Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

009136

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380322501

Issued 07/31/06
Expires 07/31/07
Revenue Code 3157

Establishment
EDWARD A STICH
T12N R7E SEC 35 QTR NW
NE 1/4 OF NW 1/4
9011 BRANCHED OAK RD-WAVERLY

FEES: $275.00

Permittee
EDWARD A STICH
1006 #1400 COUNTY RD
DORCHESTER NE 68343

TOTAL: $275.00

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: 06380322501

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 9011 BRANCHED OAK, RD (no rural route) City WAVERLY NE, Zip 68462

Legal Description NE (1/4) NW (1/4) 35 (Section) 12N (Township) 7E (Range) Subdivision Addition Block 2 Lot 17

Geographical Location (if known): ~~Longitude~~ LAT N40° 58' 18.9" ~~Latitude~~ LONG W096° 35' 48.3"

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

B. Owner

Name EDWARD A. STICH Signature X

Address 1006 Co. Rd 1400 City/State/Zip DORCHESTER, NE. 68343

☐ Check if owner designed system Home Phone 402 946 6741 Work Phone

C. Contractor

Name Gruber Contracting LLC Company Name Steve Gruber

Address 2150 W. PANAMA RD City/State/Zip MARTELL NE 68404

☐ Check if contractor designed system Work Phone (402)525-8110

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING Work Phone 402-587-0120

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms ____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify HORSE CLINIC

Design flow in gallons per day 500 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 7/31/06 Date frwd 7/31/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-31-06 Date frwd 7-31-06 ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 7/31/06 Date frwd 7/31/06 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date 3/23/2007

Business Office Use Only

Date Rec'd 7/31/06

Amt Paid 275.00

Rec'd By CW Cash/Check No. 1671

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: 063803225

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9011 BRANCHED OAK RD. (no rural route) City _____ NE, Zip _____

Owner EDWARD A. STICH Addresss 1006 Co. RD 1400, DORCHESTER, NE. 68343

Soil Type (SCS): SILTY, SANDY YELL BROWN Percolation Rate: 21.4/INCH min./inch

Date of Tests 061906 to 062006 Weather: Precipitation NONE, CLEAR Temperature 85°+

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	061906	1400	0620	1700	0620	1729	6	0620	2129	30	1.7	18.8
2	36	"	1401	"	1700	"	1730	"	"	2131	"	1.5	20
3	36	"	1402	"	"	"	1733	"	"	2133	"	1.0	30
4	36	"	1403	"	"	"	1735	"	"	2135	"	1.25	24
5	36	"	1404	"	"	"	1737	"	"	2137	"	2.5	12
6	36	"	1405	"	"	"	1739	"	"	2139	"	2.0	15
7	36	"	1406	"	"	"	1741	"	"	2141	"	1.0	30
8	36	"	1407	"	"	"	1743	"	"	2143	"	2.0	15
9	36	"	1408	"	"	"	1745	"	"	2145	"	1.5	20
10	36	"	1409	"	"	"	1747	"	"	2147	"	1.0	30

Sum of Percolation Rates: 214

Average of Rates: 21.4

Rate Used for Calculation: 31/IN

Person Conducting Percolation Tests

Name: GARY L. HOLLY

Phone: 402-587-0120

Address 71860-567 AV. FAIRBURY, NE. 68352

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

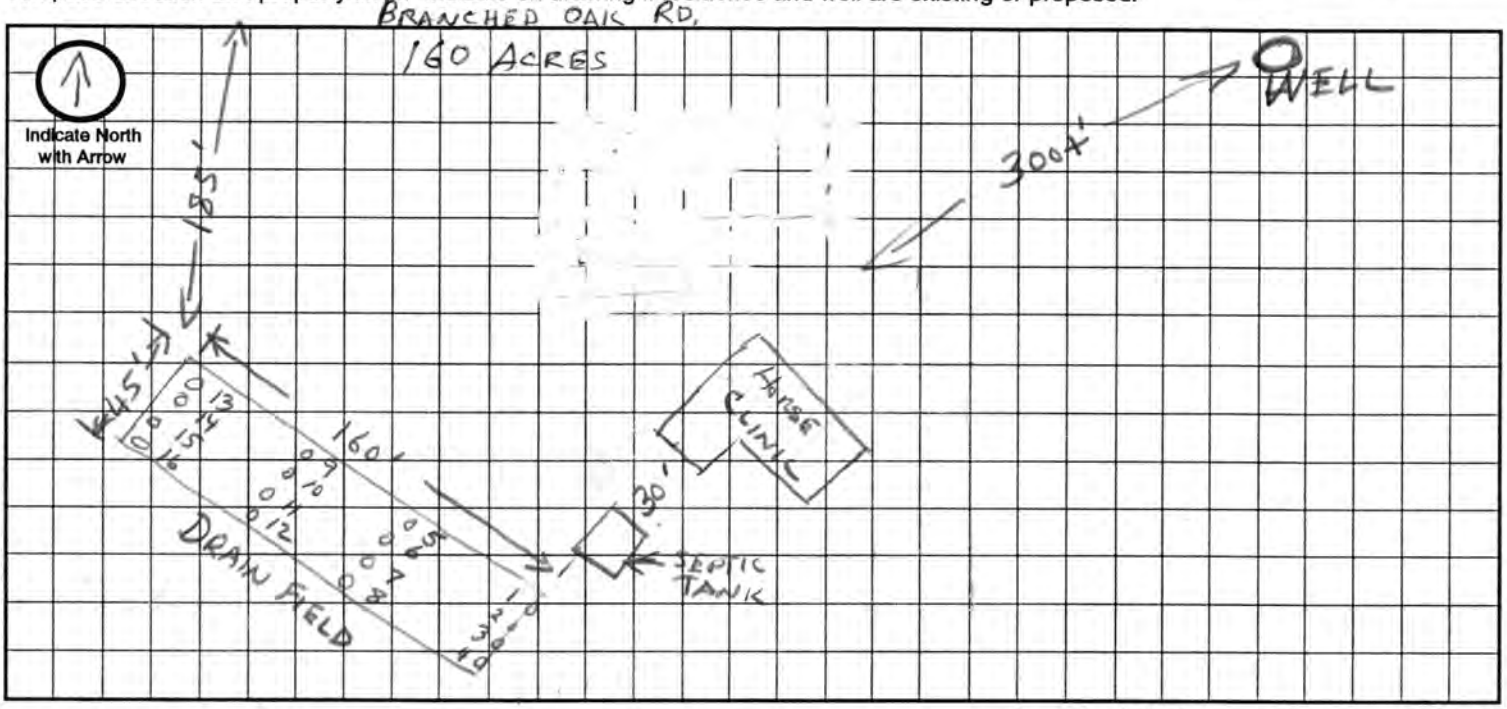
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063803 225

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) 9011 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 21.4 (min. per inch) Soil Type: SILTY SL. SANDY YELL BELOW Land Slope: 5 %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

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

Total Length of Laterals 275 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 Gary J. Holly Date 072206

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: 06380322501

Sewage Disposal System

As Built Plans & Specifications

Date MARCH 23, 2007 EDWARD STICH

System Location (Indicate correct number and street)

Address 9011 BRANCHED OAK RD. City LINCOLN NE, Zip _____
(no rural route)

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: PLASTIC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 X 20 in.
   Over outlet, diameter 12 X 20 in.
   Riser: ☒ above ☐ below grade _____ 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 412' ~~500~~ ft.
   Stream NONE ft.
   Pressure line 100+ ft.
   Property line 270 ft.

C. Distribution Box DROP BOX 2 EA.

1. Material: PLASTIC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 5' + 15' ft.

D. Absorption Field

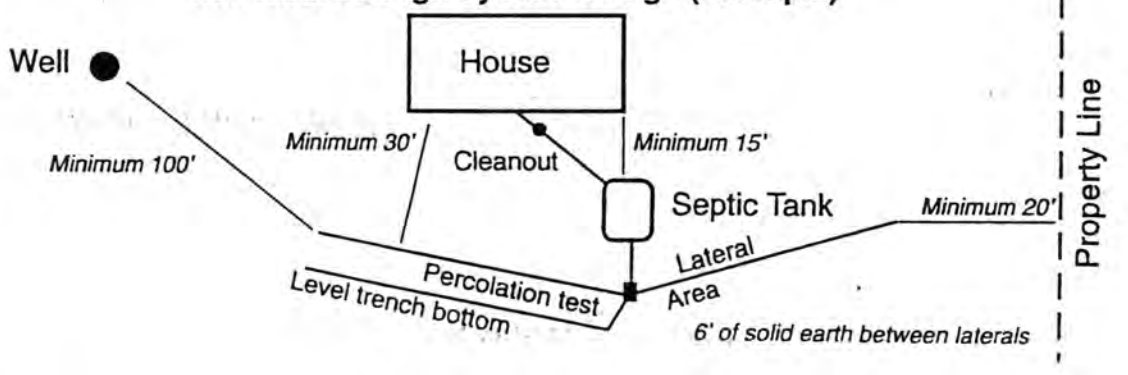
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELLESS CHAMBERS
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 150 ft. 150 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NATURAL
   Depth of material 30 in.
5. Distances to: Well or suction line 430 ~~482~~ ft.
   Stream NONE ft.
   Pressure line 175+ ft.
   Property line 270 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

