Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380220901

Issued 07/10/00
Expires 01/10/01
Revenue Code 3157

FEES: $150.00

Establishment

FRANK & NANCY JURICA
T12N R8E SEC 10 QTR SE
LOT 3
15600 AGNEW RD-GREENWOOD

TOTAL: $150.00

Permitee

FRANK & NANCY JURICA
15600 AGNEW RD
GREENWOOD NE 68366

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013483

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address Lot 3, SE 10-12-8 Lancaster County

Twp 12 Range 8 Section 10 1/4 1/4 Block Lot Addition

Directions to Property Take Hwy 77 North to Agnew Rd then turn East to 15600 E Agnew Rd. (no real estate sign) white house on North side w/2 car grg

Location of Well NW of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System New system being installed on East side of house Year Installed 2000

	NAME	ADDRESS	PHONE
Present Owner:	Frank & Nancy Jurica	15600 E Agnew Rd Greenwood, NE 68366	944-2441
Tenant/Buyer:		Diane Reuse	402-679-2252 Contact
Return to:	Sharlene Stoetzel	7141 A Street Lincoln NE 68510	486-4891

Signature of Applicant Donita A May John N May Address RR1 Box 67A Greenwood NE 68366 Date 7/24/00

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	07/25/00	Date	/ /
Initials	LO	Case No.	
Amount	150 ⁰⁰	Initials	
Check No.	1005		

PRELIMINARY STATUS--By Ron Marquart **DATE:** 7/25/00

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☒	Date 7/26/00 by RM
Bacteria	☒ /ml	☐ /ml	Provisional	☐	Date / / by
Nitrate	☐ ppm	☒ 19 ppm	Disapproved	☐	Date / / by

Comments: NO Buyer at this time

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Date / /

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

NO3 19 P7726-75

White - Applicant after approval Yellow - Environmental siness Office

Revised/Reprint: 10-95

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

A

Permit Number: 00390220 7

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 15600 AG NEW (no rural route) City Greenwood NE, Zip 68366

Legal Description Lot 3 SE 10 - 12N 8E 3
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 FRANK & NANCY JURICA Signature Frank & Jurica

Address 15600 AgNew City/State/Zip Greenwood Nebr 68366

☐ Check if owner designed system Home Phone 402-944-2441 Work Phone _____

C. Contractor

Name Doug LoFtus Company Name LoFtus Septic Pumping & Constr

Address 410 CO RD C City/State/Zip Ashland Nebr 68003

☒ Check if contractor designed system Work Phone 402-944-7636

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

Designer Name SAA Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 7-7-00 Date frwd 7/12/00 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/12/00 Date frwd 7/12/00 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-12-00 Date frwd 7-12-00 **ACTION** ☒ Approved ☐ Disapproved Signature _____

7-14-00 mm

Installation Final Written Approval

By Ron Mayfield

Date 7-14-00

Business Office Use Only

Date Rec'd 07/07/00
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 4415

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: 003802209

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15600 AG New RD City Greenwood NE, Zip 68366
(no rural route)

Owner FRANK JURICA Addresss 15600 Ag New RD Greenwood Nebr

Soil Type (SCS): CLAY SHARPSBURG Percolation Rate: 16 min./inch

Date of Tests 6-23 to 6-25 Weather: Precipitation 0 Temperature 80'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	6-23		6-25		6-25	9:00	12 IN	6-25	10:00		4	15.
2	36	6-23		6-25		6-25	9:05	12 IN	6-25	10:05		4	15
3	36	6-23		6-25		6-25	9:10	12 IN	6-25	10:10		4	15.
4	36	6-23		6-25		6-25	9:15	12 IN	6-25	10:15		4	15
5	36	6-23		6-25		6-25	9:20	12 IN	6-25	10:20		3	20.
		I DID These Per 5 Times Before in 5 DAYS											
		Before the Per test Above									DL		

Sum of Percolation Rates: 80
Average of Rates: 16.
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Doug LOFTUS Doug Loftus
Phone: 402 944-7636
Address 410 CO RD C
Ashland Nebr 68003

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK

Signature of Reviewing Official [signature] Date 7-7-00

FORM 23-101 10-96

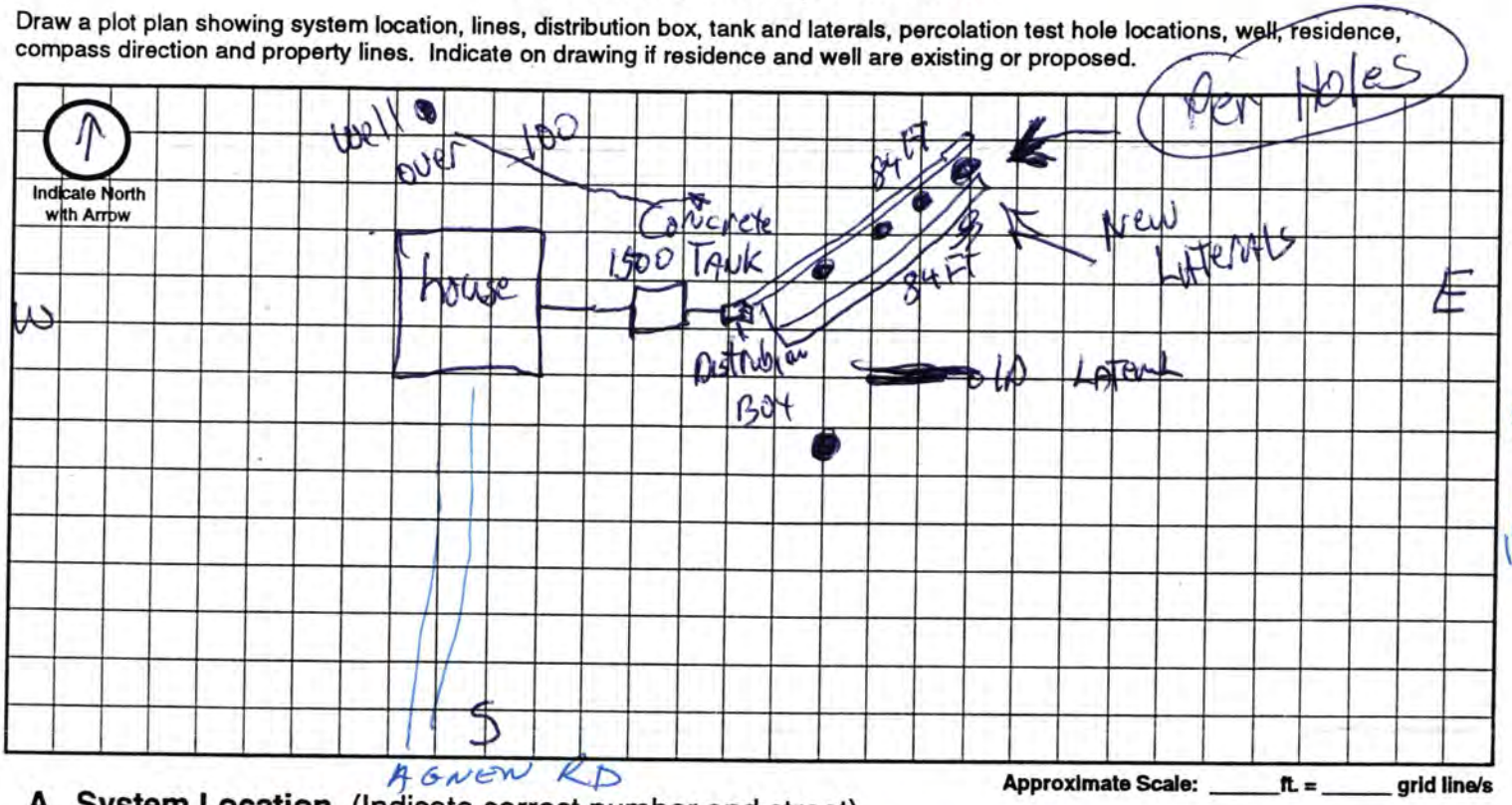
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003807209

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) 15600 Agnew City Greenwood NE, Zip 68366

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other 1500 GALLON CONCRETE

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

Percolation Rate 16 (min. per inch) Soil Type: clay Land Slope: FLAT %

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

Total Square Feet of Field Required: 840 sq. ft.

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

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

Total Length of Laterals 168 ft. Number of Trenches 2 Trench Width 4FT5

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 EXISTING Date _____

Installer Lafler Septic Pumping & Const Doug Lafler Date 7-7

FORM 23-102 10-96

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

D

Permit Number: 00380220?

Sewage Disposal System

As Built Plans & Specifications

Date 2-14-00

System Location (Indicate correct number and street)

Address 15600 Ag New (no rural route) City Greenwood NE, Zip 68366

A. Building Sewer

1. Material: SCH #40 class 160
   Diameter: _____ in.
2. Distance above basement floor: _____ 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 100 ft.
   stream NONE ft.
   pressure line NONE ft.
   property line 20 ft.

B. Septic Tank

1. Material: 1500 Gallon Concrete
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter 30 in.
   Riser: ☒ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 100 ft.
   Stream NONE ft.
   Pressure line NONE ft.
   Property line 20 ft.

C. Distribution Box

1. Material: concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 to 15 ft.

D. Absorption Field

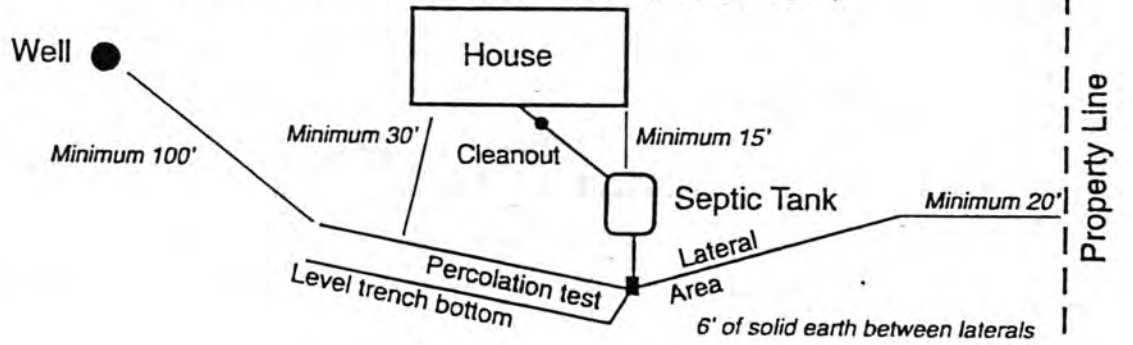
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 22 Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 80 ft. 40 ft.
   50 ft. ft., ft.
3. Trench dimensions: Width # ft.
   Slope _____ in/100 ft.
   Average depth 24 IN to 30 IN in
4. Filter material: Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line 100 ft.
   Stream NONE ft.
   Pressure line NONE ft.
   Property line 20 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

