Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380253001

Issued 09/04/02
Expires 03/04/03
Revenue Code 3157

FEES: $200.00

Establishment

DARRELL BEST
T9N R7E SEC 33 QTR NW
HURST-1ST ADDITION LOT 1
10000 S 56 ST

Permittee

DARRELL BEST
RRT 8
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002888

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

A

Permit Number: 02360253001

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 10.000 S. 56 (no rural route) City Lincoln NE, Zip 68516

Legal Description NW 33 T9N R7E Hurst 1 1
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 Darrell Best Signature Darrell Best

Address RT 8 City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 423-1594 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer

Address 17201 S. 72 City/State/Zip Hickman, NE

☐ Check if contractor designed system Work Phone 475-2462

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 9/4/02 Date frwd 9/4/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/4/02 Date frwd 9/4/02 ACTION ☒ Approved ☐ Disapproved Signature Dale
3. **City or County Engineer** Date rec'd 9-6-02 Date frwd 9-6-02 ACTION ☒ Approved ☐ Disapproved Signature Dennis Bartels

~~11/13/02 NEED DRAWING J. C.H.~~

Installation Final Written Approval

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

Date NOVEMBER 22, 2002

Business Office Use Only

Date Rec'd 9/4/02
Amt Paid 200.00
Rec'd By CW Cash/Check No. 1604

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: 023802530

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address So 56 (no rural route) City LINCOLN NE, Zip 68516

Owner Darrell Best Addresss 6101 Aubree Lincoln Ne 68516

Soil Type (SCS): WTC Percolation Rate: 60 min./inch

Date of Tests 6-26 to 6-27 Weather: Precipitation — Temperature 90s

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	32	6/26	2:30	6/27	10:00	6/27	1:05	19½	6/27	1:35	30	½	60
2			PM		AM		PM	15¼		PM		½	60
3								22⅛				⅝	48
4								17½				½	60
5								20				½	60
6								17¾				¾	40

Person Conducting Percolation Tests

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

Sum of Percolation Rates: 328
Average of Rates: 56
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date SEPTEMBER 4, 2002

FORM 23-101 10-96

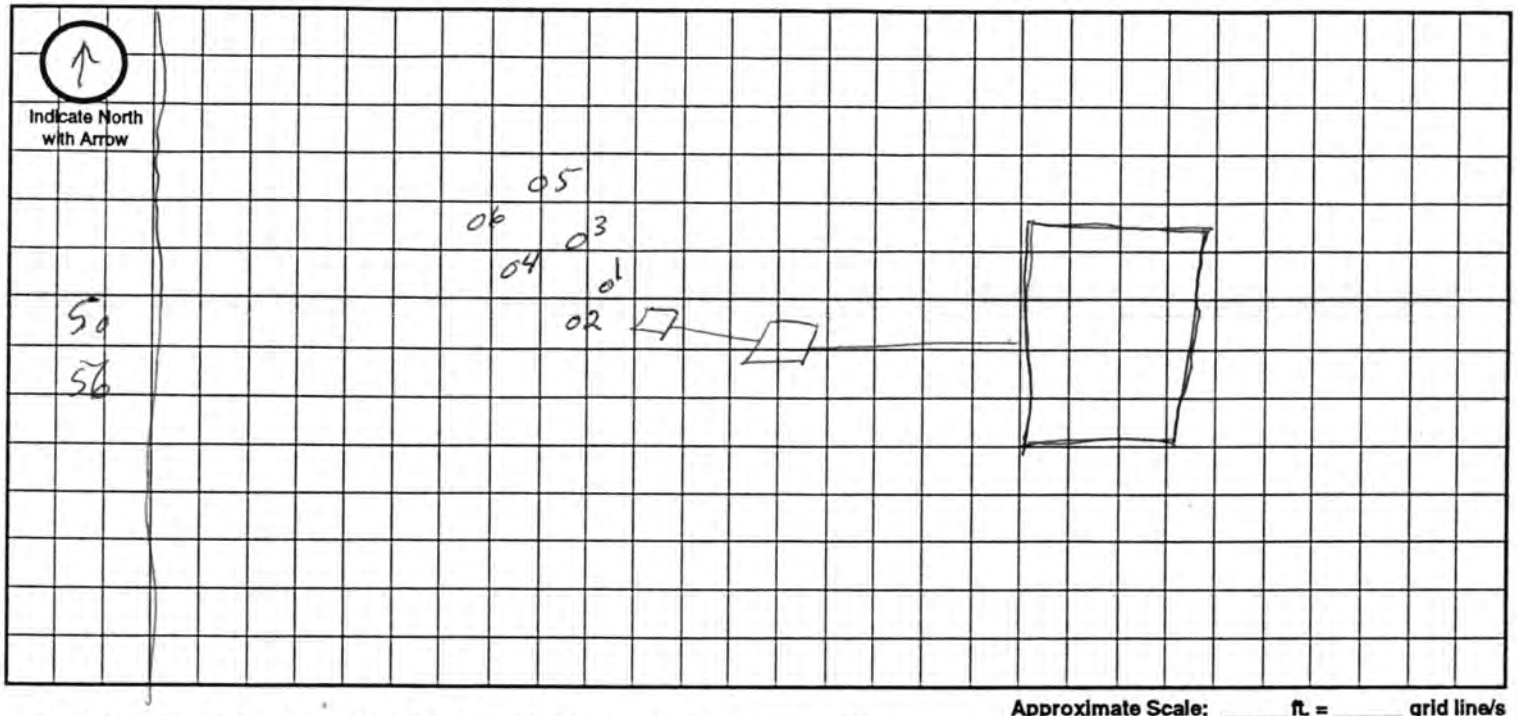
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802530

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) So 56 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 60 (min. per inch) Soil Type: WTC 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: Infiltrator

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 262.5 ft. Number of Trenches 4 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 _____ Date _____

Installer Brad Smith Date 7-1-02

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-13-02

System Location (Indicate correct number and street)

Address 10000 So 56 (no rural route) City LINCOLN NE, Zip 68526

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line > 15 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 5 X 8 in.
   Over outlet, diameter 6 X 9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 15 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 20' ft.

D. Absorption Field

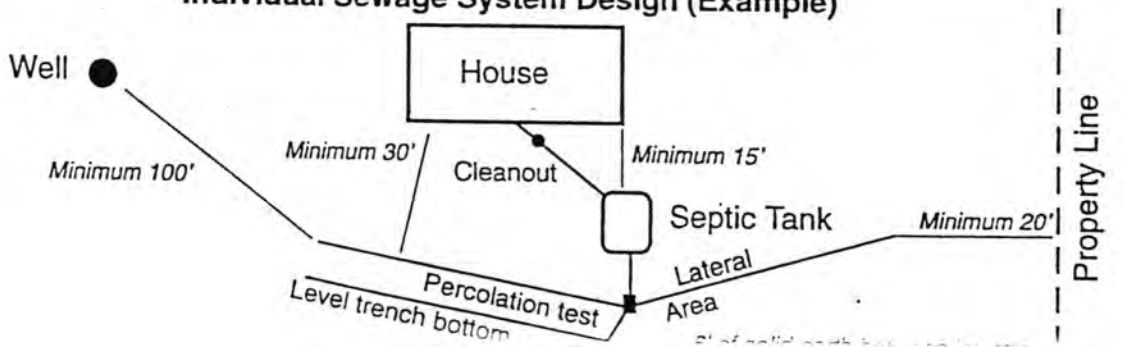
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☒ other Infiltrator EQ24
2. Lateral lines: Number 3
   Length of each line: 93 ft. 93 ft.
   81 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 15 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

