Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

DAROLD MILLER
T12N R8E SEC 4 QTR NE
23951 N 148 ST-CERESCO

Permittee

DAROLD MILLER
23951 N 148 ST
LINCOLN NE 68017-4007

Permit # 02380242501

Issued 02/22/02
Expires 08/22/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000609

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

A

Permit Number: 023802425

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 23951 N 148 (no rural route) City Cedesco NE, Zip NE 68402

Legal Description NE 1/4 4 1/4 Section 12N Township 8E 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 MRS. Darold Miller Signature _____

Address 23951 N 148 City/State/Zip Cedesco NE 68017

☐ Check if owner designed system Home Phone 944 2049 Work Phone NA

C. Contractor

Name Michael P Dietz Company Name Waverly Plumbing & Well

Address PO BOX 116 City/State/Zip Waverly NE 68462

☒ Check if contractor designed system Work Phone 402-786-5620 Cell 560-2923

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 2 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 2/22/02 Date frwd 2/22/02 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/22/02 Date frwd 2/22/02 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2-22-02 Date frwd 2-22-02 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Theurer

2-22-02, lic. tank & d Brt drainfield

Installation Final Written Approval

By Ron Mayard

Date 10-28-02

Business Office Use Only

Date Rec'd 2/21/02

Amt Paid #200.00

Rec'd By MF Cash/Check No. 20539.

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

Miller

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

B

Permit Number: 023802425

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

T-12 - R-8 Sec. 4

System Location (Indicate correct number and street)

Address 23951 N 148th (no rural route) City Ceresco NE, Zip 68017 944-2049

Owner Daryl Miller Addresss

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 25 min./inch

Date of Tests 12-14-01 to 12-15-01 Weather: Precipitation dry Temperature 48°

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"	12-14	3.00	12-15	3:30	12-15	4:30	6"	12-15	5:00	30	1.5	20
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1.00	30
3	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1.00	30
4	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1.25	24
5	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1.25	24
6	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1.125	24

Person Conducting Percolation Tests

Name: Dave Dietze

Phone: 402-786-2682

Address 9651 N. 149th Place
Waverly NE 68462

Sum of Percolation Rates:

Average of Rates: 25

Rate Used for Calculation:

2 bd — 550 sq. ft.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood Date 2/22/02

FORM 23-101 10-96

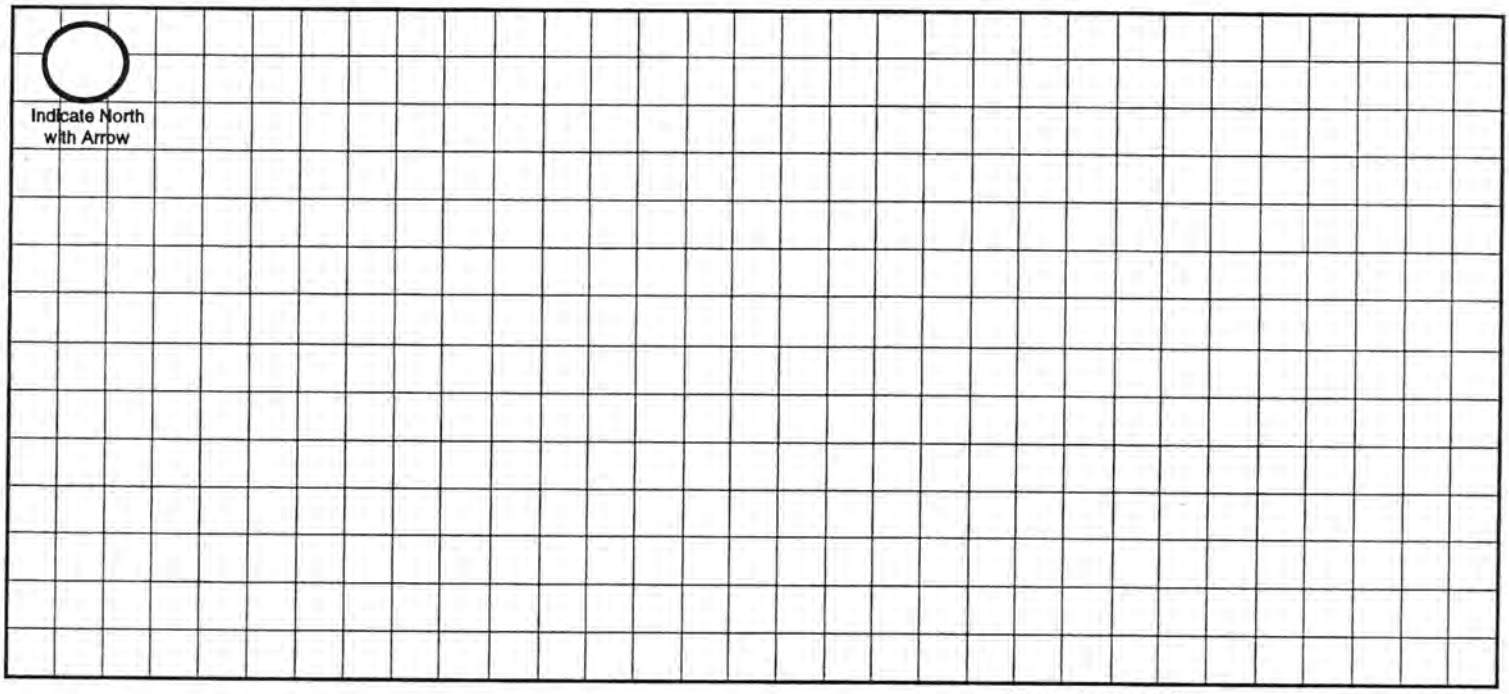
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802425

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) 23951 N 148 City Cedesco NE, Zip 68162

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 25 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 550 sq. ft.

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

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

Total Length of Laterals 138 ft. Number of Trenches 2 Trench Width 4 ft

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 Michael F Rutz Date 2-21-02

FORM 23-102 10-96

20539

D

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

Permit Number:

138 Ft

Sewage Disposal System
As Built Plans & Specifications

Date 2-22-02

System Location (Indicate correct number and street)

Address 23951 N 148 (no rural route) City Ceresco NE, Zip NE 68017

A. Building Sewer

1. Material: PVC SDR-26
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 87 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100' ft. Plus
   stream NA ft.
   pressure line 100' ft. Plus
   property line 300' ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments:
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 10 in.
   Over outlet, diameter 10 in.
   Riser: ☐ above ☐ below grade 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 200' ft.
   Stream NA ft.
   Pressure line 200 ft.
   Property line 300 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13' ft.

D. Absorption Field

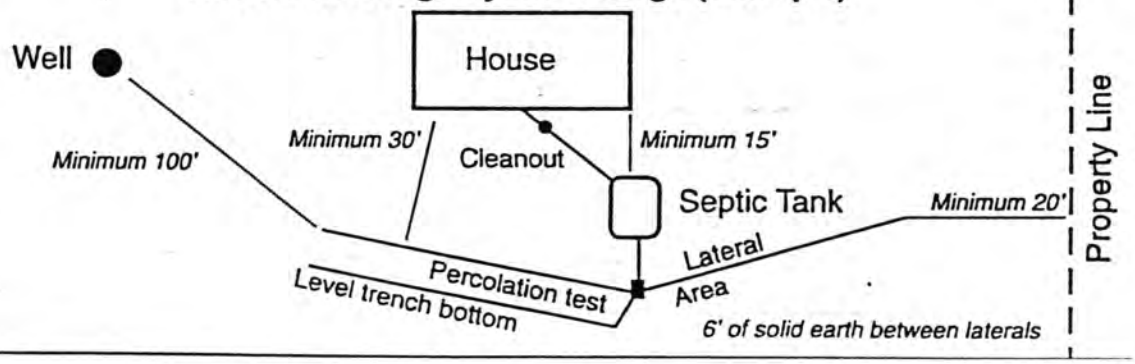
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Inf. Ham
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 2
   Length of each line: 100 ft. 41 ft.
   ft. ft., ft.
3. Trench dimensions: Width 4' ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 225 ft.
   Stream NA ft.
   Pressure line 200 ft.
   Property line 300' ft.

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

Indicate North with Arrow

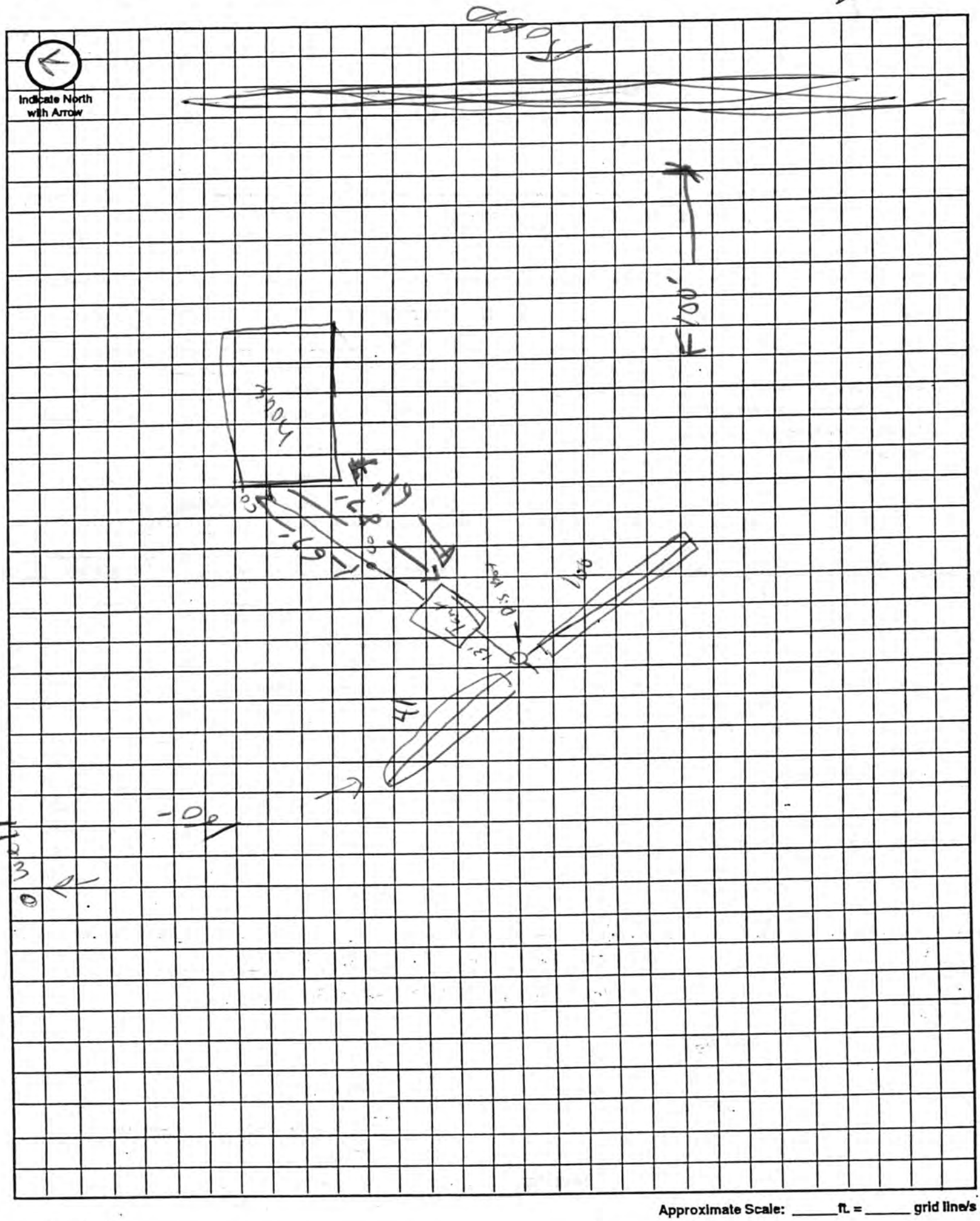
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

#023802425



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