Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009662

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380325801

Issued 10/03/06
Expires 10/03/07
Revenue Code 3157

Establishment: DUANE & BETTY J LOSTROH
T12N R8E SEC 26 QTR SE
LOT 3
17000 BRANCHED OAK RD-WAVERLY

FEES: $290.00

Permittee: DUANE & BETTY J LOSTROH
17200 BRANCHED OAK RD
WAVERLY NE 68462

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE

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

A

Permit Number: 06380325801

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:

17000

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address ~~17200~~ Branched Oak RD (no rural route) City Waverly NE, Zip

Legal Description LCR 5870 SE (1/4) 1/4 26 (Section) 12N (Township) 8E (Range) Subdivision Addition Block 3 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

NCR 71549

Name Duane Lostroh Signature Duane Lostroh

Address 17000 Branched Oak Rd City/State/Zip Waverly Nebr

NCR 97303

☐ Check if owner designed system Home Phone 402-789-7485 Work Phone Same

C. Contractor

Name Doug Loftus Company Name Loftus Septic

Address 4109 CO RD C City/State/Zip Ashland Neb 68003

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

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 10/3/06 Date frwd 10/4/06 ACTION ☐ Approved ☐ Disapproved Signature Doug Loftus
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 10/04/06

Amt Paid 290.00 275 - 15

Rec'd By LO Cash/Check No. 4601-4627

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

A

Permit Number: 06380325801 ref

Sewage Disposal System

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Legal Description SE (1/4) 26 (Section) T12N (Township) R8E (Range) Subdivision Addition Block 3 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Duane Lostroh Signature Duane Lostroh

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☐ Check if owner designed system Home Phone 402-789-7485 Work Phone Same

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Name Doug Loftus Company Name Lofts Septic

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1. **Health Department** Date rec'd 10/3/06 Date frwd 10/4/06 **ACTION** ☒ Approved ☐ Disapproved Signature Doug Mrsl
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-4-06 Date frwd 10-4-06 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10-4-06 Date frwd 10-4-06 **ACTION** ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Doug Mrsl

Date 10/16/06

Business Office Use Only

Date Rec'd 10/04/06

Amt Paid 290.00 275- 15-

Rec'd By LO ~~Cash~~/Check No. 4601-4627

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 17200 Branched Oak Rd City Waverly NE, Zip
(no rural route)

Owner Duane LosTroh Addresss 17200 Branched Oak RD

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

Date of Tests 9-29-06 to 9-30-06 Weather: Precipitation 0 Temperature 70'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	24 inch	9-29				9-30	3:30	6"	9-30	4:00	30	5/8	48
2	24 inch		4hrs			9-30	3:35	6"	9-30	4:05	30	1/2	60
3	24 inch		AT	12 inches		9-30	3:35	6"	9-30	4:05	30	1/2	60
4	24 inch		in	holes		9-30	3:40	6"	9-30	4:10	30	1/2	60
5	24 inch					9-30	3:40	6"	9-30	4:10	30	1/2	60
6	24 inch	9-29				9-30	3:45	6"	9-30	4:15	30	1/2	60

Sum of Percolation Rates: 348
Average of Rates: 58
Rate Used for Calculation: 58

Person Conducting Percolation Tests

Name: Douglas LoFtus
Phone: (402) 944-7636
Address 410 CO RD C
Ashland Nebr 68003

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

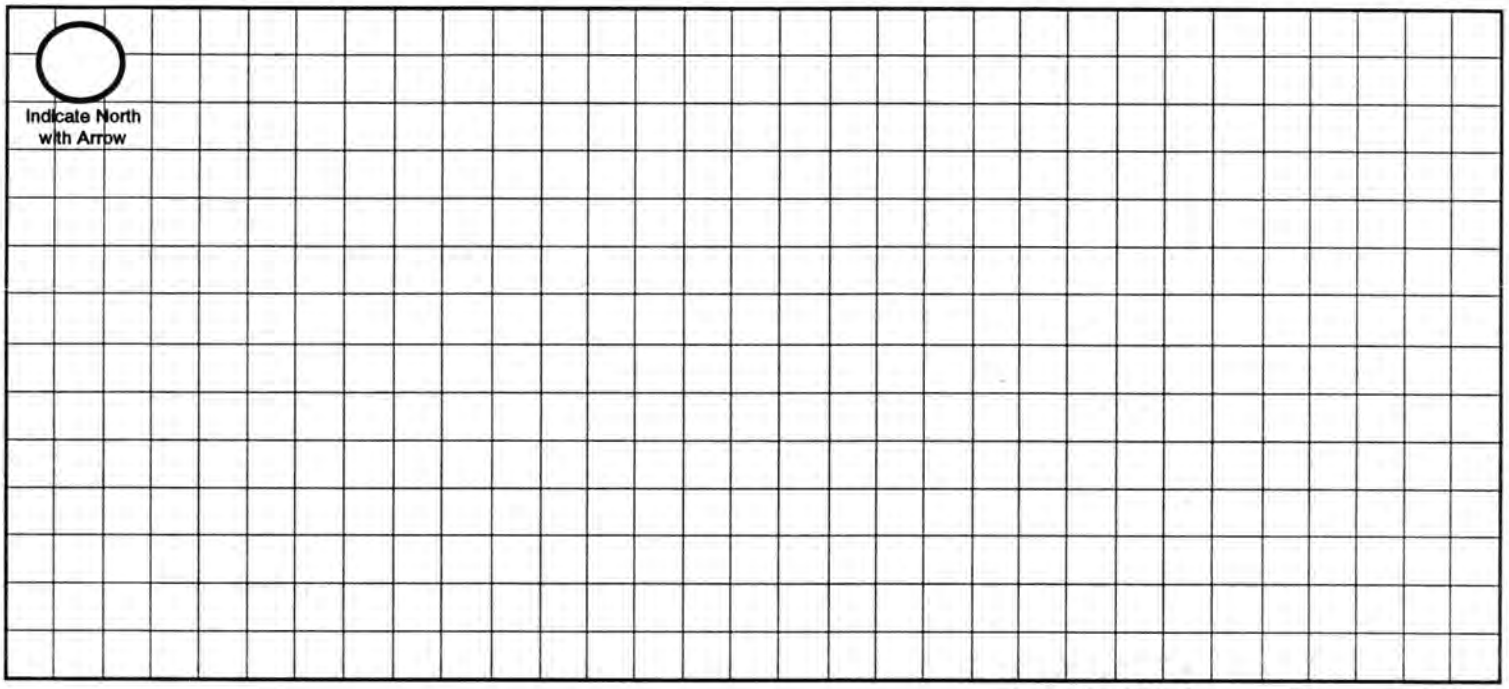
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

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) 17000 Branched Oak Rd City Waverly NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 58 (min. per inch) Soil Type: clay 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: _____

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

Total Length of Laterals 2625 ft. Number of Trenches 3 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 10-2-06

Installer _____ Date 10-2-06

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:

Sewage Disposal System

As Built Plans & Specifications

Date 10-2-06

System Location (Indicate correct number and street)

Address 17000 Branched Oak Road (no rural route) City Waverly NE, Zip

A. Building Sewer

1. Material: Plastic sch 40
   Diameter: 4 inch in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line over 100 ft.
   stream None ft.
   pressure line None ft.
   property line 75 ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter 30 in.
   Riser: ☑ above ☐ below grade 26 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 over 100 ft.
   Stream None ft.
   Pressure line None ft.
   Property line 150 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 7
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 40 Feet ft.

D. Absorption Field

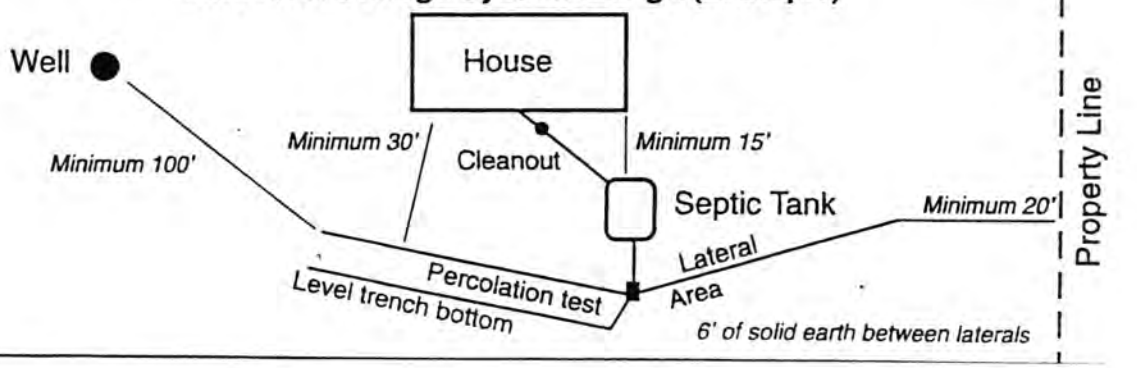
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other Infiltrators
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   62.5 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth 24 in
4. Filter material: Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96