Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380230601

Issued 04/30/01
Expires 10/30/01
Revenue Code 3157

FEES: $200.00

Establishment

LARRY M MURRAY
T9N R6E SEC 33 QTR NW
SW 1/4 OF NW 1/4 LOT 30IT
10400 SW 27 ST

TOTAL: $200.00

Permittee

LARRY M MURRAY
4001 N 23 ST
LINCOLN NE 68521-1218

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015591

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

A

Permit Number: 013802306

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 10400 SW 27th St. (no rural route) City Lincoln NE, Zip

Legal Description Southwest Northwest 33 9 North 6 East 30 I.T.
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 LARRY MURRAY Signature Larry M. Murray

Address 4001 N 23 St. City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 435-7453 Work Phone SAME

C. Contractor

Name Mike Doan Company Name MDI Homes Inc.

Address 8511 Owl Court City/State/Zip Plattsmouth NE 68048

☒ Check if contractor designed system Per Title 124 Work Phone 402-235-2360

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

Designer Name Martha Mellor Firm Work Phone

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 4/30/01 Date frwd 5/1/01 ACTION ☒ Approved ☐ Disapproved Signature Gerald E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/1/01 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5/1/01 Date frwd 5/1/01 ACTION ☒ Approved ☐ Disapproved Signature

Line, trunk + lateral 8/7/01 Need drawing use C as field note

Installation Final Written Approval

By Doug Amen

Date 1/3/02

Business Office Use Only
Date Rec'd 04/30/01
Amt Paid 200.00
Rec'd By Cash/Check No. 12336

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

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B

Permit Number: 013802306

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10400 SW 27th St. (no rural route) City Lincoln NE, Zip

Owner Mike & Sandi Murray Addresss 4001 N 23 St. Lincoln NE 68521

Soil Type (SCS): ~~Clay~~ WYMORE SILTY CLAY LOAM Percolation Rate: 23 min./inch

Date of Tests 04-18-01 to 04-19-01 Weather: Precipitation Dry Temperature

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	39	4/18	9:45	4/18	2:00	4/19	9:45	6"	4/19	1:45	230	1.25"	24
2	37.5	4/18	9:50	4/18	2:00	4/19	9:45	6"	4/19	1:45	230	1.50"	20
3	38.5	4/18	9:55	4/18	2:00	4/19	9:45	6"	4/19	1:45	30	1.25"	24

Person Conducting Percolation Tests

Name: Mike Doan (MDI Homes)
Phone: 235-2360
Address 8511 Owl Court
Plattsmouth NE 68048

Sum of Percolation Rates: 68
Average of Rates: 22.67
Rate Used for Calculation: 23

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood Date APRIL 30, 2001

FORM 23-101 10-96

as built Field note — DS

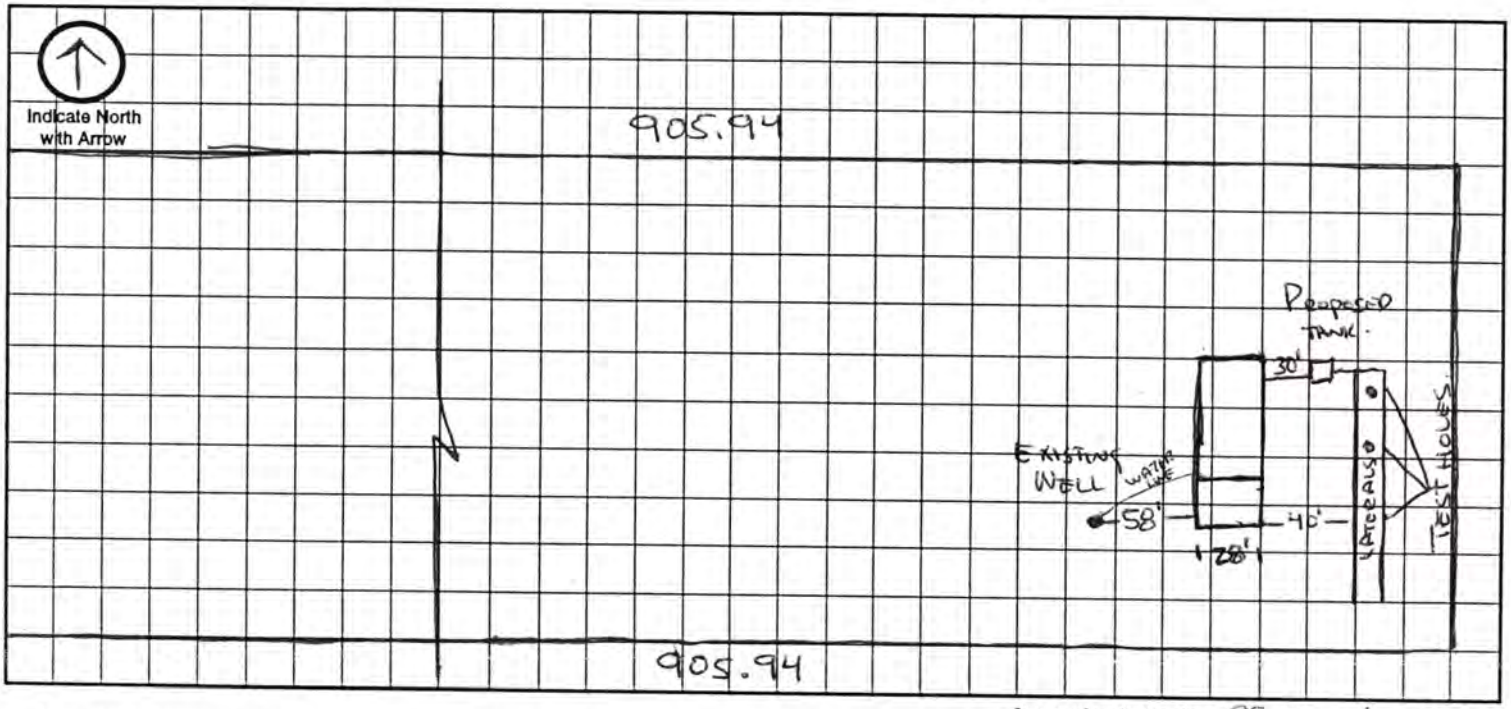
C

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Permit Number: 013802306

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 10400 SW 27th St. 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 23 (min. per inch) Soil Type: ~~Clay~~ WYMORE SILTY CLAY LOAM Land Slope: 5 %

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

Total Square Feet of Field Required: 1,000 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 250 ft. Number of Trenches 2 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 MDI Homes Inc. Date 04-26-01

Installer MATT MUNDHENKE AS SIGNED ON "A" SHEET Date _____