# Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380211401

Issued 11/16/99
Expires 05/16/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Establishment

NOEL PARROTT
T9N R6E SEC 32 QTR NE
NE 1/2 OF NE 1/4
10251 SW 27 ST-MARTELL

Permitee

NOEL PARROTT
5700 ARBOR RD
LINCOLN NE 68517

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011170

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

**A**

Permit Number:

CASE

# 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 10,251 SW. 27th (no rural route) City Martell NE, Zip

Legal Description N.E. 1/4 of NE 1/4 Sec. 32 T-9 R 6
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 Noel Parrott Signature Noel Parrott

Address 5700 Arbor Rd City/State/Zip Lincoln, Nebr. 68517

☐ Check if owner designed system Home Phone Work Phone 464-8508

### C. Contractor

Name Mike Rozac Company Name Rozac Const.

Address City/State/Zip

☐ Check if contractor designed system Work Phone 423-2212

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

Designer Name John Strohmyer Firm Excavating Unlimited Work Phone 430-6023

### 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 11/15/99<br>Date frwd 11/16/99 | ACTION ☒ Approved ☐ Disapproved<br>Signature Jerrold C. Hood | |
| 2. Supt. Bldg. Insp. or Village Clerk | Date rec'd 11-16-99<br>Date frwd 11-16-99 | ACTION ☒ Approved ☐ Disapproved<br>Signature | |
| 3. City or County Engineer | Date rec'd 11/16/99<br>Date frwd 11/16/99 | ACTION ☒ Approved ☐ Disapproved<br>Signature | |

### Installation Final Written Approval

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

Date JANUARY 27, 2000

***Business Office Use Only*** 3106

Date Rec'd 11/16/99

Amt Paid 150.00

Rec'd By Cash/Check No. 11152

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:

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 10,251 SW 27th (no rural route) City Imantell NE, Zip

Owner Noel Parrott Addresss 5700 Arbor Rd. (Business Address)

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 364 min./inch

Date of Tests 11/10/99 to 11/11/99 Weather: Precipitation Dry Temperature 70°

## 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 | 29 | 11/10 | 10:00 | 11/11 | 10:00 | 11/11 | 1:00 | 6 | 11/11 | 1:30 | 30 | 1/2 | 60 |
| 2 | 30 | 11/10 | 10:00 | 11/11 | 10:00 | 11/11 | 1:00 | 6 | 11/11 | 1:30 | 30 | 1/2 | 60 |
| 3 | 27 | 11/10 | 10:00 | 11/11 | 10:00 | 11/11 | 1:00 | 6 | 11/11 | 1:30 | 30 | 9/16 | 53 |
| 4 | 26 | 11/10 | 10:00 | 11/11 | 10:00 | 11/11 | 1:00 | 6 | 11/11 | 1:30 | 30 | 9/16 | 53 |
| 5 | 29 | 11/10 | 10:00 | 11/11 | 10:00 | 11/11 | 1:00 | 6 | 11/11 | 1:30 | 30 | 9/16 | 53 |
| 6 | 29 | 11/10 | 10:00 | 11/11 | 10:00 | 11/11 | 1:00 | 6 | 11/11 | 1:30 | 30 | 9/16 | 53 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: John Stuhmer

Phone: 430-6023

Address

Sum of Percolation Rates: 364

Average of Rates: 60.67 61

Rate Used for Calculation: 55

3 Bed
250

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date NOVEMBER 16, 1999

FORM 23-101 10-96

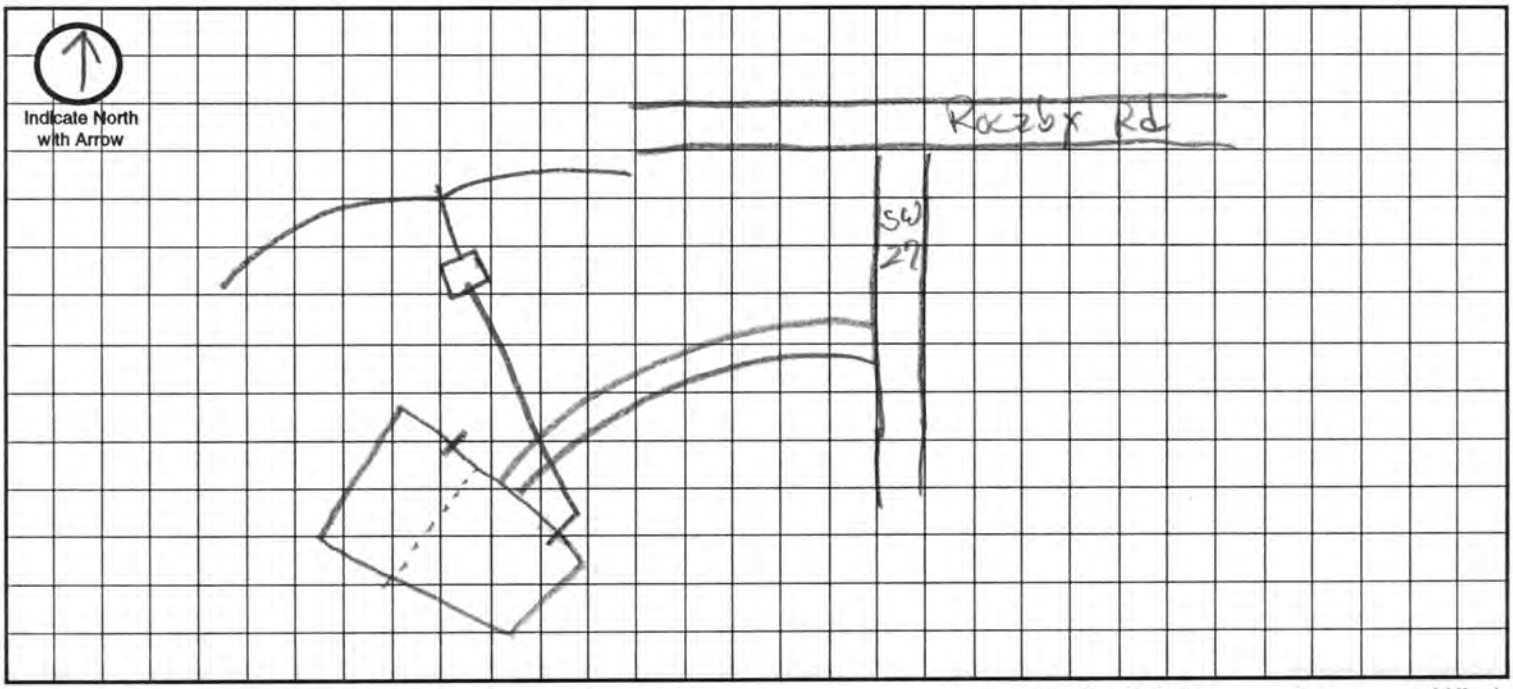
**Lincoln-Lancaster County Health Department**
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C

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) 10,251 S.W. 27th City Martell NE, Zip _____

## B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 36.4 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 237 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 ☑ | 500 ☑ | 50 ☑ | N/A ☑ | 30 ☑ | 50 ☑ | 100 ☑ | 200 ☑ | ☑ |

## E. Required Signatures

Home Building Contractor Mike Rezac Date 11/12/99

Installer John Strohmyer Date 11/12/99

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

**D**

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date 1-27-20 Noel Parratt

**System Location (Indicate correct number and street)**

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

### A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: 192' ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100'+ ft.
   stream " ft.
   pressure line " ft.
   property line " ft.

### B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line 100+ ft.
   Stream " ft.
   Pressure line " ft.
   Property line " ft.

### C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 24 ft.

### D. Absorption Field

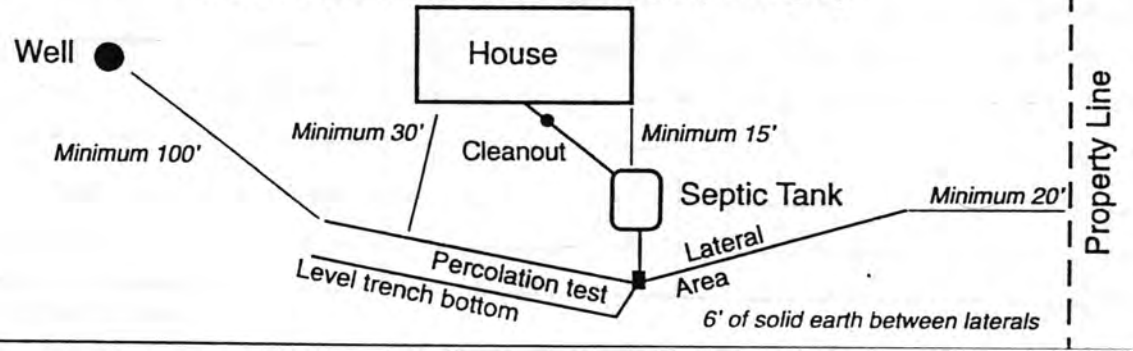
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 60' ft. 100 ft.
   100' ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 24 in
4. Filter material: Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100'+ ft.
   Stream " ft.
   Pressure line " ft.
   Property line " ft.

Indicate North with Arrow

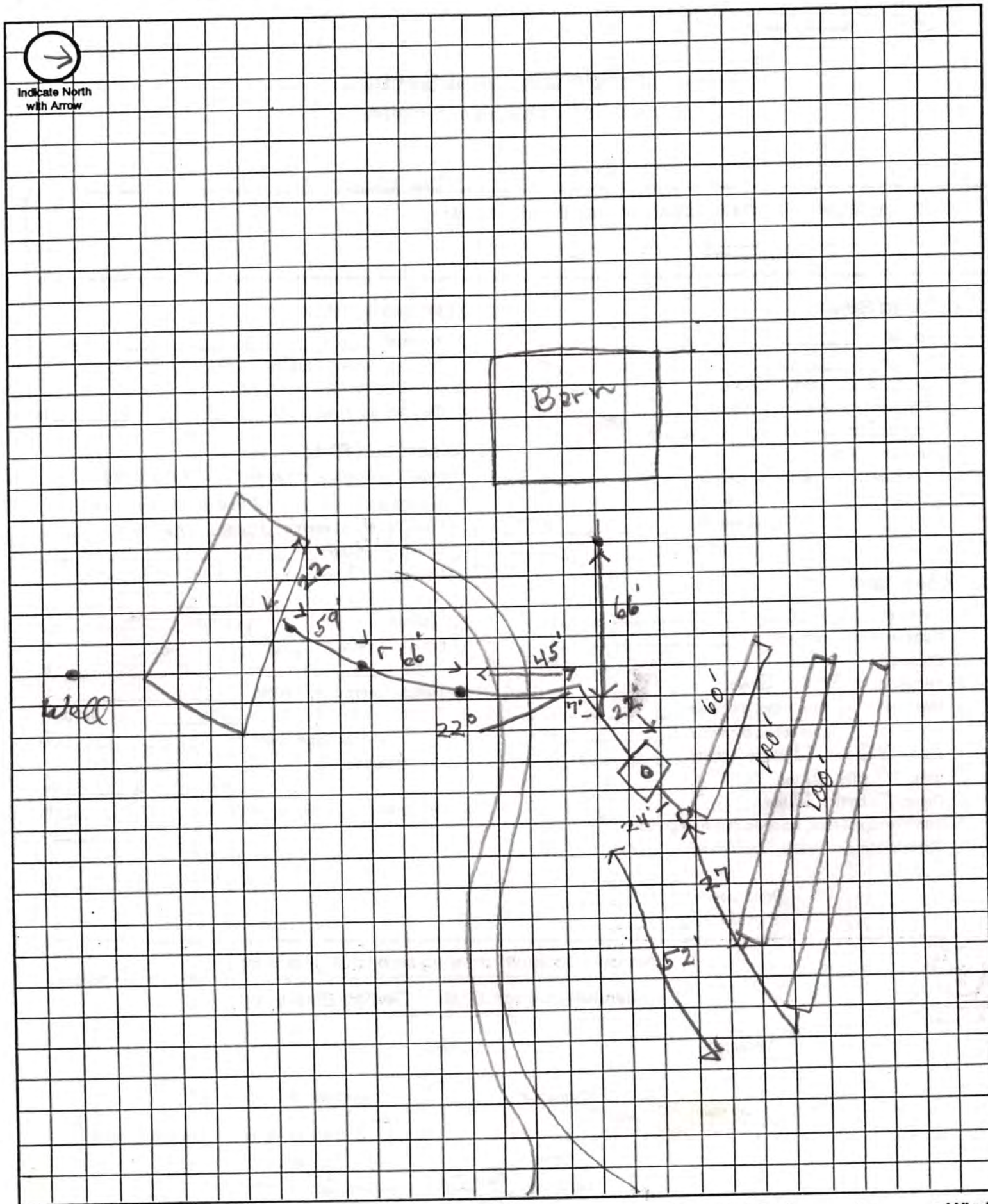
**Complete "As Built" drawing on back of this form.**

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

# As Built Drawing




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