Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007947

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380305001

Issued 06/24/05
Expires 06/24/06
Revenue Code 3157

Establishment

MANN CUSTOM HOMES INC
T9N R6E SEC 17
ROBERTS IRONWOOD EST BLK 2 LOT 4
6101 SW 34 CT

FEES: $200.00

Permittee

MANN CUSTOM HOMES INC
3121 S 6 ST
APT B
LINCOLN NE 68502

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

RECEIVED
JUN 24 2005

A

Permit Number: 05380305001

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System (DEPENDING ON PERCOLATION TEST) ☐ 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 6101 SW 34TH COURT City _____ NE, Zip _____
(no rural route)

Legal Description 17 9N 6E ROBERTS IRONWOOD ESTATES 2 4
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 MANN Custom Homes Signature _____

Address 3121 So. 6th, Steb. City/State/Zip LINCOLN, NE 68502

☐ Check if owner designed system Home Phone _____ Work Phone 423 5386

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7801 LEIGHTON City/State/Zip LINCOLN NE 68507

☑ Check if contractor designed system Work Phone 560 1208

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 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 6/24/05 Date frwd 6/30/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/30/05 Date frwd 6/30/05 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/30/05 Date frwd 6/30/05 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

11/2/05 Sewer + Tank only. J. C.H.

Installation Final Written Approval

By Doug Amen

Date 11/16/05

Business Office Use Only

Date Rec'd 6-24-05
Amt Paid 200.00
Rec'd By TW Cash/Check No. 7913

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

3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

RECEIVED
JUL 18 2005

PLEASE PRINT OR TYPE

MANN

System Location (Indicate correct number and street)

Address 6101 SW 34TH COURT (no rural route) City _____ NE, Zip _____

Owner MANN CUSTOM HOMES Addresss _____

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

Date of Tests 7/13/05 to 7/14/05 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	27	7/13	8 AM	7/13	9 AM	7/14	1230 PM	6	7/14	1 PM	30	5/8	48
2	27	7/13	8AM	7/13	9AM	7/14	1230PM	6	7/14	1 PM	30	3/4	40
3	28	7/13	8AM	7/13	9AM	7/14	1230 PM	6	7/14	1 PM	30	7/8	34
4	29	7/13	8AM	7/13	9AM	7/14	1230 PM	6	7/14	1 PM	30	3/4	40
5	27	7/13	8AM	7/13	9AM	7/14	1230 PM	6	7/14	1 PM	30	1 1/2	20
6	28	7/13	8AM	7/13	9AM	7/14	1230 PM	6	7/14	1 PM	30	1	30

Person Conducting Percolation Tests

Name: JON REESE

Phone: 560 1908

Address 7861 LEIGHTON AVE NE 68507

Sum of Percolation Rates: 212

Average of Rates: 35.33

Rate Used for Calculation: 35

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JULY 19, 2005

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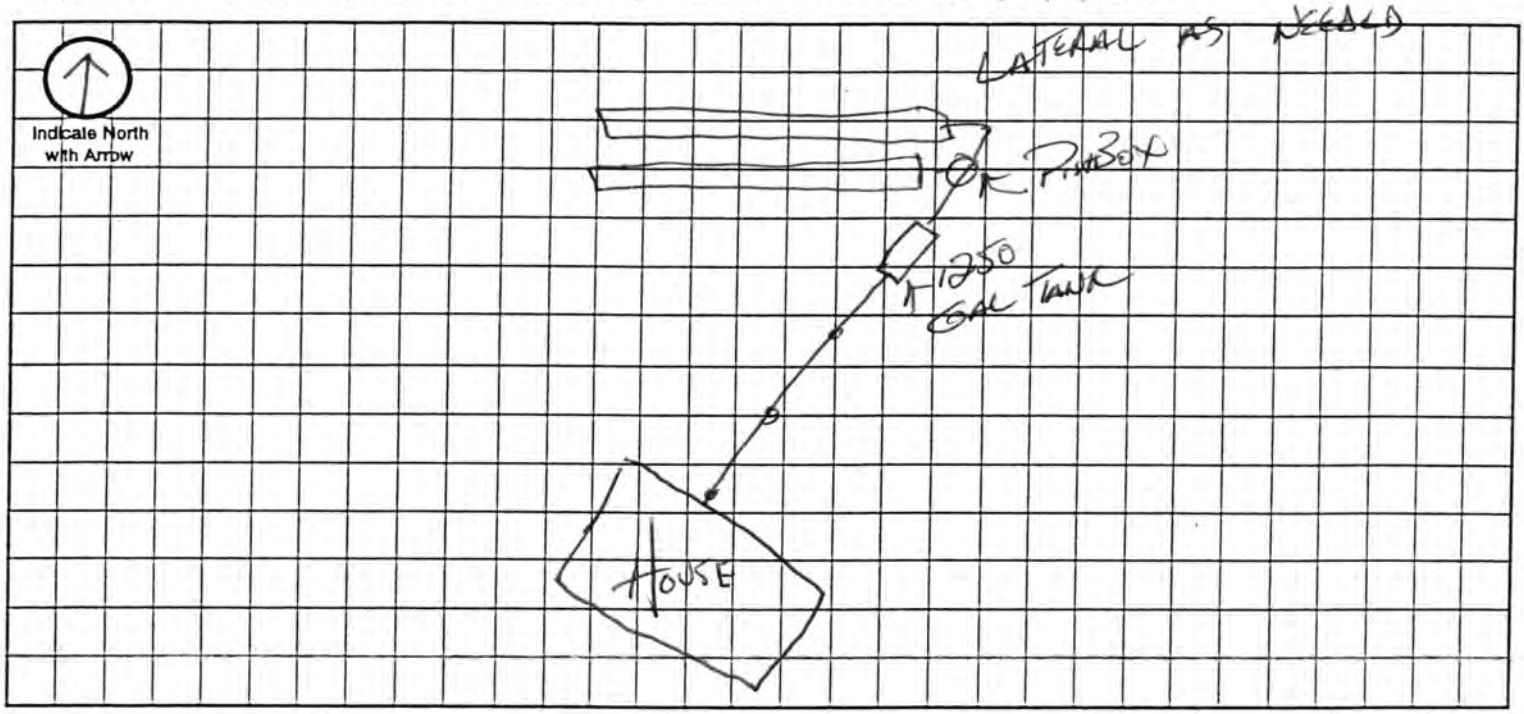
C

Permit Number: 053803050

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) 6101 SW 36TH CT 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 35 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1100 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: INFILTRATOR H1 -CAP

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

Total Length of Laterals 275 ft. Number of Trenches _____ 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 Hayes Custom Inc. Jeffrey A Hayes Date 6-23-05

Installer _____ Date 6/23/05

FORM 23-102 10-96

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D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date ___

System Location (Indicate correct number and street)

Address 6101 SW 34TH COURT (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 117 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 120 ft.
   stream NA ft.
   pressure line 120 ft.
   property line 60 ft.

B. Septic Tank

1. Material: CONC
   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 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 36 in.
8. Distances to: Well or suction line 126 ft.
   Stream NA ft.
   Pressure line 126 ft.
   Property line 40 ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 12 ft.

D. Absorption Field

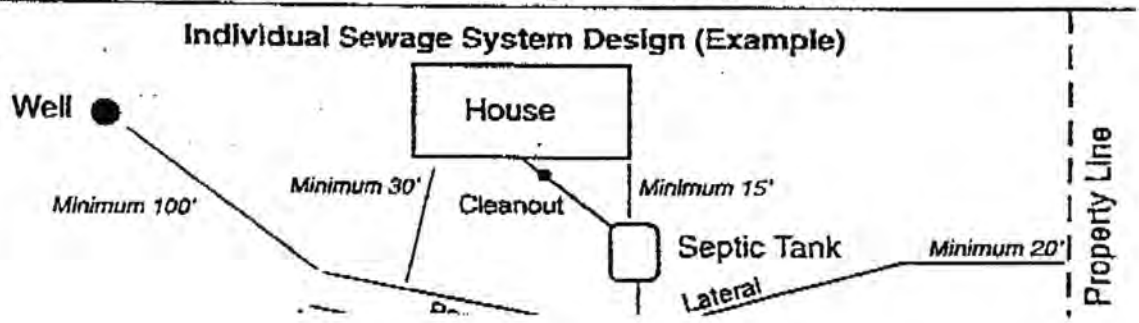
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete ☑ other HICAP INFILTRATOR
2. Lateral lines: Number 2
   Length of each line: 139.26 ft. 139.26 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 140 ft.
   Stream NA ft.
   Pressure line 140 ft.
   Property line 30 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing

