Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007673

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380302101

Issued 05/10/05
Expires 05/10/06
Revenue Code 3157

Establishment:
JAY NEMEC
T9N R8E SEC 14
LOT 10
16900 PINE LAKE RD-WALTON

FEES: $200.00

Permittee:
JAY NEMEC
2828 N 56 ST
LINCOLN NE 68504

TOTAL: $200.00

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: 05380302101

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 16900 PINE LAKE RD. (no rural route) City ~~LINCOLN~~ WALTON NE, Zip ~~NE~~ 68461

Legal Description SE (1/4) 14 (1/4) 9N (Section) 8E (Township) (Range) Subdivision Addition Block I.T. 105 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address Parcel ID. 22-14-400-003-000

B. Owner

Name JAY NEMEC Signature Jay E Nemec

Address 2828 N 56 City/State/Zip LINCOLN, NE 68504

☐ Check if owner designed system Home Phone 467-2088 Work Phone 610-7430

C. Contractor

Name SAME 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 MEL GAGNER Firm GAGNER Work Phone 432-5698

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 ~~10~~ 5/10/05 Date frwd 5/12/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-12-05 Date frwd 5-12-05 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/12/05 Date frwd 5/12/05 ACTION ☒ Approved ☐ Disapproved Signature _____

11/7/05 J.C.H.

Installation Final Written Approval

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

Date NOVEMBER 7, 2005

Business Office Use Only

Date Rec'd 05/10/05
Amt Paid 200.00
Rec'd By _____ Cash/~~Check~~ No. CASH

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: 05380321

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16400 PINE LAKE RD. City WALTON NE, Zip 68461
(no rural route)

Owner JAY NEMEC Addresss 2828 NORTH 56TH LINCOLN NE 68504

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

Date of Tests 5-6-05 to 5-7-05 Weather: Precipitation 0 Temperature 78

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	24	5-6	4:30	5-7	1:00	5-7	1:00	6	5-7	1:30	30	1/8	
2	24	"	"	"	"	"	"	"	"	"	"	1/4	
3	31	"	"	"	"	"	"	"	"	"	"	1/8	
4	28	"	"	"	"	"	"	"	"	"	"	1/4	
5	30	"	"	"	"	"	"	"	"	"	"	1/8	
6	24	"	"	"	"	"	"	"	"	"	"	1/8	

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

Person Conducting Percolation Tests

Name: MEL GAGNER
Phone: 402-432-5698
Address 4810 "W" CLAIRE AVE
LINCOLN NE. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

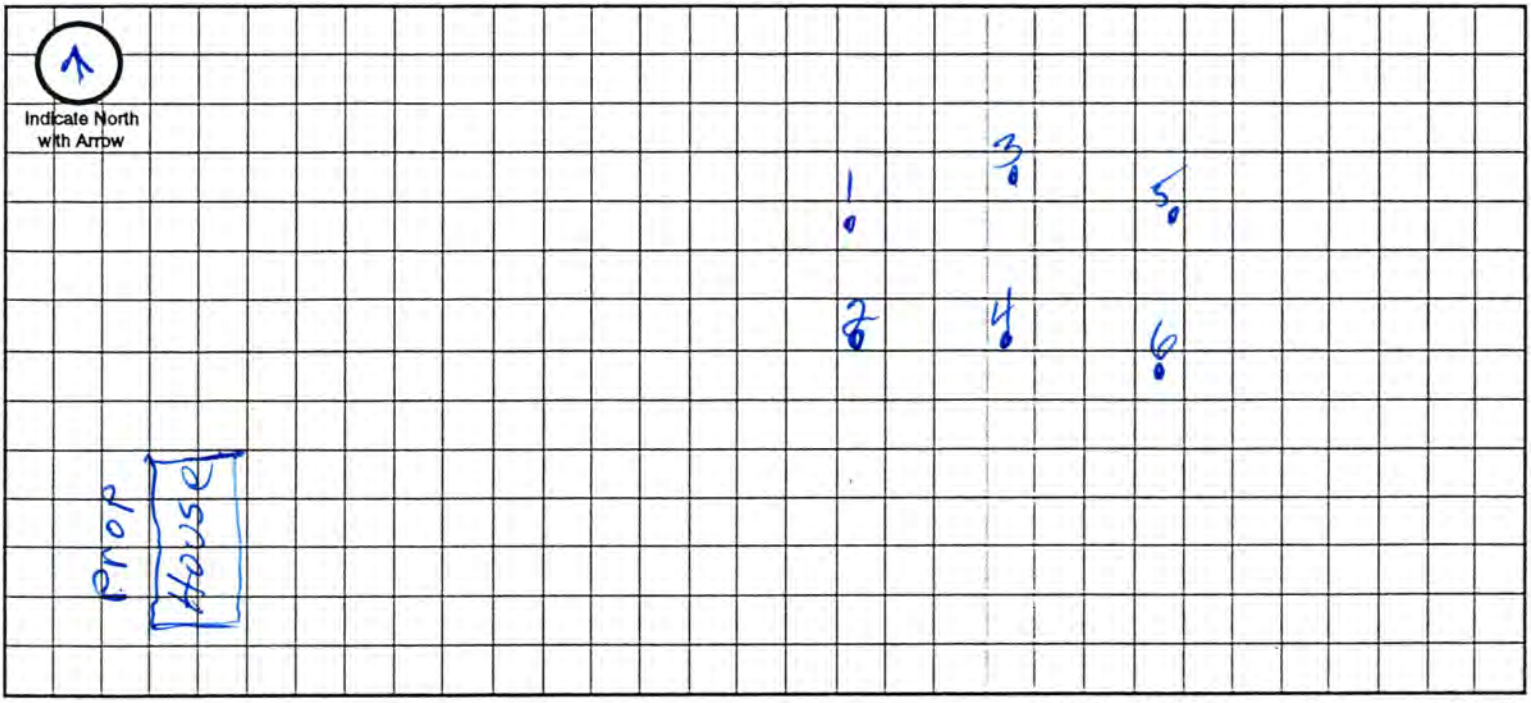
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 05380302 1

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) 16900 PINE LAKE 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

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

Total Length of Laterals _____ 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 JOHN Date 5-7-05

Installer Melvin Yoder Date 5-7-05

FORM 23-102 10-96

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

System Location (Indicate correct number and street)

Address 16900 PINE LAKE Rd (no rural route) City WALTON NE, Zip 68461

Owner JAY NEMEC Addresss 2822 N 56TH Lincoln 68504

Soil Type (SCS): _____ Percolation Rate: 47 min./inch

Date of Tests 5/18 to 5/19 Weather: Precipitation _____ Temperature 80

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	5/18	9:00	5/19	10:30	5/19	11:00	6	5/19	11:30	30	5/8	48
2	32	"	"	"	"	"	"	"	"	"		5/8	48
3	32	"	"	"	"	"	"	"	"	"	"	5/8	60
4	34	"	"	"	"	"	"	"	"	"	"	5/8	48
5	32	"	"	"	"	"	"	"	"	"	"	5/8	40
6	34	"	"	"	"	"	"	"	"	"	"	5/8	40

Person Conducting Percolation Tests

Name: MELVIN F EAGNER

Phone: 432-5696

Address 4510 W CLAIRE AVE LINCOLN NE 68523

Sum of Percolation Rates: 284

Average of Rates: 47

Rate Used for Calculation: 47

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

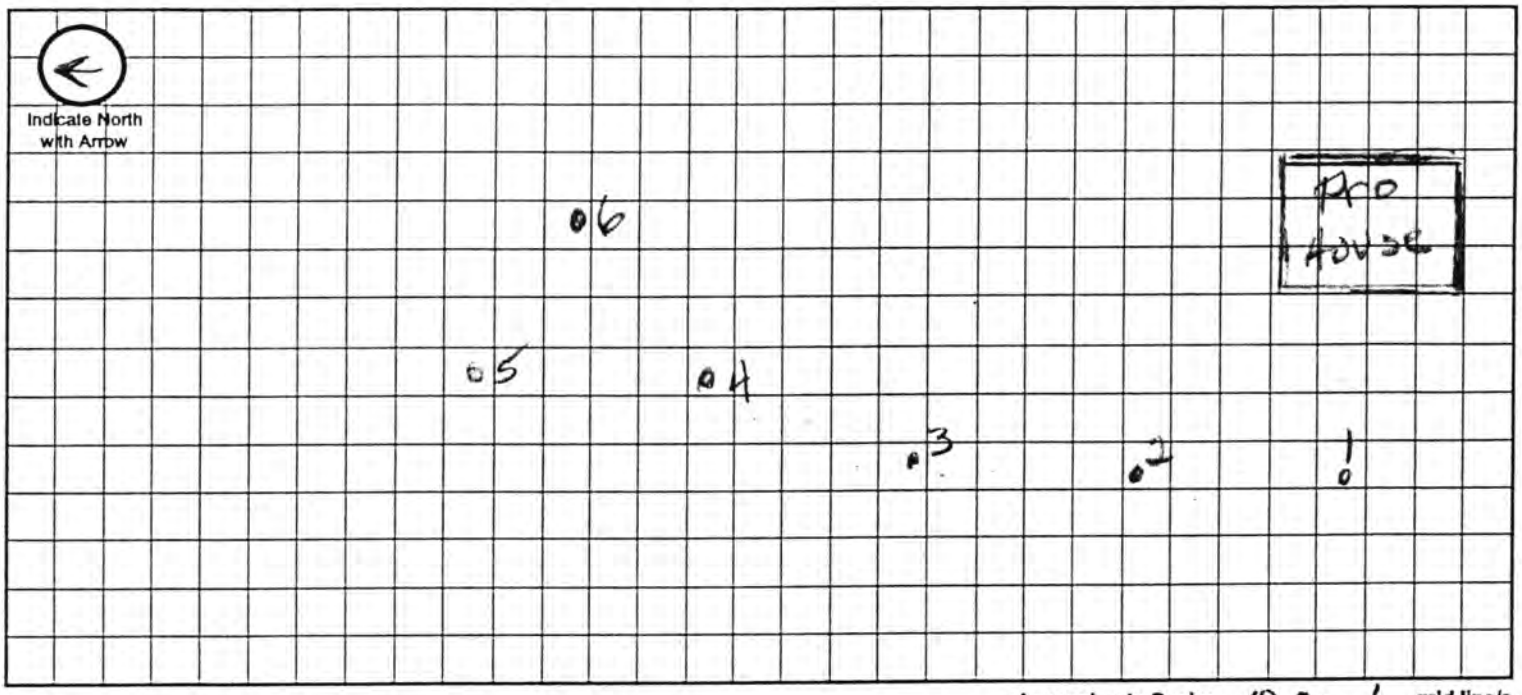
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 16900 PINE LAKE RD 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 47 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

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

Total Length of Laterals 248 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 JAY NEMEC Date 5/20/05

Installer WAGNER CONST. Date 5/20/05

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 11/7/05

System Location (Indicate correct number and street)

Address 16900 Pine Lake Rd (no rural route) City Walton NE, Zip 68461

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 84 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 19 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line OVER 20 ft.
   property line OVER 100 ft.

B. Septic Tank

1. Material: PLASTIC
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter 30 in.
   Riser: ☐ above ☒ below grade 12 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 NA ft.
   Stream NA ft.
   Pressure line OVER 20 ft.
   Property line OVER 20 ft.

C. Distribution Box

1. Material: NA
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 5' ft.

D. Absorption Field

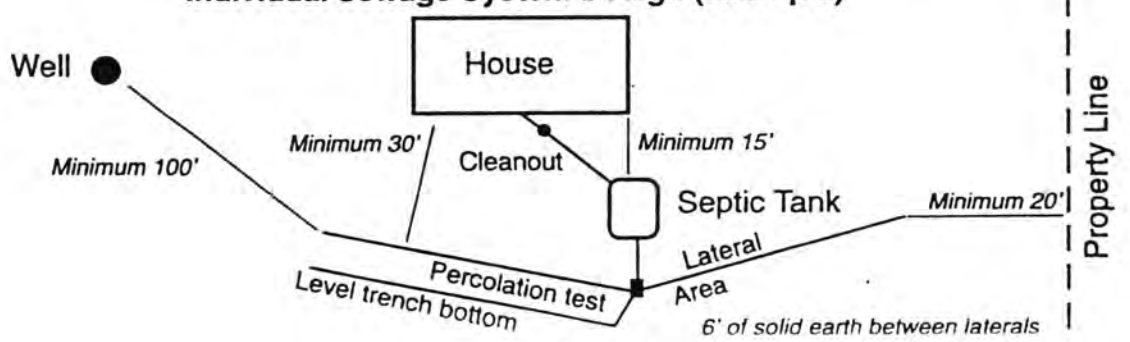
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR 3
2. Lateral lines: Number 3
   Length of each line: 150 ft. 44 ft.
   60 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line OVER 20 ft.
   Property line OVER 20 ft.

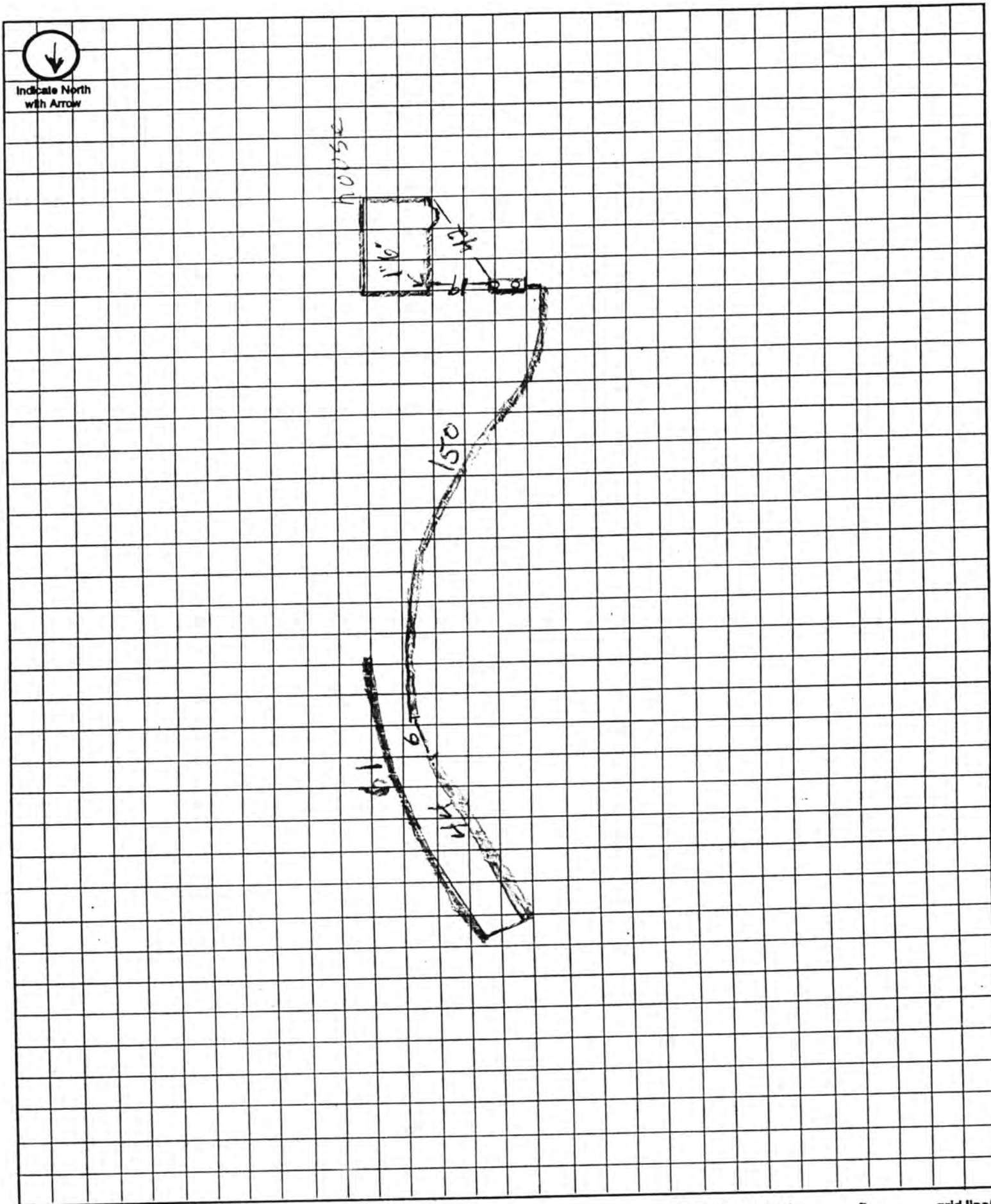
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



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