Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008254

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380310101

Issued 09/22/05
Expires 09/22/06
Revenue Code 3157

Establishment: VICKI BOURG
T10N R5E SEC 4
LOT 7IT
5220 NW 105 ST-MALCOLM

FEES: $275.00

Permittee: VICKI BOURG
161 ELK CREEK RD
MALCOLM NE 68402

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: 05380310101

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 5220 NW 105th (no rural route) City Lincoln Malcolm NE, Zip 68405

Legal Description 4 10N 5E T.I.
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 Vicki Bourg Signature _____

Address 161 Elk Creek Rd. City/State/Zip Malcom NE 68402

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Ryan VanAndel Company Name VanAndel Excavation & Const

Address Box 48 Pleasant Dale NE City/State/Zip _____

☒ Check if contractor designed system Work Phone 499-1348

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 ___ Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/Other Facility Specify Bathroom For Horse Barn

Design flow in gallons per day Limited Usage 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 9/22/05 Date frwd 9/23/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/23/05 Date frwd 9/23/05 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-23-05 Date frwd 9-23-05 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 3/22/2007

Business Office Use Only

Date Rec'd 09/22/05
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 1168

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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B

Permit Number: 053803/01

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5220 NW 105th (no rural route) City _____ NE, Zip _____

Owner Vicki Bourg Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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	9-20	3:00	9-21		9-21	3:00	30	9-21	5:00	30	.6	~~50~~
2	30	9-20	3:00	9-21					9-21		30	1.1	~~27~~
3	30	9-20	3:00	9-21					9		30	0.9	~~33~~
4	30	9-20	3:00	9-21							30	2.3	13
5	30	9-20	3:00	9-21							30	.8	37
6	30	9-20	3:00	9-21							30	1.7	17

Person Conducting Percolation Tests

Name: Ryan VanAndel
Phone: 499-7348
Address: Box 42 Pleasant Dale NE

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

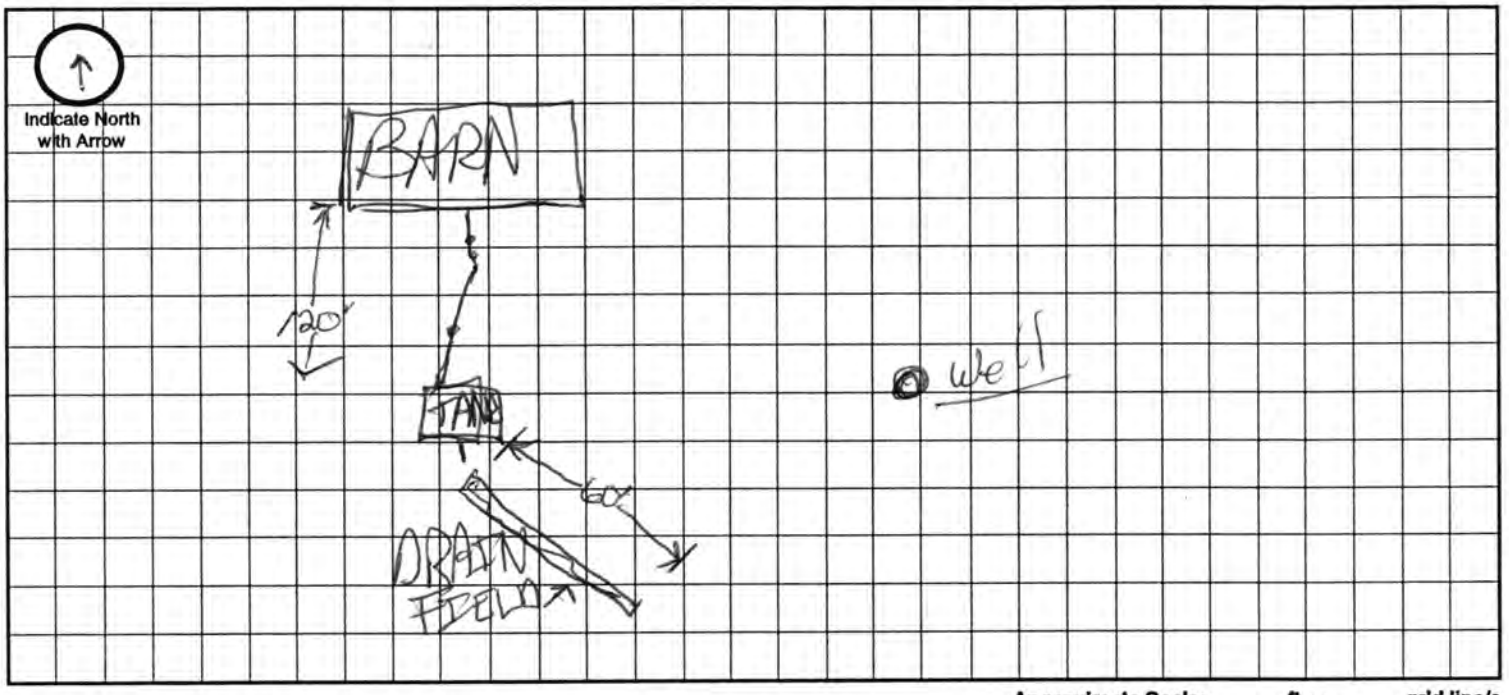
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 05380310 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) 5220 NW 105th 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 60 ft. Number of Trenches _____ Trench Width 3' to chamber ~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 _____ Date 9-22-05

Installer _____ Date _____

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number: 053803101

Sewage Disposal System

As Built Plans & Specifications

Date 9-22-05

System Location (Indicate correct number and street)

Address 5220 NW 105th (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: Plastic PVC
   Diameter: 4" in.
2. Distance above basement floor: ~~_____~~ in.
   or distance below basement floor: ~~_____~~ in.
3. Distance between dwelling and septic tank: 140 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line ~~_____~~ ft.
   stream ~~_____~~ ft.
   pressure line ~~_____~~ ft.
   property line ~~_____~~ ft.

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 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 148 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line NA ft.

C. Distribution Box

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

D. Absorption Field

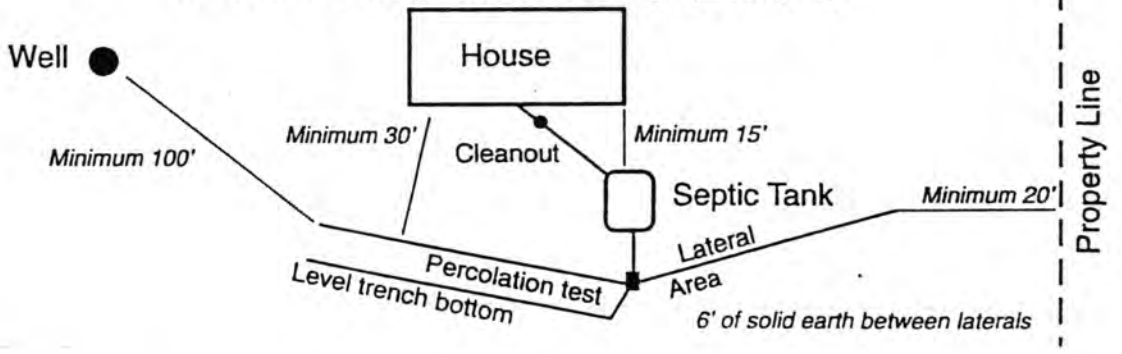
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 60 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36" ft.
   Slope 0 in/100 ft.
   Average depth 36" in
4. Filter material: Dirt
   Depth of material NA in.
5. Distances to: Well or suction line 130 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line NA ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96