# Lincoln-Lancaster County Health Department
## ENVIRONMENTAL PUBLIC HEALTH DIVISION

005308

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON PENDING PERCOLATION
TEST RESULTS

Permit # 04380285801

Issued 07/13/04
Expires 01/13/05
Revenue Code 3157

Establishment

DAVID L MARTIN
T12N R8E SEC 8 QTR SE
LOT 11
21717 N 134 ST-GREENWOOD

FEES: $200.00

Permittee

DAVID L MARTIN
1510 N 87 ST
LINCOLN NE 68505

TOTAL: $200.00

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

PERC TEST PENDING

**A**

Permit Number: 04390285801

# Sewage Disposal System

## Request for Site Clearance and Permit

**Include Form B, Form C and Applicable Fees with this Application.**

RECEIVED JUL 15 2004

☐ 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 21717 N 134Th ST (no rural route) City Greenwood NE, Zip 68366

Legal Description SE 1/4 3 1/4 Section 12N Township 8E Range _____ Subdivision _____ Addition _____ Block 11 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

### B. Owner

Name Dave & Gay Martin Signature Dave L. Martin

Address 1510 N 87Th ST City/State/Zip Lincoln, NE 68505

☐ Check if owner designed system Home Phone ~~484-6869~~ Work Phone 467-8627 cell 402 301-7256

### C. Contractor

Name Stan Kroese Company Name Dirt Works P/Ls

Address 7841 Leighton City/State/Zip Lincoln, NE 68507

☒ Check if contractor designed system Work Phone 325-0529

### 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 02 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**
10-13-04 Im need fence
7-26 Im sand with grass but no fence
10-11-05 Im fine ok

Date rec'd 7/13/04 Date frwd 7/14/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

**2. Supt. Bldg. Insp. or Village Clerk**

Date rec'd 7/14/04 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

**3. City or County Engineer**

Date rec'd 7-14-04 Date frwd 7-14-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Theuzh

## Installation Final Written Approval

By Ron Maynard

Date 10-11-05

***Business Office Use Only***
Date Rec'd 07/13/04
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 6967

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

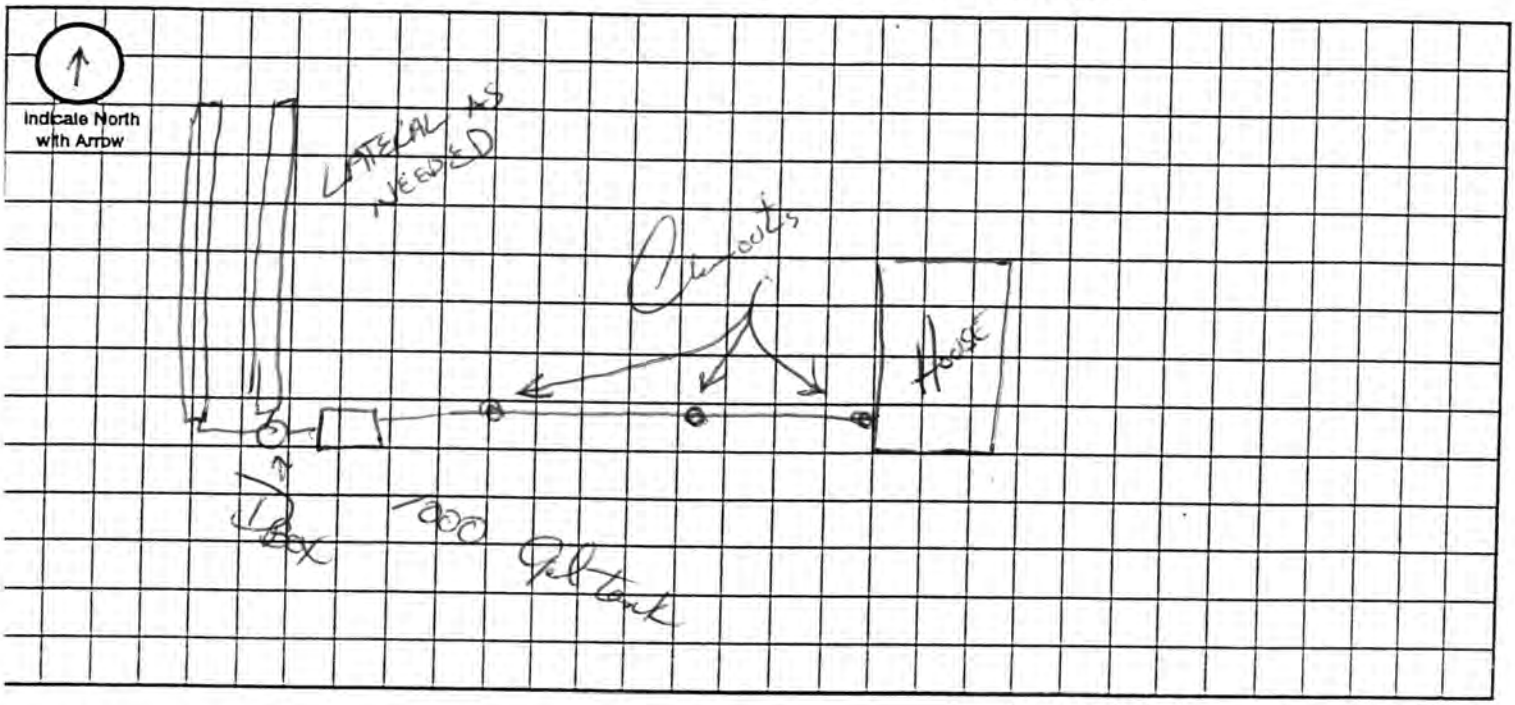
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802858

# 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) 21717 N 134TH City Gretna NE, Zip 68366

## B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

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

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

## 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 R Smith L Martin Date 7-12-04

Installer _____ Date 7/12/04

RM 23-102 10-95

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**D**

Permit Number:

# Sewage Disposal System
## As Built Plans & Specifications

Date _____

**System Location (Indicate correct number and street)**

Address 21717 N 134TH (no rural route) City GREENWOOD NE, Zip 68366

### A. Building Sewer

1. Material: CLS 160
   Diameter: 4" in.
2. Distance above basement floor: ~~[illegible]~~ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank 398' ft.
4. Number of clean-outs: LAGOON
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 70 ft.

### B. Septic Tank

1. Material: NA
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

### C. Distribution Box

1. Material: NA
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

### D. Absorption Field

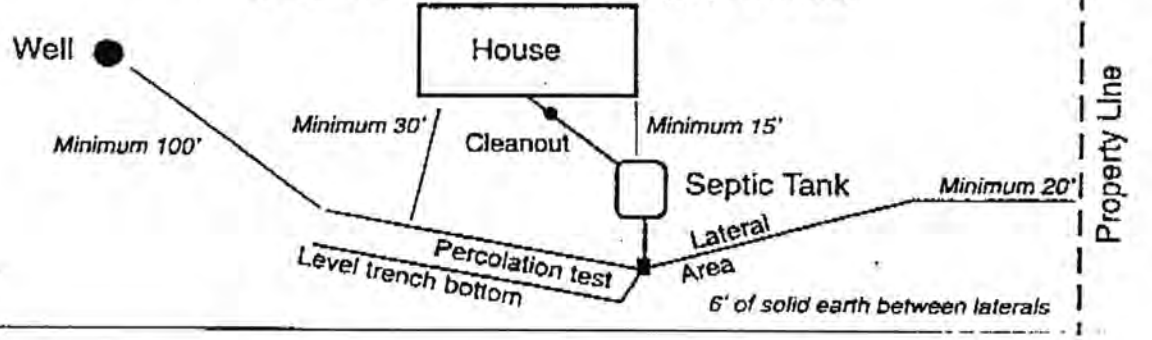
*(Provide as-built drawings on back of this form)*

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

