Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008504

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM
NON-STANDARD ENGINEERED SYSTEM

Permit # 05380312701

Issued 11/14/05
Expires 11/14/06
Revenue Code 3157

Establishment

FOWLER CUSTOM HOMES
T9N R7E SEC 13 QTR SE
HIDDEN VALLEY ACRES BLK 5 LOT 7
6800 PRAIRIE RIM

FEES: $275.00
$125.00

Permittee

FOWLER CUSTOM HOMES
1233 INFINITY CT
LINCOLN NE 68512

TOTAL: $400.00

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: 05380312701

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 6800 PRAIRIE RIM (no rural route) City LINCOLN NE, Zip 6

Legal Description SE (1/4) 13 (1/4) 9N (Section) 7E (Township) HIDDEN VALLEY ACRES (Range) LLCN (Subdivision) 5 (Addition) 7 (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 ~~BRIAN & JENNIFER KRAMER~~ FOWLER CUSTOM HOMES Signature John Hauck

Address 1233 INFINITY CT City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone _____ Work Phone 420-2950

C. Contractor

Name JOHN HAUCK FOWLER CUSTOM HOMES Company Name FOWLER CUSTOM HOMES

Address 1233 INFINITY CT City/State/Zip LINCOLN, NE 68516

☐ Check if contractor designed system Work Phone 420-2950

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

Designer Name Jeremy Williams Firm Design Associates Work Phone 474-3000

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 500 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 11/14/05 Date frwd 11/14/05 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/14/05 Date frwd 11/14/05 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-14-05 Date frwd 11-14-05 ACTION ☒ Approved ☐ Disapproved Signature _____

11/17/05 Need drawing. J.C.H

Installation Final Written Approval

By Doug Myers

Date 12/21/06

Business Office Use Only
Date Rec'd 11/14/05
Amt Paid 275 + 125
Rec'd By _____ ~~Cash~~/Check No. 28279-280

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

B

Permit Number: 053803127

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6800 Prairie Rim RD (no rural route) City Lincoln NE, Zip _____

Owner _____ Address _____

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

Date of Tests 7/21/05 to 7/22/05 Weather: Precipitation None Temperature 95

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	36	7/21	1:00	7/22	10:00	7/22	1000	6	7/22	2:00	30	1/4	120
2	36	7/21	1:00	7/22	10:00	7/22	1000	6	7/22	2:00	30	1/4	120
3	36	7/21	1:00	7/22	10:00	7/22	10:00	6	7/22	2:00	30	1/4	120
4	36	7/21	1:00	7/22	10:00	7/22	10:00	6	7/22	2:00	30	1/4	120
5	36	7/21	1:00	7/22	10:00	7/22	10:00	6	7/22	2:00	30	1/2	60
6	36	7/21	1:00	7/22	10:00	7/22	10:00	6	7/22	2:00	30	1/4	120

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: 402 474 3000

Address 1609 N 5th

Lincoln NE 68508

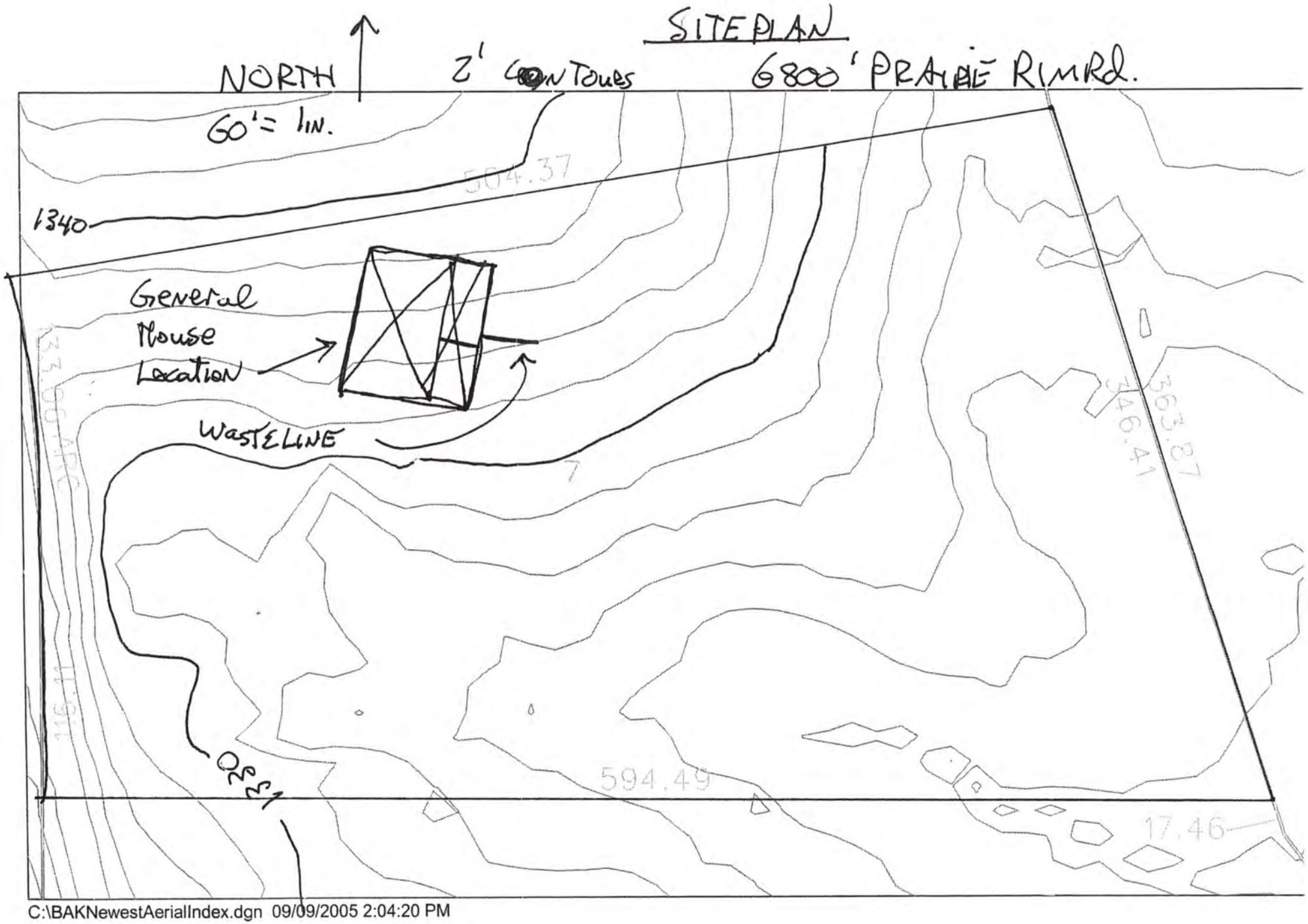
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Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96



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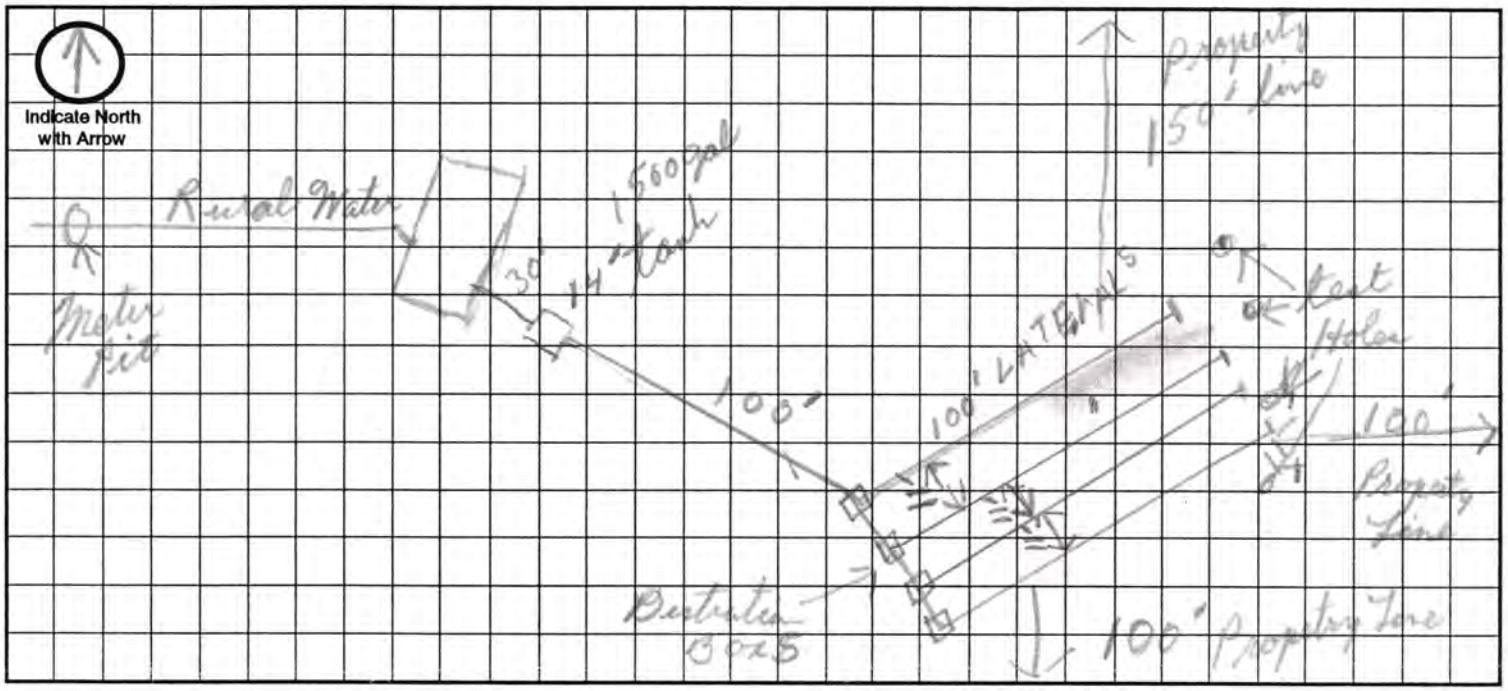
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803127

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) 6900 PRAIRIE RIDGE Rd City LINCOLN NE, Zip 68506

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 120 (min. per inch) Soil Type: clay Land Slope: _____ %

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

Total Square Feet of Field Required: 4,000 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 4 Number of Distribution Laterals per Bed 12

Total Length of Laterals 100 ft. Number of Trenches 4 Trench Width 5'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

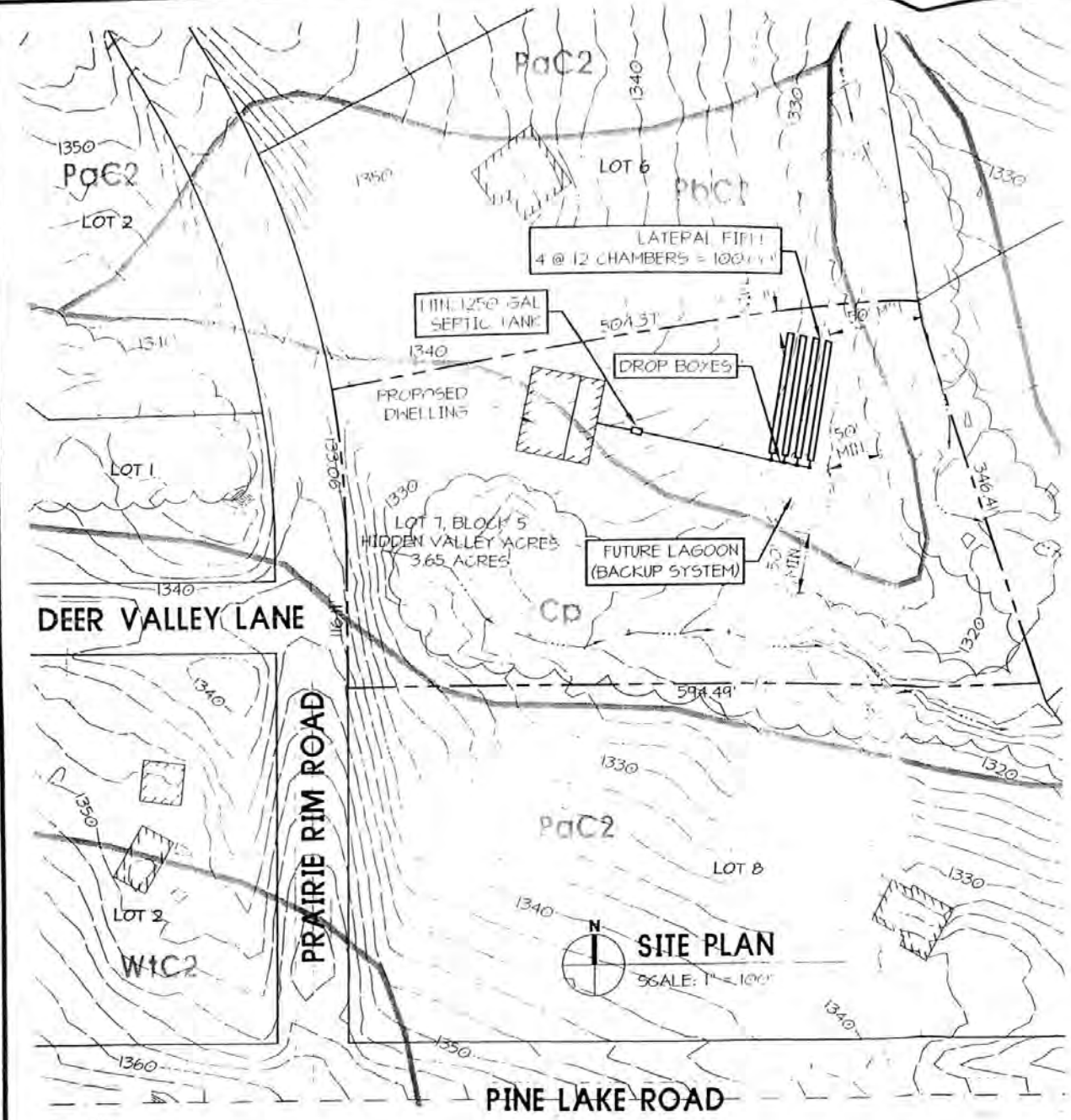
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☑	20 ☒	30 ☒	40 ☒	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

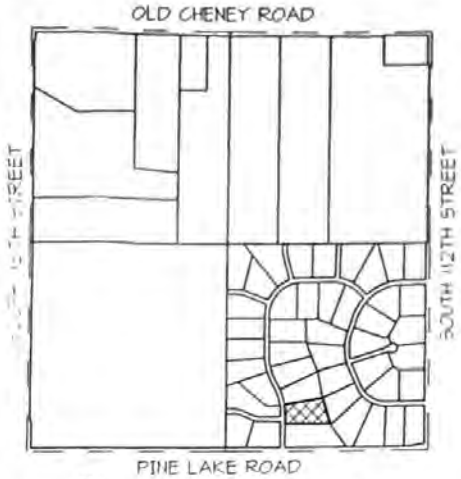
E. Required Signatures

Home Building Contractor X John Hart Date 11/4/05

Installer X Robert L Weatherholt Lic# P1742 Date 11/9/05

FORM 23-102 10-96





GENERAL NOTES:

1. ALL WORK SHALL CONFORM TO 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. IT MAY BE NECESSARY TO ADJUST THE ORIENTATION OF THE LATERALS SO THAT THE MINIMUM (1.5FT) AND THE MAXIMUM (3.0FT) DEPTHS ARE NOT EXCEEDED.

4. 100-150' LONG LATERALS SHALL BE CONSTRUCTED IN ACCORDANCE WITH "NDEQ TITLE 124 - 14.002".

5. 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 500 GALLONS PER DAY IS BEING USED.

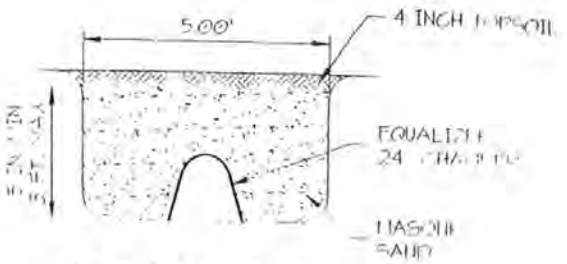
Pollution Control Project
050WT047 DHB
Nebraska DEQ
APPROVED
OCT 25 2005

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA
10/4/05

4 OCT 2005

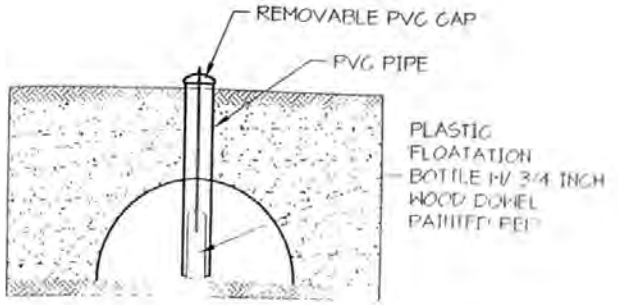
6800 PRAIRIE RIM ROAD
ON-SITE WASTEWATER TREATMENT SYSTEM
LINCOLN, NEBRASKA

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



SECTION A-A

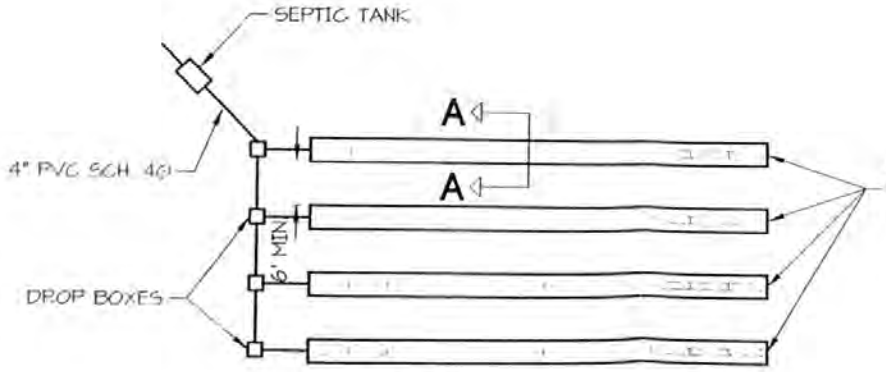
NO SCALE



HIGH WATER INDICATOR

NO SCALE

(REQUIRED ON END OF EACH LATERAL)



EVAPOTRANSPIRATION/ INFILTRATION TRENCH PLAN

NOT TO SCALE

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
10/4/05
STATE OF NEBRASKA

4 OCT 2005

6800 PRAIRIE RIM ROAD
ON-SITE WASTEWATER TREATMENT SYSTEM
LINCOLN, NEBRASKA

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