Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008029

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380306001

Issued 07/20/05
Expires 07/20/06
Revenue Code 3157

Establishment: INNOVATIVE HOMES AND DESIGN INC
T9N R8E SEC 7 QTR NW
N 1/2 OF NW 1/4 LOT 20IT
4800 S 112 ST

FEES: $200.00

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

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

A

Permit Number: 05380306001

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 4800 SOUTH 112TH (no rural route) City LINCOLN NE, Zip 685

Legal Description LOT 20 N 1/2 NW 1/4 SECTION 7, T9N, R 8 EAST OF THE 6TH
1/4 1/4 Section Township Range Subdivision Addition Block Lot 20 I.T

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name TIMOTHY CLARE, TRUSTEE Signature _____

Address 1201 LINCOLN MALL City/State/Zip LINCOLN, NE 68508

☐ Check if owner designed system Home Phone _____ Work Phone 475-5100

C. Contractor

Name MARK RESSEGUIE Company Name INNOVATIVE HOMES AND DESIGN INC.

Address 3200 VILLAGE DRIVE SUITE 200 City/State/Zip LINCOLN, NE 68516

☐ Check if contractor designed system Work Phone 610-0886

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

Designer Name Dave Vogt Firm Vogt T&T Excavating Work Phone 560-4267

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify DWELLING UNIT FOR DOMESTIC EMPLOYEE

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 7/20/05 Date frwd 7/21/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-21-05 Date frwd 7-21-05 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-21-05 Date frwd 7-21-05 ACTION ☒ Approved ☐ Disapproved Signature _____

~~7/21/05 Need drawing. J.C.H.~~

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date AUGUST 23, 2005

Business Office Use Only

Date Rec'd 07/20/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 3660

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

B

Permit Number: 053803060

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4800 S 112 St (no rural route) City Lincoln NE, Zip

Owner Address

Soil Type (SCS): JUDSON SILT LOAM Percolation Rate: min./inch

Date of Tests 7/7/05 to 7/8/05 Weather: Precipitation 0 Temperature 90

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	7/7	630	7/8	830	7/8	830	6	7/8	1230	30	4½	7
2	36	7/7	630	7/8	830	7/8	830	6	7/8	1230	30	5½	5
3	36	7/7	6:30	7/8	830	7/8	830	6	7/8	1230	30	½	60
4	36	7/7	630	7/8	830	7/8	830	6	7/8	1230	30	2¼	13
5	36	7/7	6:30	7/8	830	7/8	830	6	7/8	1230	30	1½	20
6	36	7/7	6:30	7/8	830	7/8	830	6	7/8	1230	30	1½	20

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: 402 474 9000

Address 1609 N St

Lincoln Ne. 68508

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

R

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

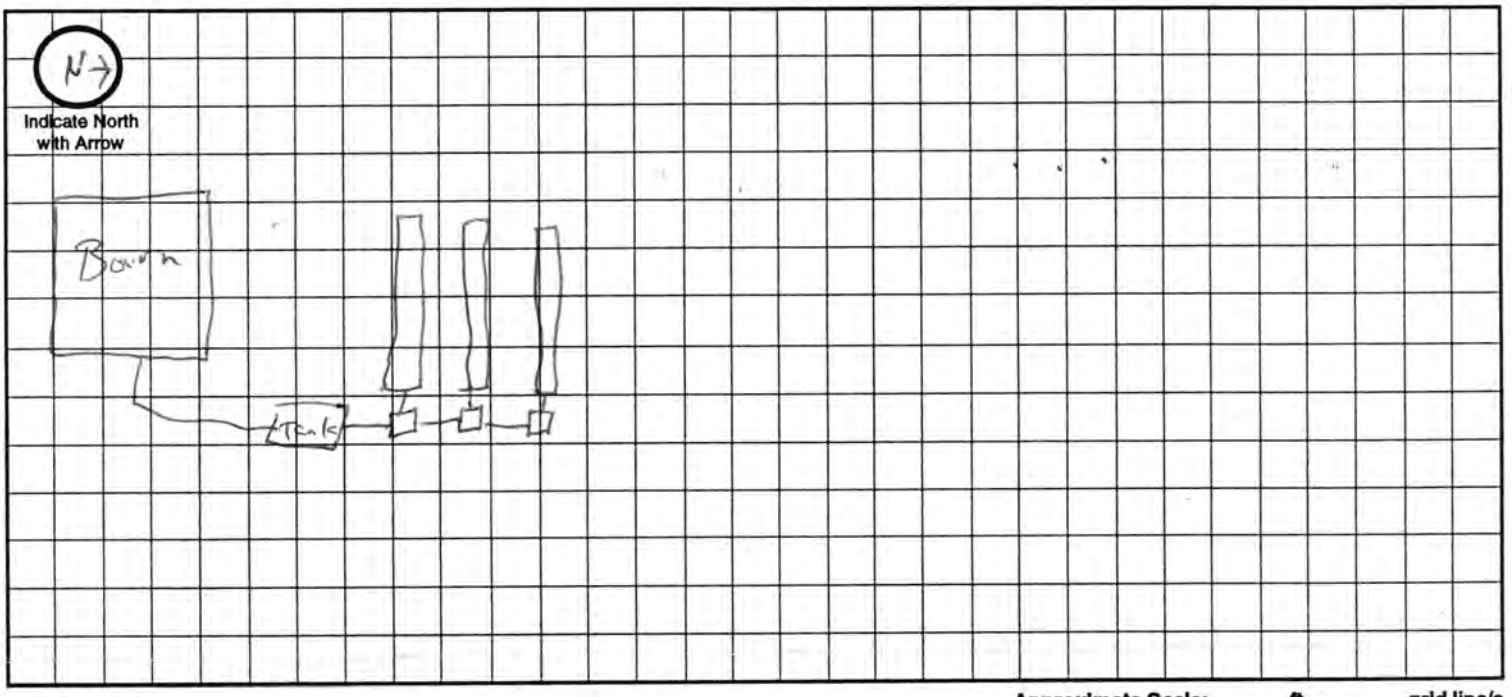
C

Permit Number: 053803060

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____ 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: In Filtrator

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

Total Length of Laterals 262 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 _____

Installer _____ Date 7-20-05

AUG 2 2 2005

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-21-05

System Location (Indicate correct number and street)

Address 4800 South 112th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: ____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 50+ 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 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 30+ ft.

C. Distribution Box Drop Box

1. Material: PVC
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6 ft.

D. Absorption Field

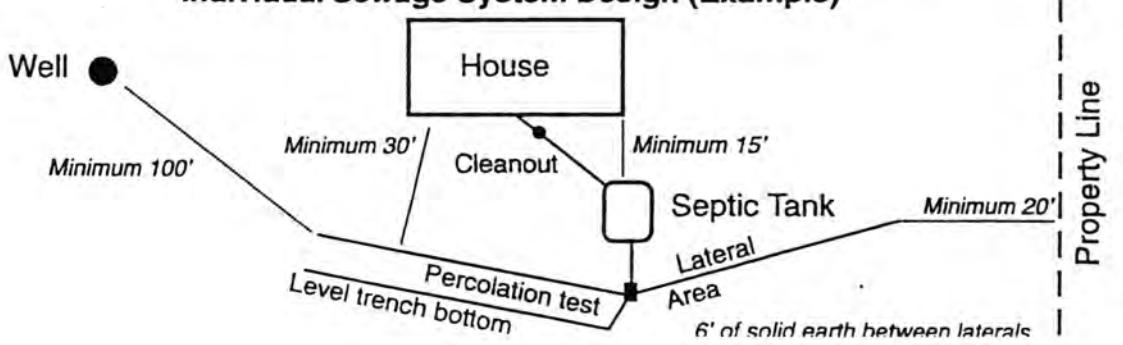
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: Infiltrator
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 90 ft. 90 ft.
   84 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 24 in
4. Filter material: Dirt
   Depth of material ____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 30+ ft.

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

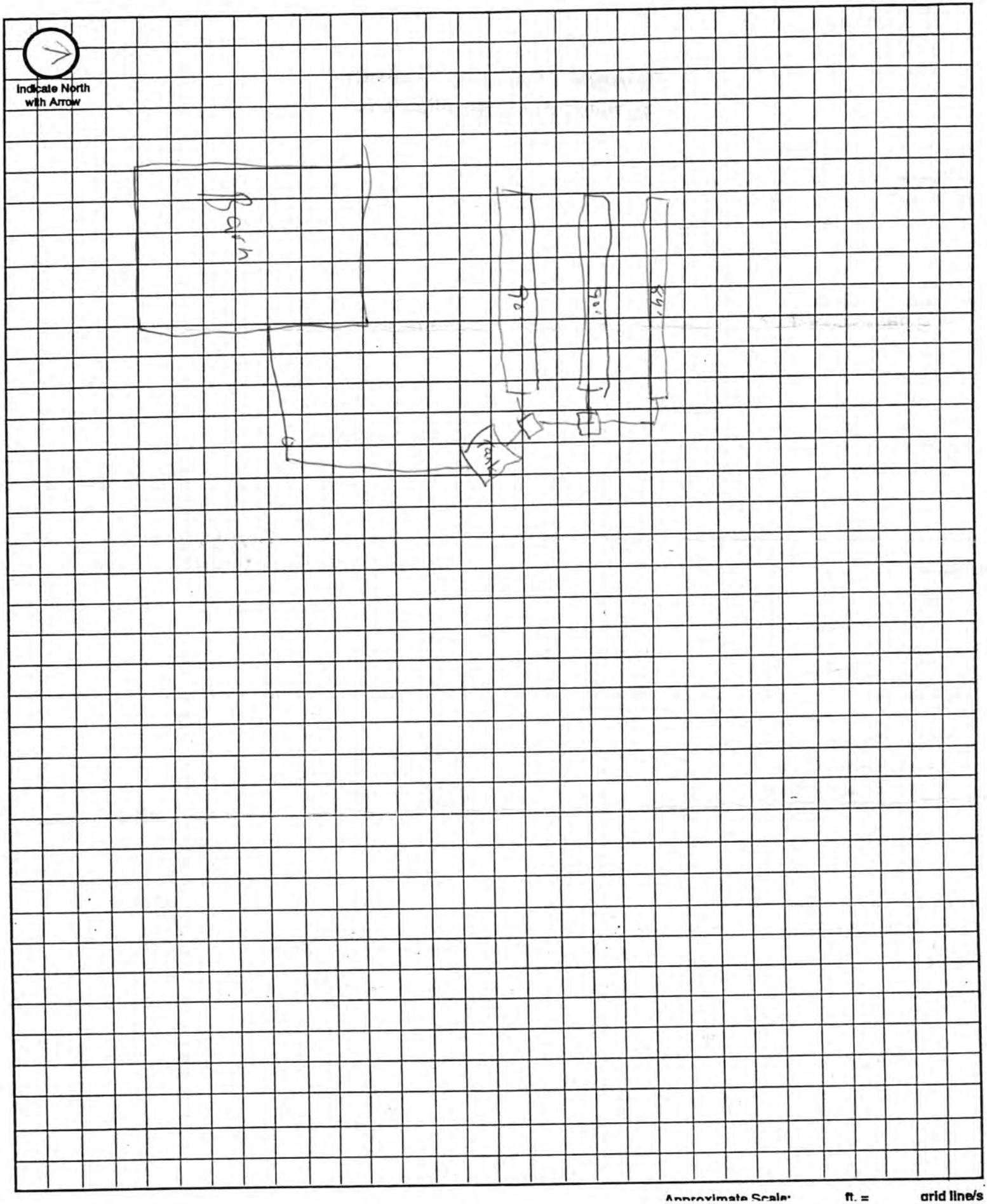
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: ft. = grid line/s