LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380179601

Issued 07/02/98
Expires 01/02/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
TROY ETHERTON
T9N R6E SEC 17
THE SOUTH FORTY BLK 3 LOT 2
3300 W BUCKS DR

Permittee
TROY ETHERTON
4312 BROWNING ST
LINCOLN NE 68516

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

007797

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 3300 WEST BUCKS Drive (no rural route) City LINCOLN NE, Zip 68522

Legal Description ____ ____ 17 T9N R6E THE SOUTH Forty 3 2
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 Troy Etherton Signature Troy Etherton

Address 4312 BROWNING City/State/Zip LINCOLN NE 68522

☐ Check if owner designed system Home Phone 423-5455 Work Phone ____

C. Contractor

Name Philip Frederick Company Name Creative Living Builders

Address 1925 LAST Rd City/State/Zip LINCOLN Ne.

☐ Check if contractor designed system Work Phone 438-0450

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

Designer Name Brad SOUTHWICK Firm SOUTHWICK Sewer 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 7-2-98 Date frwd 7/2/98	**ACTION** ☒ Approved ☐ Disapproved Signature	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/2/98 Date frwd 7/2/98	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 7-2-98 Date frwd 7-2-98	**ACTION** ☒ Approved ☐ Disapproved Signature	

~~8/27/98 Sewer Tank/Lift 8/27/98 f.c.i.~~ Need Drawing

Installation Final Written Approval

By Jerrold C. Hood

Date SEPTEMBER 10, 1998

Business Office Use Only

Date Rec'd 07/02/98
Amt Paid 150.00
Rec'd By ____ ~~Cash~~/Check No. 1052

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

ALSO WELL

-0477
SORPTION TEST DATA REPORT
ex to Application)
eference: City Ordinance No. 9150 and
County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Block 3 LOT 2 The SOUTH FORTY

Location: Township T9N ; Range R6E ; Section & ¼ Section 17 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ ; " "

Dates of Tests: 10/96 to _____. Weather: Precip. _____ Temp. _____.

OWNER: TROY & THERTON

Address: 3300 W BUCKS Dr

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	24	10/7	6:00	10/8	5:30	10/8	6:00	6	6:30	5½	30	½	60
2	26	"	"	"	"	"	"	"	"	5⅜	"	⅝	48
3	26	"	"	"	"	"	"	"	"	5½	"	½	60
4	24	"	"	"	"	"	"	"	"	5½	"	½	60
5	24	"	"	"	"	"	"	"	"	5⅜	"	⅝	48
6	26	"	"	"	"	"	"	"	"	5½	"	½	60

Melvin F. Nagel
Signature of Person Conducting Test

Address 4810 West CLARE Phone _____

Sum of Percolation Rates: 336
Average of Rates: 56
Mean of Rates: 56

(Do not write below this line)

REVIEWING ACTION

Remarks: SOIL MAY BE MINIMAL IF CLAY IS FOUND A LAGOON MAY BE REQUIRED

Soil Type (SCS): WTC3

Date: 11-2-98

Approved Percolation Rate (a)
A. 56 min./inch
B. _____ min./inch
C. _____ min./inch

John E Thomas
Signature of Reviewing Official

Fax sent by : 797 7275 GAGNER 11-04 10/23/96 10:49 Pg: 2

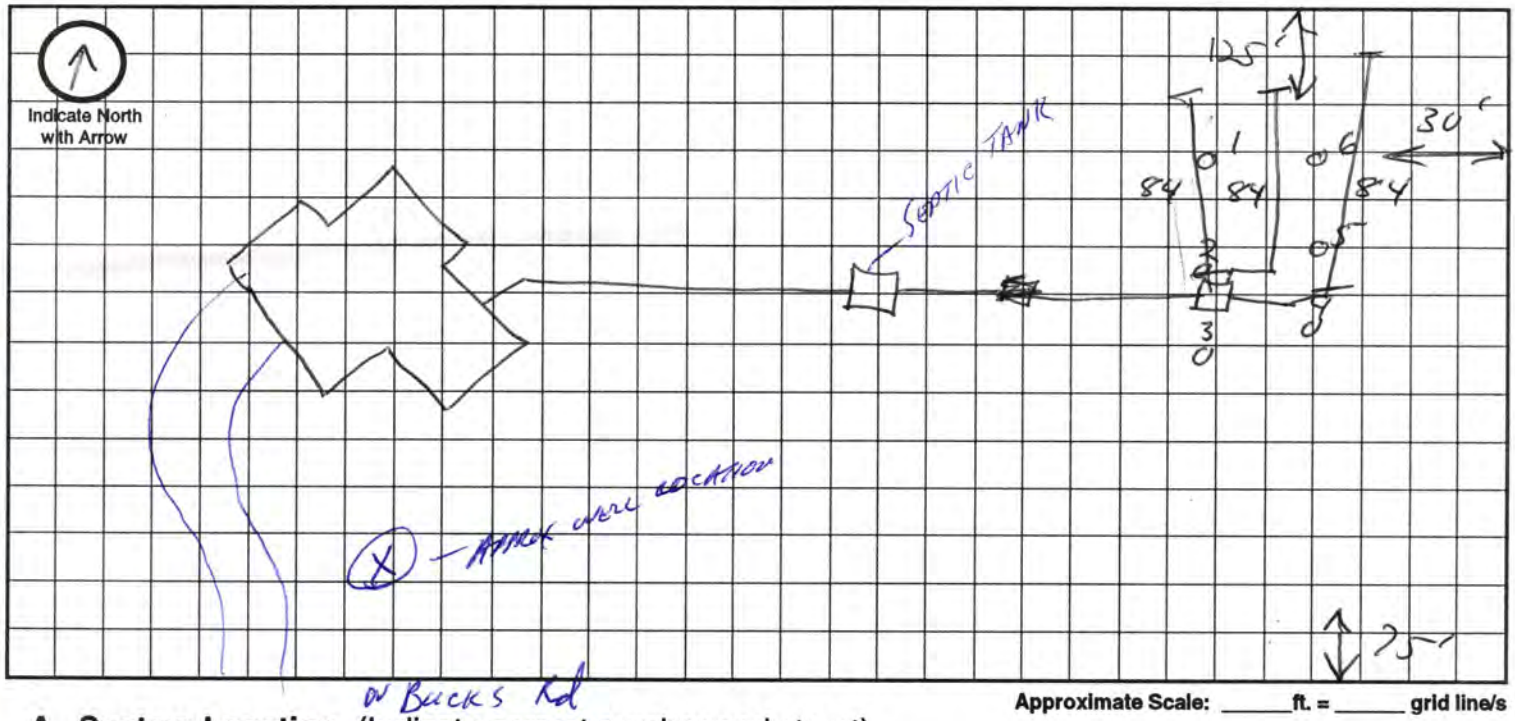
Lincoln-Lancaster County Health Department
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C

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) 3300 W. Bucks Drive City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 56 (min. per inch) Soil Type: WTC2 Land Slope: 2% %

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

Total Square Feet of Field Required: 1024 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 256 ft. Number of Trenches 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 Creative Living Buildings Phil Jelinek Date 7-2-98

Installer Southwest Sewer Bros/Smith Date 7-2-98

FORM 23-102 10-96

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

SEP 9 1998 **D**

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 27 AUG 98 3300 W. Bucks Rd.

System Location (Indicate correct number and street)

Address _____ (no rural route) City LINCOLN NE, Zip 68523

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: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line " ft.
   property line " ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 0 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 0 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line " ft.
   Property line " ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 33 ft.

D. Absorption Field

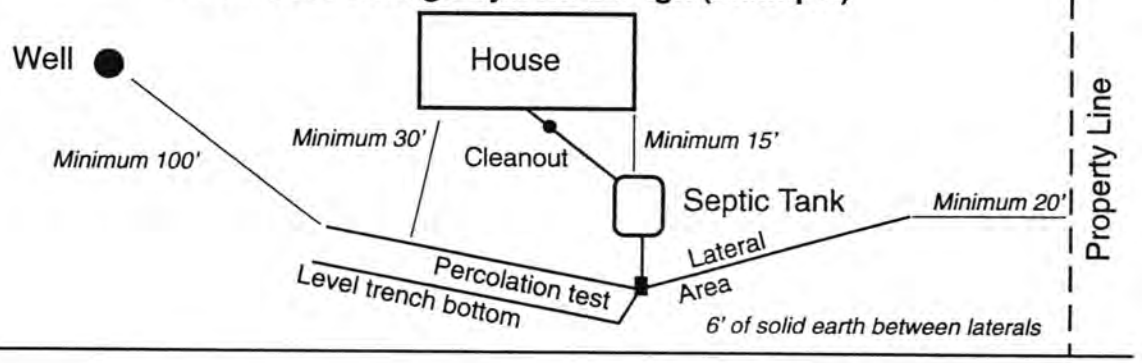
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other INFILTRATOR 24
2. Lateral lines: Number 3
   Length of each line: 53 ft. 73 ft.
   69 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 28 in
4. Filter material: GRAVEL
   Depth of material 14 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line " ft.
   Property line " ft.

Indicate North with Arrow

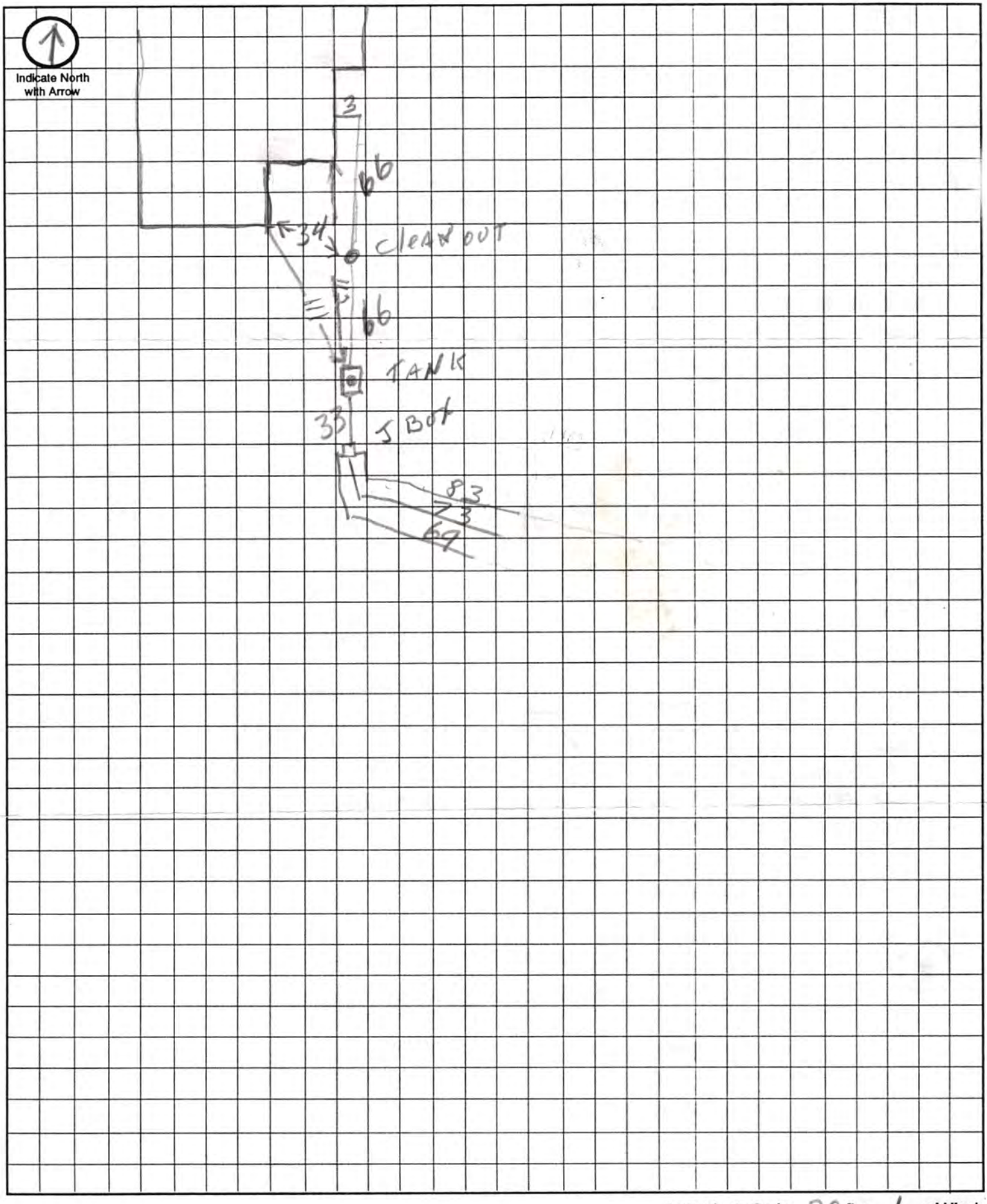
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 20 ft. = 1 grid line/s