LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

rmit

No. 97380166101

SEWAGE INSTALLATION

Issued 09/18/97
Expires 03/18/98
Revenue Code 18754

Establishment

RON ROMERO
T9N R7E SEC 32
SILVER SPRINGS ADD BLK 3 LOT 4

FEES: $150.00

Permittee

RON ROMERO
6220 CHISWICK CT
LINCOLN NE 68516

TOTAL $150.00

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

5268

AUG 7 1997

A

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

Permit Number: B9604383

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 5000 Bentley Drive (no rural route) City Lincoln NE, Zip _____

Legal Description SW 1/4 32 1/4 Section 9N Township 7E Range Silver Springs Add. Subdivision 3 Addition 4 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 Ron + Dotti Romero Signature _____

Address 6220 Chiswick Ct. City/State/Zip Lincoln, Ne. 68516

☐ Check if owner designed system Home Phone 423-2118 Work Phone 464-5497

C. Contractor

Name Mark Resseguie Company Name Innovative Homes + Design, Inc.

Address 3700 Village Dr. #600 City/State/Zip Lincoln, Ne. 68516

☐ Check if contractor designed system Work Phone 402-423-6565

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

Designer Name Lyle L. Loth Firm E.S.P. Work Phone 402-484-5500

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 8/7/97 Date frwd 9/18/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-18-97 Date frwd 9-18-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-18-97 Date frwd 9-18-97 ACTION ☒ Approved ☐ Disapproved Signature _____

9-4-97 sm Sewer Cons & 1500 tank
9/18/97 JCH

Installation Final Written Approval *

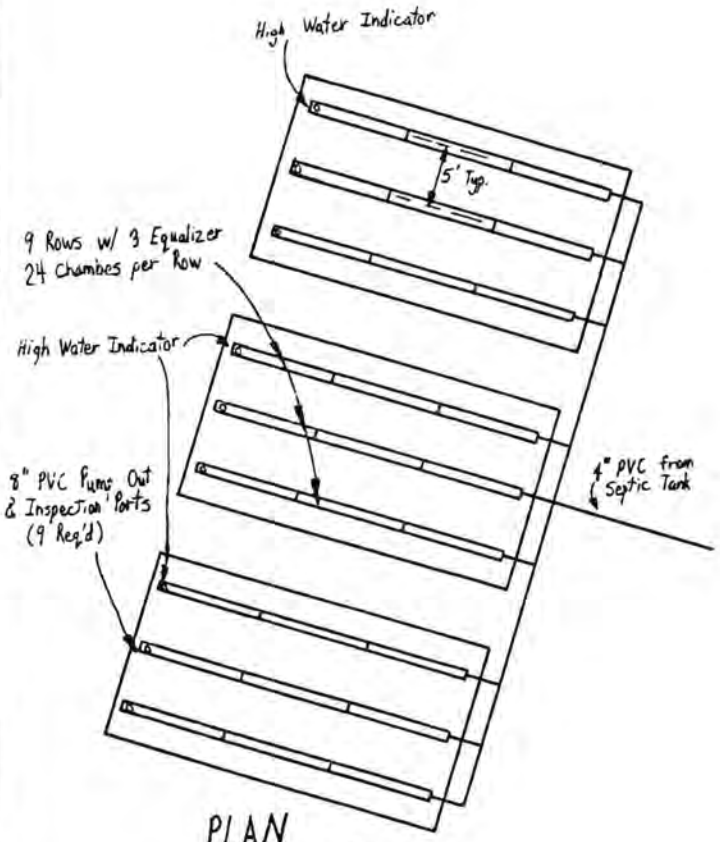
By Jerrold C. Hood

Date NOVEMBER 10, 1997

* EXPERIMENTAL SYSTEM

Business Office Use Only
Date Rec'd 8-7-97
Amt Paid $150.00
Rec'd By CW Cash/Check No. 09839

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



PLAN
Scale: 1"=10'

EVAPOTRANSPIRATION/ABSORPTION SYSTEM

OWNER:	Ron Romero
ADDRESS:	5000 Bentley Drive
LEGAL:	Lot 4, Block 3, Silver Springs Addition
SIZE OF HOUSE:	4 Bedrooms
DESIGN FLOW:	4 BR X 150 gal/day/BR = 600 gal/day
PERCOLATION RATE:	80 minutes/inch
EVAPORATION LOSS:	8" per year = 0.014 gal/sq. ft/day
ABSORPTION RATE:	Allowable Absorption based on Formula: $Q = 5\sqrt{t}$, t = Percolation Rate. For t = 80 min./in, Q = 0.559 gal/day
TOTAL LOSSES:	0.014 + 0.559 = 0.573 gal/sq. ft/day
REQUIRED AREA:	600 gal/day ÷ 0.573 = 1047 sq. ft 1047 sq. ft x 25% = 262 sq. ft Equalizer Base Area 262 sq. ft ÷ 10.4 sq. ft per chamber = 26 chambers Use 9 Rows of 3 Equalizer 24 Chambers in 3 Beds = 27 Chambers Each Bed to be 3 x 8.333' = 30' long x 15' wide = 450 sq. ft x 3 = 1350 sq. ft
STORAGE VOLUME:	27 Chambers x 33.3 gal/ chamber = 900 gal. 2.04 gal/cu ft of Wicking Sand x 3040 cu ft = 6,200 gal. Total Storage Volume = 7,100 gal.

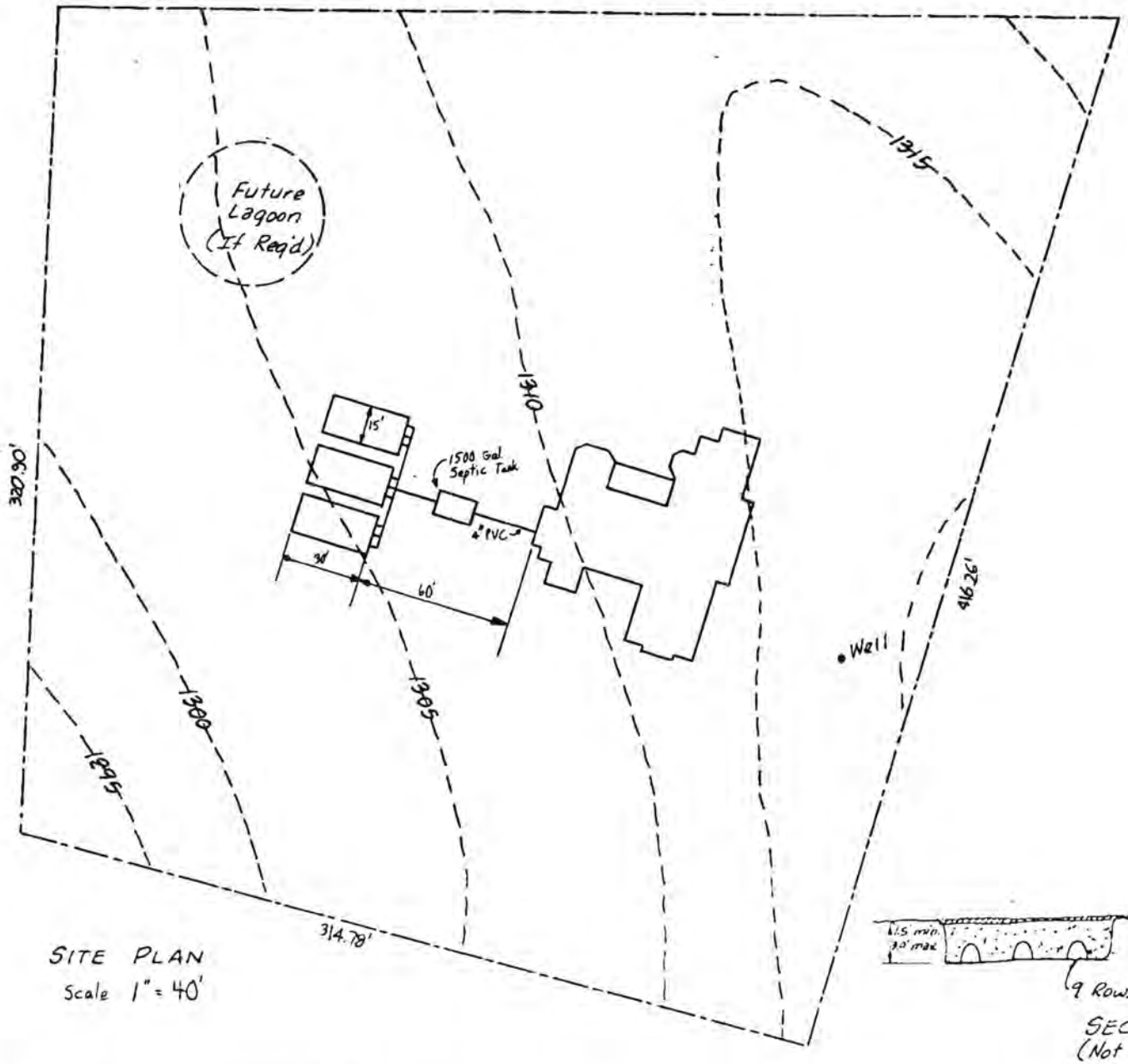
NOTE: The Contractor shall excavate an inspection pit to confirm that a 4' separation can be maintained from any seasonal water table (perched or otherwise) or impermeable clay or rock layer.

It is recommended that a water meter be installed on the water supply so that the Owner can monitor their water use and ensure that not more than 600 gallons per day are being used.

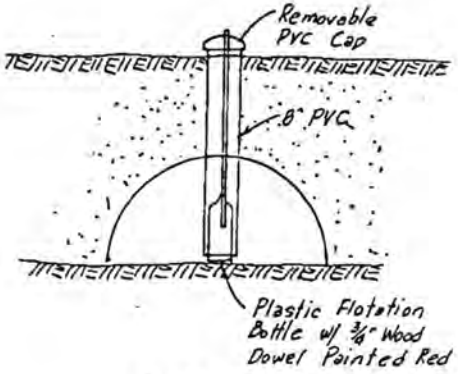
It may be necessary to adjust the orientation of the ETA Beds so that the minimum (1.5') and maximum (3.0') depths are not exceeded.

Post-it® Fax Note 7671	Date 9-18-97	# of pages ▶ 2
To Jerry Hoad	From Lyle Loth	
Co./Dept. County Health	Co. E-S-P	
Phone #	Phone # 484-5500	
Fax # 441-8323	Fax #	

Removable

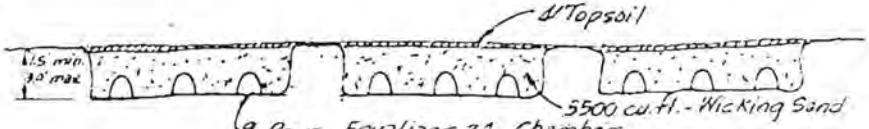


SITE PLAN
Scale 1" = 40'



HIGH WATER INDICATOR
(3 Req'd)





SECTION
(Not to Scale)

RON ROMERO 5000 BENTLEY DRIVE	EVAPORATION/TRANSPIRATION/ABSORP. BED	E-S-P ENGINEERING Lincoln, Nebraska Scale: As Shown Date: July, 1997	Drwg. No.

SEP 18 '97 08:59 AM

NOV 7 1997

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

D

Permit Number: 9738016661

Sewage Disposal System

As Built Plans & Specifications

Date 11-5-97

System Location (Indicate correct number and street)
Address 5000 Bentley Drive (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 50 ft.
4. Number of clean-outs: Inside
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 70+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 10 in.
   Riser: ☐ above ☒ below grade 12 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 NA ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

C. Distribution Box

1. Material: None
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

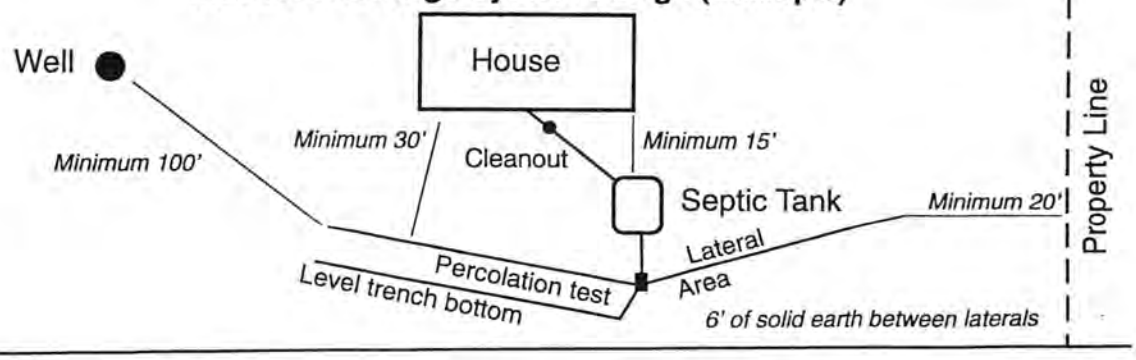
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 30 ft. 30 ft.
   30 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 15 ft.
   Slope 1 in/100 ft.
   Average depth 24 in
4. Filter material: Sand
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96