Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008508

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380313301

Issued 11/17/05
Expires 11/17/06
Revenue Code 3157

Establishment: SCOTT & SHERI POHLMAN
T12N R7E SEC 20 QTR SW
4300 DAVEY RD-DAVEY

FEES: $275.00

Permittee: SCOTT & SHERI POHLMAN
3510 OAK ST
DAVEY NE 68336

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: 05380313301

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 4300 DAVEY ROAD (no rural route) City DAVEY NE, Zip 68336

Legal Description 20 12N 7E IN SW QUARTER 271.4
1/4 1/4 Section Township Range 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 & SHERI POHLMAN Signature _____

Address 3510 OAK City/State/Zip DAVEY, NE 68336

☐ Check if owner designed system Home Phone (402) 705-2521 Work Phone (402) 580-9593

C. Contractor

Name Don Anderson Company Name AWS Well Co

Address Box 146 City/State/Zip Mead, Ne. 68041

☒ Check if contractor designed system Work Phone 402-624-3895

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

Designer Name _____ Firm _____ Work Phone _____

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 11/16/05 Date frwd 11/17/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-16-05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Lori L. Streeter, Village Clerk
3. **City or County Engineer** Date rec'd 11-18-05 Date frwd 11-18-05 ACTION ☒ Approved ☐ Disapproved Signature _____

★ System installation appears shaky at best

Installation Final Written Approval 3/29/06

By _____

Date _____

Business Office Use Only
Date Rec'd 11/17/05
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 1608

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: 053803133

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4300 DAVEY ROAD (no rural route) City DAVEY NE, Zip 68336

Owner SCOTT & STEVE PEHLMAN Addresss 350 OAK DAVEY, NE 68336

Soil Type (SCS): _____ Percolation Rate: 12 min./inch

Date of Tests 8/11 to 8/12/05 Weather: Precipitation 0 Temperature 85

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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"	8/11/05	8 AM	8/12/05	8 AM	8/12/05	8 AM	12"	8/12/05	9 AM	60	6"	10
2	"	"	"	"	"	"	"	"	"	"	"	6"	10
3	"	"	"	"	"	"	"	"	"	"	"	6"	10
4	"	"	"	"	"	"	"	"	"	"	"	4"	15
5	"	"	"	"	"	"	"	"	"	"	"	4"	15

Person Conducting Percolation Tests

Name: Don Anderson
Phone: 402-624-3895
Address Mead, Ne. 68041

Sum of Percolation Rates: 60
Average of Rates: 12
Rate Used for Calculation: 12

800 sq. ft. laterals
190 ft. in length

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

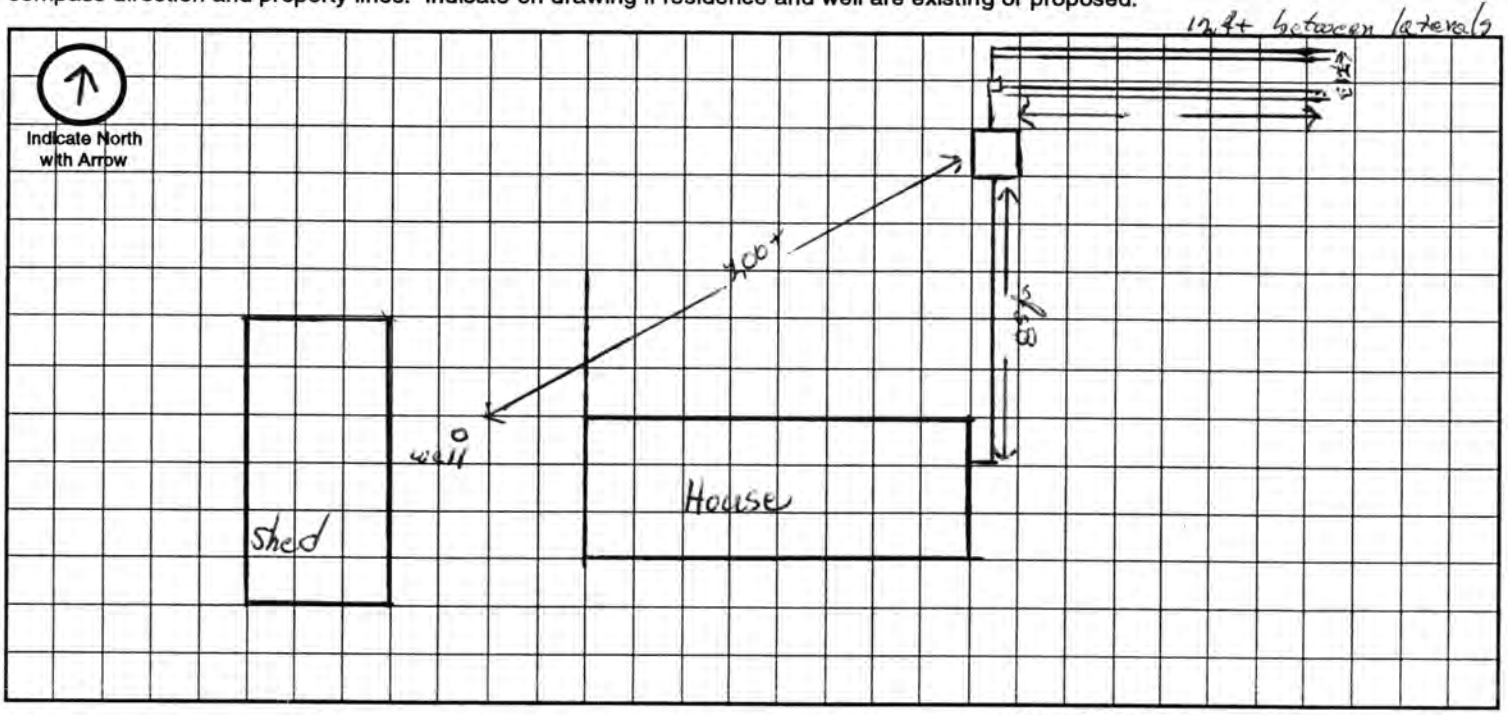
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 05380313 3

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) _____ 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 12 (min. per inch) Soil Type: Silty Clay Loam Land Slope: 1 %

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

Total Square Feet of Field Required: 800 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 170 ft. Number of Trenches 2 Trench Width 5 ft

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 _____ (Neighborhood Homes Inc) Date 11/15/05

Installer _____ Date 11/15/05

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: 05380313 3

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 4300 DAWEY Road (no rural route) City DAWEY NE, Zip 68336

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: Cement
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 16
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10ft+ ft.

D. Absorption Field

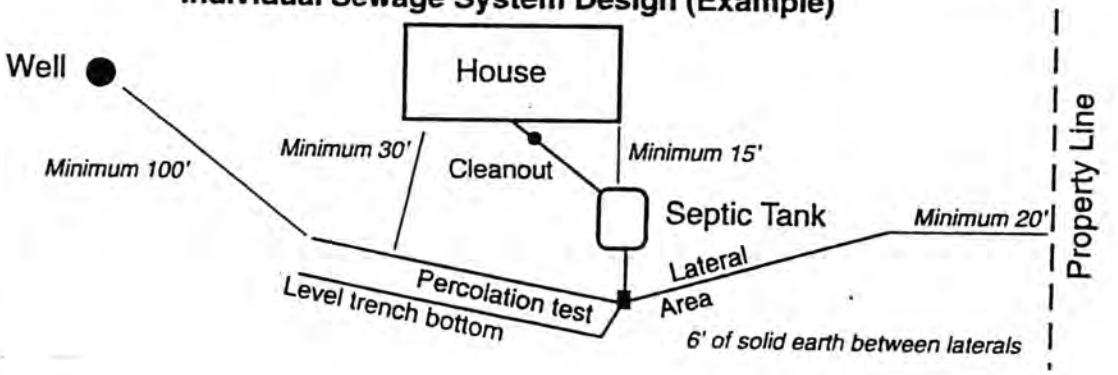
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☒ other Infiltrators
2. Lateral lines: Number 2
   Length of each line: 85 ft. 85 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 5 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

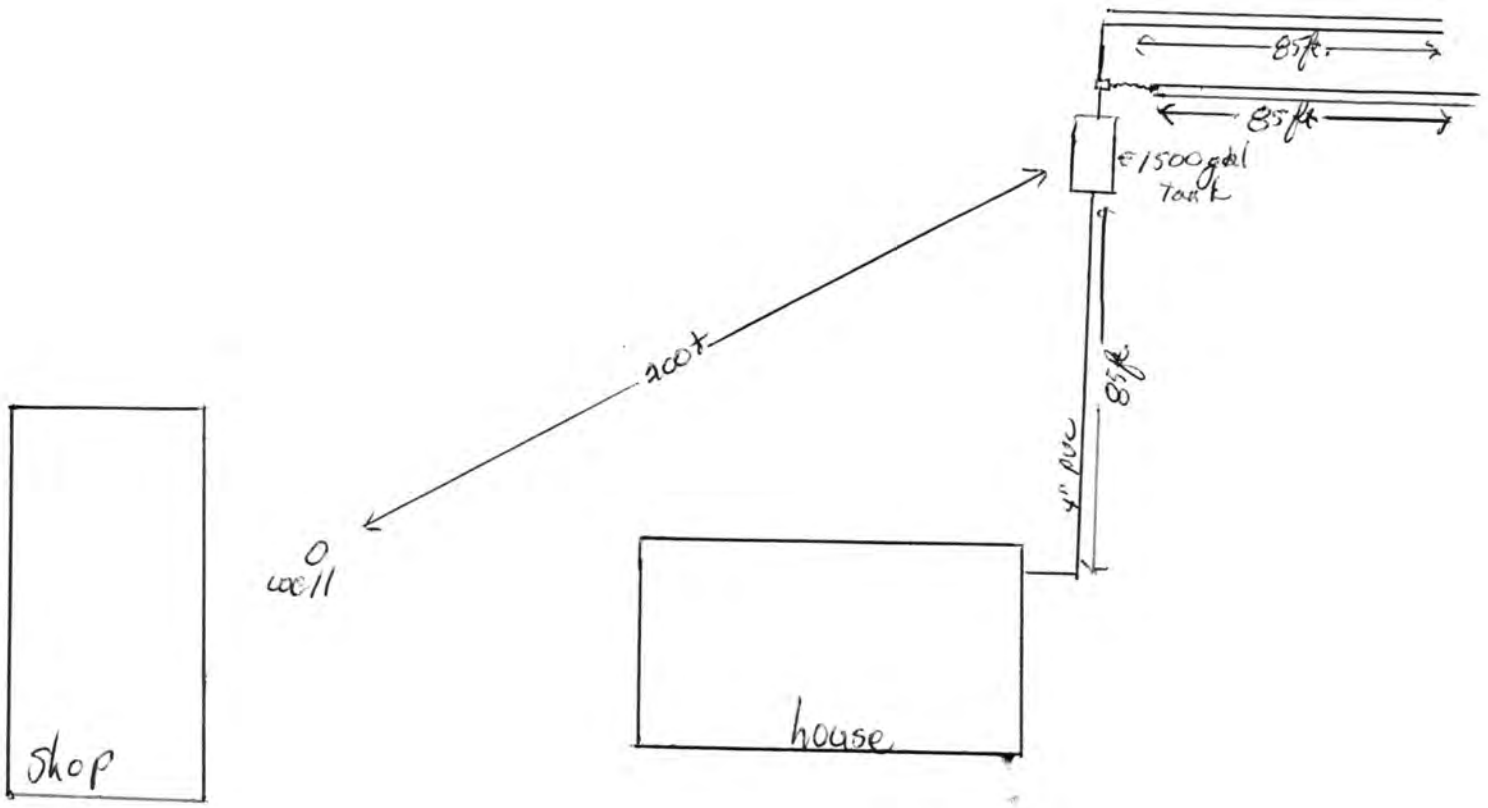
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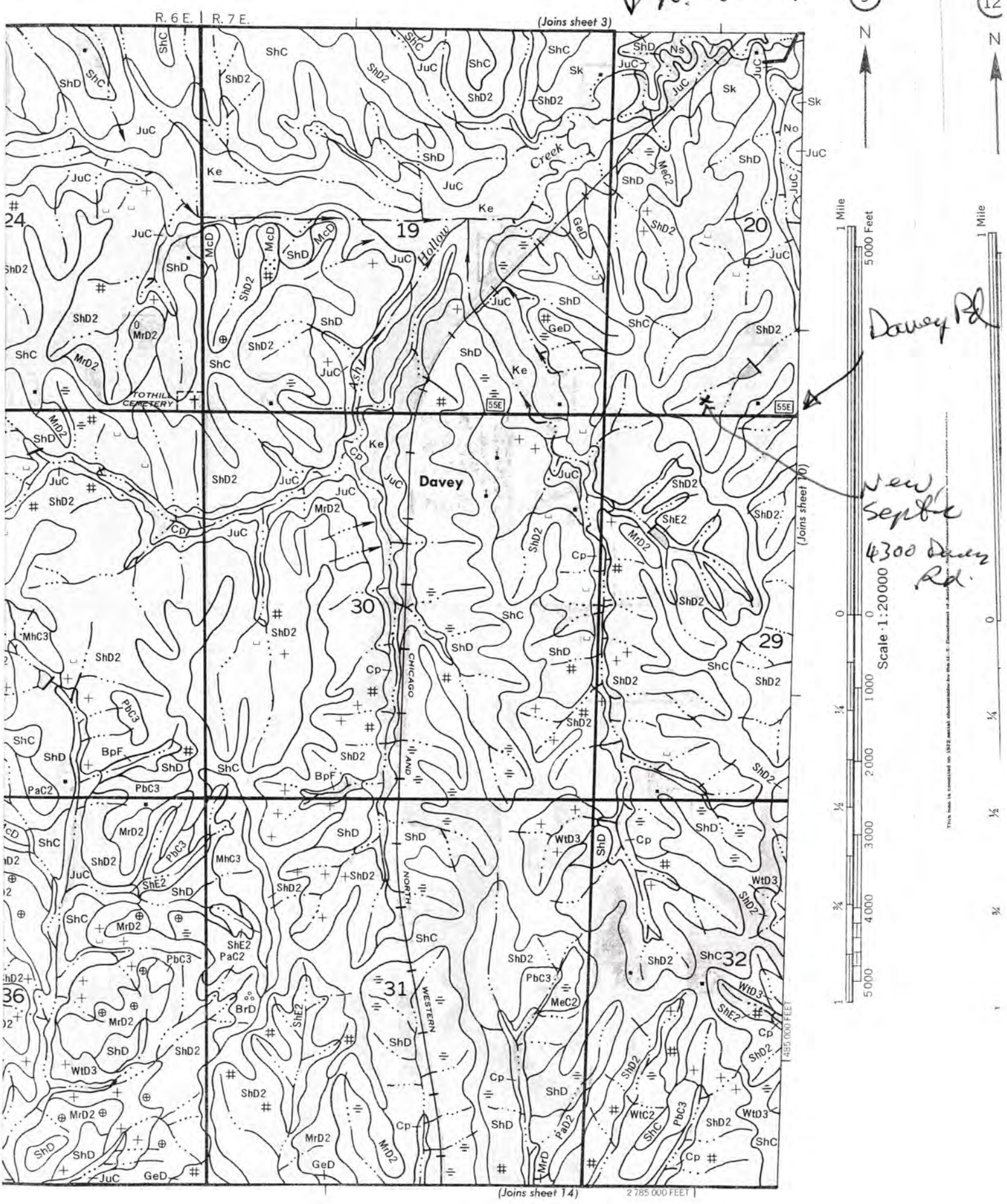
Individual Sewage System Design (Example)



RM 23-103 10-96

12 ft between laterals





N. 40th

Davey Rd

New Septic
4300 Davey Rd.