Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008795

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380317901

Issued 04/19/06
Expires 04/19/07
Revenue Code 3157

Establishment: FRED EHRLICH
T9N R6E SEC 26
9550 S 1ST ST

FEES: $275.00

Permittee: FRED EHRLICH
9300 S 1 ST
LINCOLN NE 68512

TOTAL: $275.00

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: 063803179

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 9550 So 1st (no rural route) City LINCOLN NE, Zip 68522

Legal Description 1/4 1/4 Section 26 Township T9N Range R6E 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 Fred Ehrlich Signature _____

Address 9300 S. 1st City/State/Zip Lincoln 68522

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd st. City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 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 4/19/06 Date frwd 4/24/06 **ACTION** ☒ Approved ☐ Disapproved Signature Doug Amor

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

CAN NOT HAVE 3 HOUSES ON 40 ACRES.

3. **City or County Engineer** Date rec'd 4/24/06 Date frwd 4/24/06 **ACTION** ☒ Approved ☐ Disapproved Signature Chase Baker

Installation Final Written Approval

By Doug Amor

Date June 6, 2006

Business Office Use Only

Date Rec'd 04/19/06

Amt Paid 275.00

Rec'd By _____ Cash/Check No. 1126

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

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

B

Permit Number: 063803179

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9550 So 1st (no rural route) City Lincoln NE, Zip _____

Owner Fred Ehrlich Addresss 9300 S. 1ST Lincoln

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

Date of Tests 10/17 to 10/18 Weather: Precipitation — Temperature 70s

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		10/17	5:00	10/18	12:00	10/18	1:15	8 7/8	10/18	1:25	10	1/2	20
2			PM		Noon		P	14 1/4		P		3/8	25
3								13 3/4				3/4	13
4								10 1/2				3/8	25
5								12 3/4				3/4	13
6 — ran empty quickly								13 1/2					

Sum of Percolation Rates: 96
Average of Rates: 20
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Brad Sorensen 1178
Phone: 475-2462
Address 17201 So 72nd st.
Lincoln, NE 68877

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

RECEIVED
MAY 05 2006

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5-1-06

System Location (Indicate correct number and street)

Address 9550 S. 1st (no rural route) City LINCOLN NE, Zip 68522

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and septic tank: 65 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: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 5 X 8 in.
   Over outlet, diameter 5 X 8 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Drop Box
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 139 ft.

D. Absorption Field

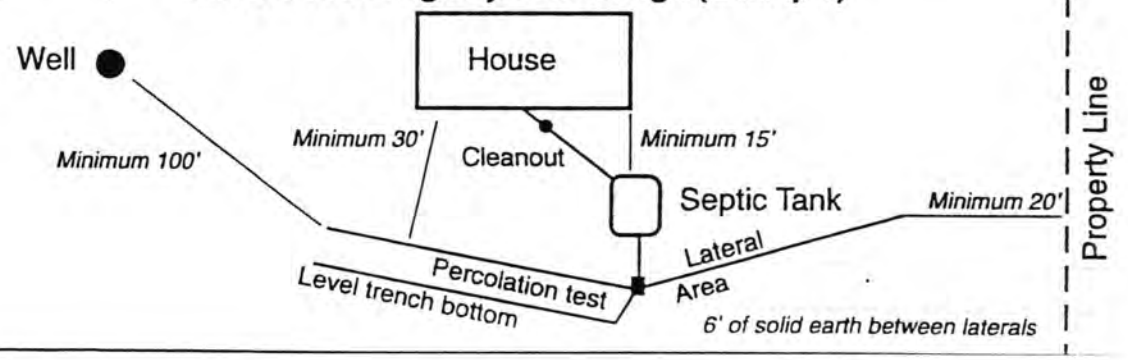
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other H-10 Infiltrator
2. Lateral lines: Number _____
   Length of each line: 100 ft. 90 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 (4') ft.
   Slope 5 in/100 ft.
   Average depth 28 in
4. Filter material: Crawellen
   Depth of material _____ 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

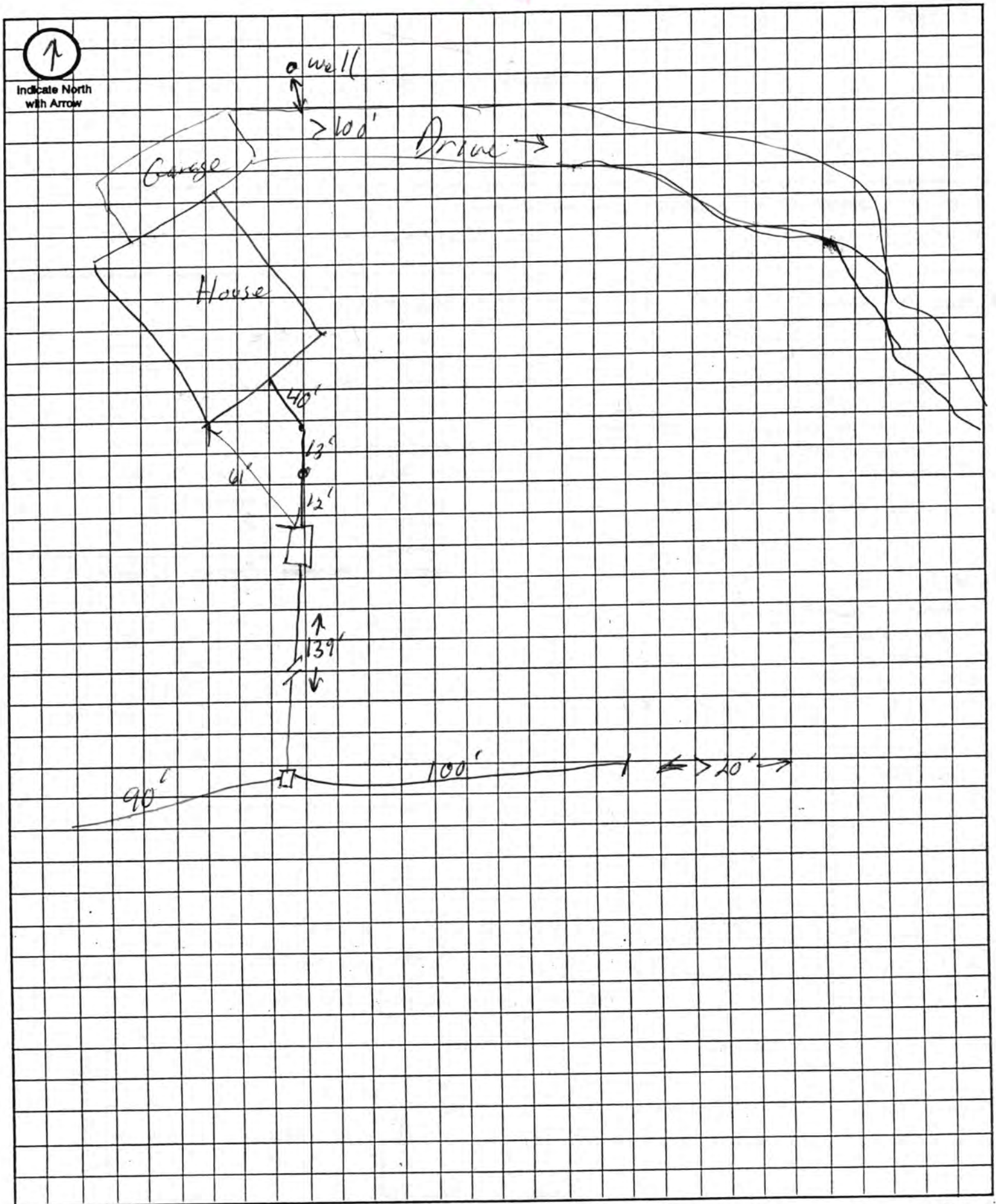
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

9550



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