Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008063

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM OR LAGOON DEPENDING ON
PERCOLATION TEST RESULTS

Permit # 05380306601

Issued 08/03/05
Expires 08/03/06
Revenue Code 3157

Establishment

STEVE & RHONDA BURBACH
T9N R7E SEC 28
YANKEE RIDGE-BHB ADD LOT 3
8845 S 65 ST

FEES: $200.00

Permittee

STEVE & RHONDA BURBACH
7120 CEDAR CREEK CIR
LINCOLN NE 68516

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: 05380306601

Sewage Disposal System

Request for Site Clearance and Permit

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

☒ Septic System (DEPENDING ON PERCOLATION TEST) ☒ 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 8843 S 165th (new) City Acreage NE, Zip 68307
(no rural route)

Legal Description BHB Addition lot 3 Yankee Ridge BHB 3
1/4 1/4 Section Township Range Subdivision Addition Block Lot
28 9N 7E

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Steve & Rhonda Rybnicek Signature _____

Address 7120 Cedar Creek City/State/Zip Lincoln NE

☐ Check if owner designed system Home Phone 423-1880 Work Phone 436-1339

C. Contractor

Name ~~Chuck Schmidt~~ STAN KROESE Company Name ~~Schmidt Const.~~ DIRTWORKS PLUS INC

Address ~~8843 S 165th~~ RR1 Box 15 City/State/Zip Davey NE 68336

☐ Check if contractor designed system Work Phone ~~477-0595~~ 5601208

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

Designer Name Chuck Schmidt Firm Schmidt Const. Work Phone 477-0595

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 8/3/05 Date frwd 8/4/05	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 8/4/05 Date frwd 8/4/05	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 8/4/5 Date frwd 8/4/5	ACTION ☒ Approved ☐ Disapproved Signature Chase Baker	

Installation Final Written Approval

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

Date NOVEMBER 4, 2005

Business Office Use Only
Date Rec'd 08/03/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1404

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 8845 S 65TH (no rural route) City LNK NE, Zip

Owner STEVE BURBACH Address 7120 CEDAR CREEK

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

Date of Tests 9/28/05 to 9/29/05 Weather: Precipitation SUNNY Temperature 90°

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	27	9/28	8AM	9/29	8AM	9/29	11:30AM	6	9/28	2:00PM	30	1/2	60
2	30	"	"	"	"	"	"	↓	↓	↓	↓	5/8	48
3	30	"	"	"	"	"	"	↓	↓	↓	↓	1/2	60
4	28	"	"	"	"	"	"	↓	↓	↓	↓	5/8	48
5	29	"	"	"	"	"	"		↓	↓	↓	1/2	60
6	27	"	"	"	"	"	"		↓	↓	↓	1/2	60

Person Conducting Percolation Tests

Name: [illegible]

Phone: 560 1208

Address 7801 LEIGHTON LNK NE 68507

Sum of Percolation Rates: 336

Average of Rates: 56

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

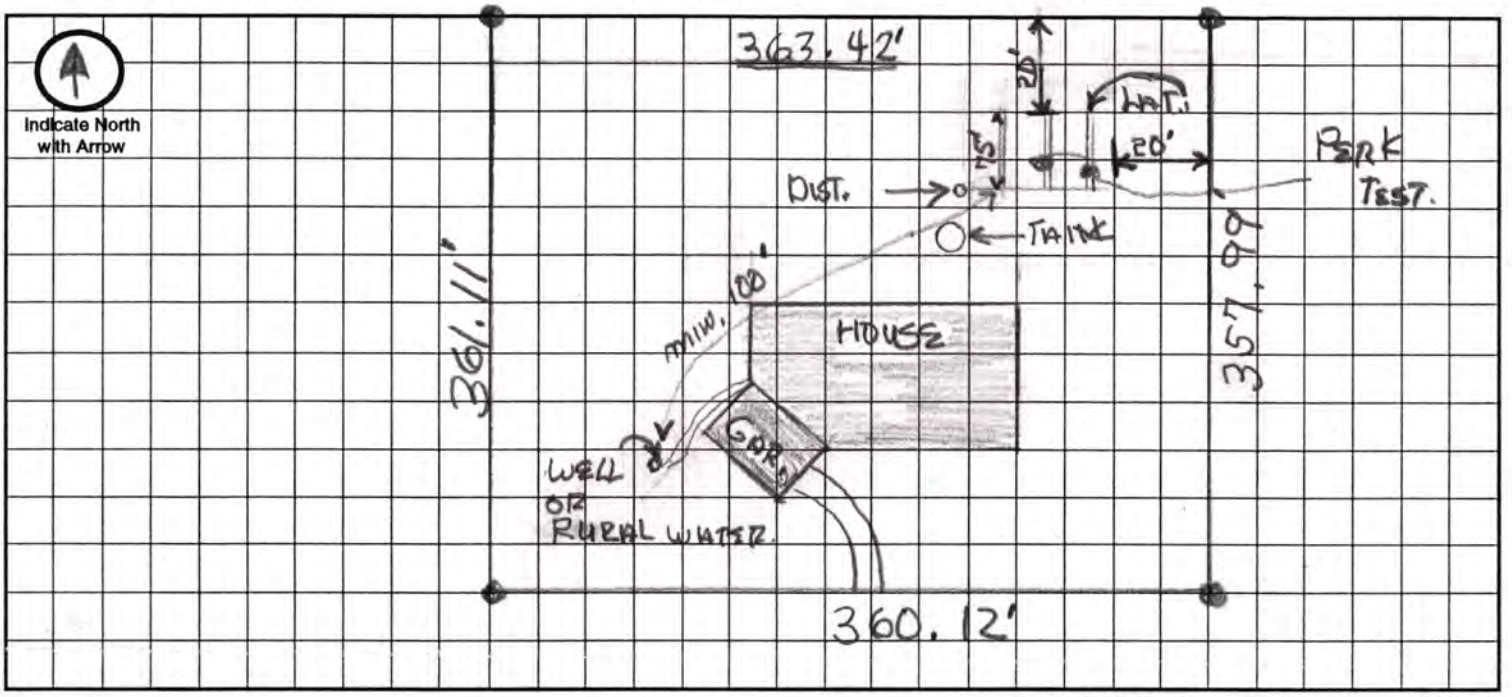
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C

Permit Number: 053803066

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) _____ City _____ NE, Zip _____

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: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 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 Chuck Schmidt Const Inc. By Chuck Date 7/28-05

Installer X _____ Date 8/3/05

FORM 23-102 10-96

28-9N-7E

D

Lincoln-Lancaster County Health Department
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Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 8845 S 165TH (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: ~~___~~ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 87 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 70 ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 70 ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

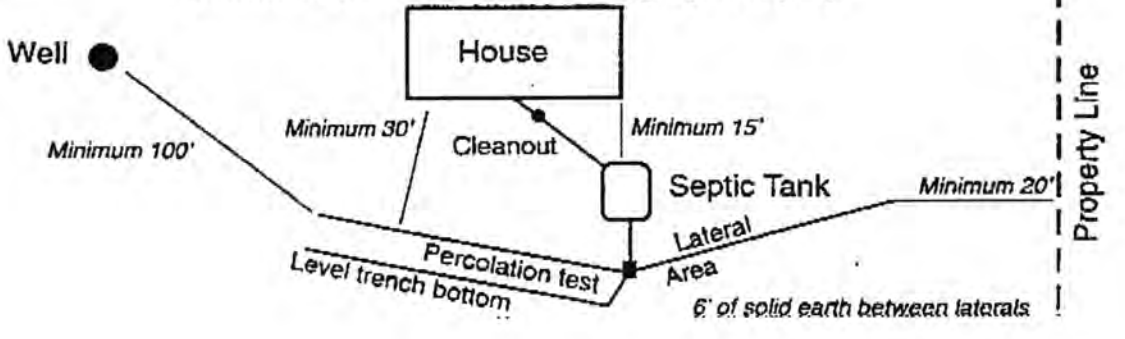
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other HI CAP INFILTRATOR
2. Lateral lines: Number 2
   Length of each line: 158.25 ft. 158.25 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 30 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

8845 S. 65th

