Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006647

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380299801

Issued 04/13/05
Expires 04/13/06
Revenue Code 3157

Establishment:
MARK E WEAVER
T9N R7E SEC 11
HIMARK EST-7TH ADDN LOT 1
9635 MERION CIR

FEES: $200.00

Permittee:
MARK E WEAVER
8205 NW 56 ST
MALCOLM NE 68402-9641

TOTAL: $200.00

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: 05380299801

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System (CHANGED TO) ☑ 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 9635 Merion Circle (no rural route) City Lincoln NE, Zip 68520

Legal Description Lot 1, HiMark Estates 7th Addition, Lincoln, Lancaster County NE
1/4 1/4 Section 11 Township 9N Range 7E Subdivision / Addition Block Lot 1

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Mark E. Weaver Signature Mark E. Weaver

Address 8205 N.W. 56th City/State/Zip Malcolm, NE 68402

☑ Check if owner designed system Home Phone 402-470-3222 (470-3262) Work Phone 416-3869

C. Contractor Jerry

Name Wright Construction Company Name Wright Construction

Address _____ City/State/Zip Lincoln NE

☐ Check if contractor designed system Work Phone 560 2682

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

Designer Name Clint Fresnell Firm Wellmann Plumbing Work Phone 402-434-2400

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 4/13/05 Date frwd 4/14/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-14-05 Date frwd 4-14-05 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 4/14/05 Date frwd 4/14/05 ACTION ☒ Approved ☐ Disapproved Signature Chasie Baker

8/9/05 J.C.H. Need system changes.

Installation Final Written Approval

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

Date AUGUST 11, 2005

Business Office Use Only

Date Rec'd 04/13/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 6062

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 9635 Merion Cir (no rural route) City Lincoln NE, Zip 68526

Owner Mark Weaver Addresss 8205 NW 56th St, Waterloo, NE 68402

Soil Type (SCS): Wymore / Sharpsburg Percolation Rate: 60 min./inch

Date of Tests 6/20/05 to 6/21/05 Weather: Precipitation 0 Temperature 85°

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	48	6/20	1:30p	6/20	5:30p	6/21	2:00p	6	6/21	10:00a	30	1/2	30/0.50 = 60
2	45	"	"	"	"	"	"	"	"	"	"	3/4	30/0.75 = 40
3	44	"	"	"	"	"	"	"	"	"	"	2 11/16	30/2.69 = 11
4	45	"	"	"	"	"	"	"	"	"	"	5/8	30/0.63 = 48
5	45	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50 = 60
6	48	"	"	"	"	"	"	"	"	"	"	9/16	30/0.56 = 54

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St
Raymond, NE 68428 # P1198

Sum of Percolation Rates: 273

Average of Rates: 46

Rate Used for Calculation: 60 (20 min variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

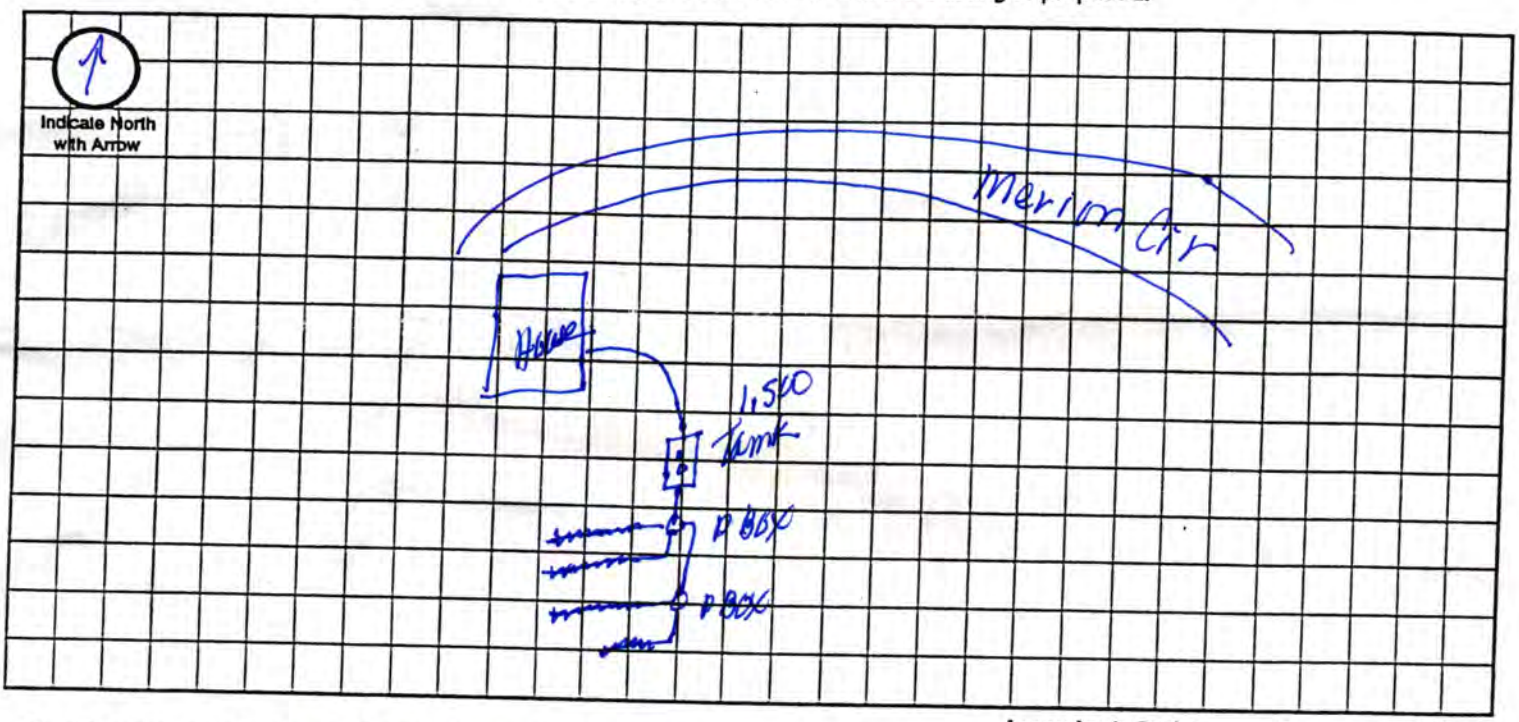
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C

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) 9635 Merrim Cir City Lincoln NE, Zip 68526

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Wymore/Sharpsburg Land Slope: _____ %

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

Total Square Feet of Field Required: 1,050 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: H-10 Standard

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 300 ft. Number of Trenches 4 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 _____ Date _____

Installer _____ Date 8-10-05

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AUG 11 2005

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8/9/05

weaver

System Location (Indicate correct number and street)

Address 9635 Merion Cir (no rural route) City Lincoln NE, Zip 68526

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 19 in.
3. Distance between dwelling and septic tank: 118 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 75+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade at grade in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

C. Distribution Box

1. Material: 2- Plastic
   Number available outlets: 2 Bays - 6 out let
2. Factory built: ☒ Yes ☐ No ① ②
3. Distance from septic tank: 19 + 25' ft.

D. Absorption Field

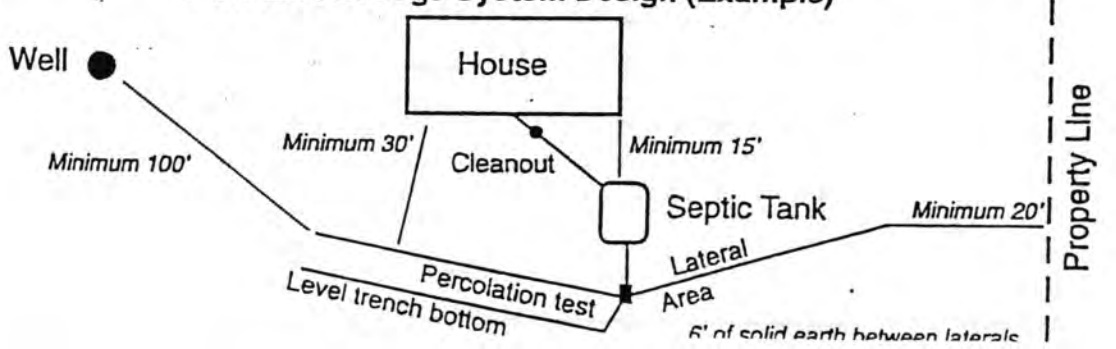
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide 12" Tall
   or perforated pipe: H-10 Standard
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 88 ft. 75 ft.
   75 ft. 63 ft., ____ ft.
3. Trench dimensions: Width 42" ft.
   Slope Flat in/100 ft.
   Average depth 41 in
4. Filter material: Dirt
   Depth of material Dirt in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 15' 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

