Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002772

(402) 441-8000

Permit

SEWAGE INSTALLATION
WILL INSTALL WHATEVER PERCOLATION TEST
INDICATES

Permit # 03380265001

Issued 06/12/03
Expires 12/12/03
Revenue Code 3157

Establishment

MARK MASEK
T12N R6E SEC 26 QTR SW
W1/2OFSE1/4OFSW1/4
700 BRANCHED OAK RD-DAVEY

FEES: $200.00

Permittee

MARK MASEK
8833 EDWIN LN
LINCOLN NE 68517

TOTAL: $200.00

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: 03380265001

Sewage Disposal System

Request for Site Clearance and Permit

WILL INSTALL WHATEVER PERC TEST INDICATES

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 700 Branched Oak Road (no rural route) City Davey NE, Zip 68336

Legal Description 500 W½ SE¼ SW¼ 26 - 12 - 6
(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 [signature]

Address 8833 Edwin Lane City/State/Zip Lincoln NE. 68517

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

C. Contractor

Name Steve Machacek Company Name M + W Construction

Address P.O. Box 91 City/State/Zip Weston NE. 68070

☒ Check if contractor designed system Work Phone 402 - 480 - 2006

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~~ 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 6/12/03 Date frwd 6/13/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
   11-10-03 am too much slope - about 18" soil limits
   11-11-03 am corrected
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-13-03 Date frwd 6-13-03 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 6-13-03 Date frwd 6-13-03 ACTION ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By [signature]

Date 11-18-03

Business Office Use Only

Date Rec'd 06/12/03

Amt Paid 200.00

Rec'd By [signature] ~~Cash~~/Check No. 9331

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: 033802650

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 500 Branched Oak Road (no rural route) City Davey NE, Zip 68336

Owner Mark Masek Addresss 1620 Fairfield Lincoln NE 68521

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

Date of Tests 10/23/03 to 10/24/03 Weather: Precipitation None Temperature 70°

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	10/23	4 pm	10/23	8 pm	10/24	1:30 pm	12	10/24	2:00 pm	30	3/4	40 MIN/IN
2	36	10/23	4 pm	10/23	8 pm	10/24	1:30 pm	12	10/24	2:00 pm	30	1/2	60 MIN/IN
3	37	10/23	4 pm	10/23	8 pm	10/24	1:30 pm	12	10/24	2:00 pm	30	1 1/4	24 MIN/IN
4	36	10/23	4 pm	10/23	8 pm	10/24	1:35 pm	12	10/24	2:05 pm	30	1	30 MIN/IN
5	36	10/23	4 pm	10/23	8 pm	10/24	1:35 pm	12	10/24	2:05 pm	30	3/4	40 MIN/IN
6	35	10/23	4 pm	10/23	8 pm	10/24	1:35 pm	12	10/24	2:05 pm	30	1 1/4	24 MIN/IN

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

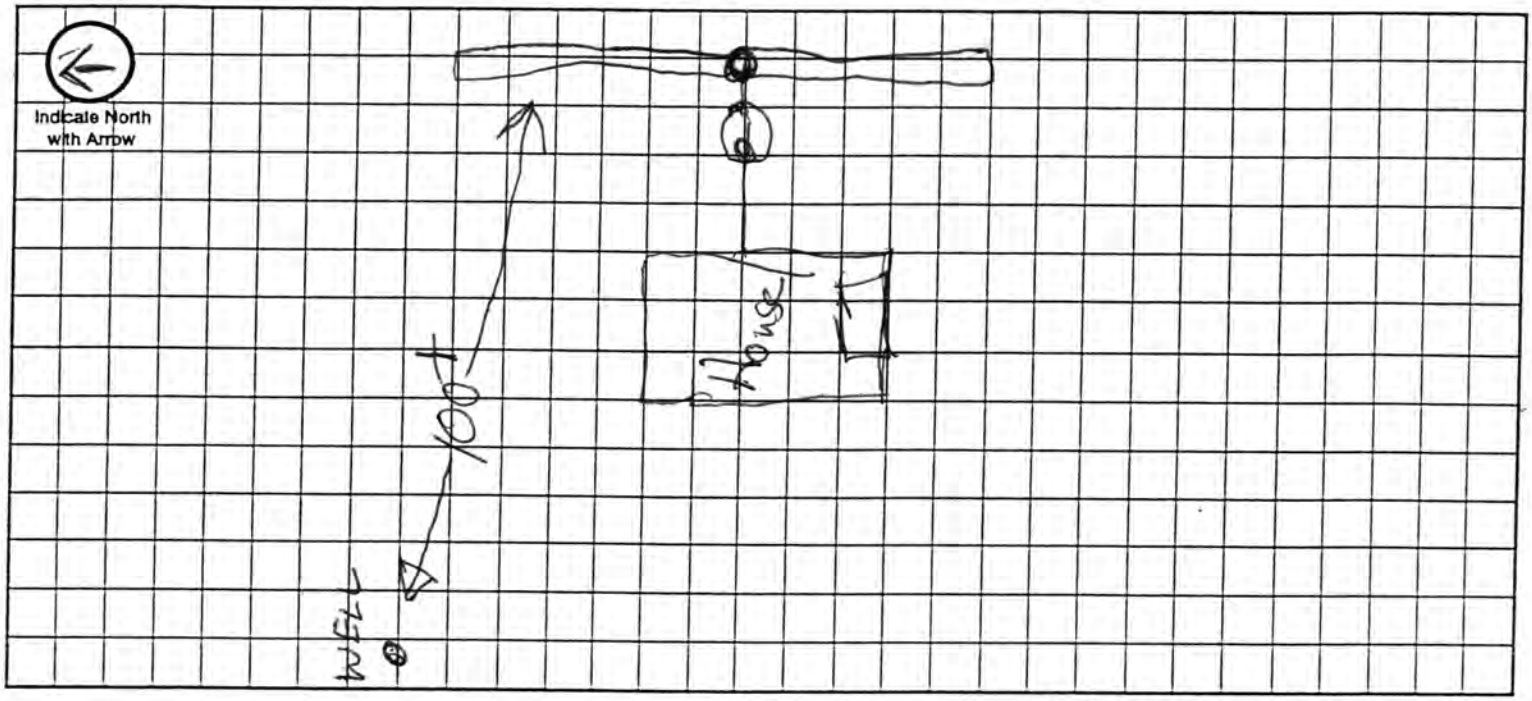
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802650

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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☒ Other in Filtrator

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 _____ Trench Width 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 6-11-03

Installer Steve Machacek M&W Const #0021 Date 6-11-03

FORM 23-102 10-96

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

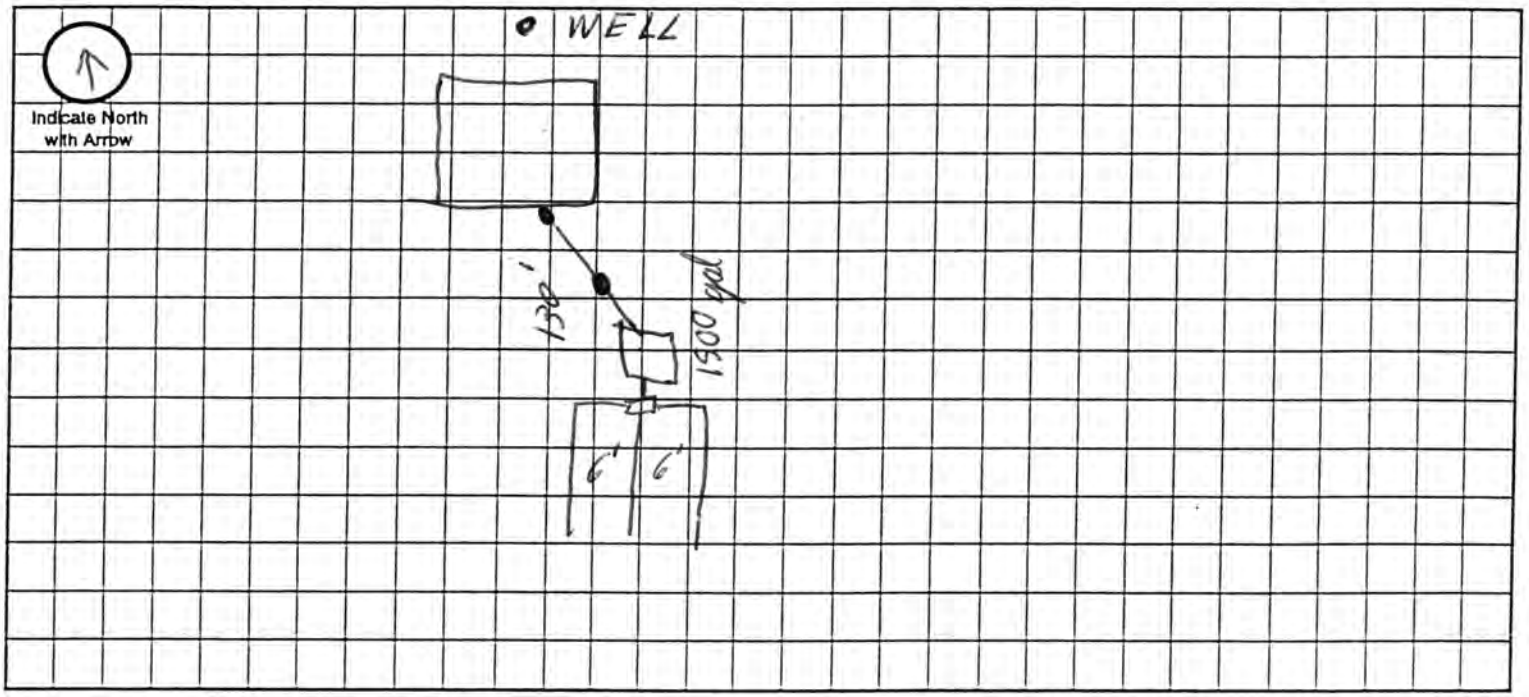
C

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) _____ 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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: In-Filtrator

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

Total Length of Laterals 350 ft. Number of Trenches _____ Trench Width 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 10-31-03

Installer _____ Date 10-31-03

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:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 7500 Branched Oak Rd (no rural route) City Davey NE, Zip _____

A. Building Sewer

1. Material: Sch 40
   Diameter: 4in in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 4' in.
3. Distance between dwelling and septic tank: 70' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 70' Straight ft.
   stream — ft.
   pressure line — ft.
   property line — ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1750 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 8in in.
   Over outlet, diameter 8in in.
   Riser: ☑ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 36in in.
8. Distances to: Well or suction line 70' ft.
   Stream — ft.
   Pressure line — ft.
   Property line — ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 5' ft.

D. Absorption Field

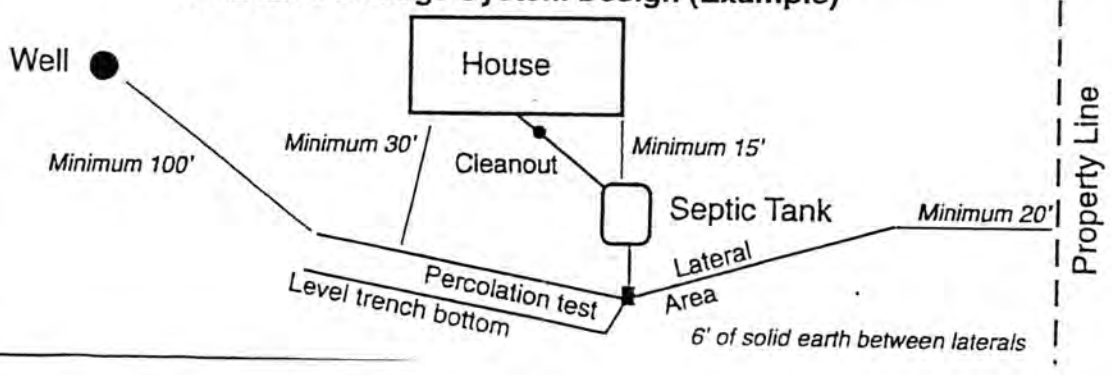
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: 150 ft. 150 ft.
   50 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3' ft.
   Slope — in/100 ft.
   Average depth 3' in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 70 ft.
   Stream — ft.
   Pressure line — ft.
   Property line — ft.

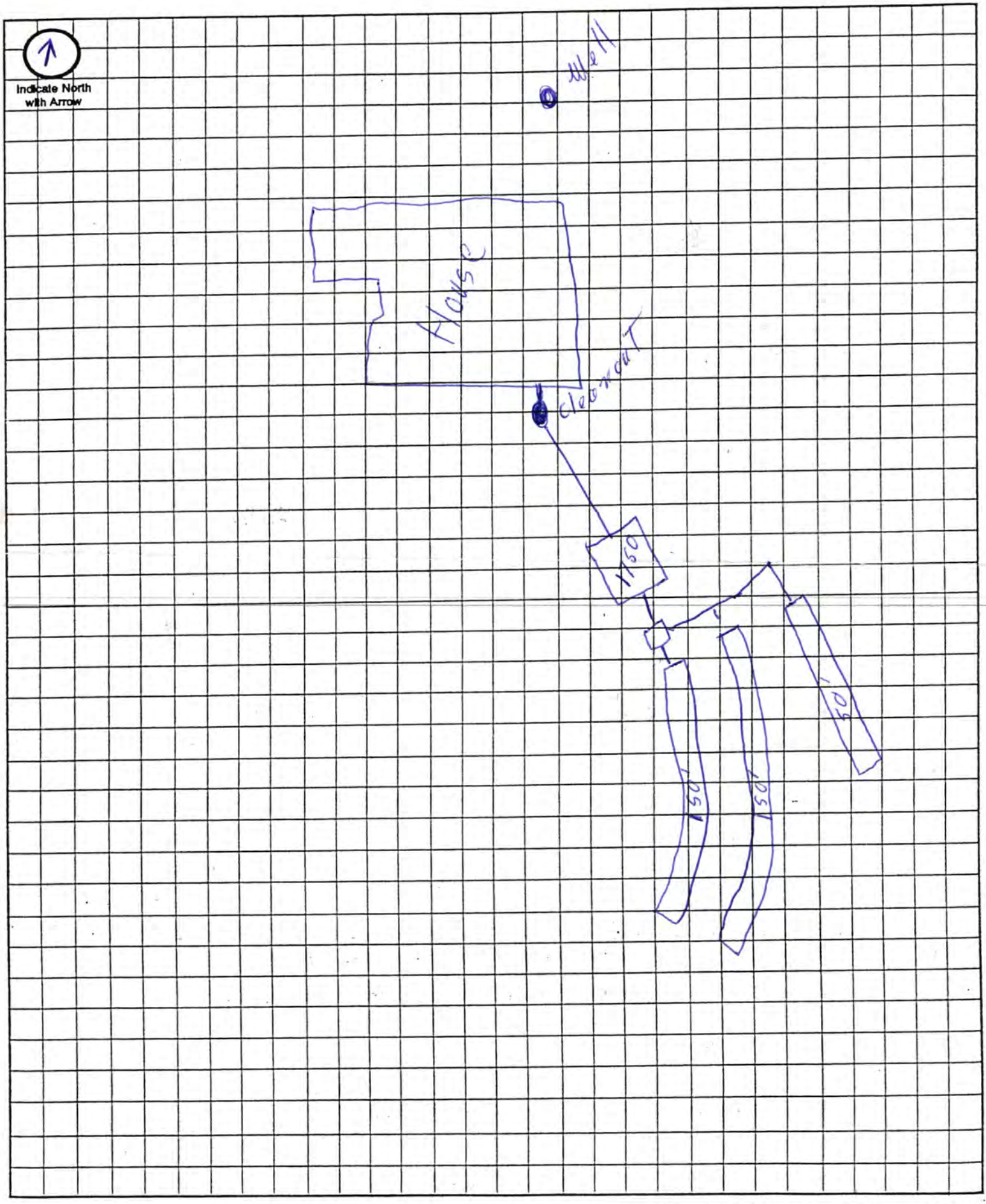
Indicate North with Arrow

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

Individual Sewage System Design (Example)



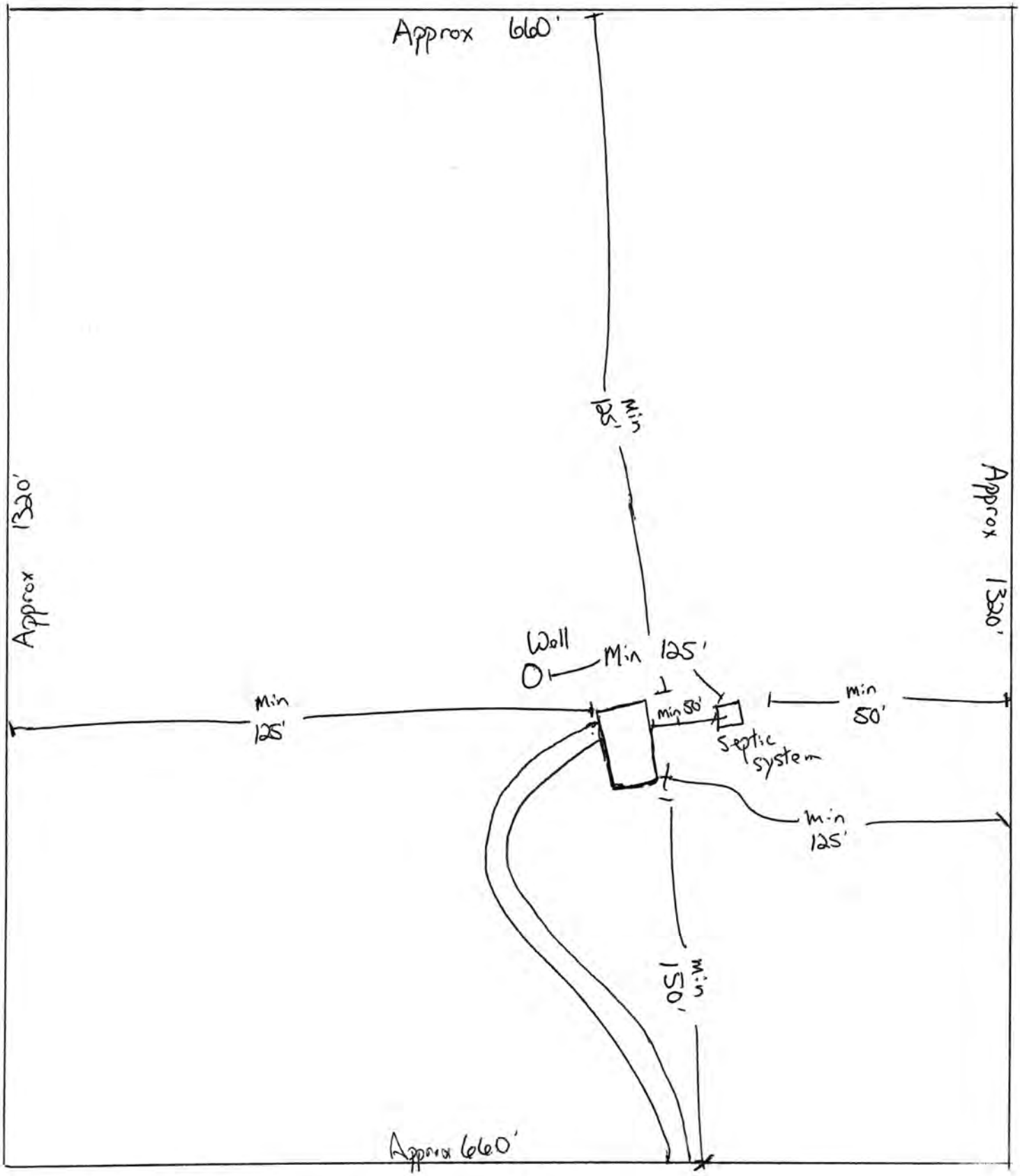
As Built Drawing



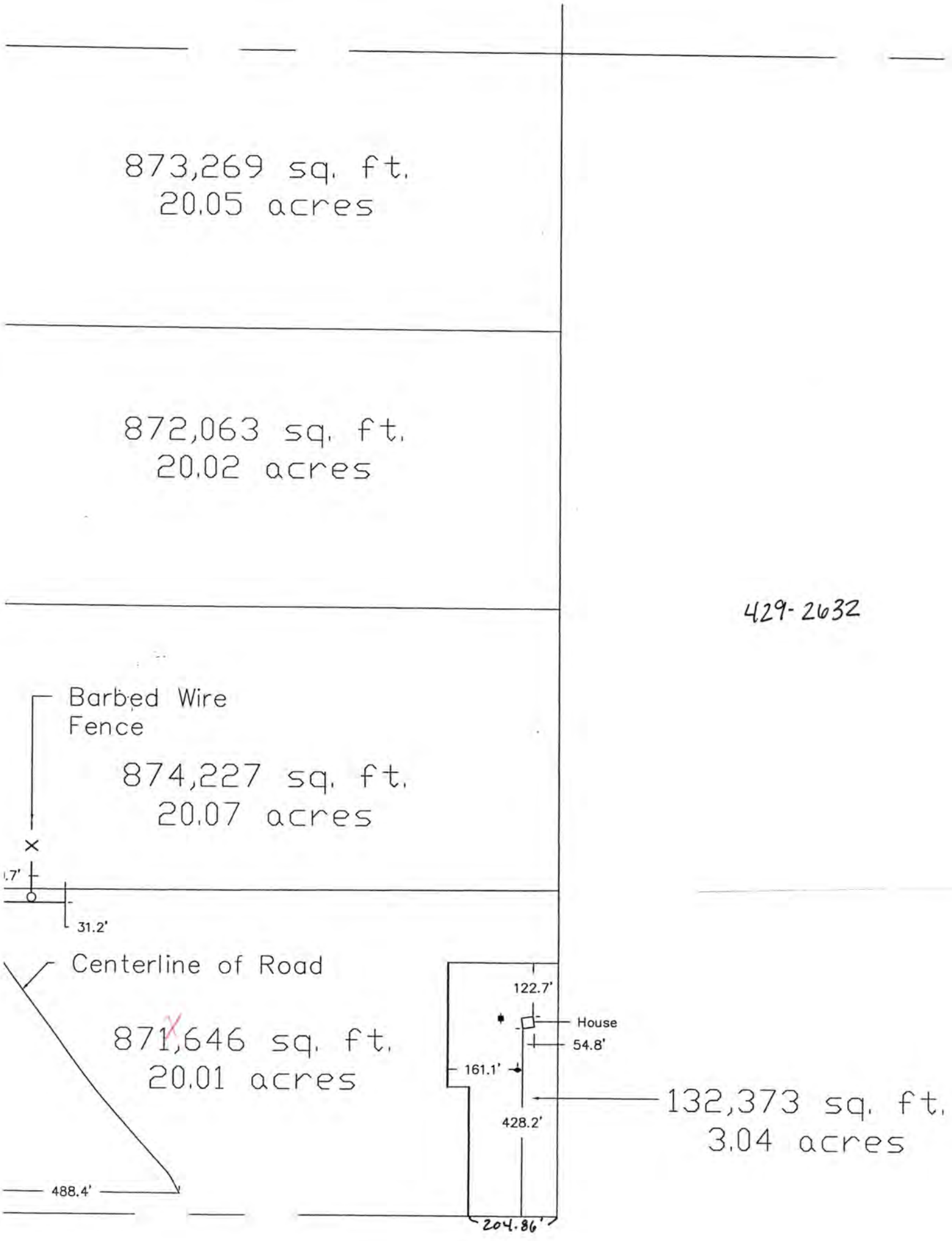
Approximate Scale: _____ ft. = _____ grid line/s

W ½ SE ¼ SW ¼ 26-12-6 Lancaster Co

N



700 Branched Oak Road


873,269 sq. ft.
20.05 acres
872,063 sq. ft.
20.02 acres
429-2632
Barbed Wire
Fence
874,227 sq. ft.
20.07 acres
.7'
31.2'
Centerline of Road
871,646 sq. ft.
20.01 acres
122.7'
House
54.8'
161.1'
132,373 sq. ft.
3.04 acres
428.2'
488.4'
204.86'