LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC

No. 98380181901

Issued 08/07/98
Expires 02/07/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment
ALENE TRUAX
T12N R6E SEC 25
LOT 14
2500 BRANCHED OAK RD - DAVEY

Permittee
ALENE TRUAX
2500 BRANCHED OAK RD
DAVEY NE 00006-8336

Issued By Health Director
Lincoln-Lancaster County Health Department

007952

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

AUG 1 9 1998

A

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

Permit Number: 98380 1819

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 2500 (3735) BRANCHED OAK ROAD (no rural route) City DAVEY NE, Zip 68336

Legal Description 25 T12N R6E 14
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 ALENE TRUAX Signature Alene Truax

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone 474 9484

C. Contractor

Name AWS Company Name AWS

Address MEAD NE City/State/Zip _____

☒ Check if contractor designed system Work Phone 480 1573

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

Designer Name N/A 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 8/7/98 Date frwd 8/20/98 ACTION ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/10/98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/20/98 Date frwd 8/20/98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 8/23/98

Business Office Use Only

Date Rec'd 08/07/98

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 3383

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: 98380181C

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2500 BRANCHED OAK ROAD (no rural route) City DAVEY NE, Zip 68336

Owner ALENE TRUAX 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Nebraska State Health Department
Division of Housing & Environmental Health

EAN 1701
9838018 19

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED:
Location: Township 12
Section & ¼ Sect. 6 25
Property Dimensions: _____ ft. x _____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: Buzz Troia
Address: 2500 Branched Oak road.

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐
Silty Loam ☐ ; Clay Loam ☑ ; Sandy Clay ☐

Dates of Tests: 7-7 to 7-8. Weather: Precip. _____ Temp. _____ F

2500 Branched OAK Rd.

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. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch
1	36"	7-7	3:00pm	7-8	3:00pm	7-8	4:00pm	6	5:00pm	3	60 min	3	20
2	"	"	"	"	"	"	"	"	"	2	"	4	15
3	"	"	"	"	"	"	"	"	"	3	"	3	20
4	"	"	"	"	"	"	"	"	"	2	"	4	15
5	"	"	"	"	"	"	"	"	"	1	"	5	12
6	"	"	"	"	"	"	"	"	"	2	"	4	15

Sum of Percolation Rates 97
Average of Rates: 16.16
Inches per minute: _____

AWS well Co
Signature of Person Conducting Test

Address PO Box 246 Mead Ne. 68041
Phone 624-3895

(Do not write below this line)

REVIEWING ACTION

REMARKS: SCS map shows Shrewsbury 3 bedroom / 4ft trench, = 149 ~~linear~~ lineal feet

Approved Percolation Rate(s)
A. 17 =in./inch
B. _____ =in./inch
C. _____ =in./inch

DATE: 8-7-98 JR

Signature of Reviewing Official

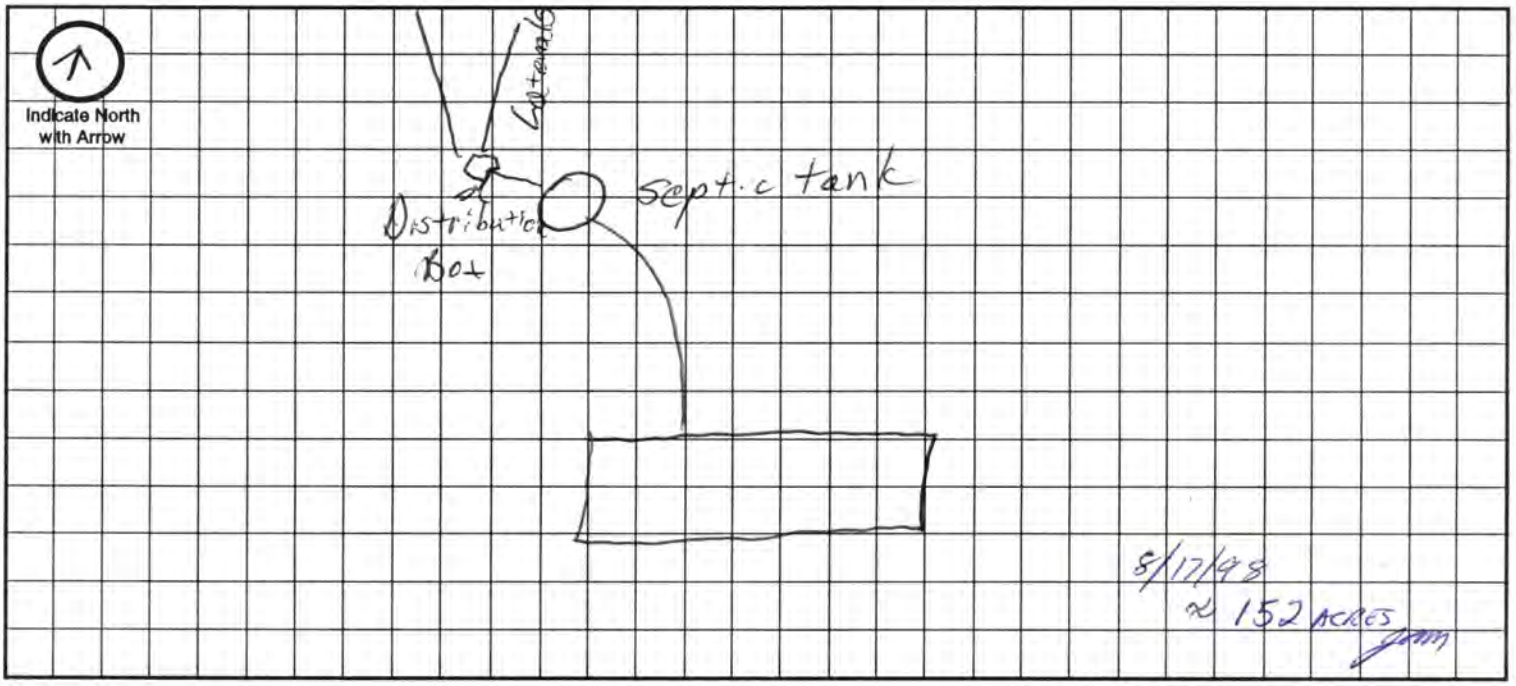
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98381819

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) 2500 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 16.16 (min. per inch) Soil Type: Clay loam Land Slope: 2 %

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

Total Square Feet of Field Required: 600 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed —

Total Length of Laterals 160 ft. Number of Trenches 2 Trench Width 4 ft.

4-39

T=17

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 Glenn Swap Date 8-6-98

Installer A & S Well Co. Date 8-6-98

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: 48380189

Sewage Disposal System

As Built Plans & Specifications

Date 8-10-98

System Location (Indicate correct number and street)

Address 2500 BRANCHED OAK ROAD (no rural route) City DAVEY NE, Zip 68336

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 8 in.
3. Distance between dwelling and septic tank: 140 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 50 ft.
   stream _____ ft.
   pressure line 50 ft.
   property line 50 ft.

B. Septic Tank

1. Material: Cement - Round
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 6 in.
   Riser: ☐ above ☒ below grade 6 in.
5. Inlet: ☒ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 34 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Cement
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 20 ft.

D. Absorption Field

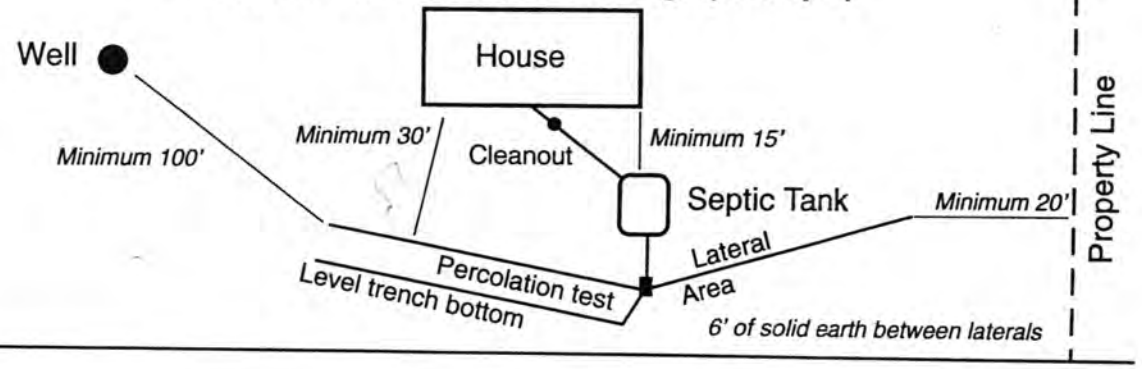
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 80 ft. 60 ft.
   20 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 3 in
4. Filter material: Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

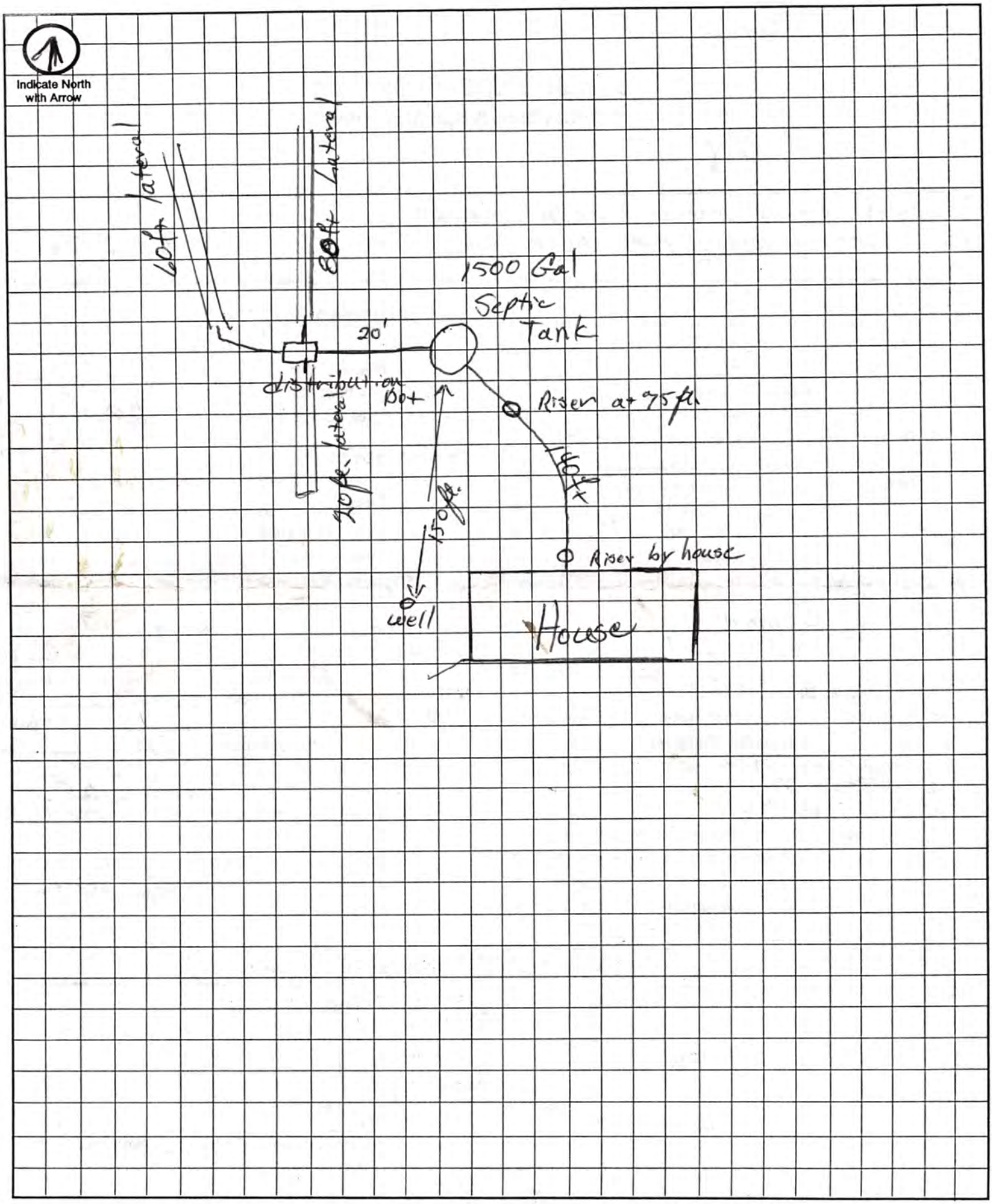
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s