Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380204501

Issued 07/23/99
Expires 01/23/00
Revenue Code 3157

FEES: $150.00

Establishment

SCOTT WREDT
T9N R8E SEC 13 QTR NW
N 1/2 OF NW 1/4

TOTAL: $150.00

Permitee

SCOTT WREDT
515 DAVID LN
EAGLE NE 68347

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010790

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

A

Permit Number: 993802045

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 ADDRESS NOT ASSIGNED

A. System Location (Indicate correct number and street)

Address 17901 Old Cheney Rd City _____ NE, Zip _____
(no rural route)

Legal Description ~~N½~~ ~~NW~~ 1/4 1/4 13 Section 9N Township 8E Range SEE ATTACHED 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 Scott Wredt Signature _____

Address 515 David Lane City/State/Zip Eagle NE 68347

☐ Check if owner designed system Home Phone 402 781 2933 Work Phone 402 489 1207

C. Contractor

Name Self Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Self 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 7-21-99 Date frwd 7/22/99 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-22 99 Date frwd 7-22-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7/22/99 Date frwd 7/22/99 ACTION ☒ Approved ☐ Disapproved Signature _____

4/24/00 Need drawing, J.O.H.

Installation Final Written Approval

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

Date APRIL 27, 2000

Business Office Use Only

Date Rec'd 07/21/99

Amt Paid 150.00

Rec'd By lo Cash/Check No. 1154

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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Phone: 402-441-8022

B

Permit Number: 9938 02045

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address ~~Not Assigned~~ 7901 Oldchurch City _____ NE, Zip _____
(no rural route)

Owner SCOTT WREDT Addresss _____

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

Date of Tests 6-20-99 to 6-21-99 Weather: Precipitation N/A 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	6/20	600	6/20	1000	6/21	540	15 3/4	6/21	610	30	3/4	40
2	36	↓	↓	↓	↓	6/21	9:00	21	6/21	9:30	30	1 7/8	16
3	36					6/21	9:00	19	6/21	9:30	30	1 7/8	16
4	36					6/21	9:00	23	6/21	9:30	30	2	15
5	36					6/21	9:00	21 1/2	6/21	9:30	30	1 5/8	18.5
6	36					6/21	9:00	21	6/21	9:30	30	2	15

Sum of Percolation Rates: 120.499
Average of Rates: 20.
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Scott Wredt
Phone: 402 781 2933
Address 515 David Lane
Eagle NE 68347

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks O/C

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

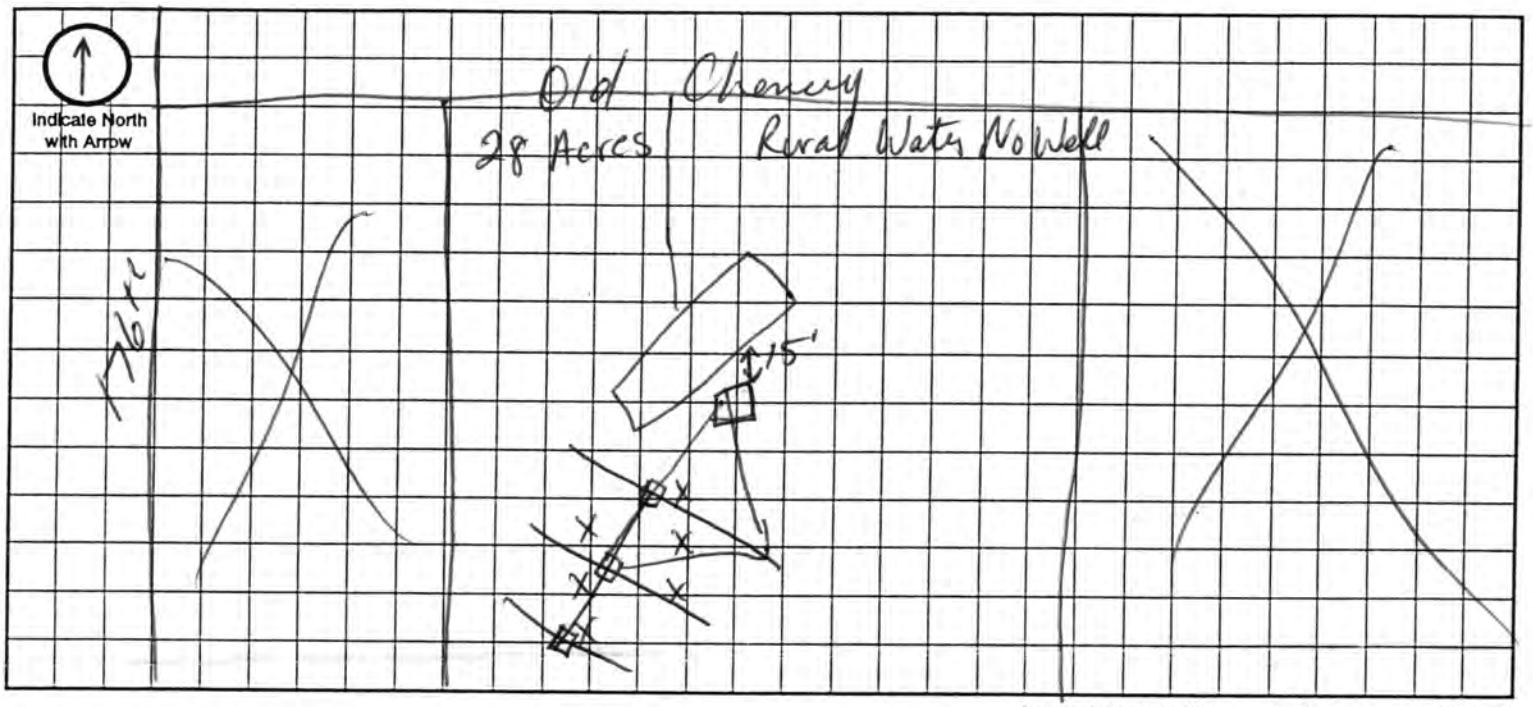
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 993802045

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) N/A-17901 Oldchimney City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ 1500 gals

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: 862 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 287 ft. Number of Trenches 4 Trench Width 3'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

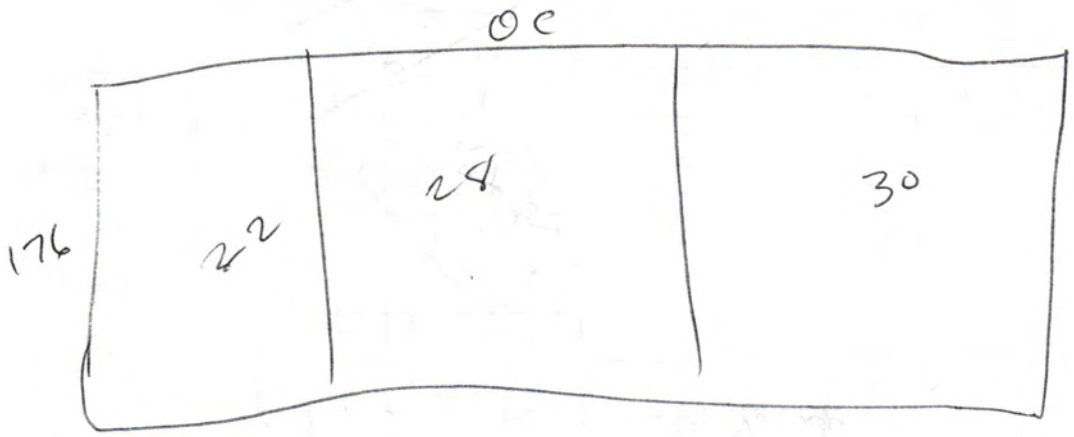
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Scott Nis Date 7-21-99

Installer Scott Nis Date 7-21-99

FORM 23-102 10-96


OC
176
22
24
30

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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D

Permit Number: 99380204 5

Sewage Disposal System
As Built Plans & Specifications

SCOTT WREDT
SEC. 13, T9N, R8E

Date 6-18-2001

System Location (Indicate correct number and street)

Address 17901 old Cheney RD (no rural route) City Walton NE, Zip 68461

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 8" in.
3. Distance between dwelling and septic tank: 58' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast Concrete
   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 [illegible] 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 _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 7
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 22' ft.

D. Absorption Field

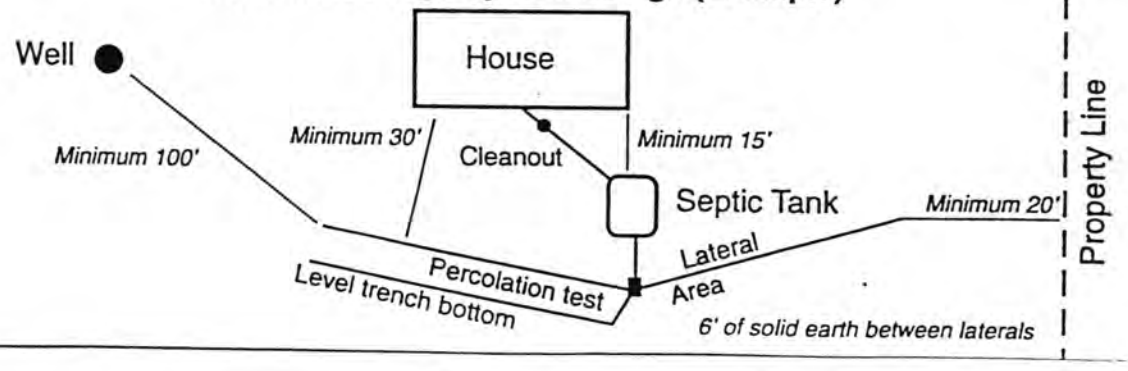
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100' ft. _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope _____ in/100 ft.
   Average depth 28" in
4. Filter material: 47B
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream 75' ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)

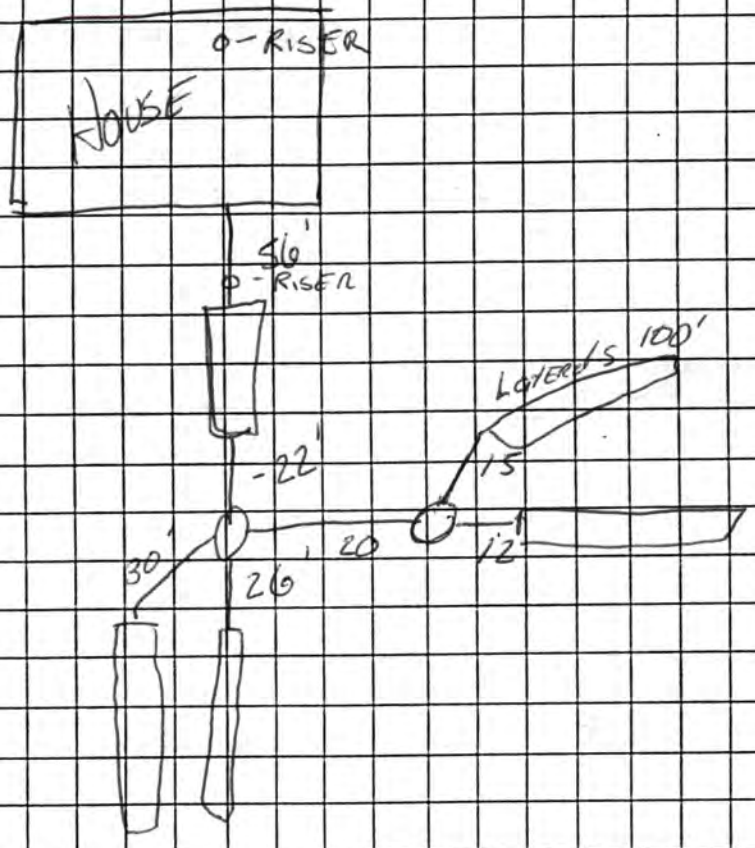


FORM 23-103 10-96

As Built Drawing

N

Indicate North with Arrow



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