# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

010038

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

**Permit**

SEWAGE INSTALLATION
SEPTIC OR LAGOON-WHATEVER PERC TEST INDICATES

Permit # 07380333801

Issued 05/15/07
Expires 05/15/08
Revenue Code 3157

**Establishment**

MARK MASEK
T12N R6E SEC 26 QTR SW
LOT 8
488 BRANCHED OAK RD-DAVEY

FEES: $290.00

**Permittee**

MARK MASEK
480 BRANCHED OAK RD
DAVEY NE 68336

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: 07380333801

# Sewage Disposal System
## Request for Site Clearance and Permit

**Include Form B, Form C and Applicable Fees with this Application.**

☒ Septic System OR ☒ 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** Whatever Perc Test Indicates 20,000 gals

### A. System Location (Indicate correct number and street)

Address 480 Branched Oak Road City Davey NE, Zip 68336
(no rural route)
LCR 5975

Legal Description SW 26 12 6 Lot 8
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 Mark Masek Signature _____

Address 480 Branched Oak Rd City/State/Zip Davey NE. 68 336

☐ Check if owner designed system Home Phone _____ Work Phone 402-440-8800

### C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name TJ Nelson Construction Firm _____ Work Phone 402-643-0643

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 5/15/07 Date frwd 5/15/07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-15-07 Date frwd 5-15-07 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-15-07 Date frwd 5-15-07 ACTION ☒ Approved ☐ Disapproved Signature Jim Blaugh

### Installation Final Written Approval

By _____

Date 12/3/07

***Business Office Use Only***

Date Rec'd 05/15/07
Amt Paid 290.00
Rec'd By _____ Cash/Check No. 1107

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

Lincoln-Lancaster County Health Department
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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 404 Branched Oak Rd (no rural route) City Davey NE, Zip 68336

Owner Mark Masek Addresss 400 Branched Oak Rd Davey, Ne 68336

Soil Type (SCS): Sharpsburg Percolation Rate: 60 min./inch

Date of Tests 12-7 to 12-8 Weather: Precipitation Trace Temperature 25°

## 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 | 48 | 12-7 | 130 | 12-7 | 530 | 12-8 | 930 | 6 | 12-8 | 130 | 30 | 1.75 | 17.14 |
| 2 | 48 | " | " | " | " | " | " | " | " | " | " | .5 | 60 |
| 3 | 48 | " | " | " | " | " | " | " | " | " | " | 1.5 | 20 |
| 4 | 36 | " | " | " | " | " | " | " | " | " | " | .5 | 60 |
| 5 | 48 | " | " | " | " | " | " | " | " | " | " | 1.5 | 20 |
| 6 | 36 | " | " | " | " | " | " | " | " | " | " | .5 | 60 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 237.14
Average of Rates: 39
Rate Used for Calculation: 60

### Person Conducting Percolation Tests

Name: Kurt T Virgil
Phone: 402-525-6681
Address 4620 W. Mary Louise Ln
Lincoln, Ne 68528

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

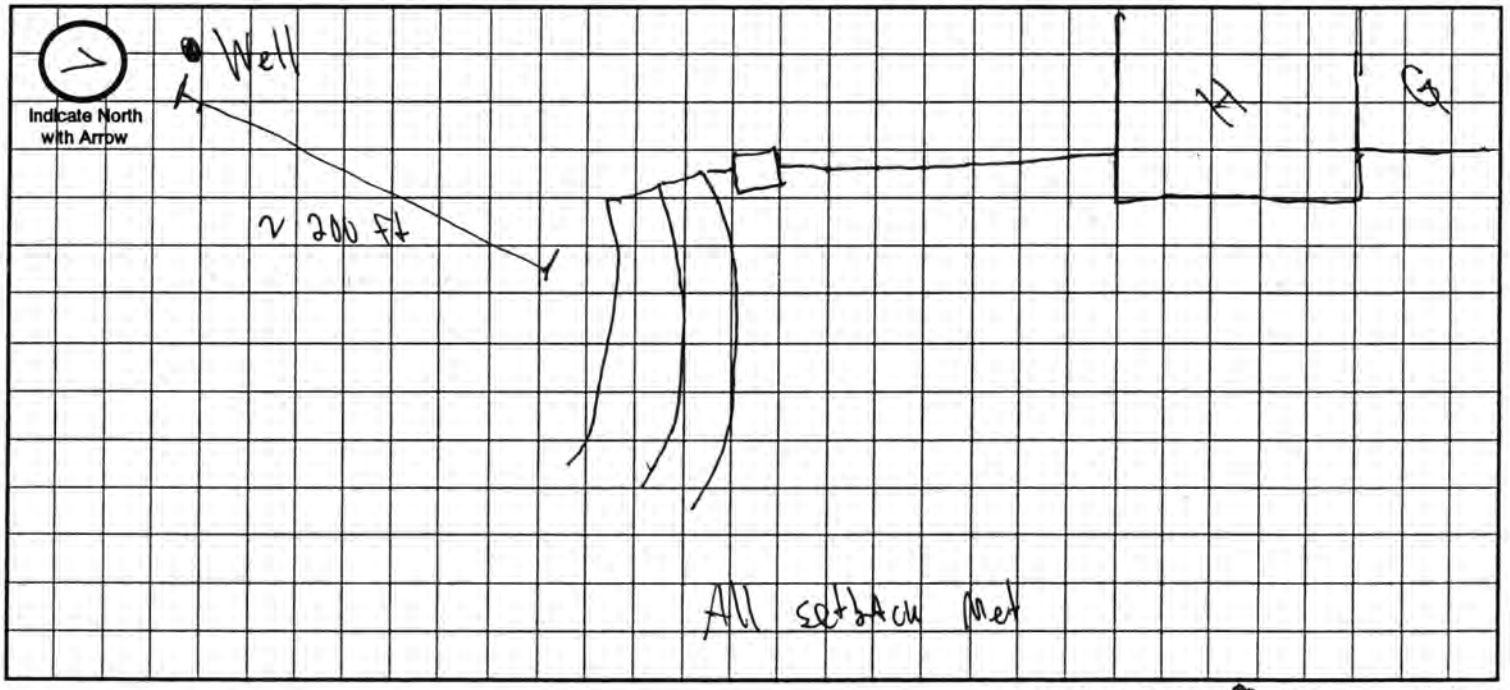
**Lincoln-Lancaster County Health Department**
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**C**

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. = _____ grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 404 Branched Oak 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 60 (min. per inch) Soil Type: Sharpsburg 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: _____

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 3-4 Trench Width 3'

## D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

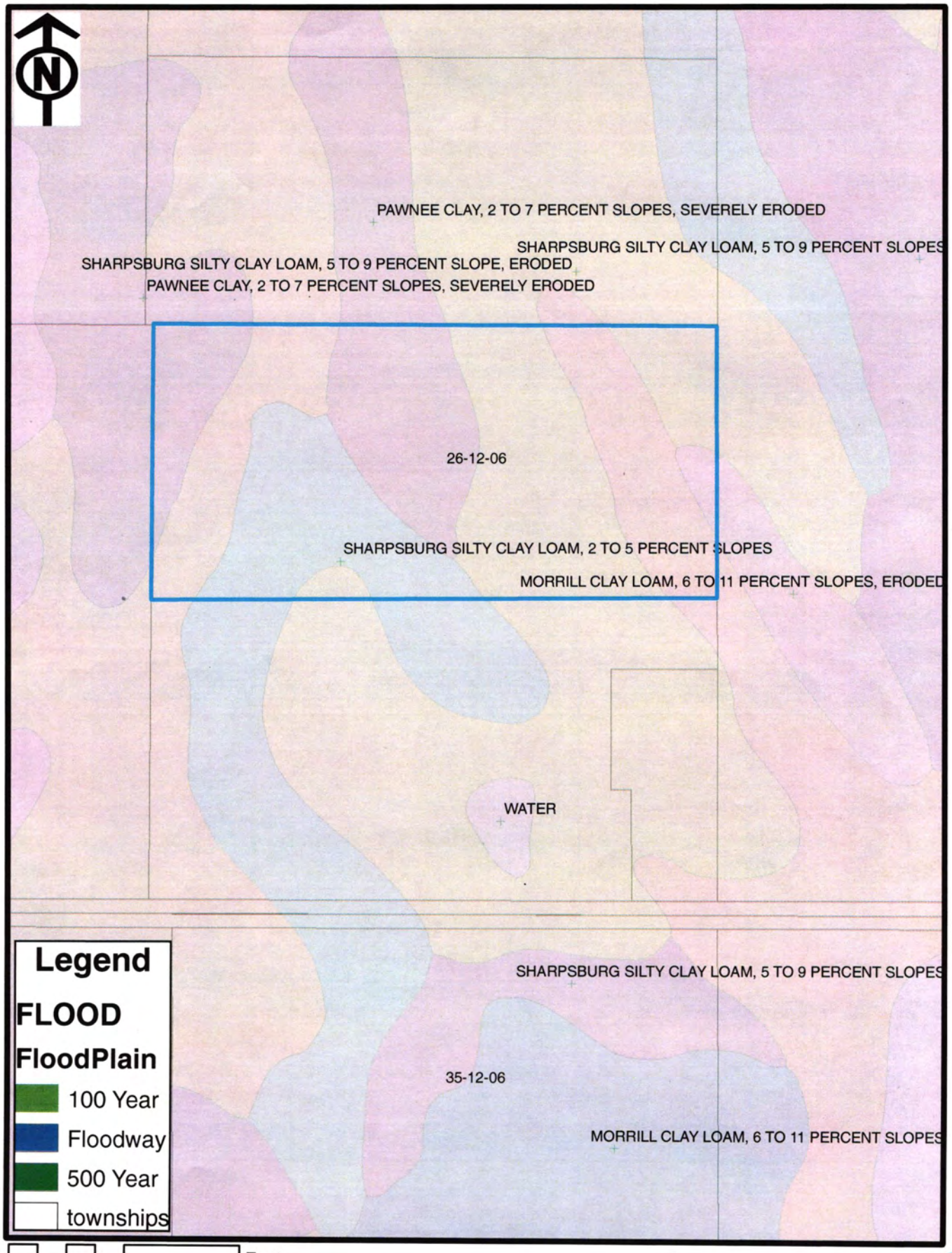
| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☒ | 500 ☒ | 50 ☒ | NA ☒ | 25 ☒ | 20 ☒ | 15 ☒ | 25 ☒ | ☒ |
| 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 _____

Installer _____ Date 12-14-07

FORM 23-102 10-96


N
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
26-12-06
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
WATER
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
35-12-06
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
Legend
FLOOD
FloodPlain
100 Year
Floodway
500 Year
townships
0 137.5 275 550
Feet