Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380207701

Issued 09/02/99
Expires 03/02/00
Revenue Code 3157

Establishment

DUANE NOHAVEC
T9N R8E SEC 12 QTR SE
5301 S 190 ST-WALTON

FEES: $150.00

Permitee

DUANE NOHAVEC
RRT 013
LINCOLN NE 68527

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010914

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

A

Permit Number: 993T0207701

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 5301 So 190th (no rural route) City Walton NE, Zip 68461

SEE ATTACHED

Legal Description SE 12 9N 8E
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 Duane Nohavec Signature Duane Nohavec

Address RT 13 City/State/Zip Lincoln, Ne 68527

☐ Check if owner designed system Home Phone 786-2438 Work Phone 437-1721

C. Contractor

Name _____ Company Name Bob Nohavec Plbg

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 9/1/99 Date frwd 9/1/99 ACTION ☒ Approved ☐ Disapproved Signature Gerrald E. Hoop
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-1-99 Date frwd 9-9-99 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 09/01/99 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature

11-19-99, min slope too steep

Installation Final Written Approval

By _____

Date 12-6-99

Business Office Use Only

Date Rec'd 09/01/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 3699

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: AG38 0207701

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5301 So 190th (no rural route) City Walton NE, Zip 68461

Owner Duane Nohavec Addresss Rt 13 Lincoln

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

Date of Tests 8/27 to 8/28 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	8/27	8:00 AM	8/27	12:00	8/28	8:30	6"	~~8/28~~	12:00	~~240~~	~~4 1/2"~~	53 mpi
2	37	↓	↓	↓	↓		8:30	6	8/28	12:00	~~210~~	~~4"~~	44 "
3							8:40	6	8/28	12:10	~~210~~	~~4 1/2~~	40 "
4							8:35	6	8/28	12:05	~~210~~	~~4 3/8~~	60
5							8:45	6	8/28	12:15	~~210~~	~~3 7/8~~	53 mpi
6		↓	↓	↓	↓		8:45	6	8/28	12:15	210	4 3/8	60

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 52

Person Conducting Percolation Tests

Name: Duane Nohavec

Phone: 78.6-2438 (work 437-1721)

Address Rt 13

Lincoln Ne 68527

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Burchard clay loam soil on border with Burchard Nodaway complex (high groundwater 3-5 ft) (bpf)

Signature of Reviewing Official Ron Maynard Date 8-31-99

FORM 23-101 10-96

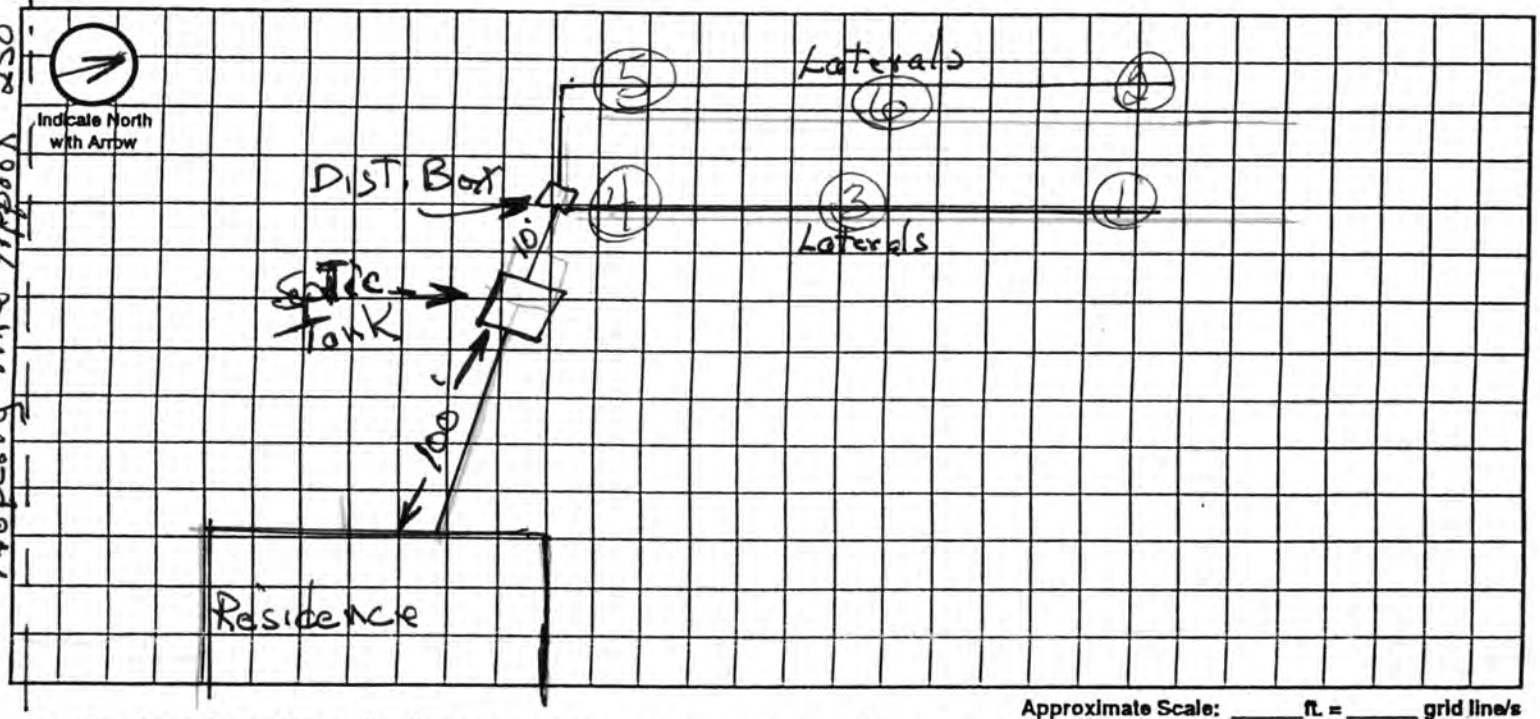
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9938 0207701

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

Property Lines Approx 250' to Septic System

A. System Location (Indicate correct number and street)

Address (no rural route) 5300 ~~5301~~ S. 190th St. 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 52 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 933 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 233 ft. Number of Trenches _____ 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 Duane Nohavec Date 8-30-99

Installer Bob Nohavec Plbg. Date 8-31-99

FORM 23-102 10-96

D

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022
Fax - 441-6206

Permit Number: 9938020770 1

Sewage Disposal System
As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 5301 So 190th (no rural route) City Walton Ne. NE. Zip 68461

A. Building Sewer

1. Material: _____
   Diameter: _____ 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: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

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

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

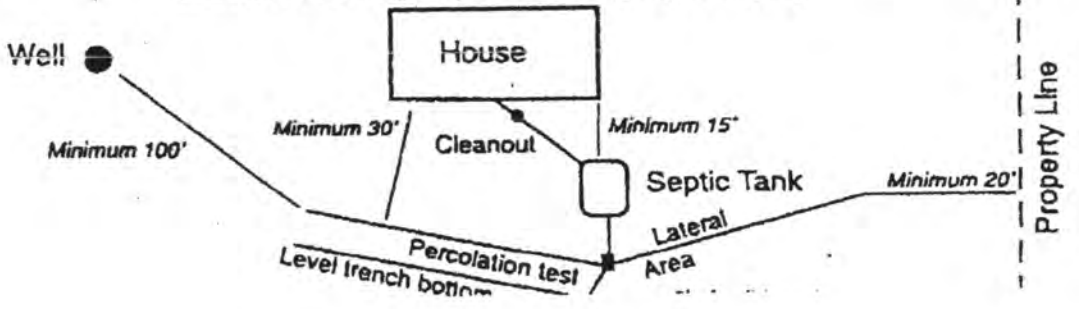
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ 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

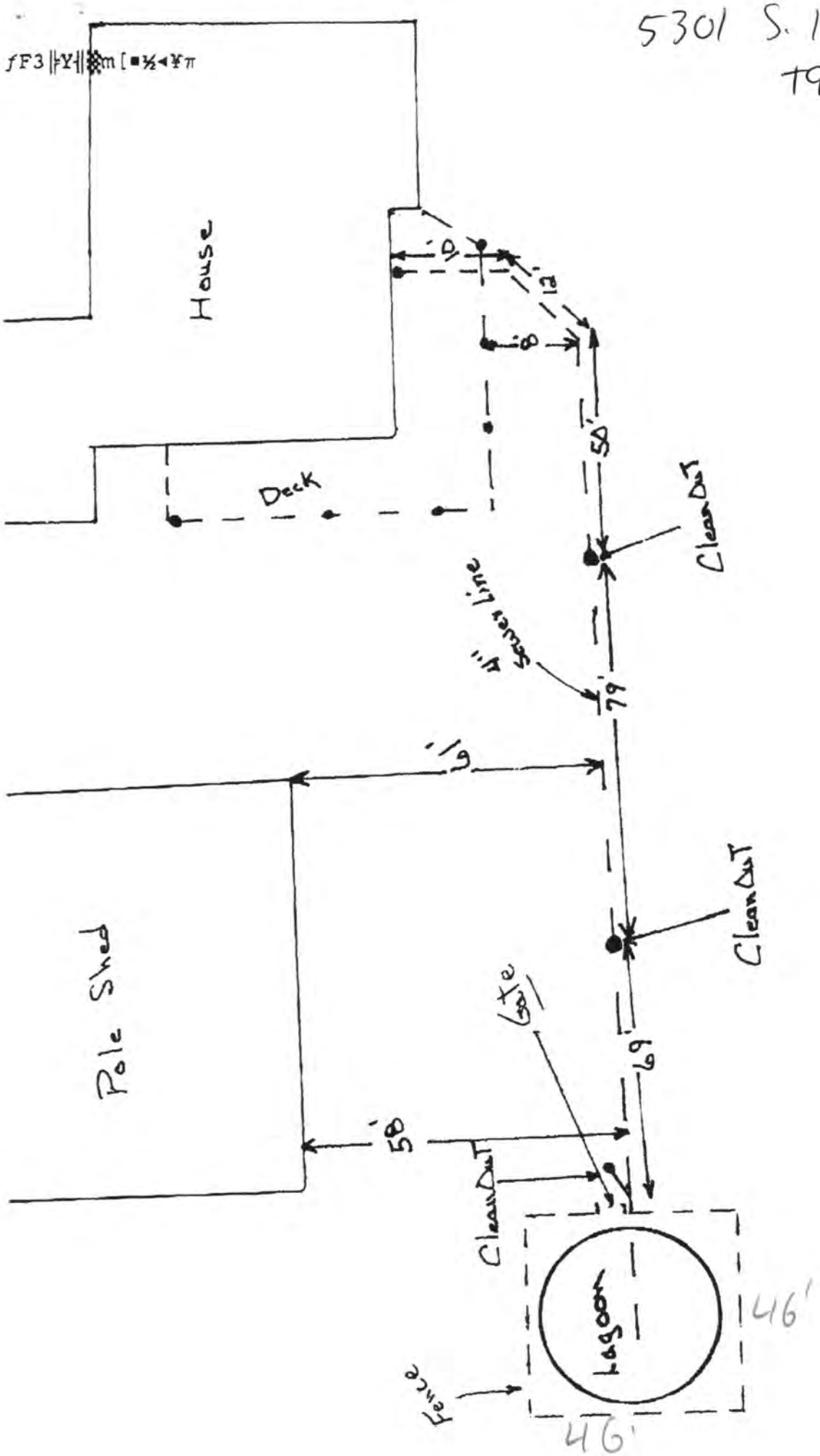
Individual Sewage System Design (Example)



FORM 22-103 10-96

5301 S. 190th 9938020770 1

T9 R8 Sec 12



340 W. INDUSTRIAL LAKE DR.,
SUITE * LINCOLN, NE 68528
(402) 476-3020
(402) 476-3138 FAX

SURVEY RECORD

K&M inc.
Land Surveying

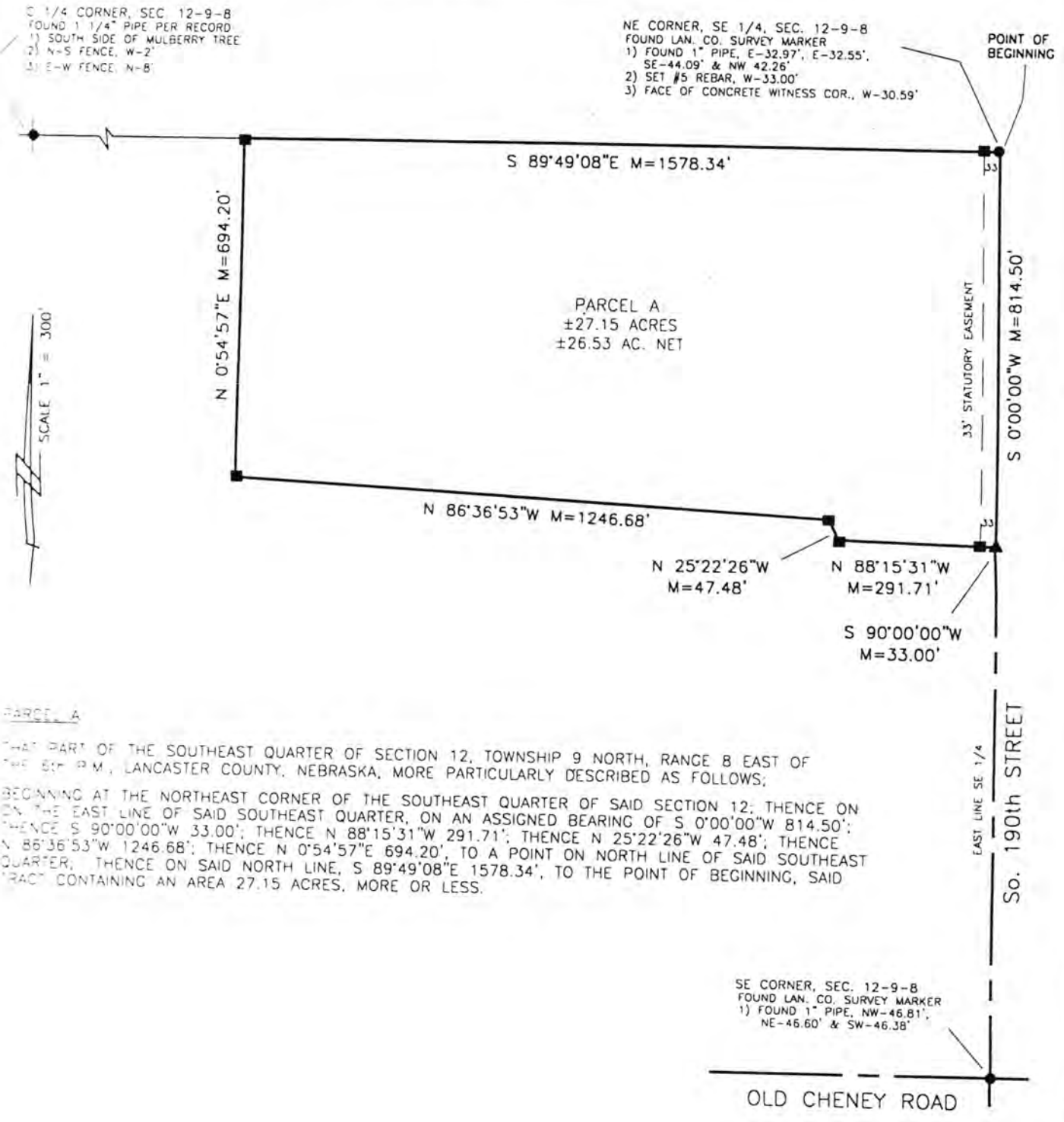
DUANE NOHAVEC
BOB NOHAVEC

PROJECT # 995122
DATE: 5-24-99 B/P: 85-92

Survey Of: A TRACT OF LAND LOCATED IN THE SOUTHEAST QUARTER OF

Section: 12 , T 9 N, R 8 E, of the 6th P.M. LANCASTER County, Nebraska

190th & OLD CHENEY ROAD



PARCEL A

THAT PART OF THE SOUTHEAST QUARTER OF SECTION 12, TOWNSHIP 9 NORTH, RANGE 8 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS;

BEGINNING AT THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF SAID SECTION 12; THENCE ON ON THE EAST LINE OF SAID SOUTHEAST QUARTER, ON AN ASSIGNED BEARING OF S 0°00'00"W 814.50'; THENCE S 90°00'00"W 33.00'; THENCE N 88°15'31"W 291.71'; THENCE N 25°22'26"W 47.48'; THENCE N 86°36'53"W 1246.68'; THENCE N 0°54'57"E 694.20', TO A POINT ON NORTH LINE OF SAID SOUTHEAST QUARTER, THENCE ON SAID NORTH LINE, S 89°49'08"E 1578.34', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA 27.15 ACRES, MORE OR LESS.


INSET B
INSET C
R. 8 E.
(Joins inset A)
(Joins inset B)
(Joins inset C)
(Joins sheet 42)
(Joins sheet 48)
T. 9 N.
OTOE COUNTY
1
12
13
24
25
36
Hooper Creek
S. 190th
proposed area of sewage treatment
old channel
N
1 Mile
5000 Feet
Scale 1:20000