Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

DOUG D LOVEGROVE
T12N R8E SEC 34 QTR NW
PART OF 13IT LOT 13IT
14815 BRANCHED OAK RD-WAVERLY

Permittee

DOUG D LOVEGROVE
14530 EASTBOURNE ST
WAVERLY NE 68462-1588

Permit # 01380228901

Issued 03/06/01
Expires 09/06/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014543

MAR 5 2001

A

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

Permit Number: 013802289

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 14815 Branched Oak Road (no rural route) City Waverly NE, Zip 68462

Legal Description NW (1/4) 34 (1/4) Section 12N Township 8E Range ~~Lots 1-24 IT. PART 135 T~~ 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 DOUGLAS D LOVEGROVE Signature [signature]

Address 14530 EastbourNE. City/State/Zip Waverly, NE 68462

☐ Check if owner designed system Home Phone (402) 786-2055 Work Phone (402) 580-4778

C. Contractor

Name Steve Krause Company Name Dirt Works Plus Inc

Address 7324 Ballard City/State/Zip LNK NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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 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 3/6/01 Date frwd 3/6/01 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/6/01 Date frwd 3/6/01 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]
Tank, line + lateral 5/16 QS

3. **City or County Engineer** Date rec'd 03/06/2001 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature [signature] *
* Approved Provided Construction is Above 100% Flood Plain of Rock Salt Creek 03/06/01

Installation Final Written Approval

By Doug Amos

Date 5/2/01

Business Office Use Only
Date Rec'd 03/06/01
Amt Paid 200.00
Rec'd By [signature] Cash/Check No. 3716

FORM 23-100 9-00 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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Doug Lovegrove

System Location (Indicate correct number and street)

Address 14815 BRANCHED OAK (no rural route) City WAVERLY NE, Zip 68462

Owner DOUG LOVEGROVE Address 1430 EASTBOURNE

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

Date of Tests 4/25/01 to 4/26/01 Weather: Precipitation SUNNY Temperature 75°

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	30	4/25	11:30AM	4/26	11:30 AM	4/26	11:30AM	Lo	4/26	330 PM	30	3/4"	40 MIN/IN
2	28	4/25	11:30AM	4/26	11:30 AM	4/26	11:30 AM	Lo	4/26	330PM	30	1"	30MIN/IN
3	27	4/25	11:30AM	4/26	11:30 AM	4/26	11:30AM	Lo	4/26	330 PM	30	1 1/4"	24MIN/IN
4	28	4/25	11:30AM	4/26	11:30AM	4/26	11:30AM	Lo	4/26	330PM	30	5/8"	48MIN/IN
5	28	4/25	11:30AM	4/26	11:30AM	4/26	11:30AM	Lo	4/26	330PM	30	3/4	40MIN/IN

Person Conducting Percolation Tests

Name: [illegible]

Phone: 560-1208

Address 7324 Ballard
LNK NE 68507

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 _____ Date _____

DIFT WORKS PLUS INC. 402-484-7020 05/01/01 09:58A P.002

MAR 5 2001

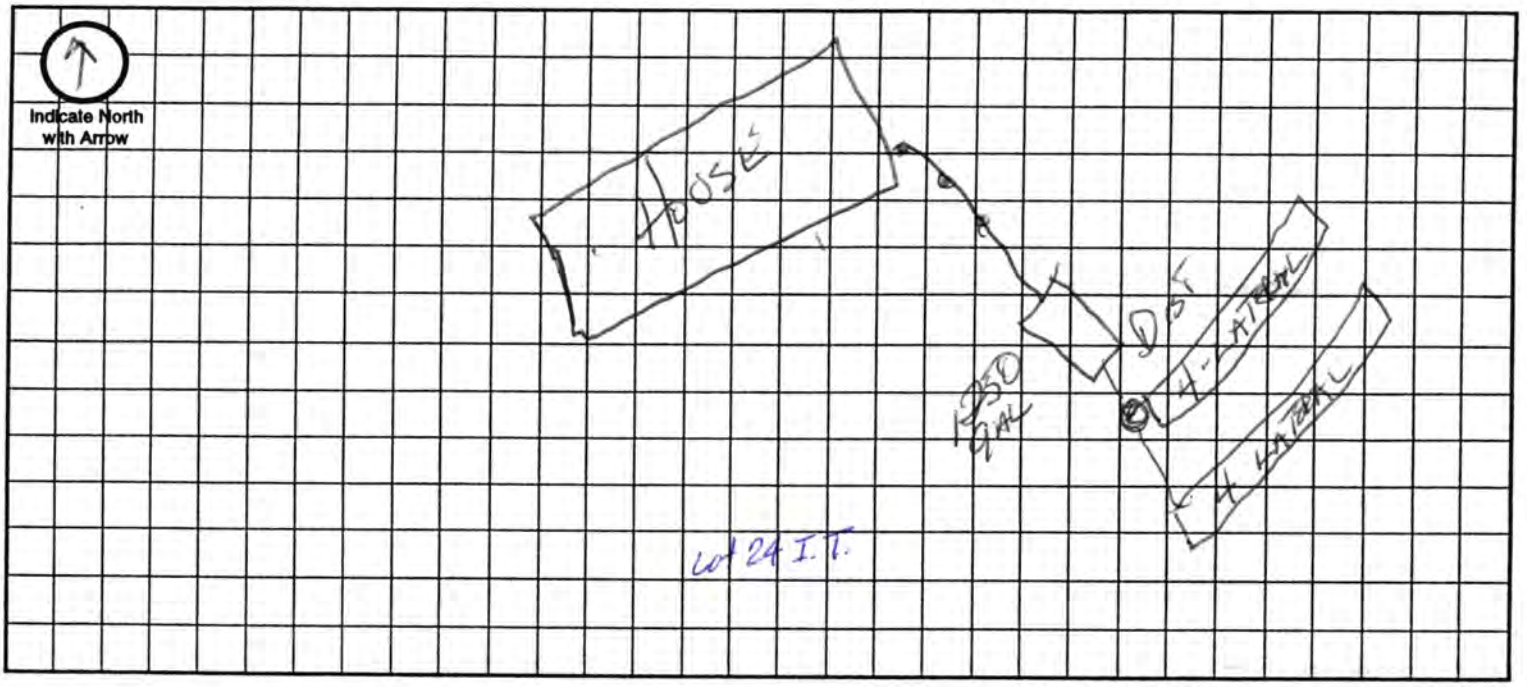
C

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Phone: 402-441-8022

Permit Number: 013802289

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) 14815 Branched Oak 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: 1320 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 4 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 3-2-01

Installer _____ Date _____

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 5-13-01 DOUG LOFGREN

System Location (Indicate correct number and street)

Address 14815 BRANCHED OAK RD (no rural route) City WAVERLY NE Zip 68462

A. Building Sewer

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 40 in.
3. Distance between dwelling and septic tank: 124 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 + ft.
   stream 100 + ft.
   pressure line 100 + ft.
   property line 100 + ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 2 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 100 + ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 13 ft.

D. Absorption Field

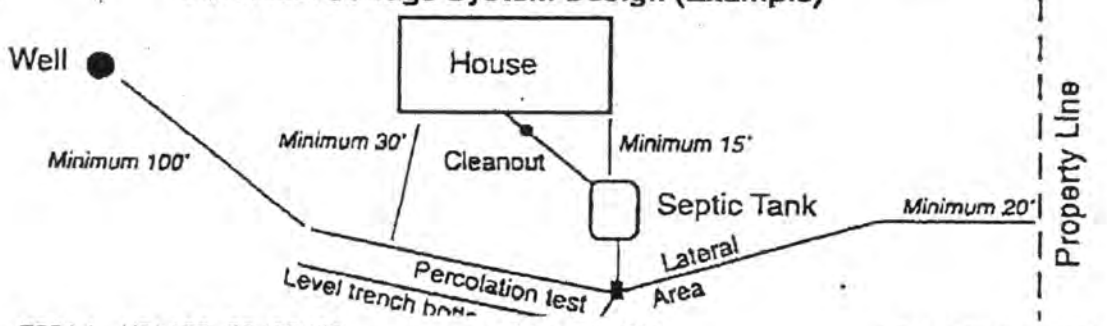
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other EQUALIZER 4" SDR
2. Lateral lines: Number 4
   Length of each line: 98 ft. 74 ft.
   107 ft. 51 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 ft. in/100 ft.
   Average depth _____ in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

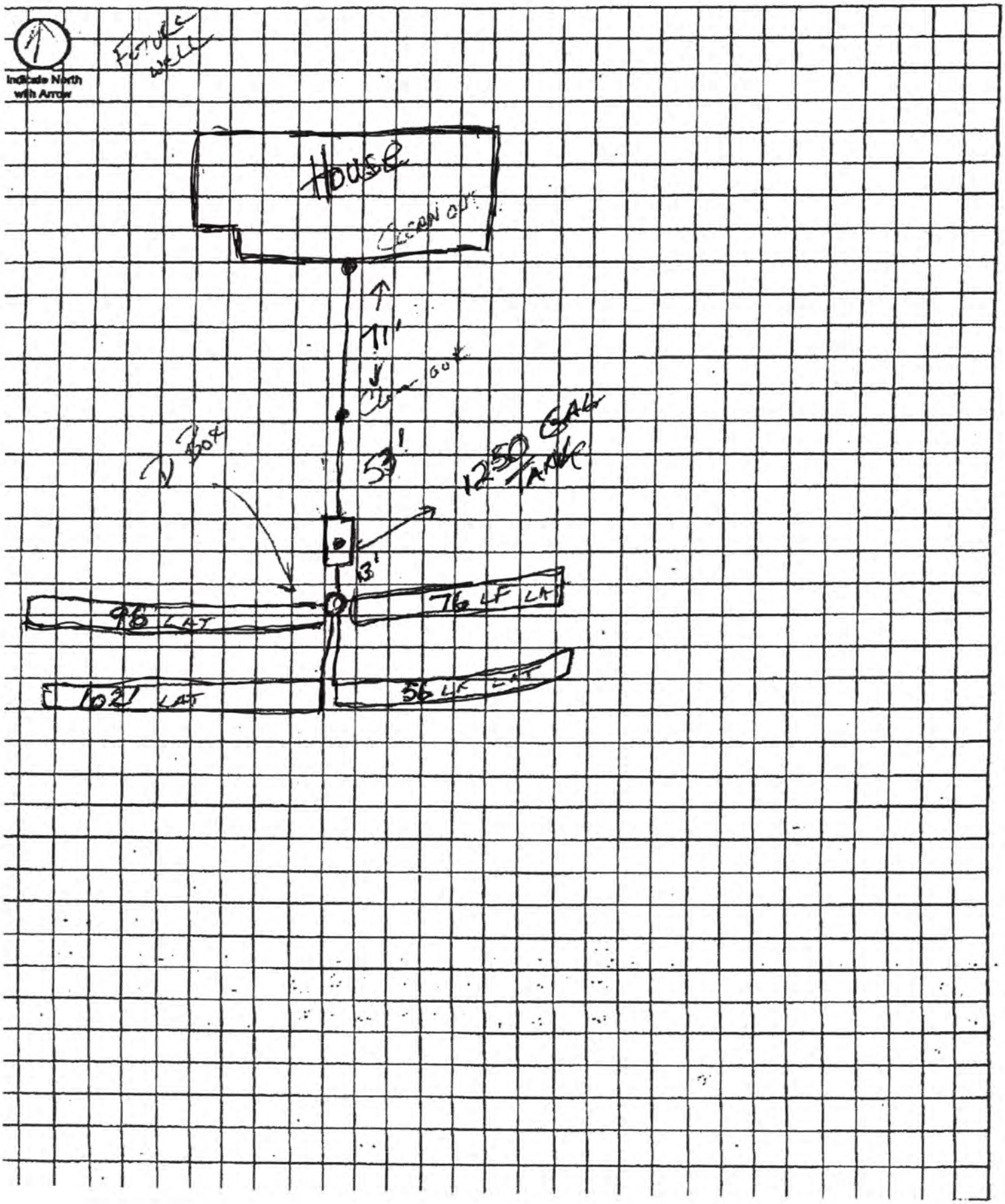


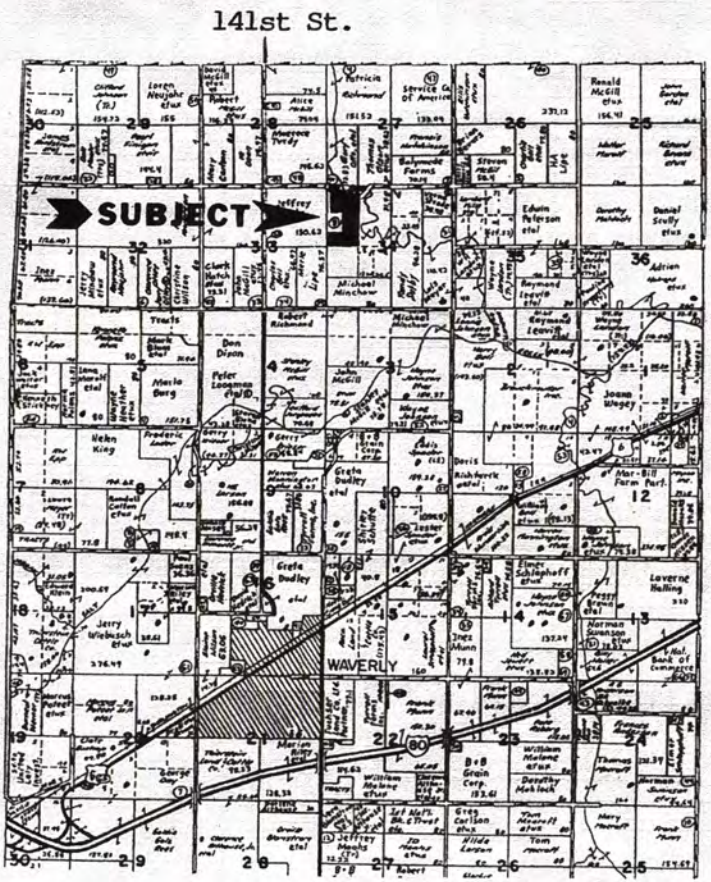
FORM 23-103 10-96

05/18/01 11:48A P.002
402-484-7020
DIRT WORKS PLUS INC.

As Built Drawing

DOUG LOVEGROVE fax 786-0458





Davey Rd.

Branched Oak Rd.

Raymond Rd.