Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

006195

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM
VARIANCE

Permit # 05380296201

Issued 02/03/05
Expires 08/03/05
Revenue Code 3157

Establishment

BREN & GINA CHAMBERS
T9N R7E SEC 33
NEALRENE ACRES-1ST BLK 2 LOT 6
10440 RICKY RD

FEES: $200.00
$100.00

Permittee

BREN & GINA CHAMBERS
6431 WHITE DOVE CIR
LINCOLN NE 68512

TOTAL: $300.00

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:

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 10440 Ricky Rd (no rural route) City Lincoln Nebr. NE, Zip 68516

Legal Description 33 9N 7E Woodsy Acres First 2 6
1/4 1/4 Section Township Range Subdivision Addition 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 Brent and Tina Chambers Signature _____

Address 6431 White Tail Creek City/State/Zip Lincoln Nebr. 68512

☐ Check if owner designed system Home Phone 423-1152 Work Phone 465-2373

C. Contractor

Name Tod Startz Company Name Startz Family Homes

Address 6630 South 51st City/State/Zip Lincoln Nebr. 68516

☐ Check if contractor designed system Work Phone 489-4554 - Cell = 429-6996

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

Designer Name Brad Southwick Firm Southwick Sewer & Drain Work Phone 475-2627 Cell = 430-7606

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES (NO) #3729

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic. # 300 Paid

DO NOT WRITE BELOW THIS LINE

Approval Process

☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 2/3/05 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

System Location (Indicate correct number and street)

Address 10440 Ricky Rd. (no rural route) City LINCOLN NE, Zip 68516

Owner P.D. Duensing Addresss 10435 Weeks Dr. 68516

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 40 min./inc

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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 Rate (Min/in)
1	26	9/7	7:30	9/8	1:39	9/8	3:39	10	9/8	4:09	30	3/4	40
2	26		P		P			12½				2	15
3	28							12¼				3/4	40
4	26							16				1 3/8	24
5	26							13¼				2	15
6	24							15				1	30
7	36							16 3/4				1 3/8	24

Person Conducting Percolation Tests

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

Sum of Percolation Rates: 188
Average of Rates: 24
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Wood R.E.H.S Date FEBRUARY 3, 2005

FORM 23-101 10-96

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

System Location (Indicate correct number and street)

Address 10440 Kiely Rd. (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)
8	48	9/7	7:40	9/8	1:39	9/8	3:39	38	9/8	4:09	30	7/8	
9	48		PM		PM			36¼				7/8	
10	48							41½				1¼	
11	36							24½				5/8	
12	36							26¼				3/4	
13	36							25½				5/8	

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

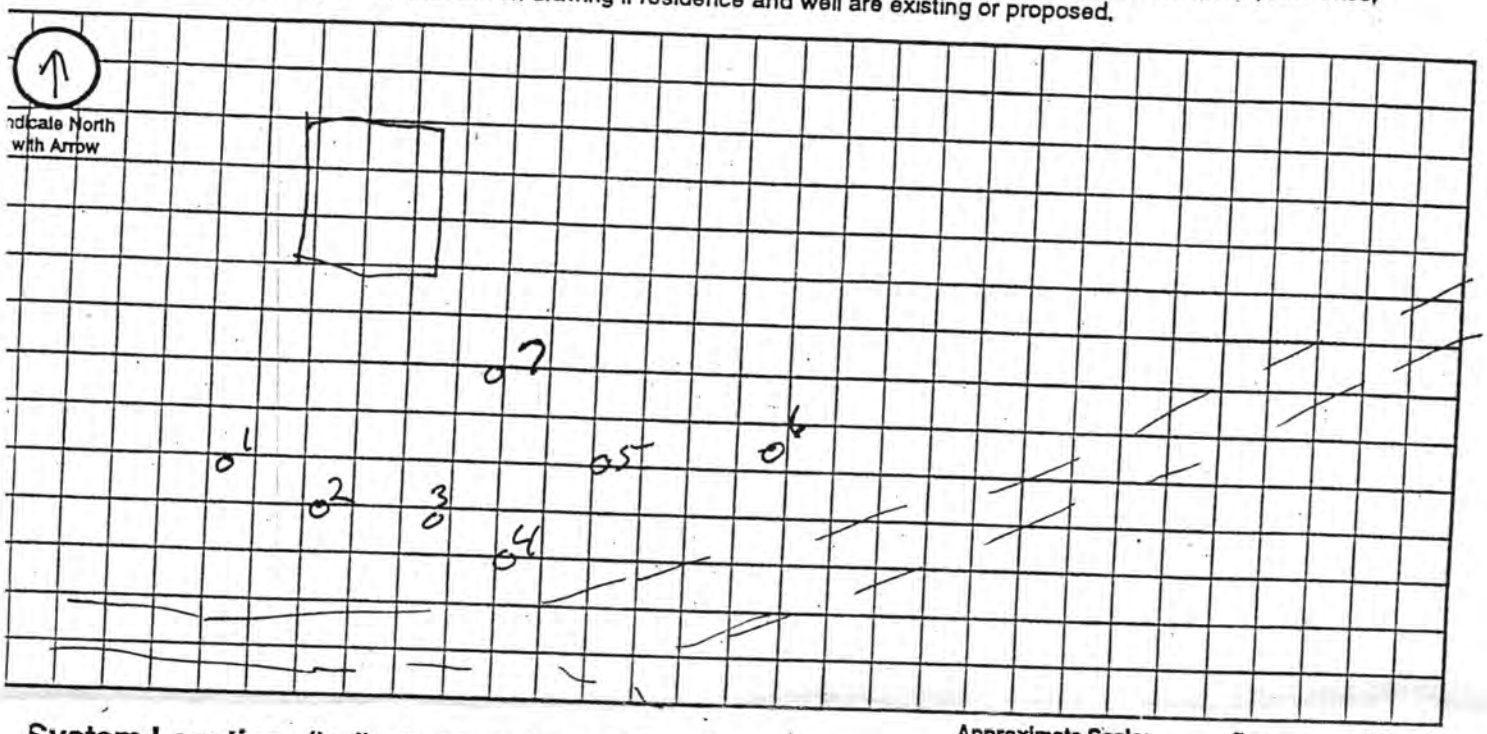
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

System Location (Indicate correct number and street)

dress (no rural route) 10440 Ricky Rd City Lincoln NE, Zip 68516

Proposed Septic Tank/s

ık Material: ☐ Concrete ☐ Plastic ☐ Other Concrete or Resin

Proposed Absorption System (See Form B for Percolation Information)

colation Rate 40 (min. per inch) Soil Type: WTC/SHC Land Slope: _____ %

e of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

l Square Feet of Field Required: 1100 sq. ft.

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Gravelless

acity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

l Length of Laterals 275 ft. Number of Trenches 3 on H Trench Width 4'

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

stance rom	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
nk (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
ld (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
on (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

7/7/05 - 2 to allow seepage field & below system to be within 5-10 feet of my property which has a slope.

Building Contractor _____ Date _____

er Brad Southwick Date 9-11-04

-102 10-95

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

Date 7-6-05

System Location (Indicate correct number and street)

Address 10440 Ricky Road (no rural route) City LINCOLN NE, Zip 68516

Neal Reno Acres

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: 50 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line NA ft.
   property line >20 ft.

B. Septic Tank

1. Material: Plastic (Fralo)
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 26 in.
   Over outlet, diameter 26 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line >50 ft.
   Property line >20 ft.

C. Distribution Box

1. Material: PVC Drop Boxes (4)
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 50' ft.

D. Absorption Field

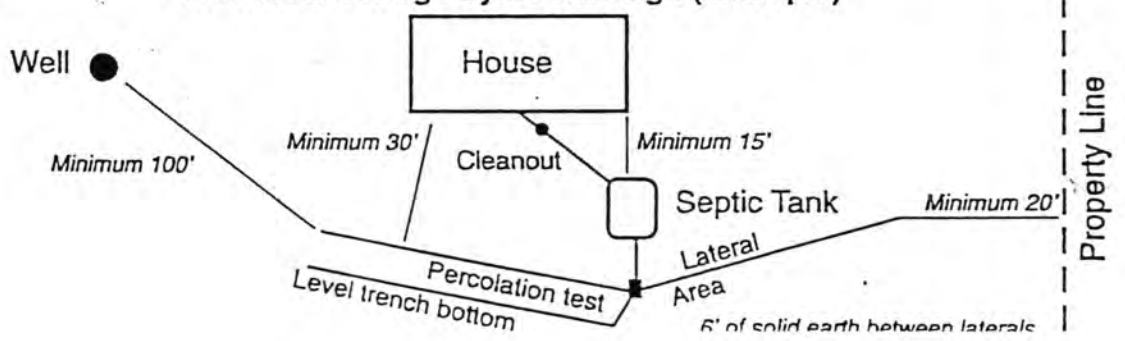
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36" Infiltrator H-10
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 20 ft. 20 ft.
   20 ft. 20 ft., 20 ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: Gravelless
   Depth of material _____ in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line >30 ft.
   Property line >5 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

