LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380162001

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 07/21/97
Expires 01/21/98
Revenue Code 18754

Establishment

HARVEY STRIZEK
T12N R6E SEC 26
NORTHRIDGE
17801 NORTHRIDGE LANE

FEES: $150.00

TOTAL $150.00

Permittee

HARVEY STRIZEK
17801 NORTHRIDGE LN
DAVEY NE 68336

Issued By M. Jane Ford
Health Director

5043

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 97380162O

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 17801 NORTHRIDGE (no rural route) City DAVEY NE, Zip 68336

Legal Description 26 12 6 NORTHRIDGE 3 2
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 HARVEY STRIZEK Signature X Harvey Strizek

Address 17801 NORTHRIDGE City/State/Zip DAVEY 68336

☐ Check if owner designed system Home Phone 785-7855 Work Phone 430-4846

C. Contractor

Name SAA 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 SAA Firm _____ Work Phone _____

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 7/18/97 Date frwd 7/17/97 **ACTION** ☑ Approved ☐ Disapproved Signature Jim Baer
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-6-97 Date frwd 8-6-97 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8-6-97 Date frwd 8-6-97. **ACTION** ☑ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Jim Baer

Date 7/28/97

Business Office Use Only

Date Rec'd 7/17/97 us

Amt Paid $150.00

Rec'd By us Cash/~~Check~~ No. CASH

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

paul 441-8038
Jim Baire 441-8633

B

Permit Number: 9738801620

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

580-4405

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17801 Northridge (no rural route) City Davey NE, Zip 68336

Owner Harvey Striezek Addresss Rt# 1 Box 4-D, Davey 68336

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

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

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	38"	6-9	4:15	6-	9:30	6-10	7:30	6	6-10	8:00	30	3	10
2	38"	6-9	4-15	6	9:30	6-10	7:30	6			"	4	8
3	39"	6-9	4-15	6	9-30	6-10	7:30	6			"	1.5	20
4	38"	6-9	4-15	6	9:30	6-10	7:30	6			"	2.25	13
5	38"	6-9	4-15	6	9-30	6-10	7:30	6			"	2.25	13
6	38"	6-9	4-15	6	9-30	6-10	7:30	6			"	1.75	17

Person Conducting Percolation Tests

Name: HARVEY STRIZEK
Phone: 785 7855
Address Rt 1 Davey

Sum of Percolation Rates: 81
Average of Rates: 13.5
Rate Used for Calculation: 14.0

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jim Baire / Jm Date 7/17/97

FORM 23-101 10-96

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

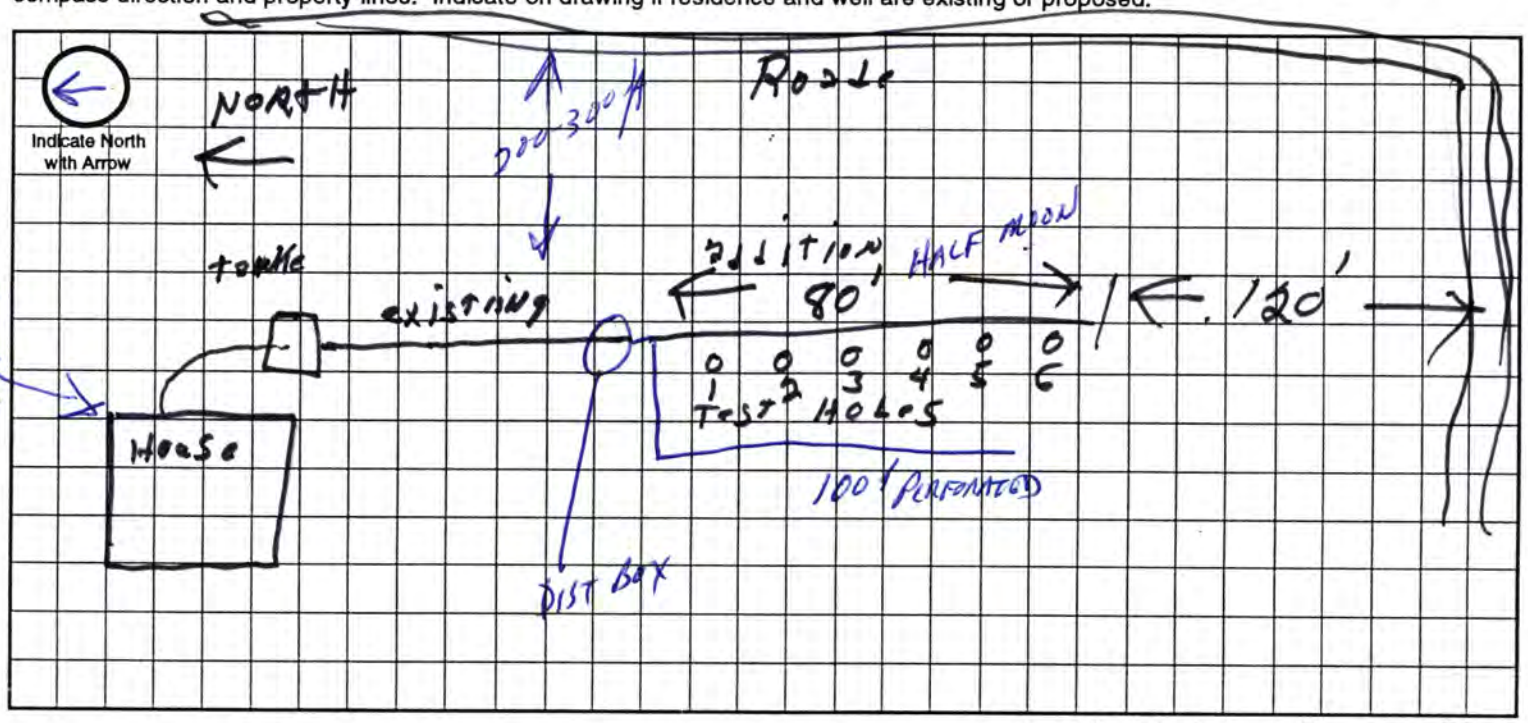
C

Permit Number: 97 3801620

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) 17801 NORTHRIDGE City DAVEY NE, Zip 68336

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Existing

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

Percolation Rate 14 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 557 sq. ft.

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

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

Total Length of Laterals 185 ft. Number of Trenches 2 Trench Width 36"

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 Harvey Stuck Date 7-16-97

FORM 23-102 10-96

Jim Barre 441 8633
Clerk 441 8022

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

D

Permit Number: 97 380 1620

Sewage Disposal System
As Built Plans & Specifications

Date 7-22-97

System Location (Indicate correct number and street)

Address 17801 North Ridge (no rural route) City Davey NE, Zip 68336

A. Building Sewer Existing

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 Existing

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

C. Distribution Box

1. Material: Plastic neoprene
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 140 ft.

D. Absorption Field New

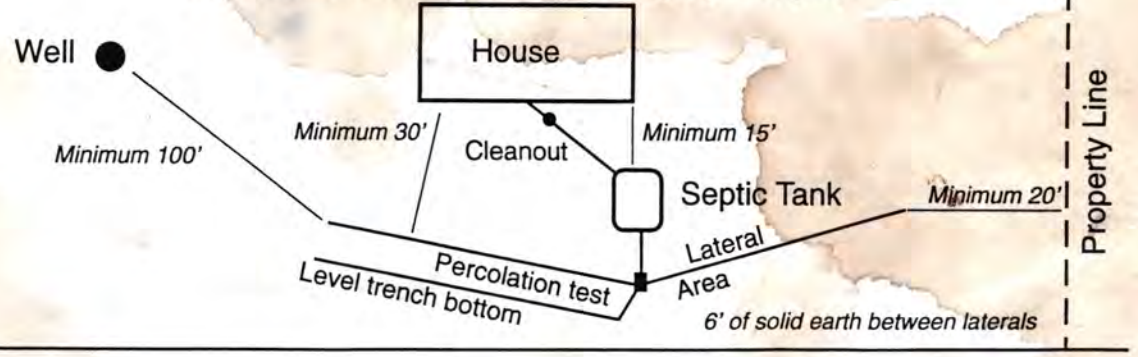
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☒ Perforated pipe
   Diameter of half round: 15"
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 80' ft. 96' 6" ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 1-4 in/100 ft.
   Average depth 36" in
4. Filter material: Gravel
   Depth of material 6 in.
5. Distances to: Well or suction line > 100' ft.
   Stream NA ft.
   Pressure line > 100 ft.
   Property line > 120 ft.

Indicate North with Arrow

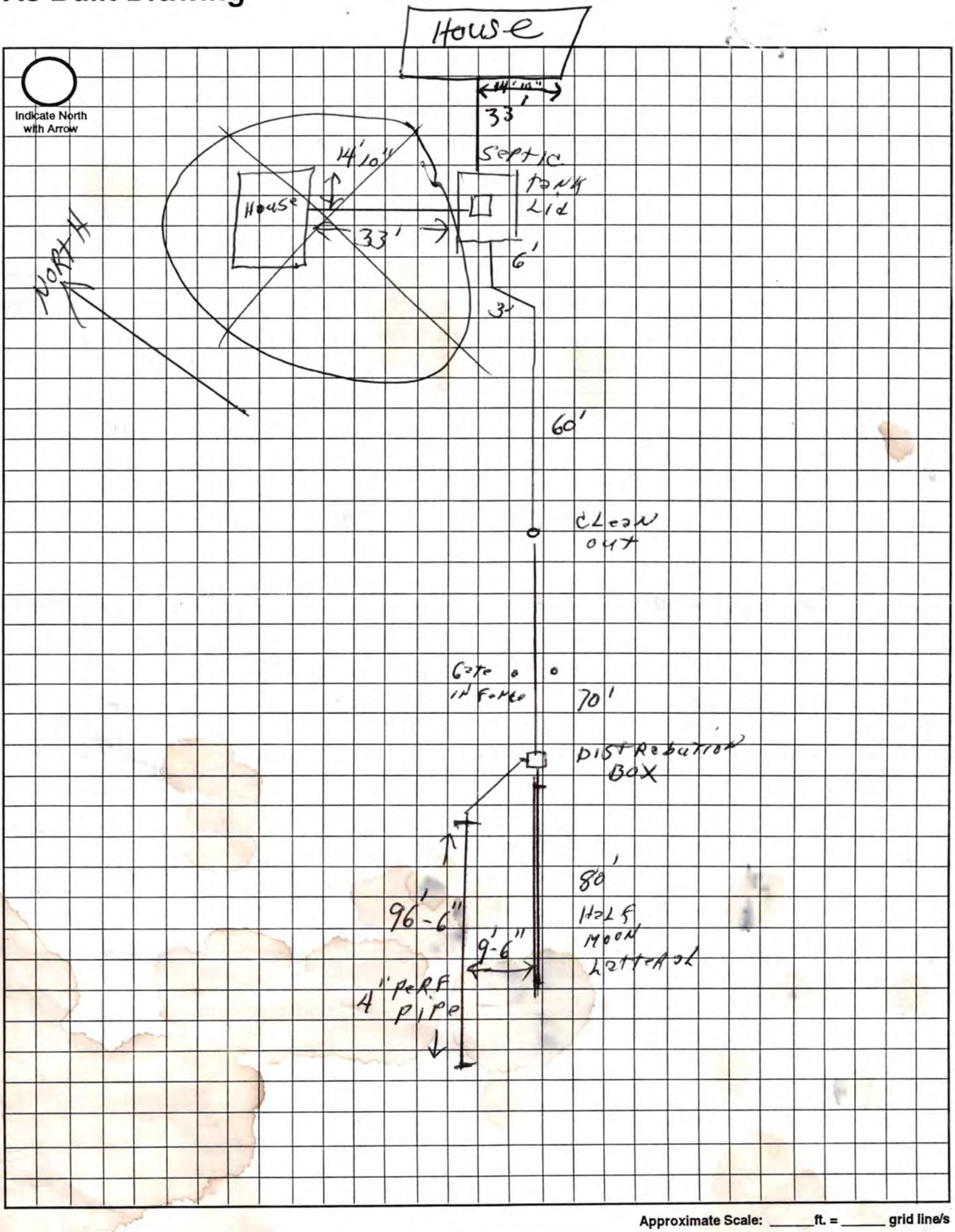
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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