Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009828

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380328401

Issued 12/08/06
Expires 12/08/07
Revenue Code 3157

Establishment

JASON DETWEILER
T9N R6E SEC 17
ROLLING MEADOWS-1ST BLK 2 LOT 4
3700 W BURGESS LN

FEES: $290.00

Permittee

JASON DETWEILER
1920 W LAKE ST
LINCOLN NE 68522

TOTAL: $290.00

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: 06380328401

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 3700 West Burgess Lane (no rural route) City Lincoln NE, Zip 68523

Legal Description 18 9 6 Rolling Meadows 1st 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 Jason Detweiler Signature Jason Detweiler

Address 1920 West Lake Street City/State/Zip Lincoln, NE 68522

☐ Check if owner designed system Home Phone 402 435 0997 Work Phone 402 476 6600 ext 230

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name BEN EARNEST Firm EARNEST WELL DRILLING Work Phone 402-761-2281

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 12-8-06 Date frwd 12-11-06 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-11-06 Date frwd 12-11-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 5/21/07

Business Office Use Only
Date Rec'd 12-8-06
Amt Paid 290.00
Rec'd By JLH Cash/Check No. 1756

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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Phone: 402-441-8022

B

Permit Number: 063802284

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Rolling Meadows Block 2 Lot 4 City _____ NE, Zip _____
(no rural route)

Owner Prairie Homes Addresss _____

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

Date of Tests 8-27-03 to 8-28-03 Weather: Precipitation Dry Temperature 80°F

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	8/27	16:25	8/27	20:25	8/28	17:45	6"	8/28	21:50	30 min	1/2	60
2	35											9/16	66 53.33
3	36											5/8	48
4	35											9/16	66 53.33
5	35											3/8	48
6	34											9/16	66 53.33
7	35											9/16	66 53.33
8	35											5/8	48
9	36											3/4	40
10	35											5/8	48

Sum of Percolation Rates: 505.33
Average of Rates: 50.53
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Phil N. Illg
Phone: 304.4296
Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

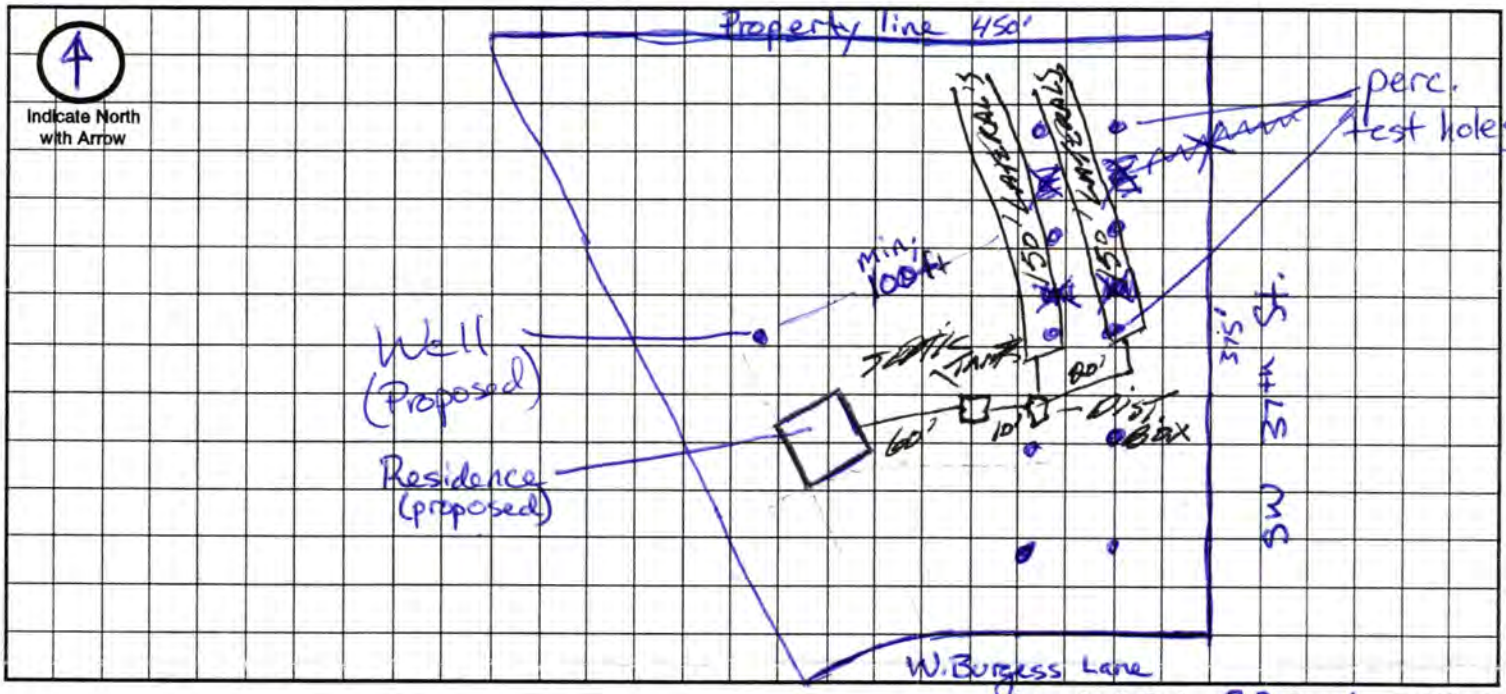
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 06380328 4

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3700 W. Burgess Lane 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 50.53 (min. per inch) Soil Type: SILTY CLAY Loam Land Slope: _____ %

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

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

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

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

Total Length of Laterals 300' ft. Number of Trenches 2 Trench Width 3'

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 EARNEST WELL DRILLING [signature] Date 11/30/06

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 5/22/07

System Location (Indicate correct number and street)

Address 3700 West Burgess (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: 10 in.
3. Distance between dwelling and septic tank 60 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: 1060. gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 1 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 32 ft.

D. Absorption Field

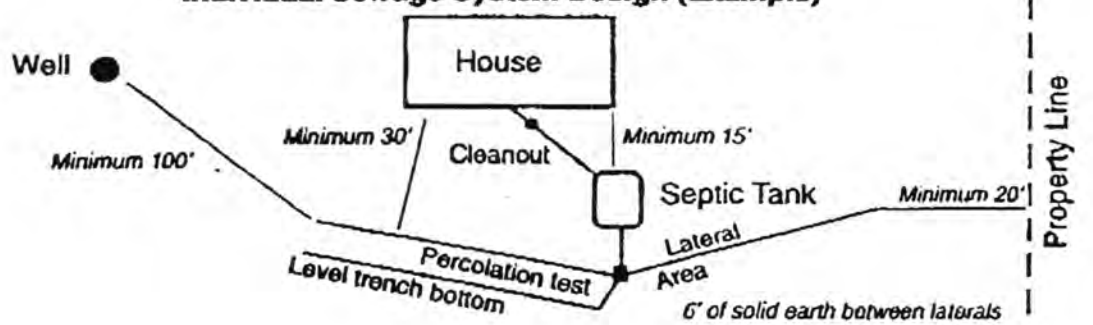
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 35"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 152 ft. 148 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 1 in/100 ft.
   Average depth 24 in
4. Filter material: Native Clay
   Depth of material 24 in.
5. Distances to: Well or suction line ____ 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)



RM 23-103 10-06

May 22 07 08:29a Earnest well Drilling Inc 4027614281 p.2

As Built Drawing

