Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

009145

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380322901

Issued 08/07/06
Expires 08/07/07
Revenue Code 3157

Establishment
TIM T HEPBURN
T9N R8E SEC 18
WHISPERING CREEK BLK 1 LOT 2
11334 WHISPERING CREEK DR

FEES: $275.00

Permittee
TIM T HEPBURN
2100 S 120 ST
WALTON NE 68461

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: 063803229 01

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 120th = old Cheney — On Rural Water —

A. System Location (Indicate correct number and street)

Address 11334 Whispering Creek Dr (no rural route) City LINCOLN NE, Zip

Legal Description 1/4 18 1/4 Section 9N Township 8E Range Whispering CREEK Addition Subdivision Addition Block 1 Lot 2

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Tim Hepburn Signature

Address 2100 SO 120 City/State/Zip Walton, NE 68461

☐ Check if owner designed system Home Phone Work Phone 540-0134

C. Contractor

Name Dutchmaster LLC Company Name Dutchmaster LLC

Address 2100 SO 120 City/State/Zip Walton, NE 68461

☐ Check if contractor designed system Work Phone

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

Designer Name Mel Eagner Firm Eagner Const Work Phone 432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms ~~5~~ 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 8/7/06 Date frwd 8/8/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8-8-6 Date frwd 8-8-6 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

7/1 line + tank Ok
line 7/5/07 JS

Installation Final Written Approval

By Joey Smith

Date 7/5/07

Business Office Use Only

Date Rec'd 08/07/06
Amt Paid 275.00
Rec'd By Gash/Check No. 5365

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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B

Permit Number: 06380,3229

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11334 Whispering Creek Dr (no rural route) City LINCOLN NE, Zip _____

Owner Tim Hepperr Addresss 2100 SO. 120 walton, NE

Soil Type (SCS): _____ Percolation Rate: 50.6 min./inch

Date of Tests 5-15-06 to 5-16-06 Weather: Precipitation 0 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	30	5-15	4:10	5-16	3:30	5-16	4:30	6	5-16	5:00	30	1/2	60
2	32	"	"	"	"	"	"	"	"	"	"	5/8	48
3	32	"	"	"	"	"	"	"	"	"	"	1/2	60
4	31	"	"	"	"	"	"	"	"	"	"	5/8	48
5	30	"	"	"	"	"	"	"	"	"	"	5/8	48
6	29	"	"	"	"	"	"	"	"	"	"	3/4	40

Sum of Percolation Rates: 304

Average of Rates: ~~50.6~~ use 60

Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Melvin Eagner

Phone: 432-5690

Address 4810 W. Claire Ave

Lincoln NE 68523

304

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date AUGUST 7, 2006

FORM 23-101 10-96

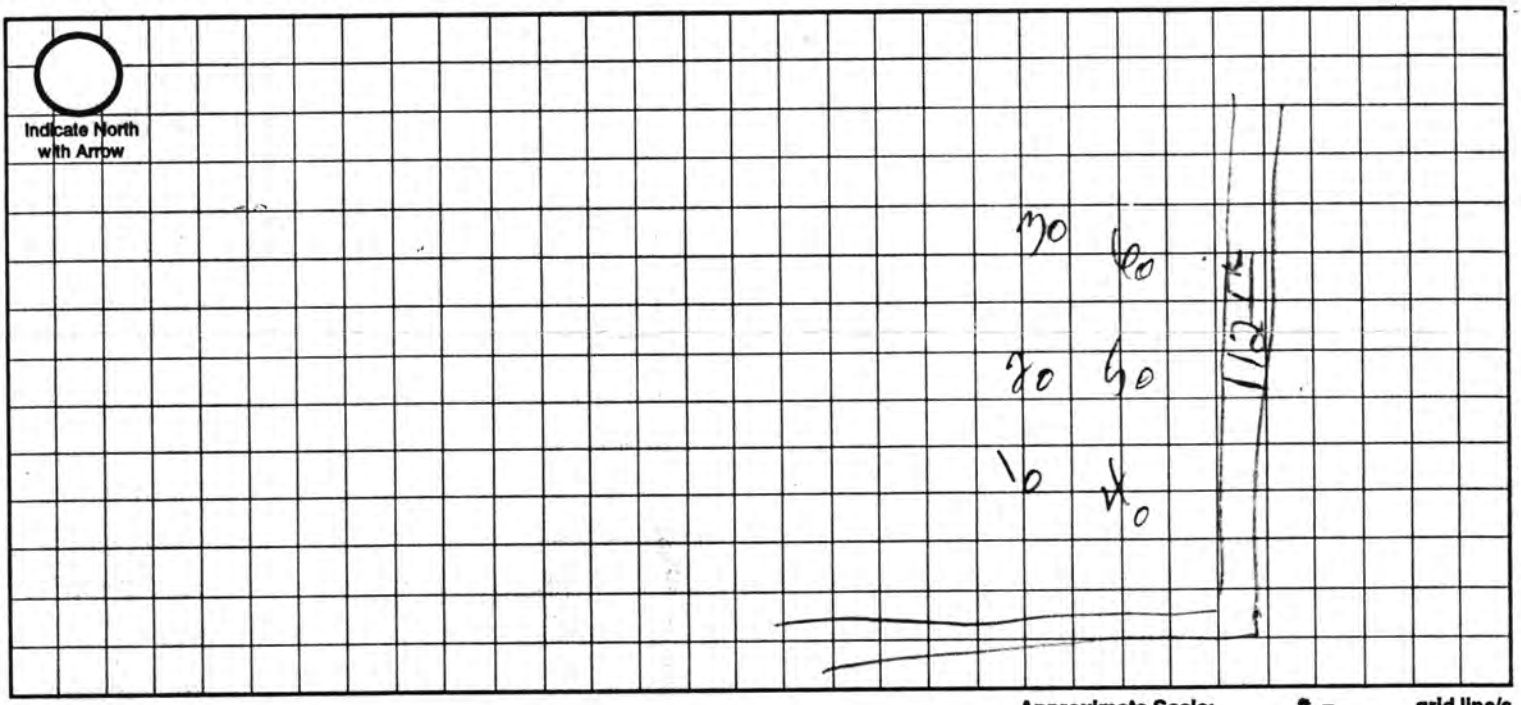
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Phone: 402-441-8022

C

Permit Number: 06380329

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) 11334 Whispering Creek Dr City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 50.6 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: ~~1520~~ 1400 sq. ft.

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

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

Total Length of Laterals ~~330~~ 350 ft. Number of Trenches 3 Trench Width 4FT

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 8-5-06

Installer Melvin Segura Date 6-28-06

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4 July 07 Tim Hepburn

System Location (Indicate correct number and street)

Address 4334 Whispering Creek Rd. Lincoln NE, Zip
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 88 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line 75 ft.
   property line 100 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ 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 150 ft.
   Property line 150 ft.

C. Distribution Box

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

D. Absorption Field

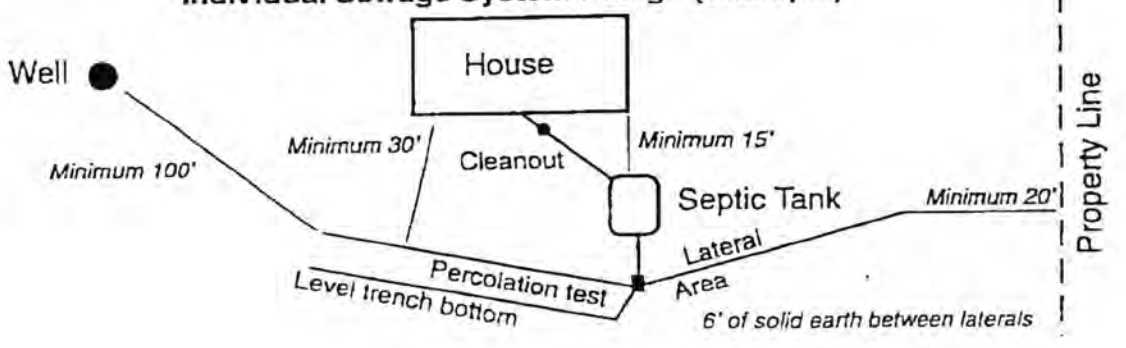
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 3
   Length of each line: 138 ft. 129 ft.
   125 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: ____
   Depth of material ____ in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

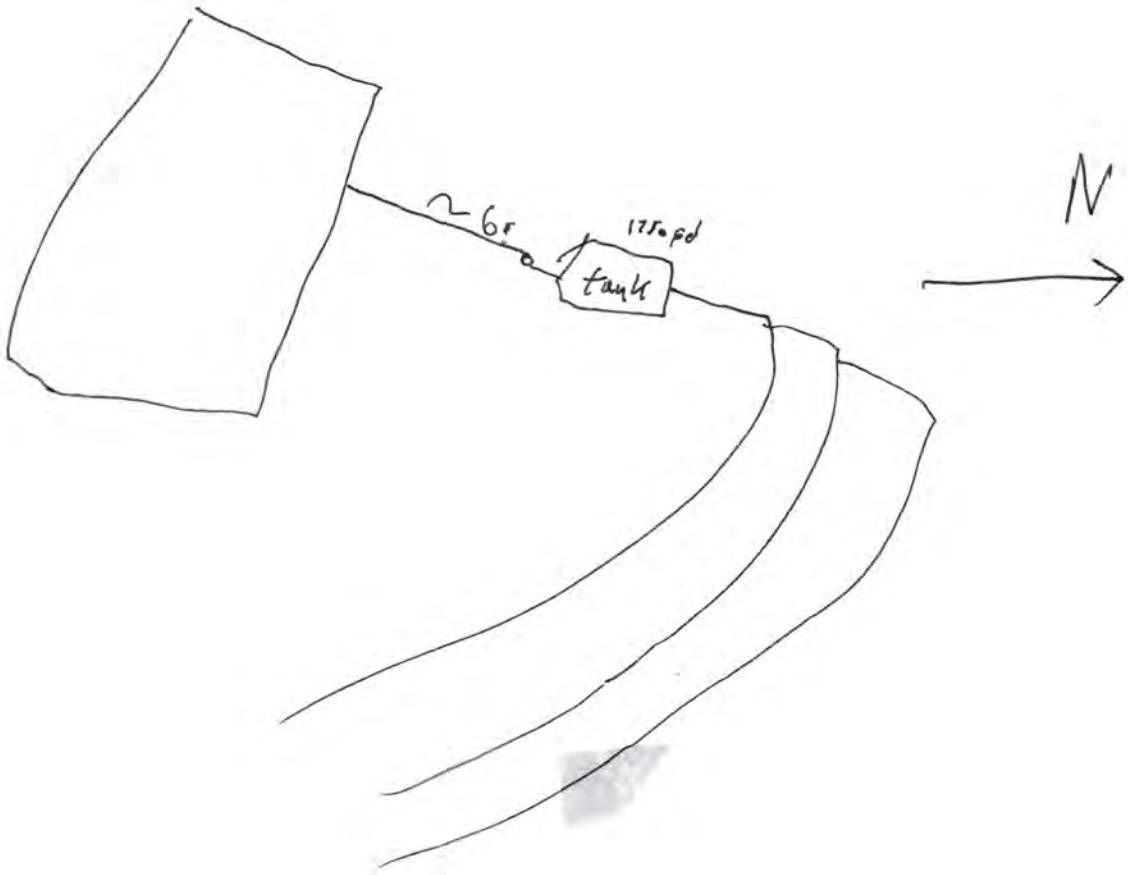
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96


~65
1750 gal
tank
N