Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380245001

Issued 04/01/02
Expires 10/01/02
Revenue Code 3157

Establishment
KELLY DEBOER
T9N R7E SEC 32 QTR NE
SILVER SPRINGS-6TH BLK 5 LOT 2
5450 NEW CASTLE RD

FEES: $200.00

TOTAL: $200.00

Permittee
KELLY DEBOER
2110 N 70 ST
LINCOLN NE 68505

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002016

APR 1 2002

A

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

Permit Number: 02380245

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 5450 New Castle Road (no rural route) City LINCOLN NE, Zip 68516

Legal Description NE 1/4 1/4 Section 32 9N Township 7E Range Silver Springs Subdivision 6th Addition 5 Block 2 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address Not at this time

B. Owner

Name Russ and Kelly DeBoer Signature _____

Address 2110 N 70 City/State/Zip LINCOLN NE 68505

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

C. Contractor

Name Fulton Construction Company Name Steve Fulton

Address PO Box 4438 City/State/Zip LINCOLN NE 68504

☐ Check if contractor designed system Work Phone 402 464-7272

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

Designer Name Allen Pieper Firm Pieper's Inc Work Phone 402 362-7776

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 4/1/02 Date frwd 4/16/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-16-02 Date frwd 4-16-02 ACTION ☒ Approved ☐ Disapproved Signature _____

8/5/02 TANK, PUMP STATION, SEWER & LATERALS
8/9/02 Need positive drainage around lateral field.

Installation Final Written Approval

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

Date JANUARY 7, 2003

Business Office Use Only

Date Rec'd 04/01/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 2624

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

SCANNED

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

B

Permit Number: 02380245O

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Lot 4 Block 5 Silver Springs

System Location (Indicate correct number and street)

Address 5400 New Castle (no rural route) City Lincoln, NE, Zip 68516

Owner _____ Address _____

Soil Type (SCS): _____ Percolation Rate: 50 min/inch

Date of Tests 11-30 to 12-1-00 Weather: Precipitation 0 Temperature 30's

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	11/30	9:00	12/1	8:45	[illegible]	1:45	27 3/4	12/1	2:15	30	5/8	48
2		9:00	AM		AM	12/1	PM	28 1/4		PM		5/8	48
3		1						27 1/8				1/2	60
4								30 7/8				5/8	48
5								28 1/8				5/8	48
6								29 5/8				5/8	48
								31 5/8				5/8	48

Sum of Percolation Rates: 308
Average of Rates: 44
Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So 72nd St
Hickman, NE 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

SCANNED

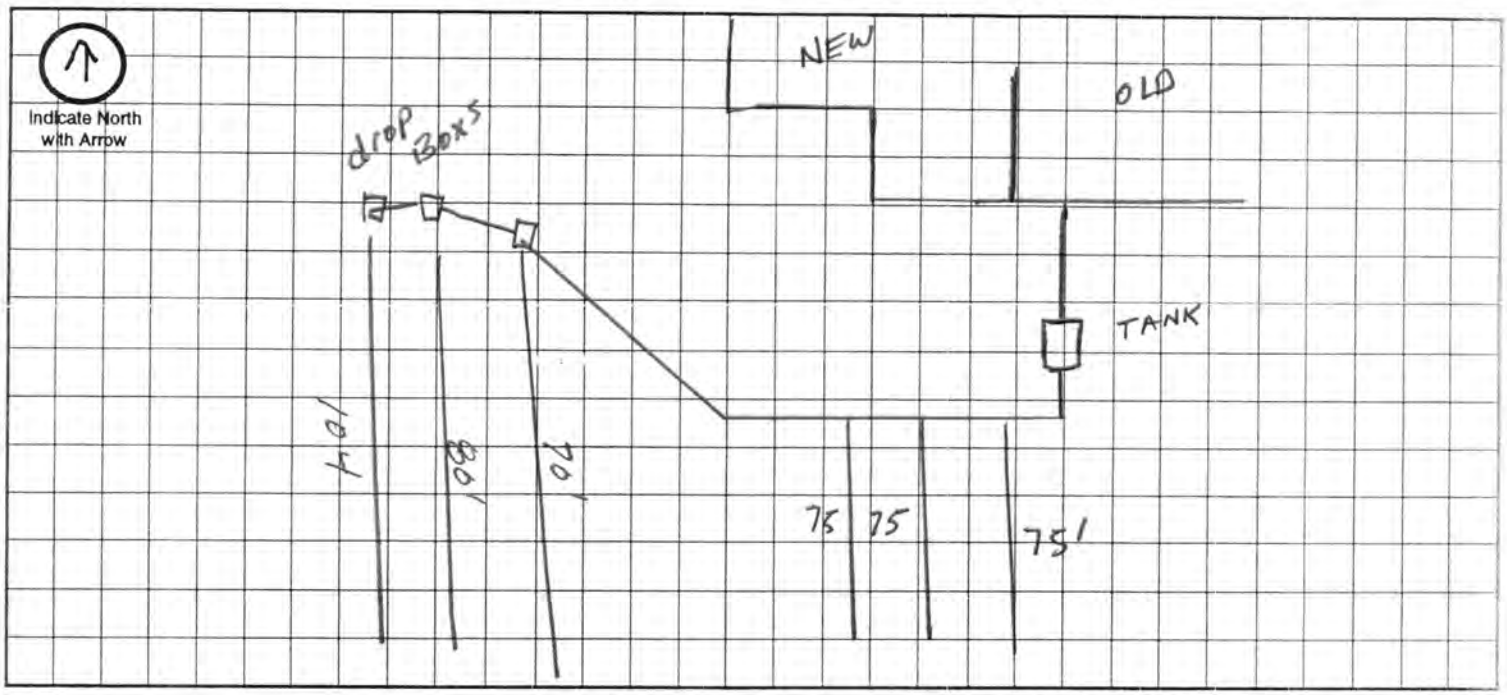
C

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

Permit Number:

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) 5456 Newcastle City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 44 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other Chambers

Total Square Feet of Field Required: 1650 sq. ft.

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

Capacity of Septic Tank 2000 gals Number of Absorption Beds: 6 Number of Distribution Laterals per Bed _____

Total Length of Laterals 439 ft. Number of Trenches 6 Trench Width 3'

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 _____ Date _____

Installer Greg Bowens Date 6-12-2013

FORM 23-102 10-96

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

JAN 7 2003

D

Permit Number: 02400102 1

Sewage Disposal System

As Built Plans & Specifications

Date _____ Russ Deboer

System Location (Indicate correct number and street)

Address 5450 New Castle Road (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: 30 in.
3. Distance between dwelling and septic tank: 44 ft.
4. Number of clean-outs: 1 2' WEST OF HOUSE
5. Distances to: well or suction line 138 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: PRE CAST CONCRETE
   Number of compartments: ONE
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line 172 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Pre Cast Concrete
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

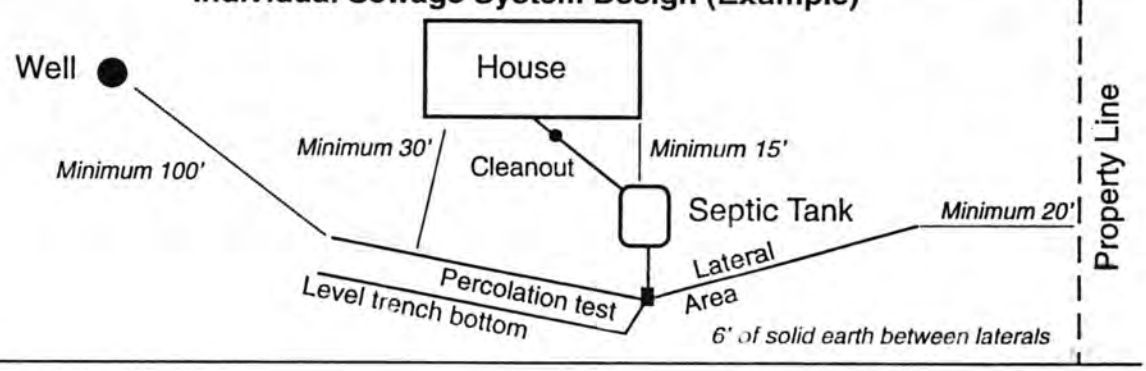
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 104 ft. 104 ft.
   104 ft. 104 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope -0- in/100 ft.
   Average depth _____ in
4. Filter material: ROAD GRAVEL
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20 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

Approximate Scale: _____ ft. = _____ grid lines