Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

MARK KUZARA
T12N R6E SEC 28 QTR NW
NE 1/4 OF NW 1/4 LOT 27IT
2005 W DAVEY RD-DAVEY

Permittee

MARK KUZARA
931 DALE DR
LINCOLN NE 68510

Permit # 02380254201

Issued 10/02/02
Expires 04/02/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002984

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

A

Permit Number:

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 2005 WEST DAVEY ROAD (no rural route) City Davey NE, Zip 68336

Legal Description NE (1/4) NW (1/4) 28 (Section) 12N (Township) 6E (Range) Subdivision Addition Block 27 Lot I.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name MARK KUZARA Signature _____

Address 931 DALE DR City/State/Zip LINCOLN NE 68510

☐ Check if owner designed system Home Phone (402) 489-3516 Work Phone (402) 304-1930

C. Contractor

Name Lloyd Jakubek Company Name Raymond Contracting

Address 12800 NW 70TH. City/State/Zip Raymond NE 68428

☒ Check if contractor designed system Work Phone _____

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 10/2/02 Date frwd 10/2/02 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-2-02 Date frwd 10-2-02 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/2/02 Date frwd 10/2/02 **ACTION** ☒ Approved ☐ Disapproved Signature _____

7-24-03, mm

Installation Final Written Approval

By Ron Magnuson

Date 7-25-03

Business Office Use Only

Date Rec'd 10/2/02

Amt Paid 200.00

Rec'd By cw Cash/Check No. 4624

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

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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 2005 W Davey Rd. (no rural route) City Davey NE, Zip 68336

Owner Mark Kuyava Addresss 931 Dale Dr. Lincoln Ne. 68510

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM & MORRILL CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 9/26 to 9/27 Weather: Precipitation Dry. Temperature 75°

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	26	9/26	2:00	9/27	5:30	9/27	5:30	6"	9/27	6:00	30min	.75	40
2	28	9/26	2:00	9/27	5:30	9/27	5:30	6"	9/27	6:00	30min	.50	60
3	30		2:00	9/27	5:30	9/27	5:30	6"	9/27	6:00	30min	.75	40
4	30		2:00	9/27	5:30	9/27	5:30	6"	9/27	6:00	30min	.63	47
5	26		2:00	9/27	5:30	9/27	5:30	6"	9/27	6:00	30min	.75	40
6	26		2:00	9/27	5:30	9/27	5:30	6"	9/27	6:00	30min	1.81	16
7.	30		2:00	9/27	5:30	9/27	5:30	6"	9/27	6:00	30min	.2	~~15~~

Person Conducting Percolation Tests

Name: Lloyd - Steve.

Phone: 890-6009

Address 12800 NW 70 Raymond Ne

Sum of Percolation Rates: 243 ÷ 6

Average of Rates: 40.5

Rate Used for Calculation: 1320 60MIN/IN

4' wide 330

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date OCTOBER 2, 2002

FORM 23-101 10-96

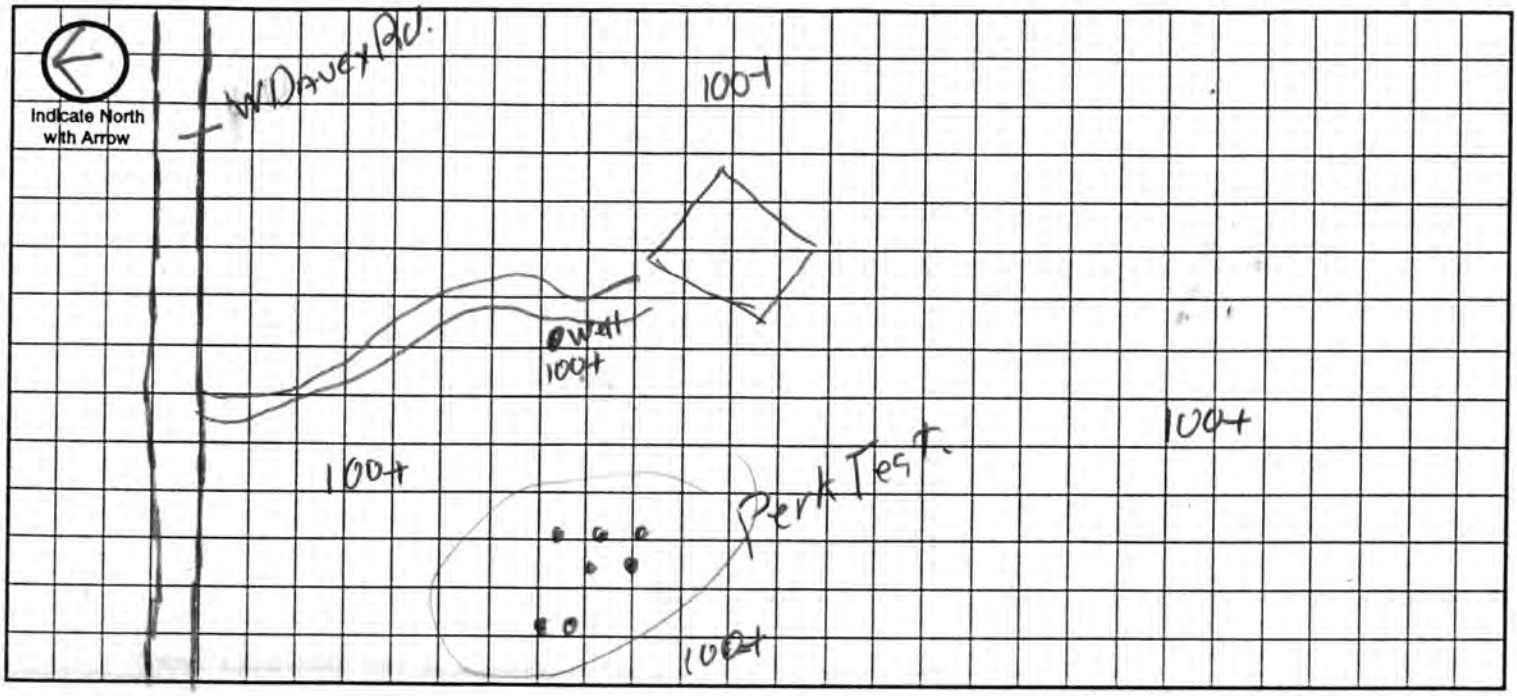
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C

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2005 W-Davey Rd. City Davey. NE, Zip 68336

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 4' wide EQ 36 H10

Total Square Feet of Field Required: 1400 sq. ft. 4 | 36 / 1400 / 100

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: EQ 36 H10

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 4 Trench Width _____

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 Mark Kuyara. Date 10/2/02

Installer Lloyd J. Jakubec Date 10/2/02

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 7/24/03

System Location (Indicate correct number and street)

Address 2005 W Davey Rd. (no rural route) City Davey NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ~~in.~~
   or distance below basement floor: ~~in.~~
3. Distance between dwelling and septic tank: 150 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100 ft.
   stream 100 ft.
   pressure line 100 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 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade AT in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: ____ in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

C. Distribution Box (Drop)

1. Material: Plastic.
   Number available outlets: 6
2. Factory built: ☐ Yes ☒ No
3. Distance from septic tank: 13' ft.

D. Absorption Field

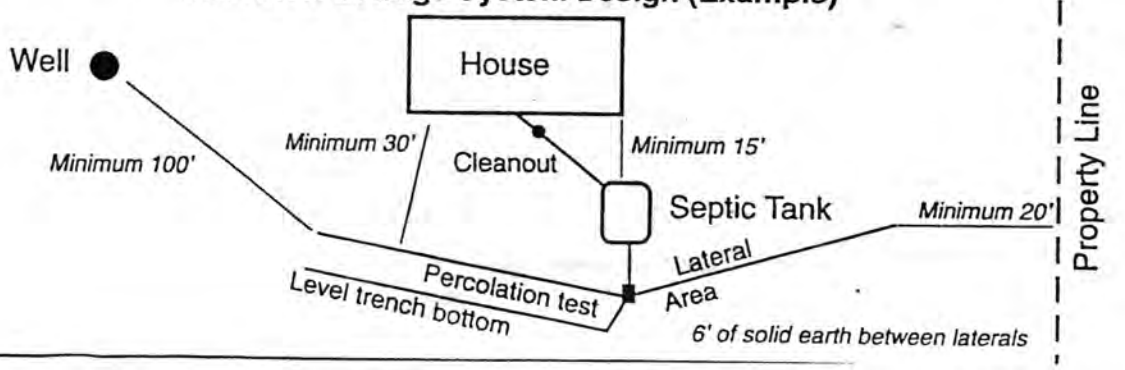
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: H-10 Standard
   or perforated pipe:
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 131.25 ft. 131.25 ft.
   87.5 ft. ft., ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 22 in
4. Filter material: Dirt
   Depth of material 22 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.

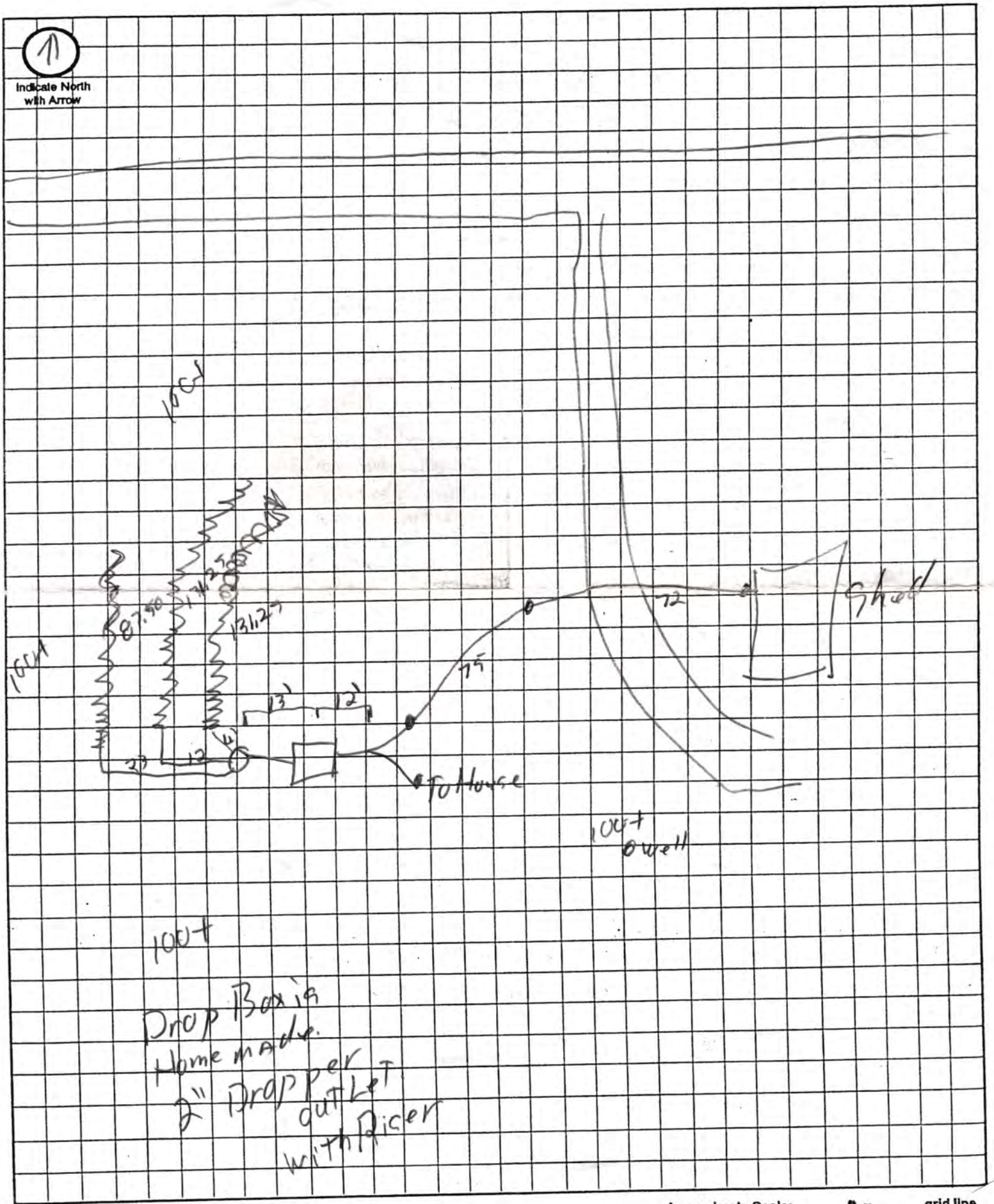
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line