Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

006416

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380297801

Issued 03/11/05
Expires 09/11/05
Revenue Code 3157

Establishment:
DENNIS A SMITH
T9N R6E SEC 21
BURR OAKS BLK 5 LOT 1
8300 SW 13 ST

FEES: $200.00

Permittee:
DENNIS A SMITH
5221 ELK RIDGE RD
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Jerry Hood
441-8029

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

MAR 11 2005

A

Permit Number: 0538029701

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 8300 SW 13th (no rural route) City LINCOLN NE, Zip

Legal Description: 1/4 21 1/4 Section 9N Township 6E Range 6PM Subdivision BUR OAKS Addition 5 Block 1 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name DENNIS SMITH Signature Dennis Smith

Address 5221 Elk Ridge Rd. City/State/Zip LINCOLN NE. 68516

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Melvin Gagner Company Name Gagner Const.

Address 4800 "W" Claire Ave City/State/Zip LINCOLN NE. 68523

☒ Check if contractor designed system Work Phone 432-5698

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

Designer Name Melvin Gagner Firm Gagner Const Work Phone 432-5698

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 3/11/05 Date frwd 3/11/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-11-05 Date frwd 3-11-05 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3/11/05 Date frwd 3/11/05 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

10/3/05 tine, tank, parted lateral, Drawn

Installation Final Written Approval

By Doug Snyder

Date 10/5/05

Business Office Use Only

Date Rec'd 3/11/05

Amt Paid #200.00

Rec'd By TW Cash/Check No. 4601

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

RECEIVED
MAR

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

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 8300 SW 13th (no rural route) City LINCOLN NE, Zip

Owner DENNIS SMITH Addresss 5221 ELK Ridge Rd.

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

Date of Tests 21 NOV 04 to 22 NOV 04 Weather: Precipitation 0 Temperature 50

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	30	21 NOV	10:00	22 NOV	11:00	22 NOV	11:30	6	22 NOV	12:00	30	1/2	60
2	29	"	"	"	"	"	"	"	"	"	"	1/2	60
3	31	"	"	"	"	"	"	"	"	"	"	5/8	48
4	29	"	"	"	"	"	"	"	"	"	"	5/8	48
5	32	"	"	"	"	"	"	"	"	"	"	5/8	48
6	29	"	"	"	"	"	"	"	"	"	"	1/2	60

Sum of Percolation Rates: 324
Average of Rates: 54
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Melvin Wagner
Phone: 432-5698
Address 4810 "W" Claire Ave
Lincoln NE. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Gerald C. Hood R.E.H.S. Date MARCH 11, 2005

FORM 23-101 10-96

#Zoo.*

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

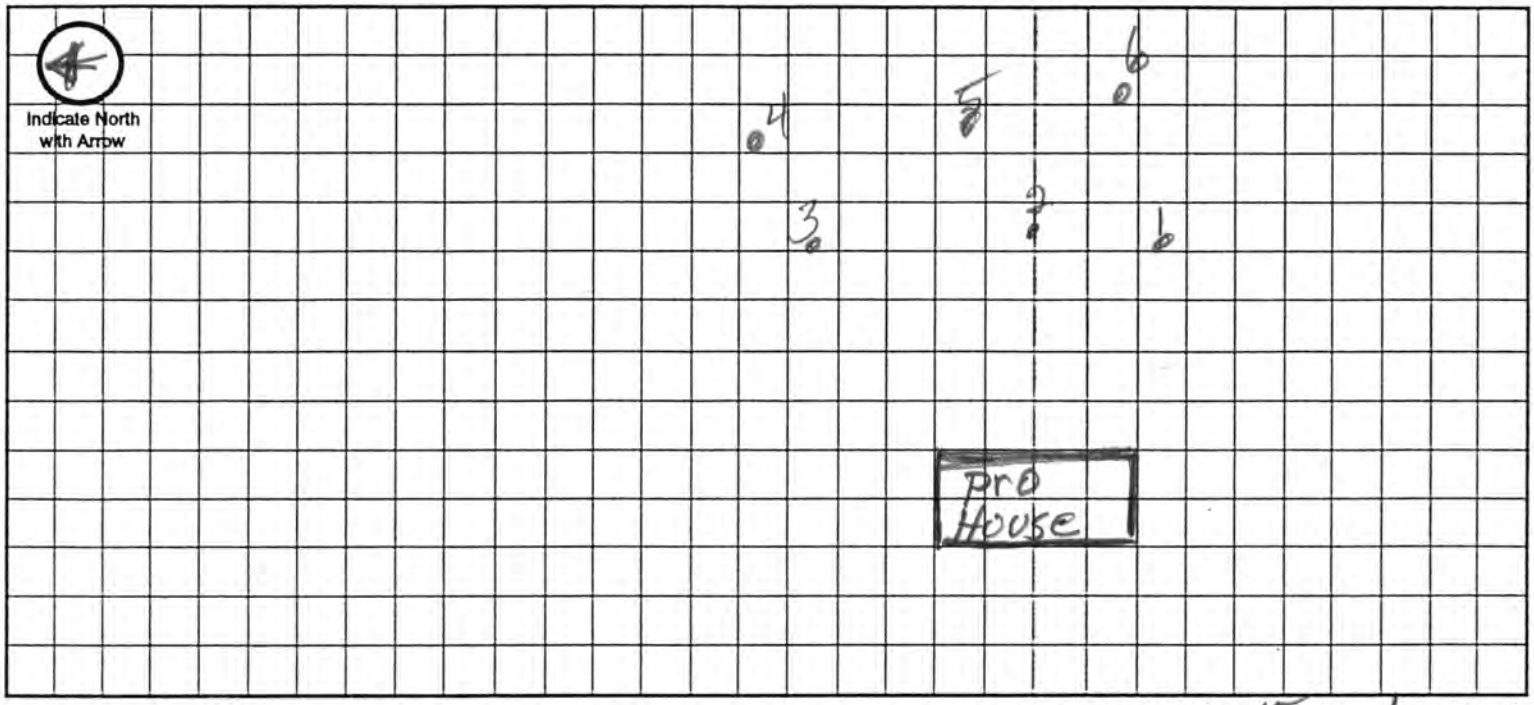
MAR 1 1 2005

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8300 SW 13th City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 54 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 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 _____ ft. Number of Trenches _____ Trench Width _____

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 Jim Smith Date _____

Installer Melvin F Wagner Date 23 NOV, 04

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 4 OCT 05 Dennis Smith

System Location (Indicate correct number and street)

Address 8300 SW 13TH (no rural route) City LINCOLN NE, Zip 68523

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 7 FT. in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 32 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 50 ft.
   stream NA ft.
   pressure line OVER 30 ft.
   property line OVER 50 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: _____
2. Capacity: 1750 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: 18 in.
8. Distances to: Well or suction line OVER 50 ft.
   Stream NA ft.
   Pressure line OVER 30 ft.
   Property line OVER 20 ft.

C. Distribution Box

1. Material: NA
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: NA ft.

D. Absorption Field

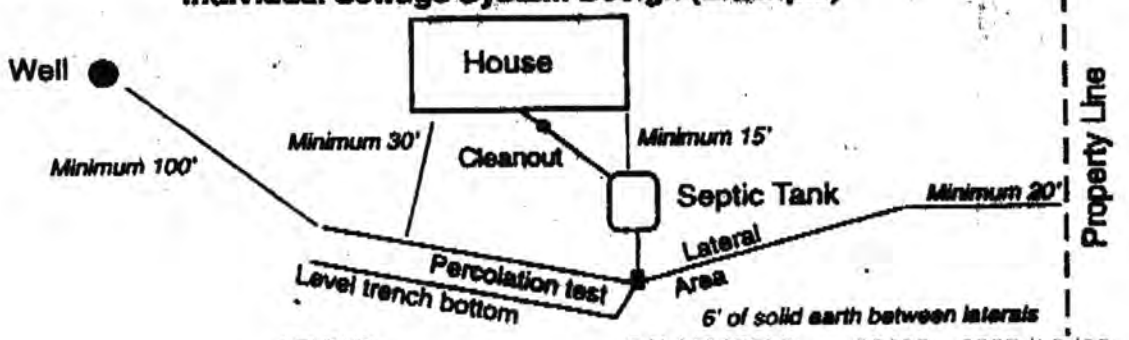
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 5
   Length of each line: 61 ft. 61 ft.
   61 ft. 61 ft., 108 ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NA
   Depth of material N.A in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 30 ft.
   Property line OVER 20 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

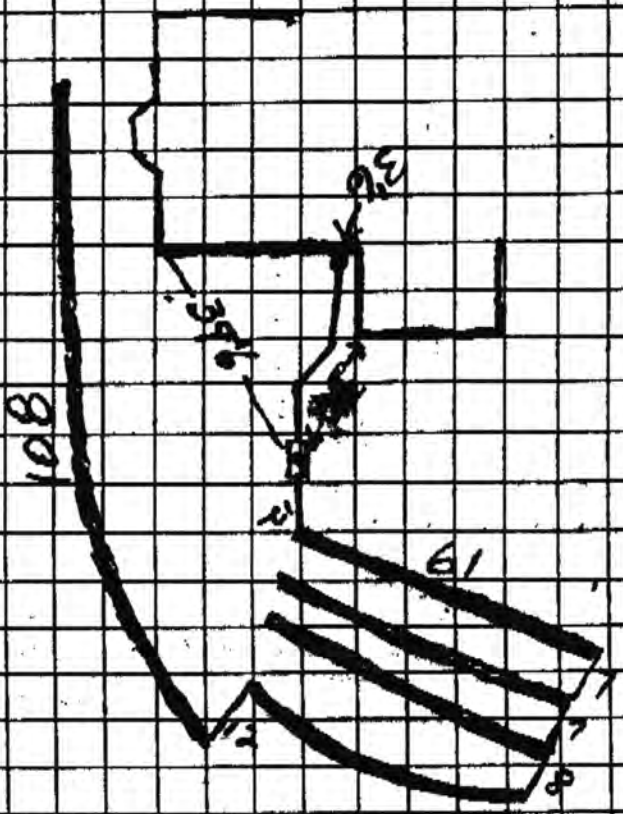


FORM 22-103 10-95

10/04/2005 19:13 14027977475 GAGNER PAGE 01

As Built Drawing

Indicate North with Arrow



Approximate Scale: _____ ft. = _____ grid lines