Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009095

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

MIKE SALVAGE
T9N R6E SEC 17
ROBERTS IRONWOOD EST BLK 4 LOT 2
6300 SW 34 CT

Permittee

MIKE SALVAGE
1547 SW 13 ST
LINCOLN NE 68523

Permit # 06380322001

Issued 07/14/06
Expires 07/14/07
Revenue Code 3157

FEES: $275.00

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: 06 380322001 mdp

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 ~~3400 Pleasant Dr.~~ 6300 S.W. (no rural route) 34th Ct. City Lincoln Fronwood NE, Zip 68523

Legal Description LCR 582G | 1/4 | 1/4 | 17 Section | 9N Township | 6E Range | Roberts Pine Wood Estates Subdivision | Addition | 4 Block | 2. Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Mike Salvage Signature X Mike Salvage

Address 1547 SW. 12th St City/State/Zip Lincoln NE, 68522

☐ Check if owner designed system Home Phone 438-4030 Work Phone 340-0904

C. Contractor

Name _____ Company Name Ne. Dirt Works

Address 7500 Panama Rd. City/State/Zip Hickman NE. 68372

☐ Check if contractor designed system Work Phone 792-0085

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

Designer Name Dave Prusa Firm Neb. Dirtworks Work Phone 402-525-0822

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 7/14/06 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/19 Date frwd 7/19 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 7/14/06 7/14/06

Amt Paid 125.00 150.00

Rec'd By CW CW Cash/Check No. 1854 3850

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: 06380322O

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3400 Pleasant Hill Rd. (no rural route) City Lincoln NE, Zip _____

Owner Mike Salvage Addresss 1647 SW. 13th St.

Soil Type (SCS): _____ Percolation Rate: 30 min / 1.729 min./inch

Date of Tests 6-28-06 to 6-29-06 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	36	6-28	12:00	6-28	6:00	6-29	11:30	20	6-29	12:00	30	4.5	30 / 4.5	7
2	36	6-28	12:00	6-28	6:00	6-29	11:30	20	6-29	12:00	30	2.75	30 / 2.75	11
3	36	6-28	12:00	6-28	6:00	6-29	11:30	20	6-29	12:00	30	1	30 / 1	30
4	36	6-28	12:00	6-28	6:00	6-29	11:30	20	6-29	12:00	30	.5	30 / .5	60
5	36	6-28	12:00	6-28	6:00	6-29	11:30	20	6-29	12:00	30	.375	30 / .625	80
6	36	6-28	12:00	6-28	6:00	6-29	11:30	20	6-29	12:00	30	1.25	30 / 1.25	24

Sum of Percolation Rates: 30 / 10.625

Average of Rates: 30 min / 1.729 IN.

Rate Used for Calculation: 60 MIN / 1 IN.

Person Conducting Percolation Tests

Name: Dave Bruss

Phone: 402-525-0822 or 402-792-0085

Address 7500 Panama Rd. Hickman

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Greater than 20 minutes difference

Signature of Reviewing Official Jerrold C. Wood Date JULY 14, 2006

FORM 23-101 10-96

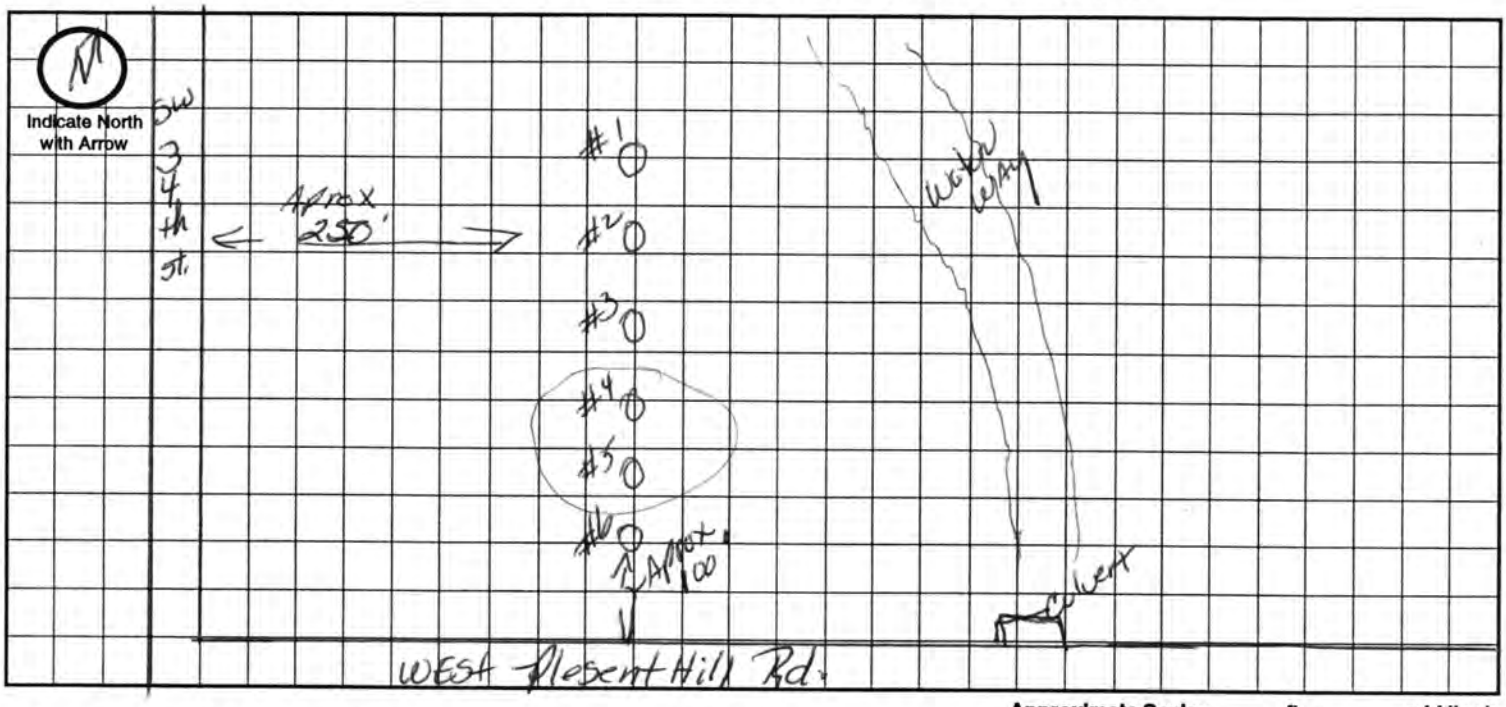
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 6300 S.W. 34th Ct City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate ~~30~~ 60 / ~~1.5~~ 29 (min. per inch) Soil Type: Wymore Silty Clay Loam Land Slope: Aprox 3 %

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

Total Square Feet of Field Required: ~~840~~ 1400 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 ~~840~~ 350 ft. Number of Trenches 2 ? Trench Width 48"

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 Dave Bruse Date _____

FORM 23-102 10-96

DEC 1 1 2006

D

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

Permit Number: 0630322001

Sewage Disposal System

As Built Plans & Specifications

Date Nov 16, 2006

System Location (Indicate correct number and street)

Address 6300 SW 34th (no rural route) City Lincoln NE, Zip _____

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: 34 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter 24" in.
   Riser: ☒ above ☐ below grade 6" in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 6" in.
8. Distances to: Well or suction line 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

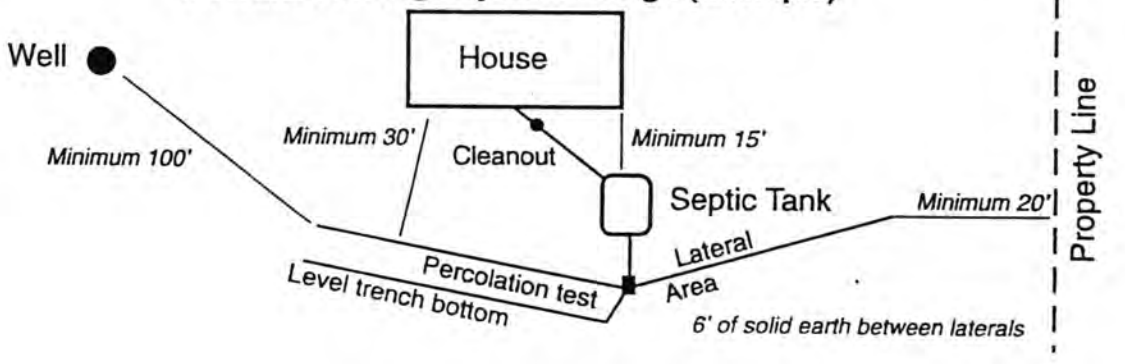
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 88 ft. 88 ft.
   352 ft. 88 ft., 88 ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: dirt
   Depth of material 12 in.
5. Distances to: Well or suction line 101 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

FORM 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 12558
FILE NO._____

OCT 26 2006

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

Legal Description Sec. 17 TN. 9 R. 6E Block____ Lot____ Addition _____

Well location address or nearest road intersection 6300 S.W. 34TH, LINCOLN. THIS IS AT THE CORNER OF S.W. 34TH & W. PLEASANT HILL ROAD.

Owner MIKE SELVAGE Address 1547 S.W. 13TH, LINCOLN, NE 68522

LOG OF WELL	
Depth Ft to:	Description
0- 15	Brown clay
15- 48	Orange shale
48-105	Medium fine orange sandstone
105-115	Fine tan sandstone & shale
115-135	Fine tan sandstone
135-155	Medium fine tan sandstone
155-162	Medium light yellow sandstone
162-165	Shale

Remarks: _____

WELL COMPLETION RECORD

Drilling Method ROTO / WATER

Depth (from ground level). Ft. 160'

Date Completed 9/27/06

Casing: Length, Ft. 150' : Dia. In. 4"

Wall Thickness, .214" : Type PVC 200 #

Screen: Length, Ft. 10' : Dia. In. 4"

Type PVC SLOTTED , Slot size .025

Well tested capacity 30 GPM W/ AIR

Static water level 100' Measured XX Est. _____

Pumping water level 120' at 20 gpm.
Measured _____ Est. xx

Drop pipe: Length, Ft. 140' Dia. In. 1 1/4" Type. PVC 80

Pump model & H.P. 1 HP - 20 gpm

Gpm Yield of pump. 20 Measured XX Est. _____

Chlorination Completed Yes XX No _____

The above information including "Log of Well" is a true record of the job performed by me.

Driller _____
(Signed)

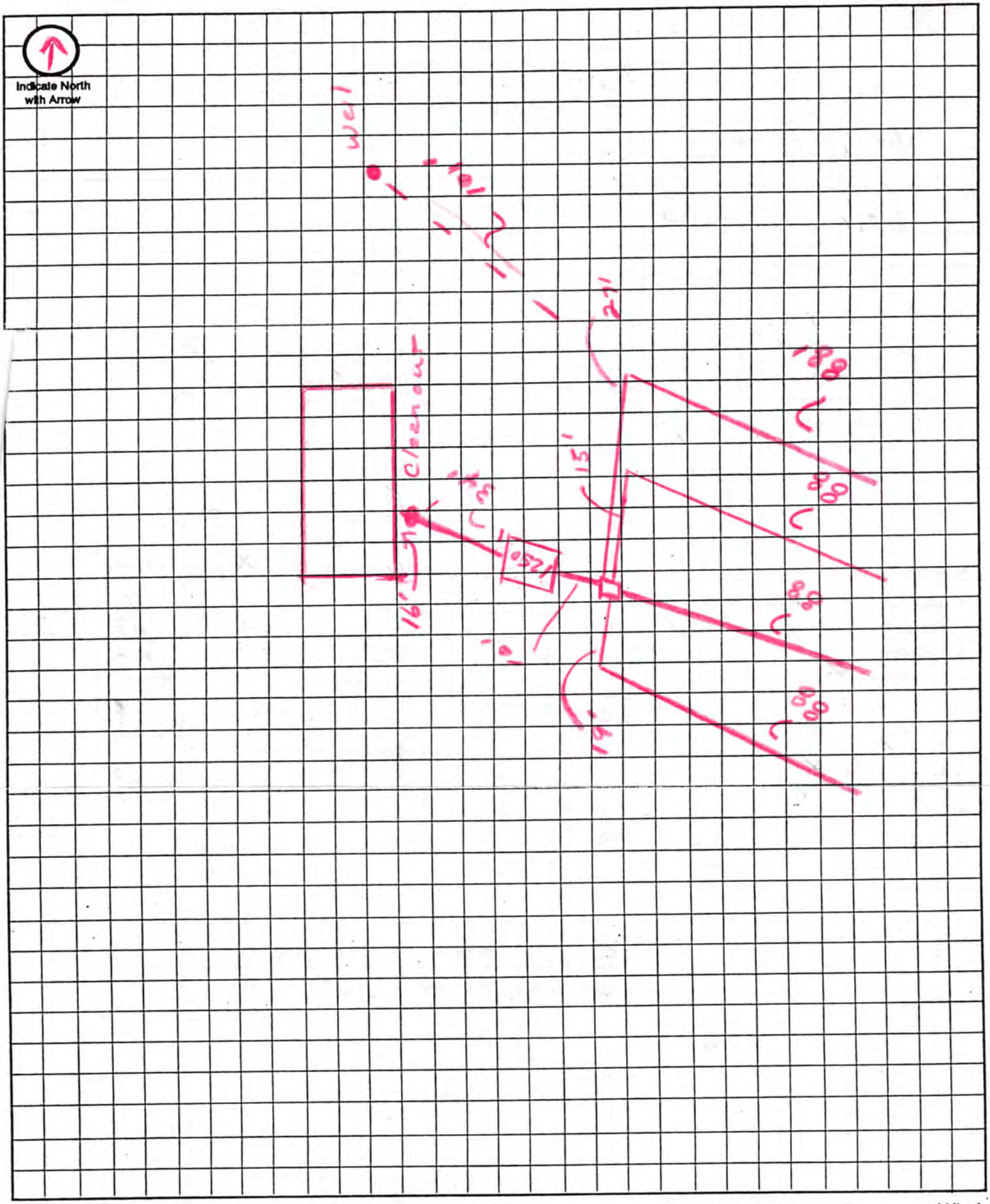
Address P.O. BOX 308
HICKMAN, NE 68372

Date: 23 OCTOBER 2006

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record _____

As Built Drawing



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