Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009951

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380332801

Issued 04/30/07
Expires 04/30/08
Revenue Code 3157

Establishment:
CHRISTOPHER NOEL
T9N R8E SEC 18 QTR NE
WHISPERING CREEK BLK 4 LOT 3
6201 S 114 ST

FEES: $290.00

Permittee:
CHRISTOPHER NOEL
3821 LOVELAND DR
LINCOLN NE 68506

TOTAL: $290.00

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: 07380332801

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: 3.01 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 6201 South 114th St City _____ NE, Zip 68523

(no rural route)

Legal Description LCR 5963. NE 18 9 8 Whispering Creek 4 3

1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude N 40° 45.017' Latitude W096 34.011'

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

B. Owner

Name Christopher Noel Signature _____

Address 3821 Loveland Dr City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone 402 488 0097 Work Phone 402 730 5097

C. Contractor

Name Christopher Noel Company Name _____

Address 3821 Loveland Dr City/State/Zip Lincoln NE 68506

☐ Check if contractor designed system Work Phone 402-730-5097

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

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

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 5/1/07 Date frwd 5/1/07	ACTION ☑ Approved ☐ Disapproved Signature	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 5/1/07 Date frwd 5/1/07	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 5-1-07 Date frwd 5-1-07	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By _____

Date 7/19/07

Business Office Use Only

Date Rec'd 04/30/07

Amt Paid 290.00

Rec'd By _____ ~~Cash~~/Check No. 1219

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

MIKE PETERSEN

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 6201 S. 114th (no rural route) City NE, Zip

Owner Christopher Noel Address 3821 Loveland Dr. Lincoln NE 68506

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

Date of Tests 7/28/06 to 29/7/06 Weather: Precipitation 0 Temperature 79

7-28-06

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	7/28	8:30	7-29	9:00	7-29	9:00	6	7-29	10:30	30	1/2	60
2	32	"	"	"	"	"	"	"	"	"	"	5/8	48
3	30	"	"	"	"	"	"	"	"	"	"	5/8	48
4	33	"	"	"	"	"	"	"	"	"	"	1/2	60
5	31	"	"	"	"	"	"	"	"	"	"	1/2	60
6	32	"	"	"	"	"	"	"	"	"	"	5/8	48

Sum of Percolation Rates: 324

Average of Rates: 54

Rate Used for Calculation: 54

Person Conducting Percolation Tests

Name: Melvin Eagner

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 10-98

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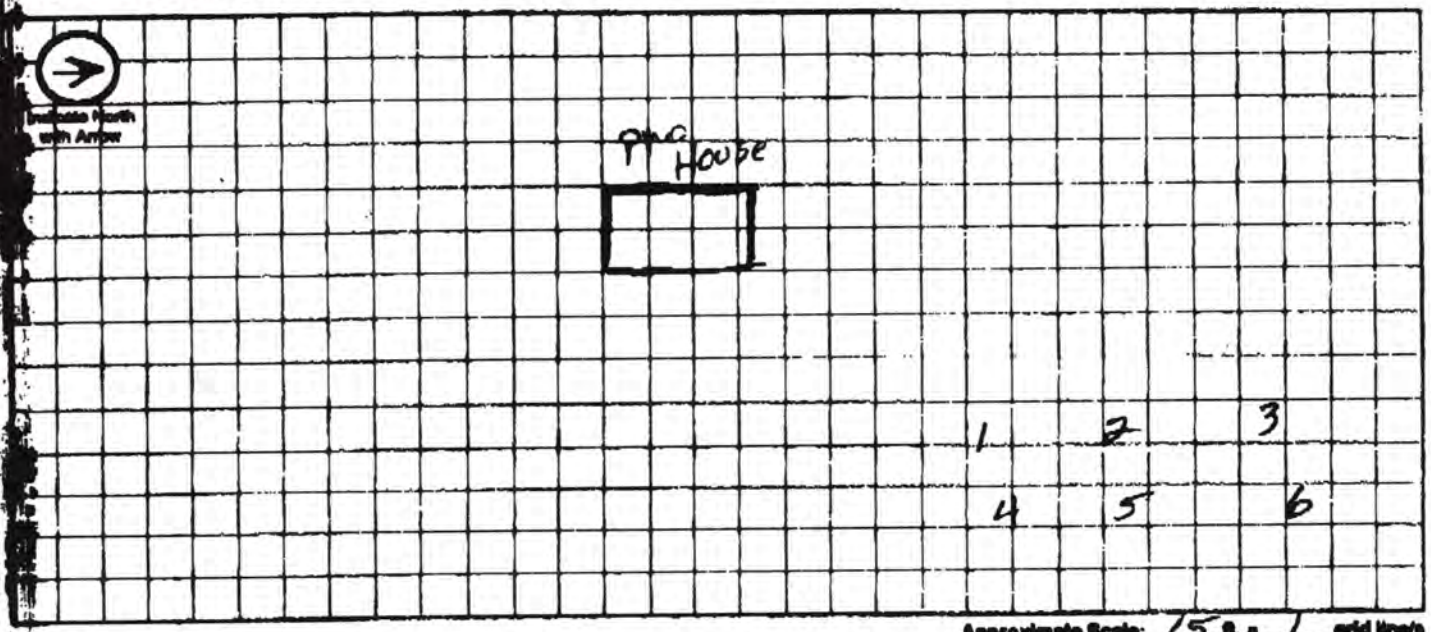
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C

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 54 (min. per inch) Soil Type: _____ Land Slope: 5 %

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

Total Square Feet of Field Required: 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 350 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	Ground 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

Name Building Contractor _____ Date 15 mar 07

Installer Melvin F Bolzenius Date 28 July 06

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Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11 July 07 Chris Noel

System Location (Indicate correct number and street)

Address 6201 So. 114th (no rural route) City Lwe. NE. NE, Zip 68526

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 30 in.
3. Distance between dwelling and septic tank: 58 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line 10 ft.
   property line 100 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 32 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line 50 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

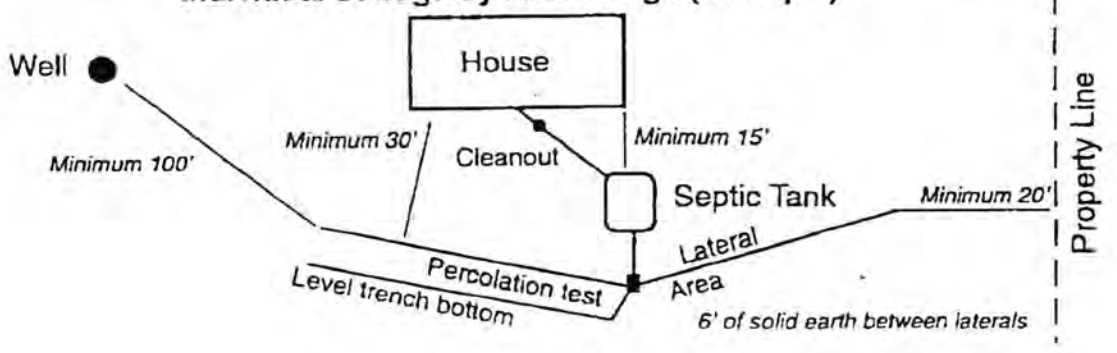
(Provide as-built drawings on back of this form)

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: 91 ft. 129 ft.
   138 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line 26 ft.
   Property line 8 ft.

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

Indicate North with Arrow

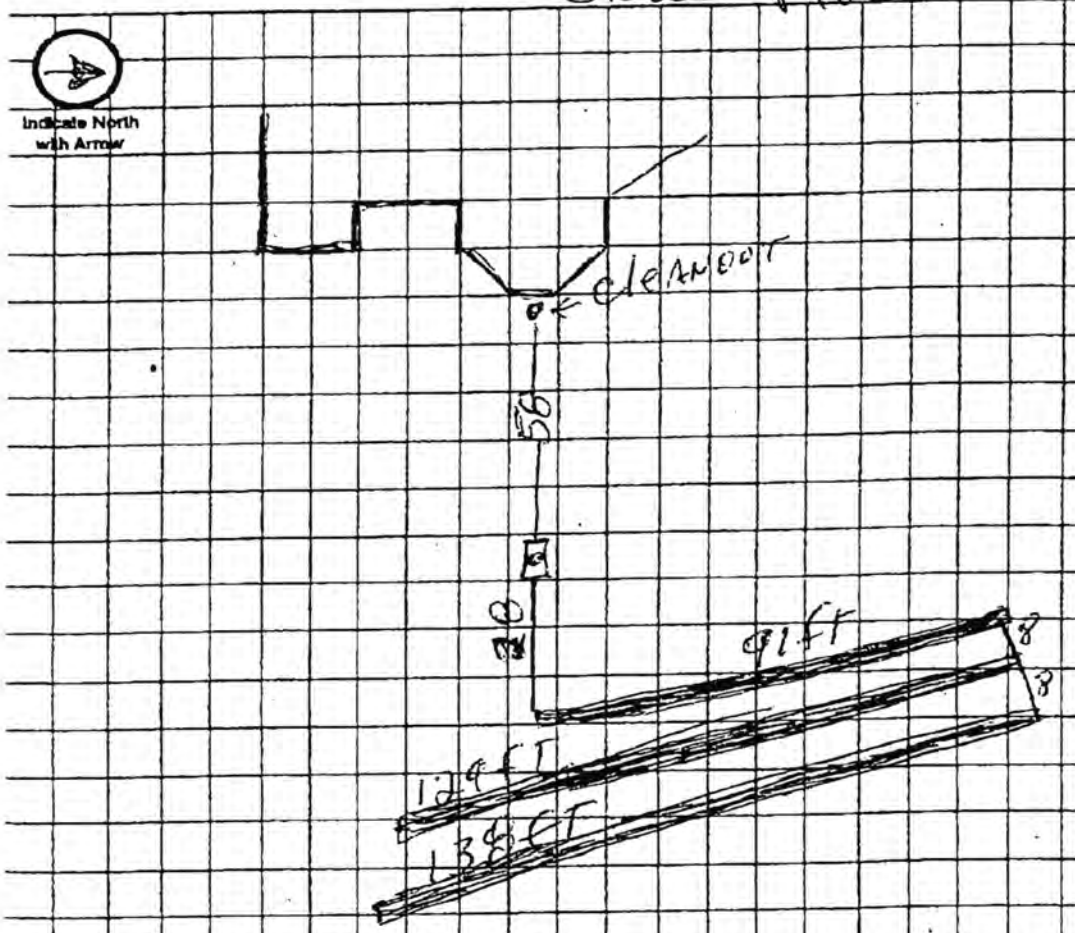
Individual Sewage System Design (Example)



As Built Drawing

Lic 68526

Chris Noel 6201 So. 114th



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