Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

CRAIG NORDSTROM
T12N R8E SEC 31 QTR NE
N 1/2 LOT 1&2IT
11555 BRANCHED OAK RD-WAVERLY

Permitee

CRAIG NORDSTROM
2701 N 70 ST
APT A-9
LINCOLN NE 68507

Permit # 99380203701

Issued 07/12/99
Expires 01/12/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010703

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

A

Permit Number:

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 11555 Branched Oak Rd. (no rural route) City Waverly NE, Zip NE. 68462

Legal Description L1 & 2 N½ 31 12N 8E Gov. Lot 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 Craig + Michelle Nordstrom Signature Craig Nordstrom

Address 2701 N. 70 Apt # A-9 City/State/Zip Lincoln, NE 68507

☐ Check if owner designed system Home Phone 464-6538 Work Phone 786-2555

C. Contractor

Name Michael Dietze Company Name Waverly Plumbing & Well

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

☒ Check if contractor designed system Work Phone 402-786-5820

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 7/12/99 Date frwd 7/12/99	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hook	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/12/99 Date frwd 7/12/99	**ACTION** ☐ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 7/12/99 Date frwd 7/12/99	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Ron Maynard

Date 7-27-99

Business Office Use Only

Date Rec'd 07/12/99

Amt Paid 150.00

Rec'd By LS Cash/Check No. 1608

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 11555 Branched Oak Rd. (no rural route) City Waverly NE, Zip NE 68462

Owner Craig Nordstrom Addresss 2701 N. 70th Apt # A-9 Lincoln, NE 68507

Soil Type (SCS): Clay loam SHARPSBURG SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 7-5-99 to 7-6-99 Weather: Precipitation dry Temperature 90°

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	7-5	4 pm	7-6	4:30	7-6	4:30	6"	7-6	5 pm	30	3/4	40 MIN/IN
2	36	7-5	4 pm	7-6	4:30	7-6	4:30	6"	7-6	5 pm	30	5/8	48 MIN/IN
3	36	7-5	4 pm	7-6	4:30	7-6	4:30	6"	7-6	5 pm	30	3/4	40 MIN/IN
4	36	7-5	4 pm	7-6	4:30	7-6	4:30	6"	7-6	5 pm	30	3/4	40 MIN/IN
5	36	7-5	4 pm	7-6	4:30	7-6	4:30	6"	7-6	5 pm	30	5/8	48 MIN/IN
6	36	7-5	4 pm	7-6	4:30	7-6	4:30	6"	7-6	5 pm	30	2"	15 MIN/IN

Person Conducting Percolation Tests

Name: Dave Dietze
Phone: 402-786-2683
Address 9651 N. 149th Place
Waverly NE 68462

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 48

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hook R.E.H.S. Date JULY 12, 1999

FORM 23-101 10-96

RECEIVED JUL - 9 1999

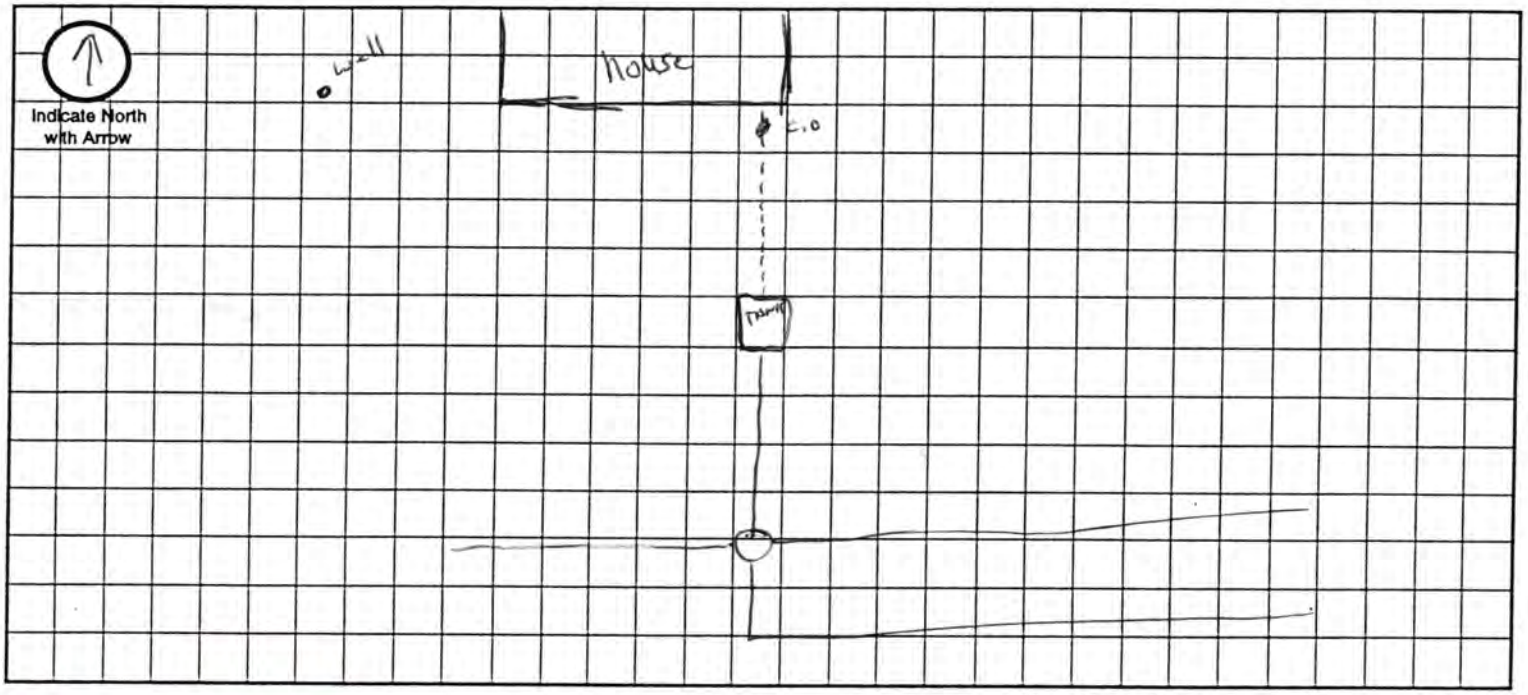
C

Lincoln-Lancaster County Health Department
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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) 11555 Branched Oak Rd. City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 48 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 916 sq. ft.

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

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

Total Length of Laterals 229 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 NA	Surface Water NA	Gound Water NA	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 7-9-99

Installer Michael Deitz Date 7-8-99

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 7-27-99

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC SDR-26
   Diameter: 4" in.
2. Distance above basement floor: 12" in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 Plus ft.
   stream NA ft.
   pressure line 35' ft.
   property line 250 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: _____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6" in.
   Over outlet, diameter 6" in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12" in.
8. Distances to: Well or suction line 100' ft.
   Stream NA ft.
   Pressure line 40' ft.
   Property line 250' ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 14 feet - 20 feet ft.

D. Absorption Field

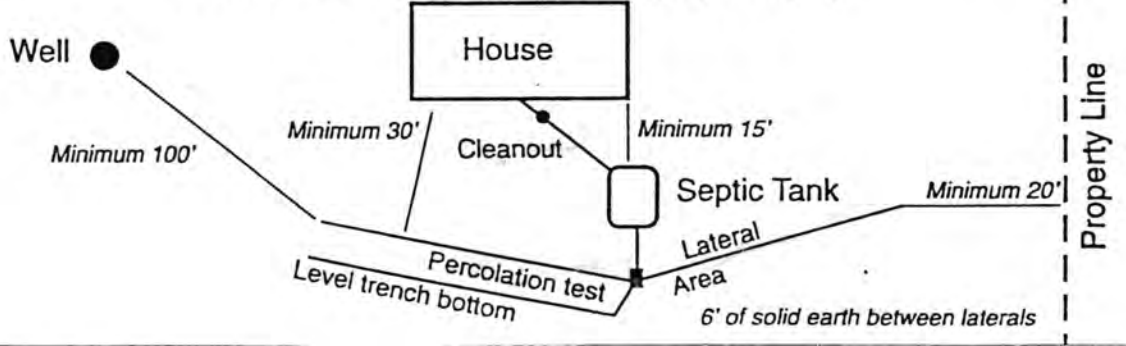
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltar
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 75 ft. 75 ft.
   58 ft. 25 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: Gravel 60 ton
   Depth of material 16 in.
5. Distances to: Well or suction line 150 ft.
   Stream NA ft.
   Pressure line 40 ft.
   Property line 250' ft.

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

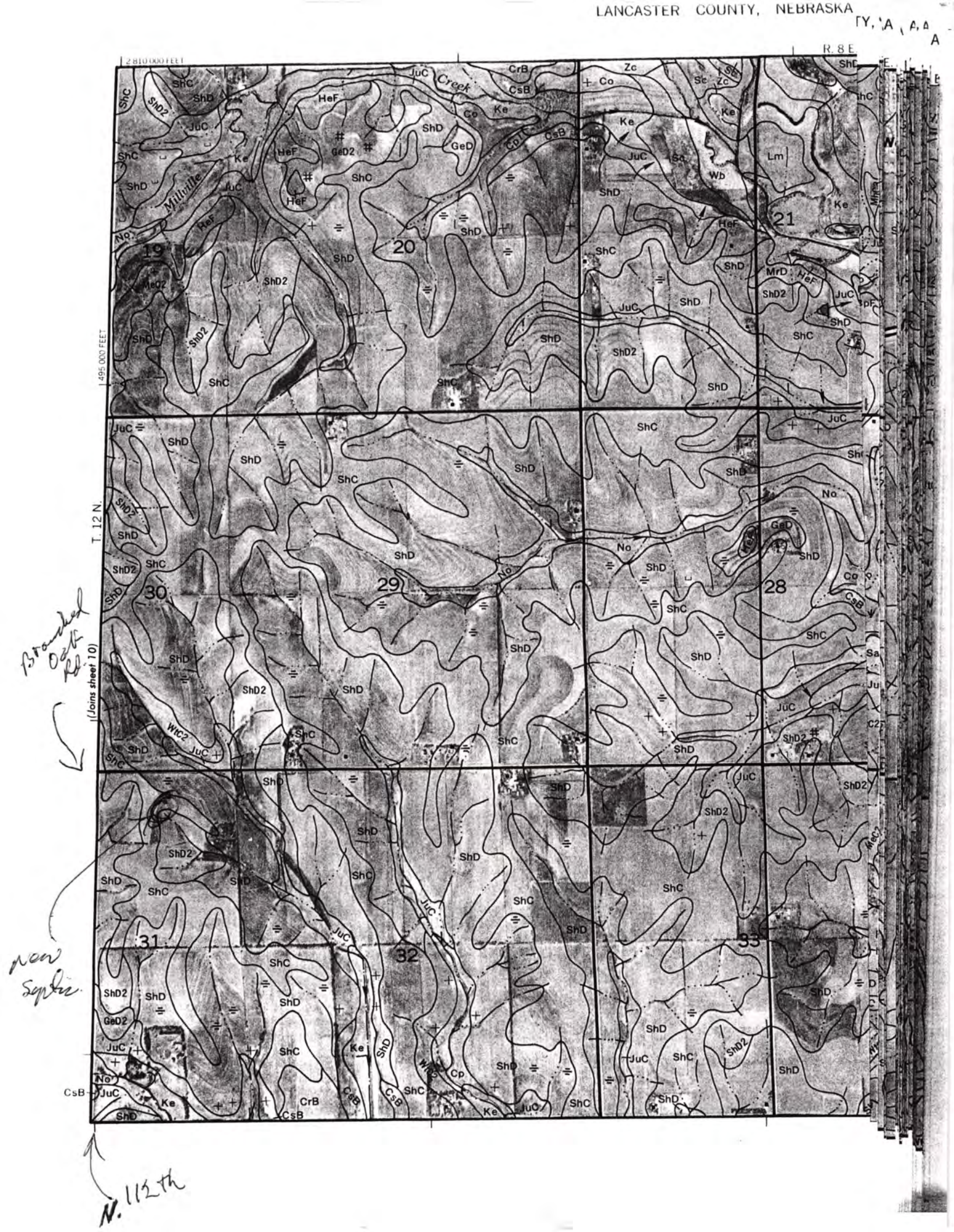
Indicate North with Arrow

Individual Sewage System Design (Example)

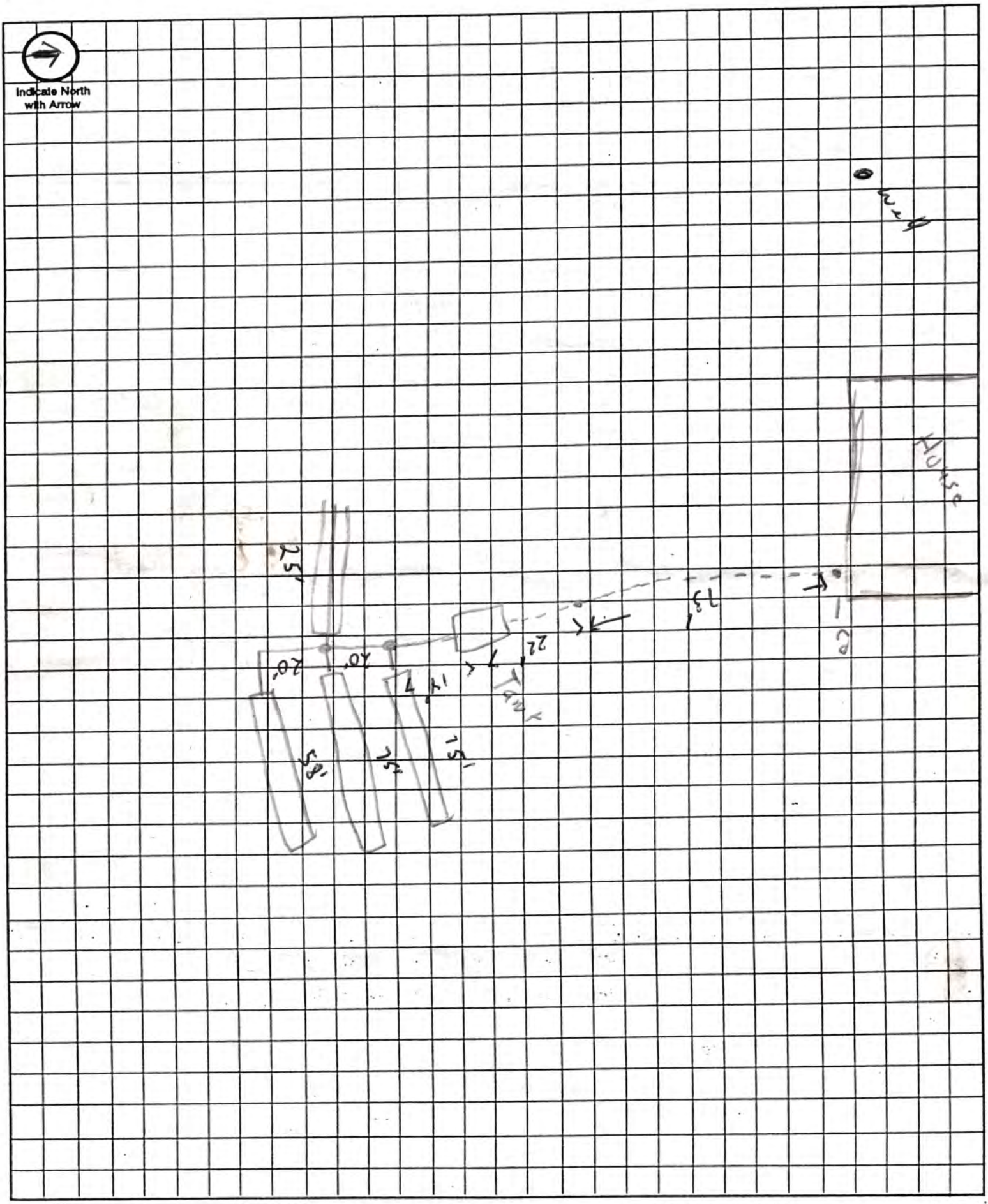


FORM 23-103 10-96

LANCASTER COUNTY, NEBRASKA



As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s