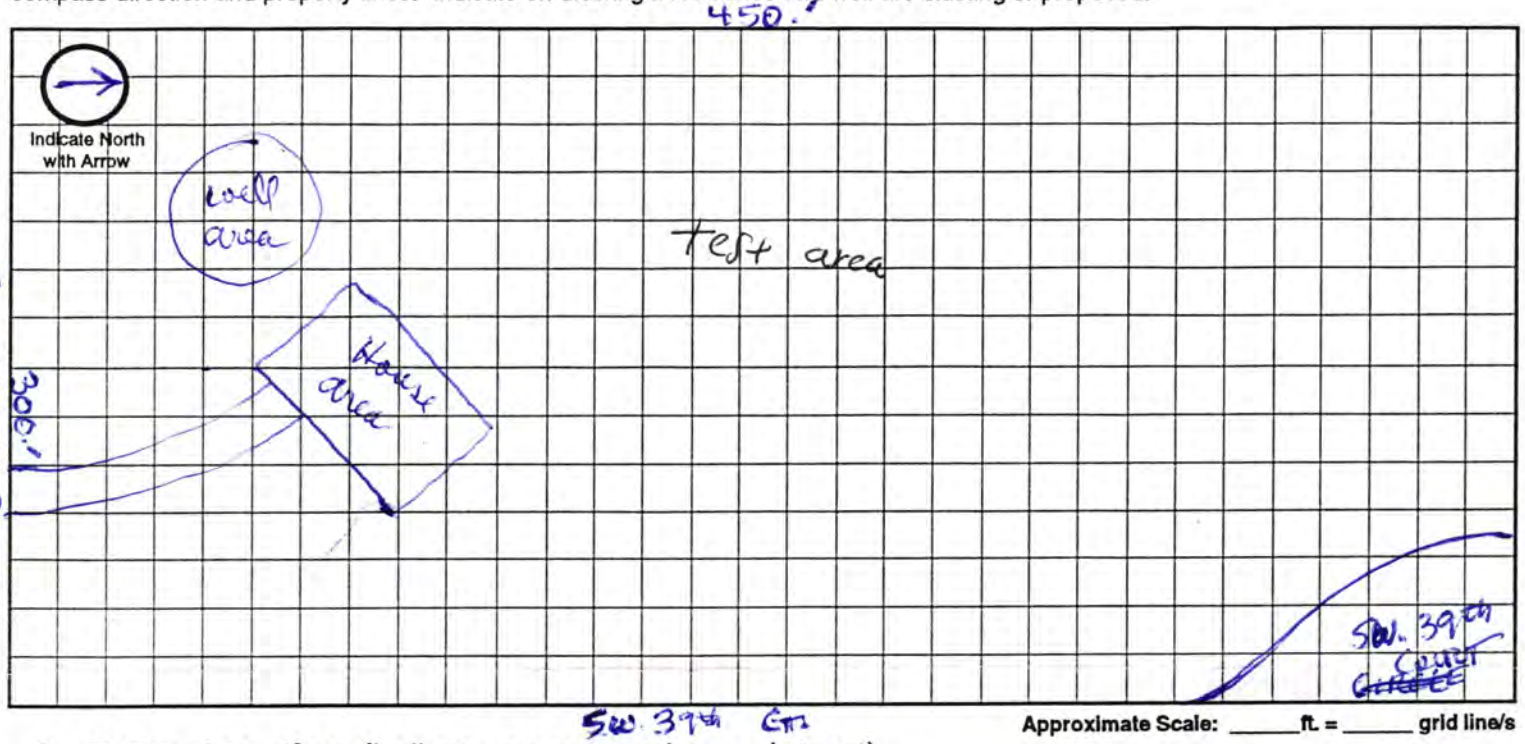
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 3900 BUCKTHORN ROAD City LINCOLN NE, Zip NE. 68523

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: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

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 ~~1050~~ 263 ft. Number of Trenches ~~263~~ 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 Larry Jensen Date 3-26-02

Installer Mundhenke DBA Schwark Trenching Julie Mundhenke Date 4-26-02

FORM 23-102 10-96

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

17-9-6

D

Permit Number: 02380245601

Sewage Disposal System

As Built Plans & Specifications

Date 8/13/02.

System Location (Indicate correct number and street)

Address 3900 BUCKTHORN ROAD (no rural route) City LINCOLN NE, Zip 68523

A. Building Sewer

1. Material: PVC 4" Heavy
   Diameter: 4" in.
2. ~~Distance above basement floor:~~ _____ in.
   or distance below basement floor: 46" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
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: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade At grade 12" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12" 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: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12' ft.

D. Absorption Field

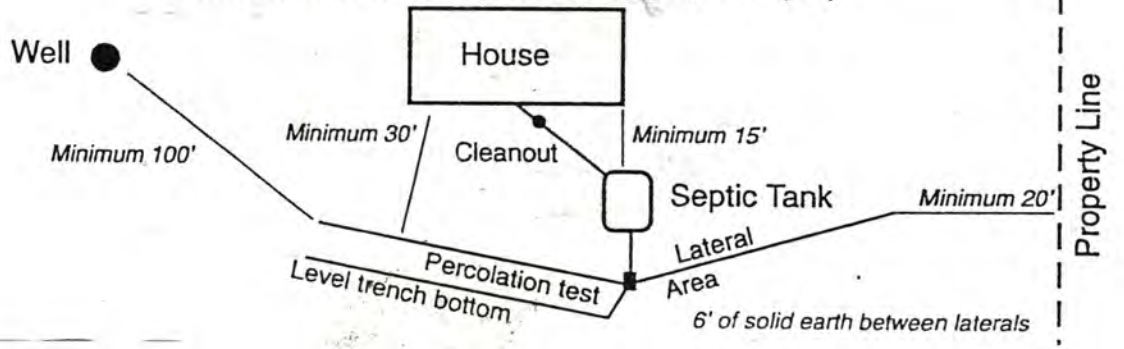
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide 16" Tall
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 138 ft. 138 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope Flat in/100 ft.
   Average depth 28 in
4. Filter material: _____
   Depth of material _____ 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.

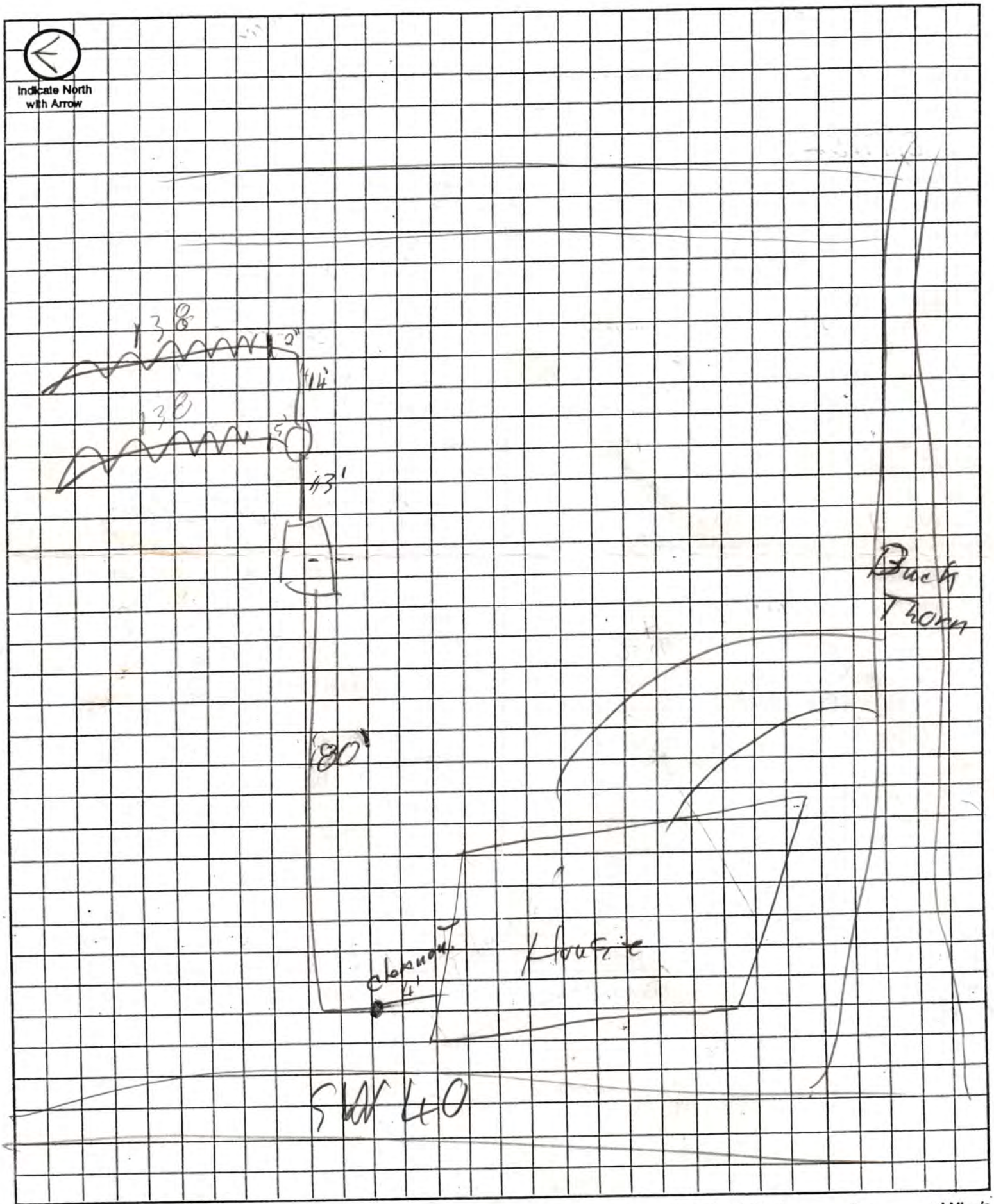
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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