Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008335

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380311801

Issued 10/19/05
Expires 10/19/06
Revenue Code 3157

Establishment:
INNOVATIVE HOMES & DESIGN
T9N R8E SEC 6
LOT 22
3111 S 120 ST

FEES: $275.00

Permittee:
INNOVATIVE HOMES & DESIGN
3700 VILLAGE DR
APT 600
LINCOLN NE 68516

TOTAL: $275.00

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

OCT 13 2005

A

Permit Number: 05380311801

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 3111 So. 120TH (no rural route) City LINCOLN NE, Zip 68461

Legal Description SE ¼ SE ¼ Section 22 Township 9N Range 8 EAST OF THE SIXTH PRINCIPAL MERIDIAN 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 JOHN PFLUG Signature John Pflug

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone 488-0523 Work Phone 617-3888

C. Contractor

Name MARK RESSEGUIE Company Name INNOVATIVE HOMES AND DESIGN INC

Address 3700 VILLAGE DRIVE SUITE 600 City/State/Zip LINCOLN, NE. 68516

☐ Check if contractor designed system Work Phone 60-0886

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

Designer Name 1 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 10/19/05 Date frwd 10/19/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-20-05 Date frwd 10-20-05 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Bruce Briney

Line, Tank, lateral 3/17/06

Installation Final Written Approval

By Doug Fowler

Date 7/10/06

Business Office Use Only

Date Rec'd 10/19/05 10/19/05
Amt Paid 200.00 $75.00
Rec'd By CW CW Cash/Check No. 3995
CK 3973

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

RECEIVED OCT 13 2005

B

Permit Number: 053803118

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3111 S. 12C (no rural route) City Lincoln NE, Zip 68461

Owner Innovative Homes Addresss 3700 VILLAGE DRIVE, SUITE 600

Soil Type (SCS): Shc / 50C Percolation Rate: _____ min./inch

Date of Tests 10/13 to 10/14 Weather: Precipitation _____ Temperature cool

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	10/13	3:25					9	10/14			7/8	
2			8									1/4	
3								26½				1/4	
4												1/2	48
5								28½				7/8	34
6	↓							28½				1	36
7	30	second ag	cr.					27⅞				1 5/8	18
8	30	Bottom of hi										1½	20

Sum of Percolation Rates: 24

Average of Rates: 40

Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Smith

Phone: 430-7606

Address 17201 Sr 72

Hickman, NE 68

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

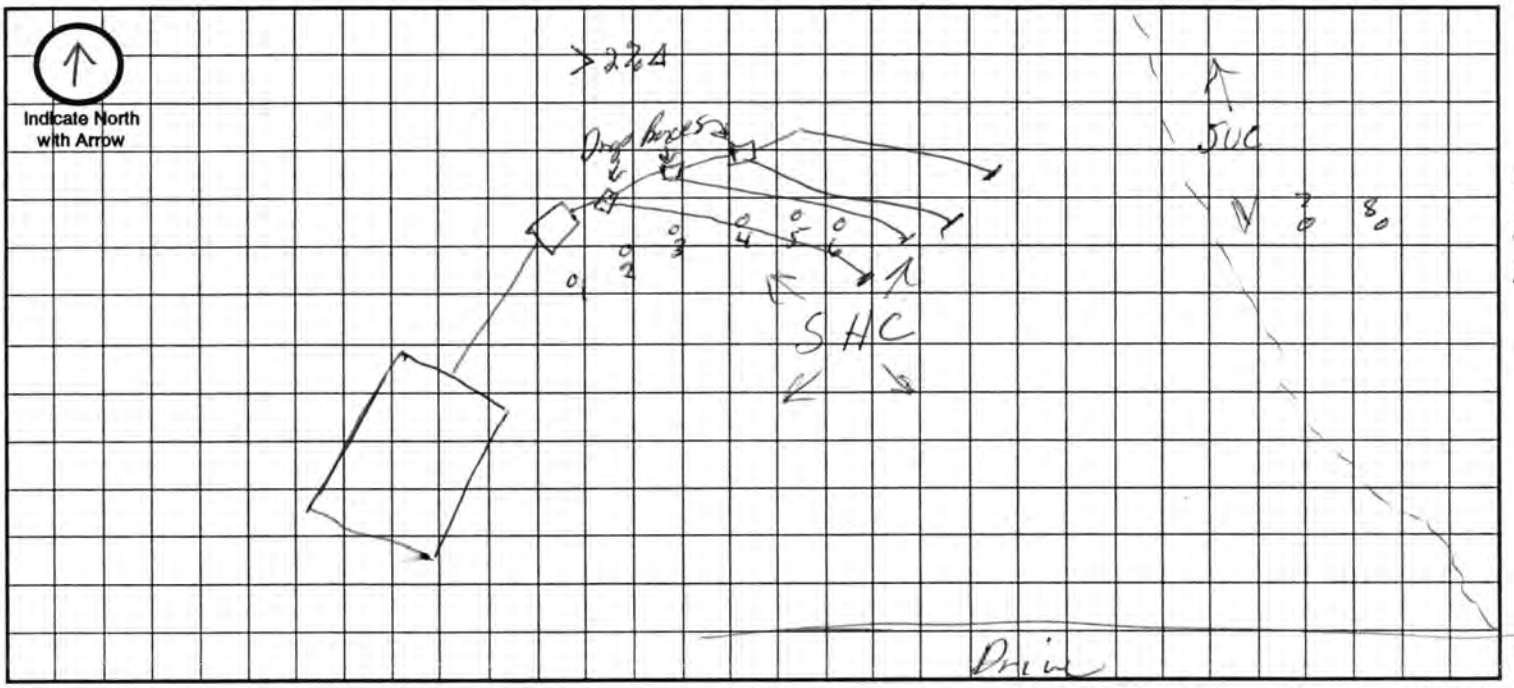
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C

Permit Number: 05380318

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) 3111 S 120 City Walton NE, Zip 68461

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (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 _____ 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 _____ Date _____

Installer Brad Smith Date 10/14/05

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 3/17/06 9-8-6

System Location (Indicate correct number and street)

Address 3111 So 120 (no rural route) City Walton NE, Zip 68461

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 97 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line > 50 ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Concrete Pre Cast Step
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 5 X 3 in.
   Over outlet, diameter 6 X 5 in.
   Riser: ☐ above ☐ below grade 0 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 > 50 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Drop Box PVC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No Tuff Tite
3. Distance from septic tank: 29 ft.

D. Absorption Field

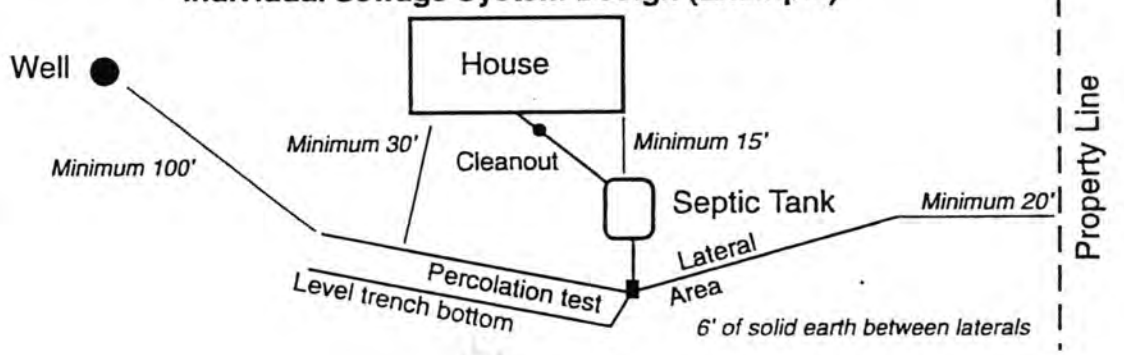
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator H-10
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 150 ft. 121 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 36 in
4. Filter material: Gravelless
   Depth of material ____ in.
5. Distances to: Well or suction line > 100 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line > 20 ft.

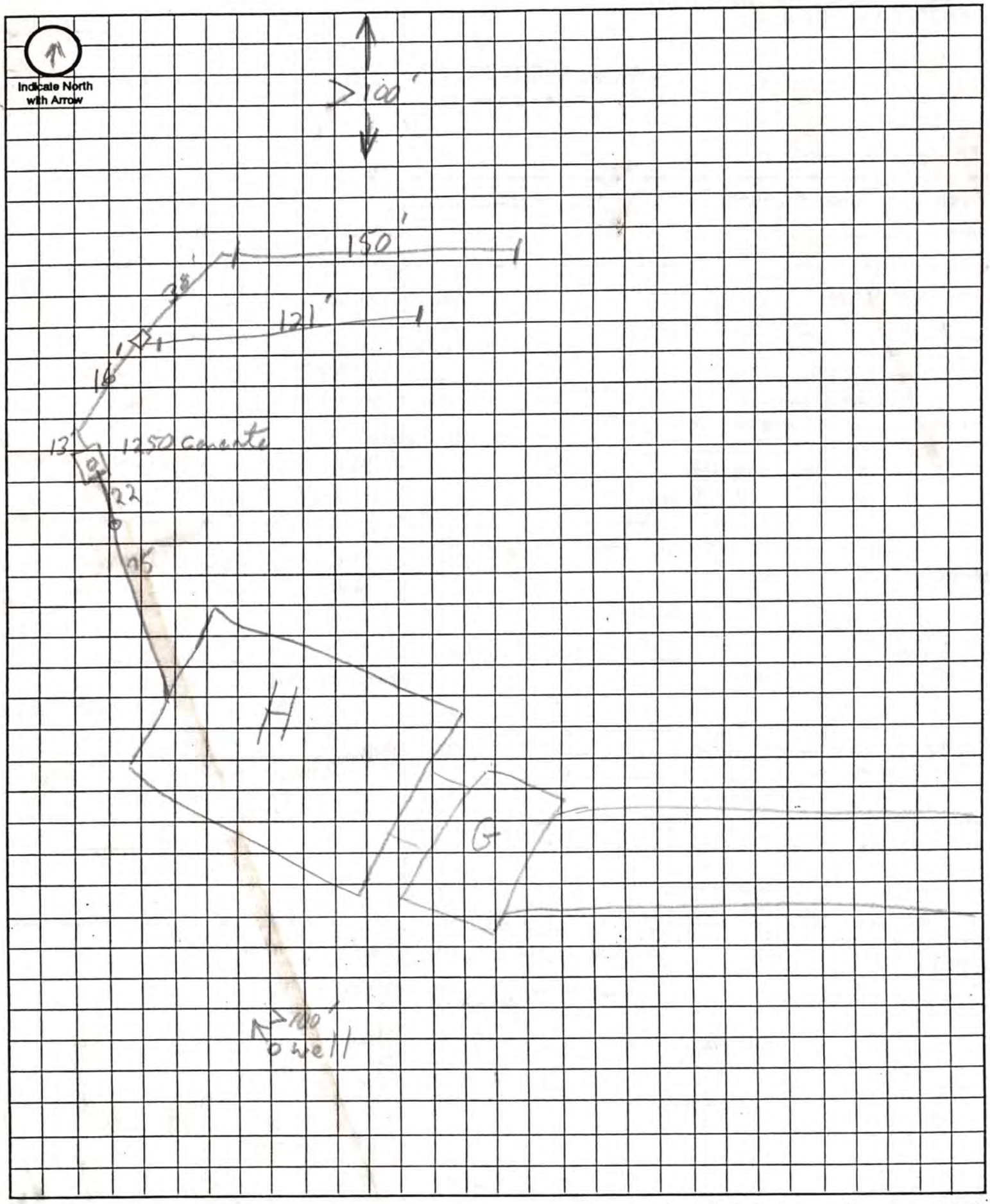
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



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

FORM 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 12558
FILE NO. 0540019701

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

Legal Description Sec. 6 TN. 9 R. 8E Block ____ Lot 22 I.T. Addition _____

Well location address or nearest road intersection 3311 S. 120th, Lincoln, NE From 120th & Van Dorn go 1/4 mile south and on west side.

Owner JOHN PFLUG Address 7601 Pioneers Blvd., Lincoln, NE 68506

LOG OF WELL	
Depth Ft to:	Description
0- 10	Dry cracked clay
10- 20	Brown clay & rocks
20- 70	Blue clay
70-140	Yellow & pink shale, some sandstone
140-206	Fine brown sandstone, little medium
	sandstone
206-215	Sandy yellow & red shale

Remarks: NITRATE NITROGEN 3.9 p.p.m.
BACTERIOLOGICAL O.K.

WELL COMPLETION RECORD

Drilling Method ROTO / WATER

Depth (from ground level). Ft. 206'

Date Completed 12/9/05

Casing: Length, Ft. 191' : Dia. In. 4"

Wall Thickness, .214" : Type PVC 200 #

Screen: Length, Ft. 15' : Dia. In. 4"

Type PVC WOP/HIFLOW , Slot size .020

Well tested capacity 30 GPM WITH AIR

Static water level 108' Measured XX Est. _____

Pumping water level 135' at 20 gpm.
Measured _____ Est. XX

Drop pipe: Length, Ft. 160' Dia. In. 1 1/4" Type. PVC 80

Pump model & H.P. 1 1/2 HP - 20 GPM

Gpm Yield of pump. 20 Measured XX Est. _____

Chlorination Completed Yes XX No _____

The above information including "Log of Well" is a true record of the job performed by me.

Driller _____ (Signed)

Address P. O. BOX 308
HICKMAN, NE 68372

Date: 27 JUNE 2006

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record X