Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009843

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment:
MIKE CAMPBELL
T9N R7E SEC 21
LOTS 58,60,70,71IT LOT 58ETA
7630 BLANCHARD BLVD

Permittee:
MIKE CAMPBELL
7940 NASHWAY RD
LINCOLN NE 68516

Permit # 06380329001

Issued 11/22/06
Expires 11/22/07
Revenue Code 3157

FEES: $290.00

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE

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

A

Permit Number: 06380329001

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:

7930 NASHWAY RD 04122

PLEASE PRINT OR TYPE Address: ~~7630 Blanchard Blvd.~~

A. System Location (Indicate correct number and street)

Address ~~7940 Nashways Rd.~~ (no rural route) City Lincoln NE, Zip 68516

Legal Description 21 (1/4) 9N (1/4) 7E (Section, Township, Range) Subdivision Lot, 58, 60, 71, 70 (Addition, Block, Lot) I.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Mike Campbell Signature _____

Address 7940 Nashway Rd. City/State/Zip Lincoln, Ne 68516

☐ Check if owner designed system Home Phone _____ Work Phone 450-4635

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain

Address 105 Locust P.O. 191 City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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

Designer Name _____ Firm _____ Work Phone _____

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 11/22/06 Date frwd 11/22/06 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/20/06 Date frwd 12/20/06 ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/27/6 Date frwd 11/27/6 ACTION ☑ Approved ☐ Disapproved Signature Chase Baker

Installation Final Written Approval

By _____

Date 12/28/06

Business Office Use Only

Date Rec'd 11/20/06
Amt Paid 290.00
Rec'd By _____ Cash/Check No. 1160

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

HV

System Location (Indicate correct number and street)

SEC 21 T9N R7E

Address _____ City LINCOLN NE, Zip 68516

(no rural route)

Owner Mike Campbell Addresss _____

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

Date of Tests 9/20/88 to 9/21/88 Weather: Precipitation — Temperature 80

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	9/20	3:00	9/21	12:30	9/21	3:05	28½	9/21	3:35	30	5/8	48
2			PM		PM			29⅜		PM		1⅛	27
3								27½				1	30
4								28				¾	40
5								30¼				5/8	48
6								28½				1⅛	27
7	↓							30⅜				⅞	34

Person Conducting Percolation Tests

Name: Brad Southard

Phone: 430-7606

Address P.O. 191 105 Locust

Hickman Ne 68372

Sum of Percolation Rates: 254

Average of Rates: 37

Rate Used for Calculation: 40 (48)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks ok if 48 min/in is used rather than 40.

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Mike Campbell

Date 12/27/06

System Location (Indicate correct number and street)

Address 7630 BLANCHARD BLVD (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 3' in.
3. Distance between dwelling and septic tank: 95.3' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Precast Accurate Precast
   Number of compartments: —
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter 30 in.
   Riser: ☐ above ☑ below grade 4" in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 3' in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 8
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 7' ft.

D. Absorption Field

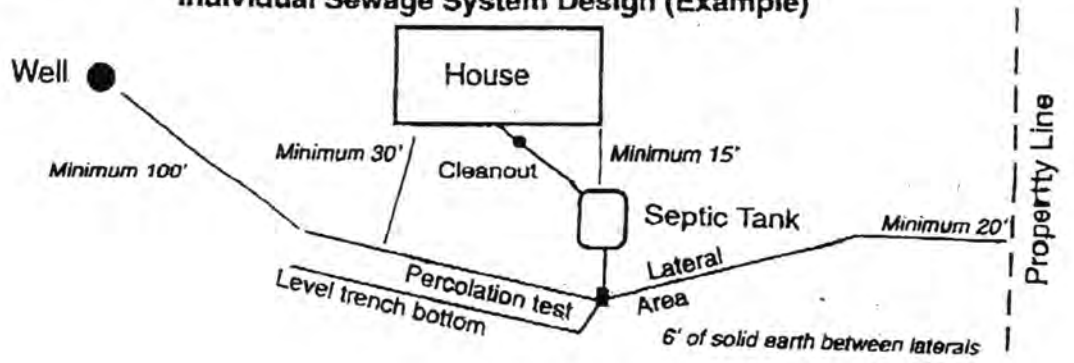
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 104 ft. 104 ft.
   40 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3' ft.
   Slope 1/8 in/100 ft.
   Average depth 2' in
4. Filter material: BACKFILL
   Depth of material ____ in.
5. Distances to: Well or suction line ____ 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)



As Built Drawing

Mike Campbell

Indicate North with Arrow

TANK 1000 Gal Accurate Precast TANK

House to First clean out 30 ft
Clean out to First 45° 34.3 ft
45° to 22° 5'
22 to clean out 29'
TANK to Dist Boxes 7'
Distances between Dist Boxes 10'
Risers on Inlet / outlet of Septic TANK Aprox 30"

