Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000443

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380260301

Issued 03/10/03
Expires 09/10/03
Revenue Code 3157

Establishment
CASEY NICHOLS
T9N R6E SEC 17
THE SOUTH FORTY BLK 4 LOT 1
6900 SW 34 CT

FEES: $200.00

Permittee
CASEY NICHOLS
1101 SW 24 ST
LINCOLN NE 68522

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: 03380260301

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 6900 SW 34 ct (no rural route) City Lincoln NE, Zip 68523

Legal Description ____ 17 (Section) 9N (Township) 6E (Range) The South Forty (Subdivision) ____ 4 (Addition) 1 (Block) ____ (Lot)
1/4 1/4

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name Casey Nichols Signature Casey Nichols

Address 1101 SW 24TH City/State/Zip Lincoln, NE 68522

☐ Check if owner designed system Home Phone 438-2025 Work Phone 430-5166

C. Contractor

Name Casey Nichols Company Name ____

Address ____ City/State/Zip ____

☐ Check if contractor designed system Work Phone 430-5166

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

Designer Name N/A 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 3/10/03 Date frwd 3/11/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/12/03 Date frwd ____ ACTION ☒ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd 3/11/03 Date frwd 3/11/03 ACTION ☒ Approved ☐ Disapproved Signature Chris D Baker

5/29/03 Need drawing. J.C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JUNE 3, 2003

Business Office Use Only

Date Rec'd 03/10/03
Amt Paid 200.00
Rec'd By ____ Cash/Check No. 3954

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 _____ City LINCOLN NE, Zip
(no rural route) The SOUTH FORTY Block 4 LOT 1

Owner Wymore Address _____

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

Date of Tests 14JUL to 15JUL97 Weather: Precipitation 0 Temperature 91

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	28	7/14	5:15	7/15	2:45	7/15	2:55	6	7/15	3:25	30	3/4	40 MIN/IN
2	30	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
3	31	"	"	"	"	"	"	"	"	"	"	7/8	34 MIN/IN
4	29	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
5	27	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
6	30	"	"	"	"	"	"	"	"	"	"	7/8	34 MIN/IN

Person Conducting Percolation Tests

Name: MELVIN F WAGNER
Phone: 797-2365
Address 4810 W CLAIRE AVE
LINCOLN NE 68523

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 40 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MARCH 10, 2003

FORM 23-101 10-96

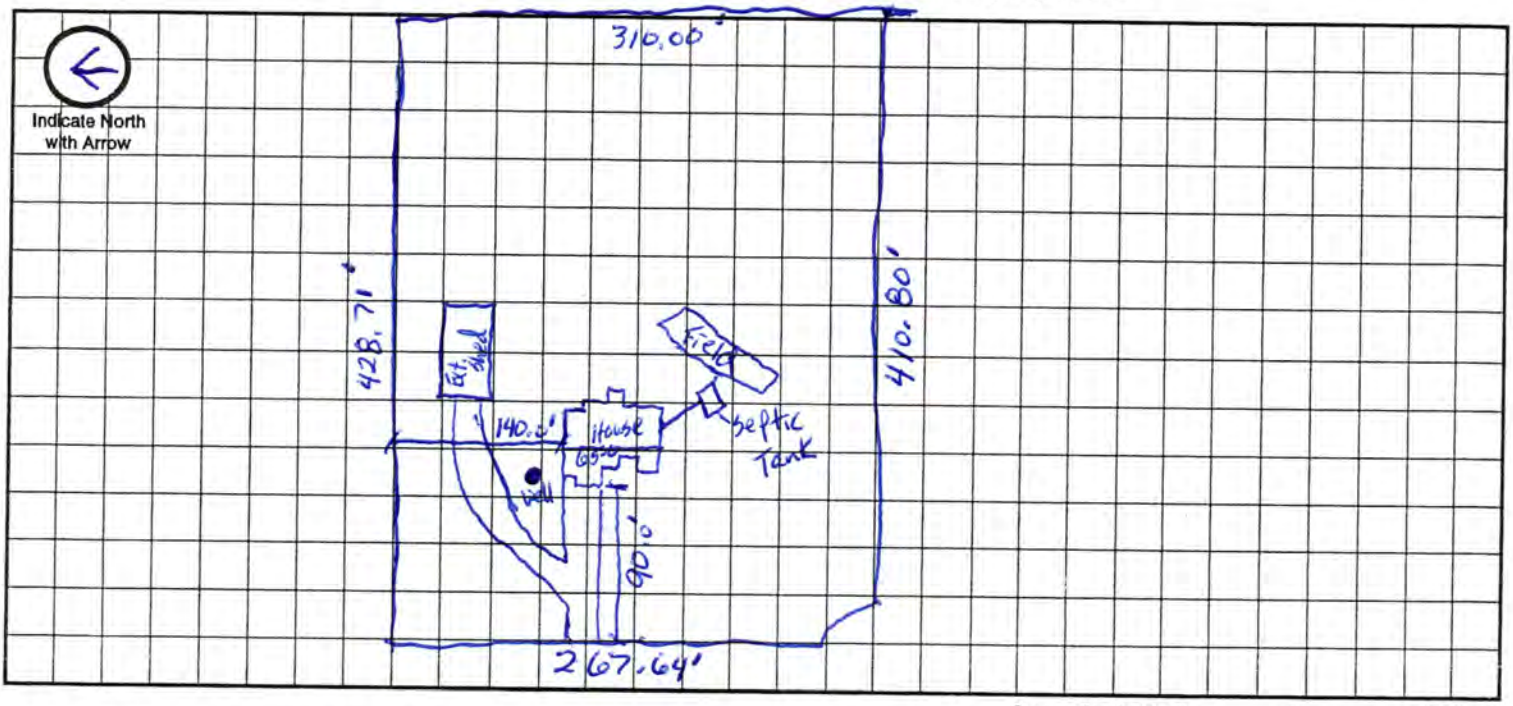
Lincoln-Lancaster County Health Department
Environmental Health Division
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C

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) 6900 S.W. 34th Court 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 40 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM 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: _____

Capacity of Septic Tank 1500 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 N/A ☐	500 ☑	50 ☑	N/A ☐	30 ☑	50 ☑	100 N/A ☐	200 ☑	☑

E. Required Signatures

Home Building Contractor Casey Nichols Casey Nichols Date 3-10-03

Installer Richard Blessent, Capital City Trenching Date 3-5-03

FORM 23-102 10-96

JUN 0 2 2003

D

Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
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Sewage Disposal System

As Built Plans & Specifications

Date 5-21-03 Abey Nichols

System Location (Indicate correct number and street)

Address 6900 SW 34 court (no rural route) City Lincoln NE, Zip 68523

A. Building Sewer

1. Material: class 160 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 55' ft.
4. Number of clean-outs: one
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: 1500 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: 15 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: D-Box is 2' Round pipe
2. Factory built: ☐ Yes ☒ No
3. Distance from septic tank: 16' ft.

D. Absorption Field

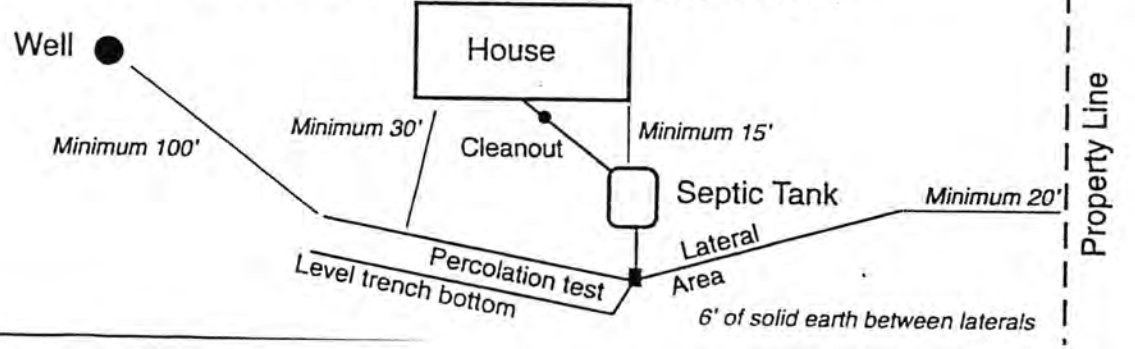
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: In Fill Trader
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 140' ft. 140' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' 275' Long ft.
   Slope Flat. in/100 ft.
   Average depth 3' in
4. Filter material: B37 Gravel
   Depth of material 106 in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

Indicate North with Arrow

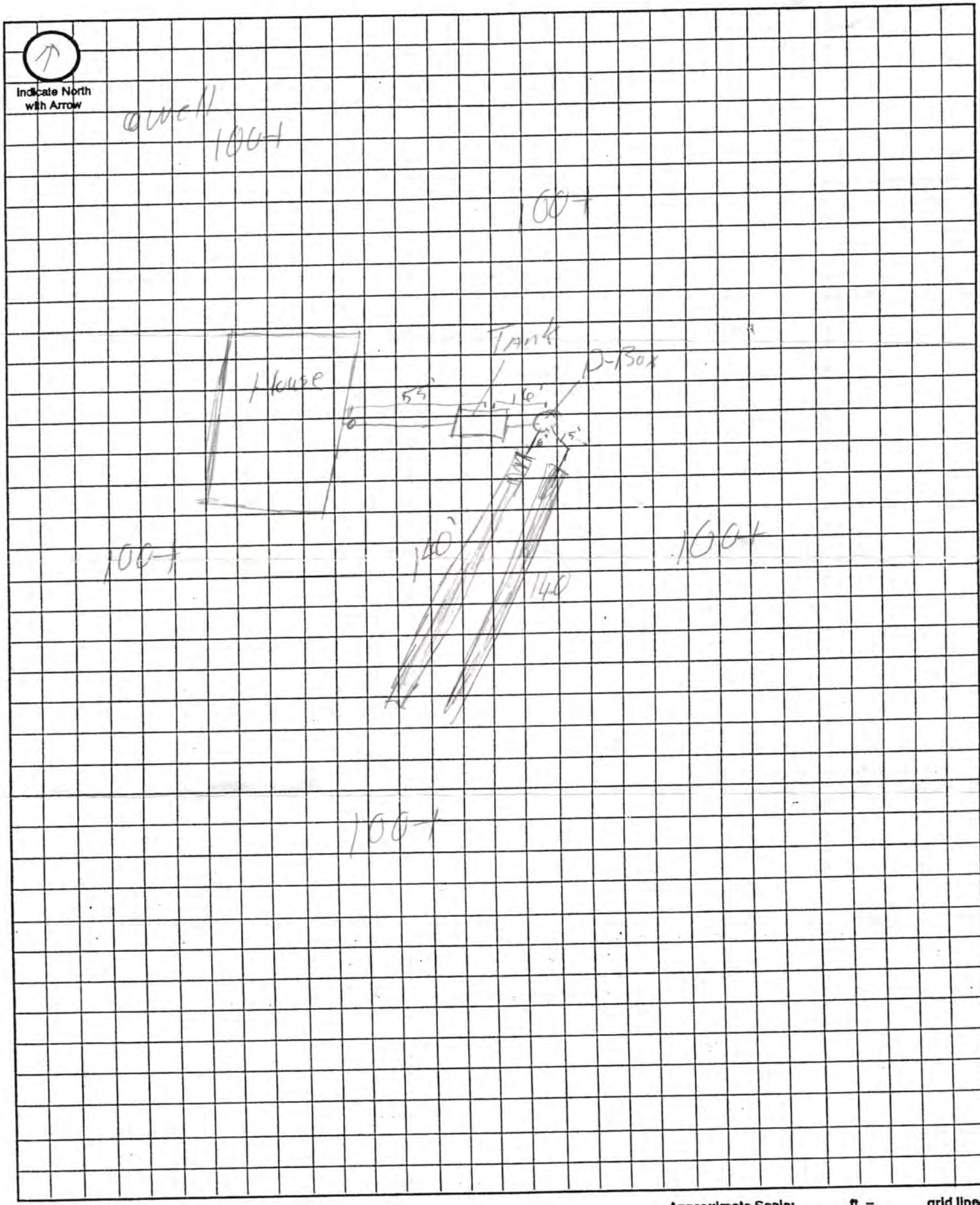
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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