Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003302

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380276201

Issued 01/13/04
Expires 07/13/04
Revenue Code 3157

Establishment MILTON & KATHRYN BOWLING
T9N R6E SEC 17
ROBERTS IRONWOOD EST BLK 2 LOT 2
6100 SW 36 CT

FEES: $200.00

Permittee MILTON & KATHRYN BOWLING
2112 SMITH ST
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

A

Permit Number: 04380276201

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 6100 SW 36th ct. (no rural route) City Lincoln. NE, Zip

Legal Description ROBERTS - IRONWOOD ESTATES. 2 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 17 9N 6E Latitude

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

B. Owner

Name Milton & Kathryn Bowling Signature

Address 2112 Smith St. City/State/Zip 68502

☐ Check if owner designed system Home Phone 435-6560 Work Phone 489-7777 ext. 176

C. Contractor

Name MIKE REZAC Company Name REZAC Const.

Address 140 N 1st City/State/Zip Lincoln NE

☐ Check if contractor designed system Work Phone 477-8844

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 2 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 1/13/04 Date frwd 1/13/04
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 1-13-04 Date frwd 1-13-04
   ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer**
   Date rec'd 1-13-04 Date frwd 1-13-04
   ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Doug Smith

Date 6/10/04

Business Office Use Only
Date Rec'd 01/13/04
Amt Paid 200.00
Rec'd By ~~Cash~~/Check No. 6059

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

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B

Permit Number: 043802762

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6100 SW 36th St (no rural route) City Lincoln NE, Zip 68523

Owner Milt & Kathy Bowling Addresss

Soil Type (SCS): Percolation Rate: 32 min./inch

Date of Tests 11/3/03 to 11/4/03 Weather: Precipitation 0 Temperature 37°

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	29	11/3	11:00a	11/3	3:00p	11/4	8:30a	6	11/4	12:30p	30	3/4	.75 40
2	30	"	"	"	"	"	"	"	"	"	"	1	1.00 30
3	31	"	"	"	"	"	"	"	"	"	"	1.75	1.75 17
4	31	"	"	"	"	"	"	"	"	"	"	1.25	1.25 24
5	30	"	"	"	"	"	"	"	"	"	"	3/4	.75 40
6	32	"	"	"	"	"	"	"	"	"	"	3/4	.75 40

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting

Phone: 402-783-2403, 402-890-3870

Address 13800 NW 70th St Raymond, NE 68428

Sum of Percolation Rates: 191

Average of Rates: 32

Rate Used for Calculation: 32/40

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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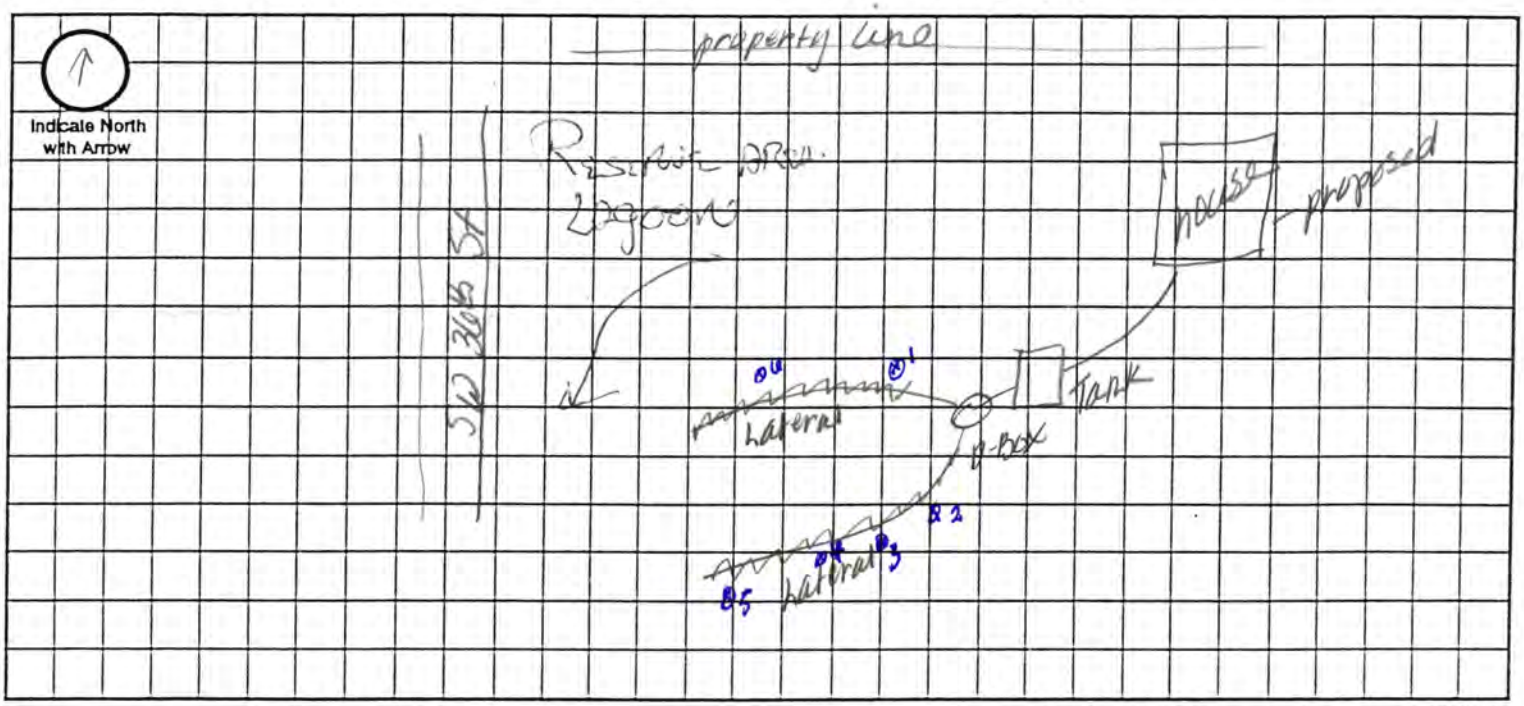
C

Permit Number: 04380276Z

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) 6600 SW 36th St 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 32 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 825 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: H-10 Standard equalizer

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 206 ft. Number of Trenches 2 or 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 _____ Date 1/12/04

Installer _____ Date 11-5-03

FORM 23-102 10-96

JUN 1 5 2004

D

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Bowling Septic

Date 6/10/04

System Location (Indicate correct number and street)

Address 6100 SW 36Th ST. (no rural route) City Lincoln NE, Zip 68523

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 140 ft.
4. Number of clean-outs: 2
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: one
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 At grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 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: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 24' ft.

D. Absorption Field

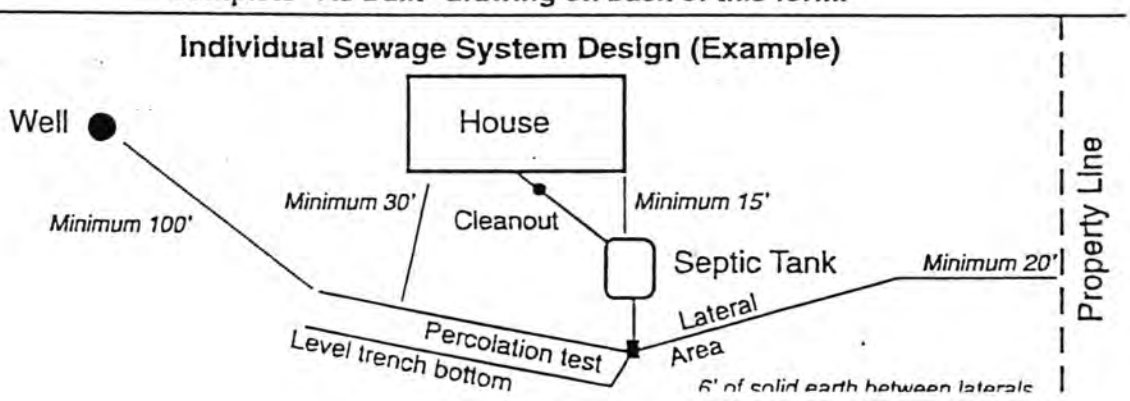
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ADS H-10 Standard.
   or perforated pipe: _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 96' ft. 110 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope Flat in/100 ft.
   Average depth 24 in
4. Filter material: Dirt
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

