# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008327

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Establishment: MARK SCUDDER
T9N R7E SEC 11 QTR NE
WILDFLOWER FARM ADDN LOT 1

Permittee: MARK SCUDDER
3025 S 31 ST
LINCOLN NE 68502

Permit # 05380311301

Issued 10/12/05
Expires 10/12/06
Revenue Code 3157

FEES: $275.00

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

441-6206
ATTN! Jerry Hood

A

Permit Number: 05380311301

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

# 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 4500 So 93 (no rural route) City Lincoln NE, Zip NE

Legal Description NW (1/4) NE (1/4) 11 (Section) 9N (Township) 7E (Range) Wildflower Farm (Subdivision) Addit (Addition) 1 (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 Mark Scudder Signature _____

Address _____ City/State/Zip _____

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

**C. ~~Contractor~~ Builder**

Name Watermaier Const Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

**D. Engineer/Installer** ☐ Check and complete if engineer designed system 610-1612

Designer Name Jeff Kreifels Firm Action PLBG Work Phone 423-6560

**E. This System Will Serve a**

☑ Residential Dwelling Number of Bedrooms 5 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 10/12/05 Date fwd 10/13/05 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date fwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-13-05 Date fwd 10-13-05 ACTION ☐ Approved ☐ Disapproved Signature _____

**Installation Final Written Approval**

By _____

Date 1/9/06

***Business Office Use Only***

Date Rec'd 10/12/05
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 25183

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

OCT-10-2005 16:09 ACTION PLUMBING&HEATING 402 423 6978 P.01/02

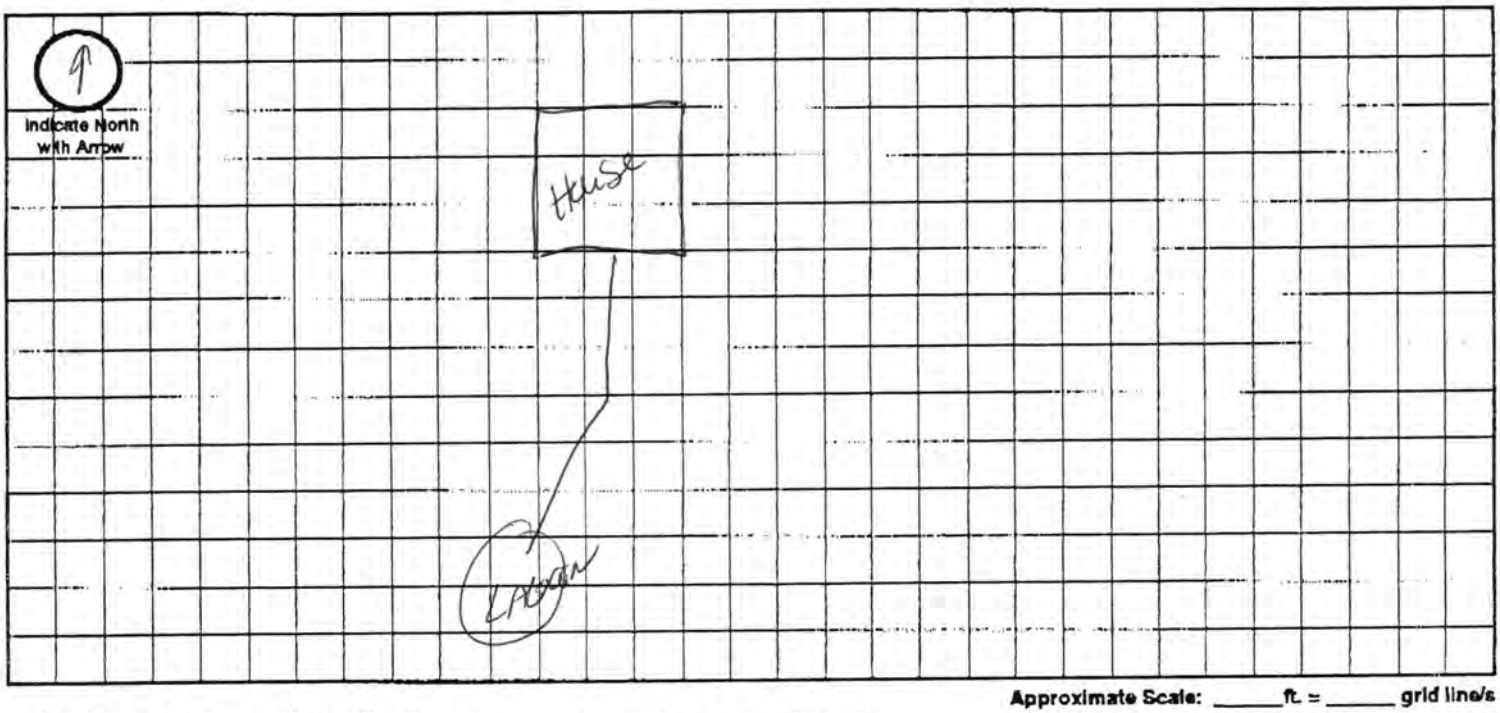
C

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

Permit Number: 05380313

# 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) 11500 So 93 City Lincoln NE, Zip NE

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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

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

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

Capacity of Septic Tank _____ 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 ☐ | ☑ |

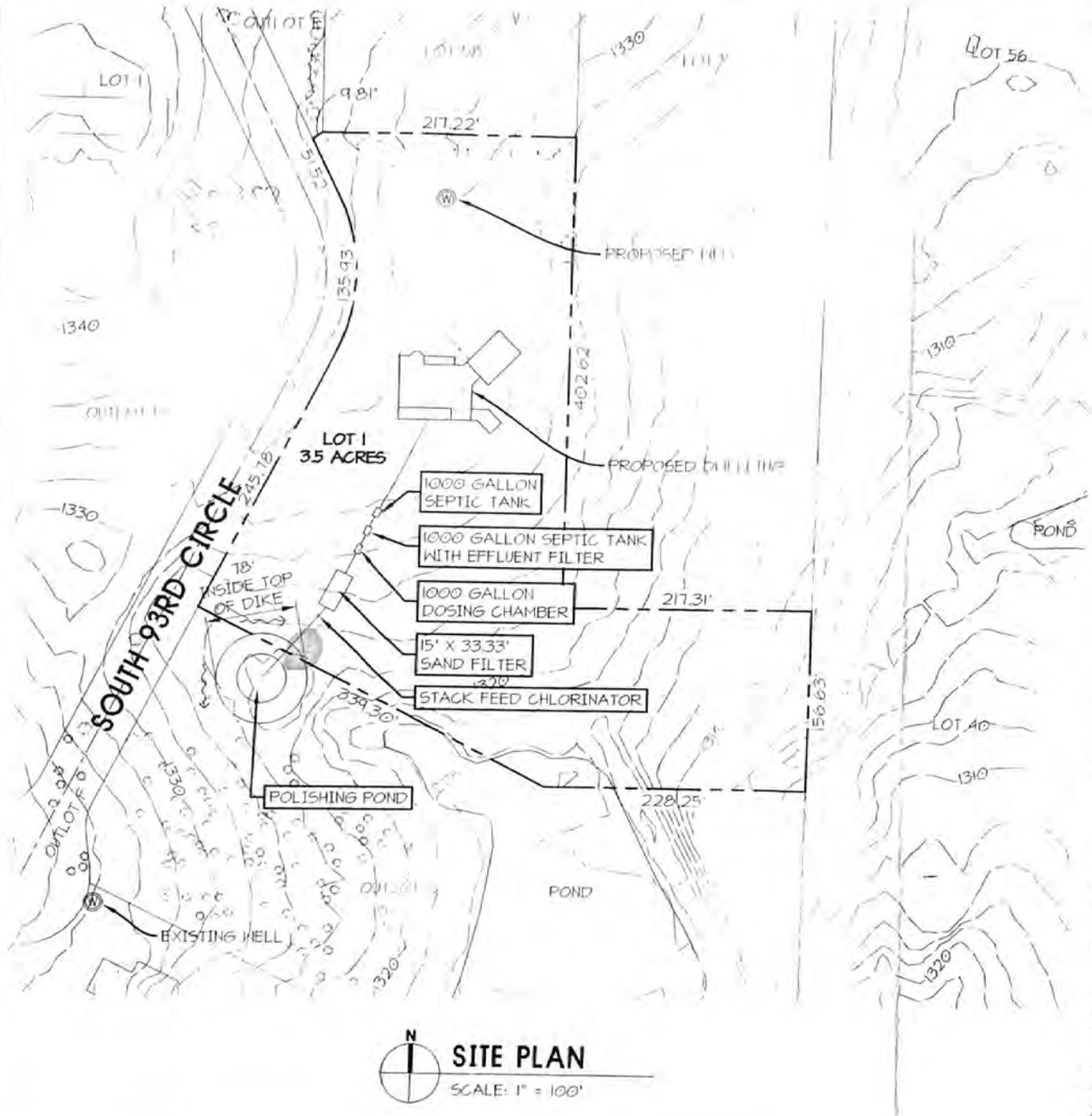
## E. Required Signatures

Home Building Contractor Watermark Const Chris Dahm Date 10/12/05

Installer Action PLBG Scott Kreifels Date 10/12/05

Jim Kreifels CR-1612

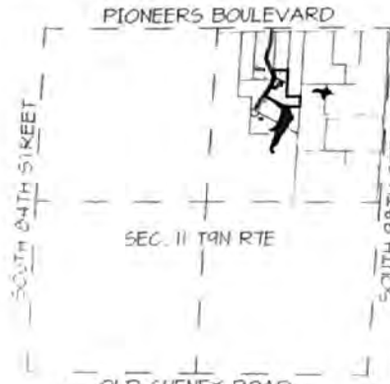
FORM 23-102 10-96




## SITE PLAN

SCALE: 1" = 100'

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA
9/9/05




## VICINITY MAP

NOT TO SCALE

## GENERAL NOTES:

1. ALL WORK SHALL CONFORM TO THE NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY, TITLE 124 - RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS AND MAINTENANCE OF ON-SITE WASTEWATER TREATMENT SYSTEMS.

2. THE ON-SITE WASTEWATER TREATMENT SYSTEM SHALL BE INSTALLED BY A CERTIFIED ON-SITE WASTEWATER PROFESSIONAL.

3. THE MAXIMUM ALLOWABLE SEEPAGE RATE FOR THE POLISHING POND LINER IS 1/8 INCH PER DAY AFTER COMPACTION.

4. ALL GRAVITY LINES SHALL BE 4" PVC, SCHEDULE 40 AND SHALL HAVE A GRADE OF NOT LESS THAN 1/8" PER FOOT. THE LINES SHALL BE EQUIPPED WITH CLEAN-OUTS WITH TIGHT FITTING CAPS, AT EVERY SEVENTY-FIVE FEET OR LESS, OR WHERE ANGLES GREATER THAN 45 DEGREES ARE ENCOUNTERED. A CLEAN-OUT SHALL ALSO BE LOCATED AT LEAST 1 FOOT ABOVE THE HIGHEST WATER LEVEL AND NEAR THE OUTSIDE OF THE DIKE EMBANKMENT OF THE POLISHING POND. THE INLET LINE TO THE POLISHING POND SHALL BE LAID AT ZERO GRADE ON THE BOTTOM OF THE CELL AND SHALL BE ANCHORED IN PLACE (E.G. CONCRETE BLOCKS WITH TIE DOWNS AT THE JOINTS). THE INLET LINE SHALL BE CENTER DISCHARGING ON TO A CONCRETE APRON AT LEAST 2 FEET SQUARE.

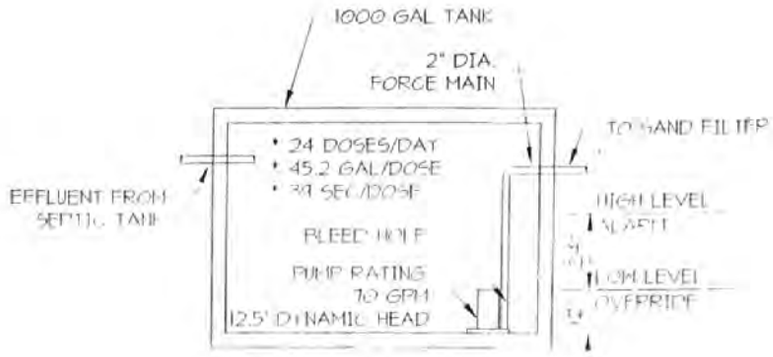
5. THE POLISHING POND SHALL BE PRE-FILLED TO THE MINIMUM OPERATING DEPTH OF 2' PRIOR TO ANY WASTEWATER DISCHARGE FROM THE DWELLING.

6. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR WATER USAGE AND ENSURE THAT NO MORE THAN 750 GALLONS PER DAY IS BEING USED.

9 SEP 2005

# LOT1, WILDFLOWER FARMS ADD
## ON-SITE WASTEWATER TREATMENT SYSTEM
LINCOLN, NEBRASKA

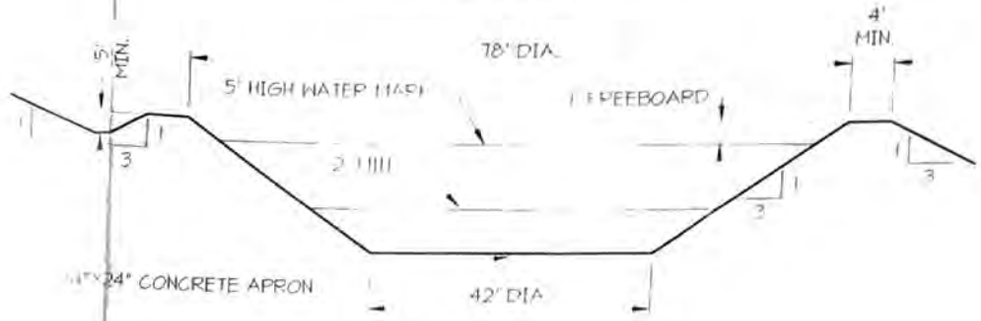
DESIGN ASSOCIATES OF LINCOLN, INC
PERSHING SQUARE
1609 "N" STREET
LINCOLN NEBRASKA 68508
voice 402/474-3000
fax 402/474-4045
designassoc@inebraska.com




## DOSING CHAMBER

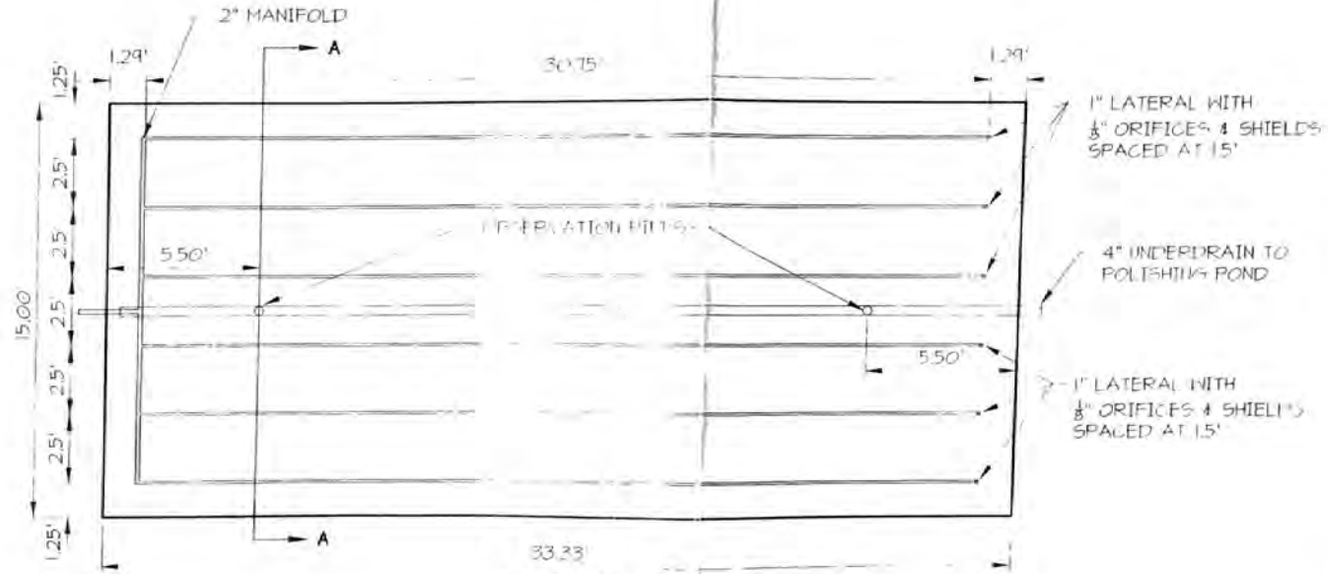
NOT TO SCALE

NOTE: BOTTOM AND SIDES OF POND SHALL BE COMPACTED TO LIMIT SEEPAGE TO A MAXIMUM RATE OF $\frac{1}{8}$" PER DAY.




## POLISHING POND

NOT TO SCALE




## SAND FILTER

NOT TO SCALE

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA
9/9/05

9 SEP 2005

# LOTI WILDFLOWER FARMS ADD
## ON-SITE WASTEWATER TREATMENT SYSTEM
LINCOLN, NEBRASKA

DESIGN ASSOCIATES OF LINCOLN, INC
PERSHING SQUARE
1609 "N" STREET
LINCOLN, NEBRASKA 68508
voice 402/474-3000
fax 402/474-4045
designslc@inebraska.com

## SAND

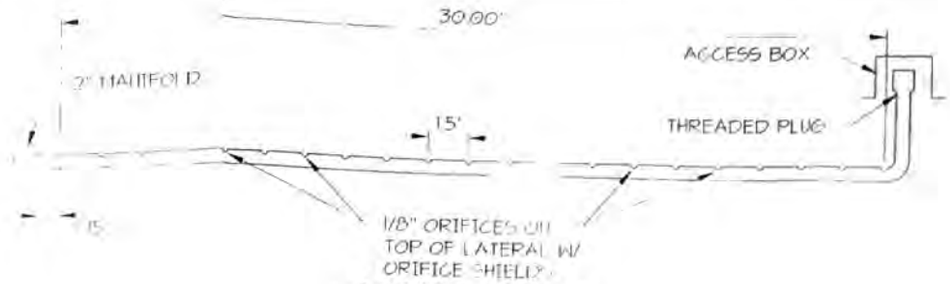
| EFFECTIVE SIZE | D10 > 0.30mm | |
|---|---|---|
| UNIFORMITY COEFFICIENT | CU < 4.0 | |
| SIEVE SPECIFICATIONS | MAX./MIN. GRADATION | |
| | SIEVE SIZE | % PASSING |
| | 3/8" | 100 |
| | #4 | 95-100 |
| | #8 | 80-100 |
| | #16 | 45-85 |
| | #30 | 15-60 |
| | #50 | 3-15 |
| | #100 | 0-4 |

## PEA GRAVEL

| SIEVE SPECIFICATIONS | MAX./MIN. GRADATION | |
|---|---|---|
| | SIEVE SIZE | % PASSING |
| | 3/4" | 100 |
| | 5/8" | 80-100 |
| | 1/2" | 40-60 |
| | 3/8" | 5-20 |
| | 1/4" | 0-5 |
| | #10 | 0-1 |

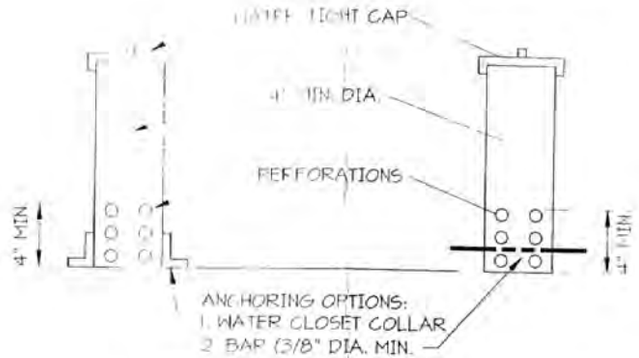
## DRAINFIELD ROCK

| SIEVE SPECIFICATIONS | AGGREGATE MAX./MIN. GRADATION (ASTM STANDARD 33, SIZE 4 COARSE AGGREGATE | |
|---|---|---|
| | SIEVE SIZE | % PASSING |
| | 2" | 100 |
| | 1-1/2" | 90-100 |
| | 1" | 20-55 |
| | 3/4" | 0-15 |
| | 3/8" | 0-5 |



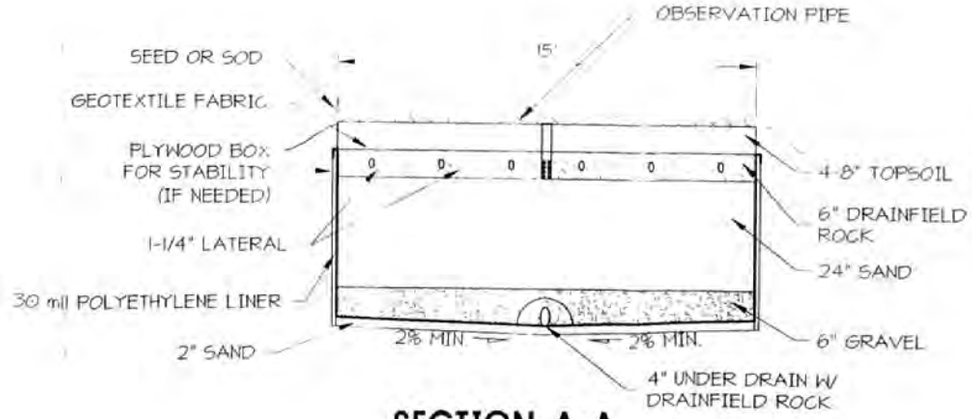

## 1-1/4" LATERAL

NOT TO SCALE




## OBSERVATION PIPES

NOT TO SCALE




## SECTION A-A

NOT TO SCALE

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E-10521
STATE OF NEBRASKA
2/9/05

9 SEP 2005

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