Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

002944

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380268501

Issued 08/07/03
Expires 02/07/04
Revenue Code 3157

Establishment
GERALD BOWER
T12N R8E SEC 27
LOT 27
15801 DAVEY RD-RAYMOND

FEES: $200.00

Permittee
GERALD BOWER
11401 RAYMOND RD
LINCOLN NE 68517

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

i-6203

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

A

Permit Number: 033802 68 5 01

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 15801 [redacted] Davey Rd City Green Wood NE, Zip 68366
(no rural route)

Legal Description 27 12N 8E 27
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 Gerald Bower Signature _____

Address 11401 Raymond Rd City/State/Zip Lincoln NE 68517

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Michael P Dietze Company Name Waverly Plumbing & Well

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

☒ Check if contractor designed system Work Phone 786-5620

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

Designer Name Mike Dietze Firm Wav. Plumbing Work Phone 786 5620

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 1 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 8-7-03 Date frwd 8-7-03 **ACTION** ☒ Approved ☐ Disapproved Signature Ron Mayhew
8-13-03 mm
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/7/03 Date frwd 8/7/03 **ACTION** ☒ Approved ☐ Disapproved Signature Dale
3. **City or County Engineer** Date rec'd 8-7-03 Date frwd 8-7-03 **ACTION** ☒ Approved ☐ Disapproved Signature Gary V. Morrell

Installation Final Written Approval

By Ron Mayhew

Date 8-14-03

Business Office Use Only
Date Rec'd 08/07/03
Amt Paid 200.00
Rec'd By LS ~~Cash~~/Check No. 21613

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

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B

Permit Number: 033802685

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 15801 Dairy Rd (no rural route) City Greenwood NE, Zip 68462

Owner Gerald Bowen Address 11401 Raymond Rd Lincoln

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

Date of Tests 6-29 to 6-30 Weather: Precipitation dry Temperature 85°

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"	6-29	4:00	6-30	5:00	6-30	5:00	6"	6-30	5:30	30	1 1/4	24
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1 1/4	24
3												1 1/2	20
4												1 3/4	17
5												1 3/4	17
6	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1 3/4	17
													119

Person Conducting Percolation Tests

Name: Dave Pietze
Phone: 786-2682
Address 9651 N 149th PL
Waverly NE 68462

Contractor same

Sum of Percolation Rates: 19 119
Average of Rates: 6 119 20 min/in
Rate Used for Calculation: 5 19 20
4 4

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Appears to be slumping soil.

Signature of Reviewing Official _____ Date 8-7-03

FORM 23-101 10-86

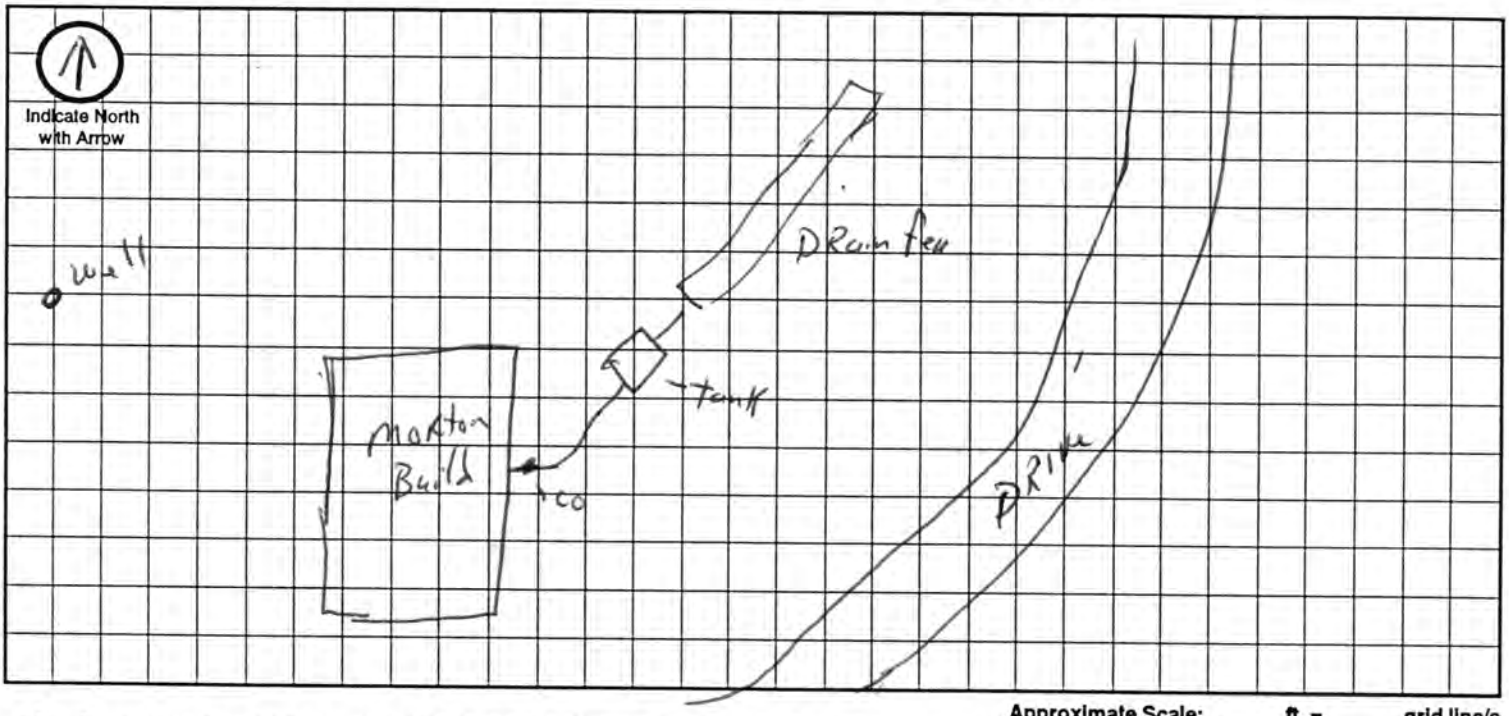
Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

C

Permit Number: 033802685

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) 15801 Davey Rd City Greenwood 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 20 (min. per inch) Soil Type: Shenyshurg Land Slope: _____ %

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

Total Square Feet of Field Required: 210 sq. ft. 4 | 210 52 230

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed _____

Total Length of Laterals 53 ft. Number of Trenches _____ 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 P Duffy Waverly Plumbing & Well Date 8-7-03

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-13-03

System Location (Indicate correct number and street)

Address 15801 Pauley Rd (no rural route) City Greenwood NE, Zip

A. Building Sewer

1. Material: PVC SDR 26
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: ____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 200 ft.
   stream NA ft.
   pressure line 50 ft.
   property line 1000' 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 18 in.
   Over outlet, diameter 18 in.
   Riser: ☒ above ☐ below grade ____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 200 ft.
   Stream NA ft.
   Pressure line 80 ft.
   Property line 1000' ft.

C. Distribution Box

1. Material: None
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ____ ft.

D. Absorption Field

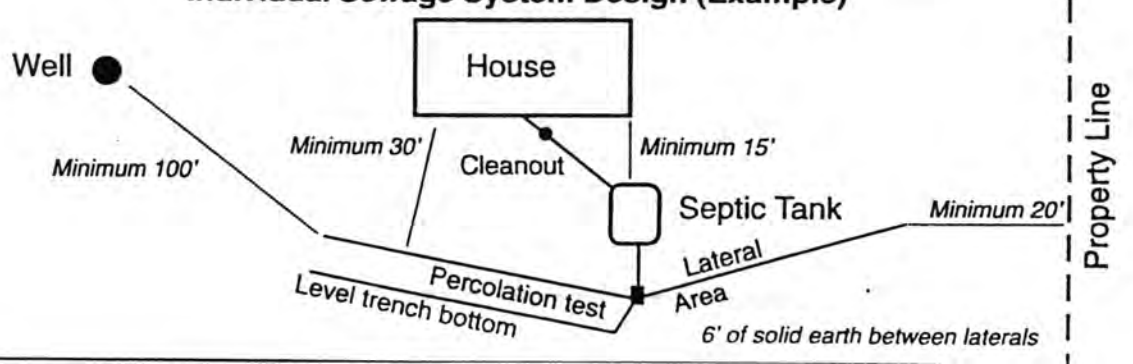
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15"
   or perforated pipe: Infiltor w gravel
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 1
   Length of each line: 87 ft. ____ 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 250 ft.
   Stream NA ft.
   Pressure line 80 ft.
   Property line 1000' ft.

Indicate North with Arrow

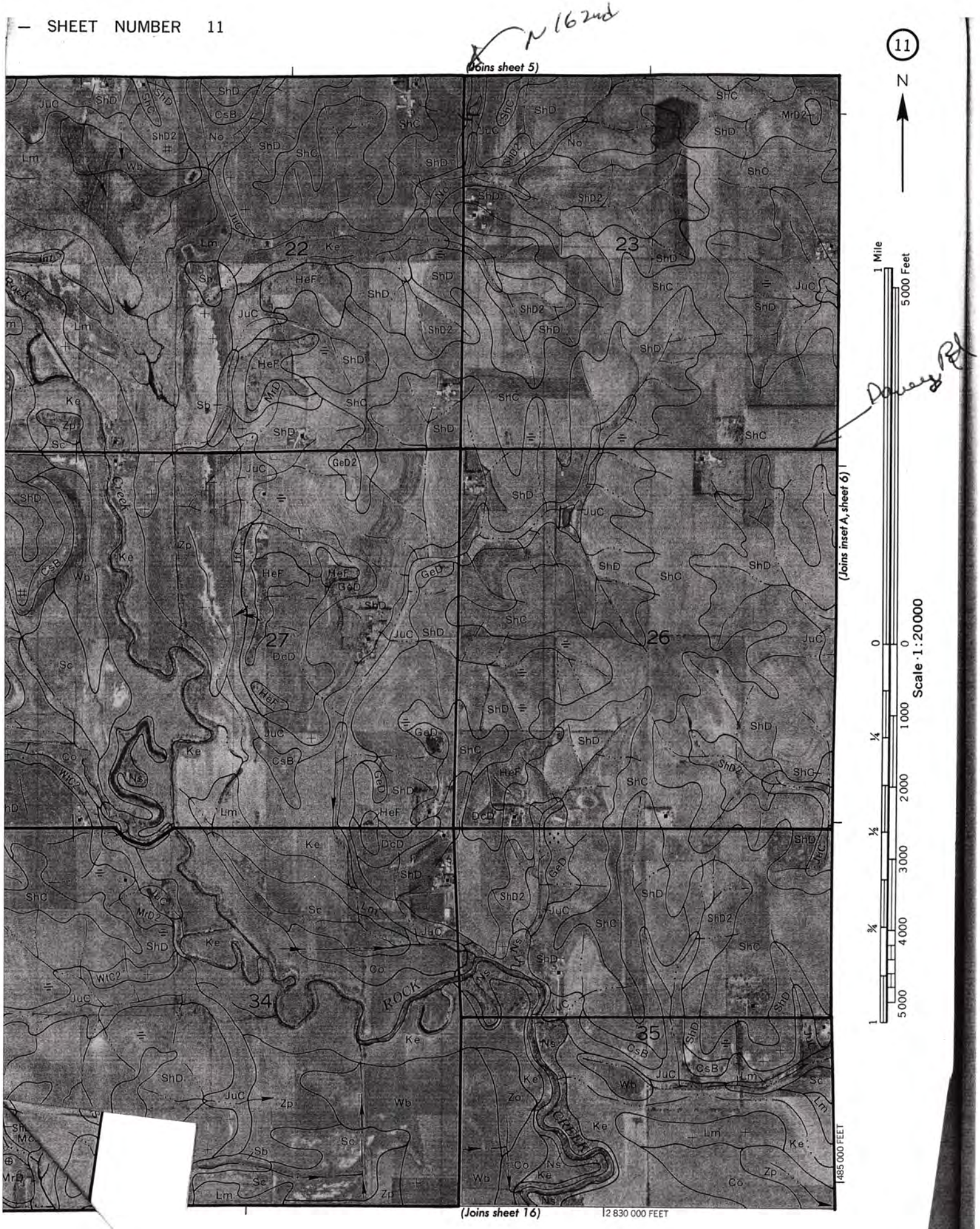
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

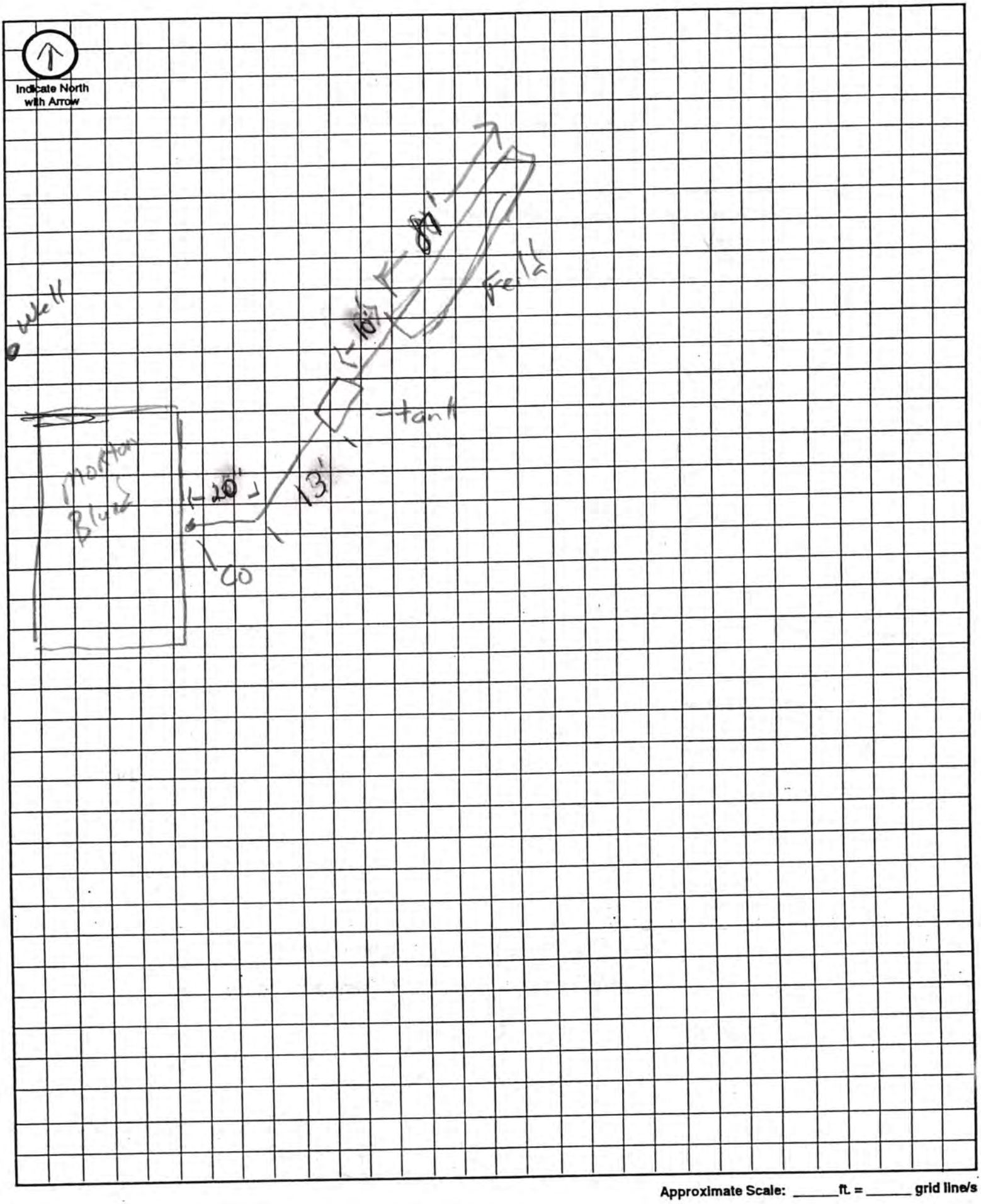


FORM 23-103 10-96

— SHEET NUMBER 11



As Built Drawing



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