Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002978

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380269001

Issued 08/15/03
Expires 02/15/04
Revenue Code 3157

Establishment: MARK MASEK
T12N R6E SEC 26 QTR SW
SE1/4 OF SW1/4-3 AC
600 BRANCHED OAK RD-DAVEY

FEES: $200.00

Permittee: MARK MASEK
1620 FAIRFIELD ST
LINCOLN NE 68521

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: 03380269001

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 6000 Branched Oak Road (no rural route) City Davey NE, Zip 68336

Legal Description ~~3~~ SE SW 26 12N 6E ~~5~~ 5 I.T.
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 1620 Fairfield St City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 402-742-6050 Work Phone 402-601-0285

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 Brandon Thoren Firm Nelson Electric Work Phone (402)535-2440

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 8/15/03 Date frwd 8/18/03	ACTION ☒ Approved ☐ Disapproved Signature Carroll C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 8-18-03 Date frwd 8-18-03	ACTION ☒ Approved ☐ Disapproved Signature [signature]	
3. City or County Engineer	Date rec'd 8-18-03 Date frwd 8-18-03	ACTION ☒ Approved ☐ Disapproved Signature [signature]	

Installation Final Written Approval

By Ron Mayard

Date 7-26-04

Business Office Use Only

Date Rec'd 08/15/03

Amt Paid 200.00

Rec'd By ~~cs~~ Cash/Check No. 9422

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: 033802690

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 600 Branched Oak Road (no rural route) City Davey NE, Zip 68336

Owner Mark Masek Addresss 1620 Fairfield St Lincoln NE 68521

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

Date of Tests 8-2-03 to 8-3-03 Weather: Precipitation Sunny - Partly Cloudy Temperature 87°

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	36	8/2	4:00 PM	8/3	9:00 AM	8/3	9:46 AM	1"	8/3	2:10 PM	30	1	
2	"	"	"	"	"	"	"	1 1/8	"	2:10	"	1 1/8	
3	"	"	"	"	"	"	"	3	"	2:10	"	3	
4	"	"	"	"	"	"	"	2 3/4	"	2:10	"	2 3/4	
5	"	"	"	"	"	"	"	2	"	2:10	"	2	
6	"	"	"	"	"	"	"	2 1/8	"	2:10	"	2 1/8	
		"	"	"	"	"	"		"				

Person Conducting Percolation Tests

Name: Mark Masek
Phone: 402-601-0285
Address 1620 Fairfield St
Lincoln NE 68521

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 30 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date AUGUST 15, 2003

FORM 23-101 10-96

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

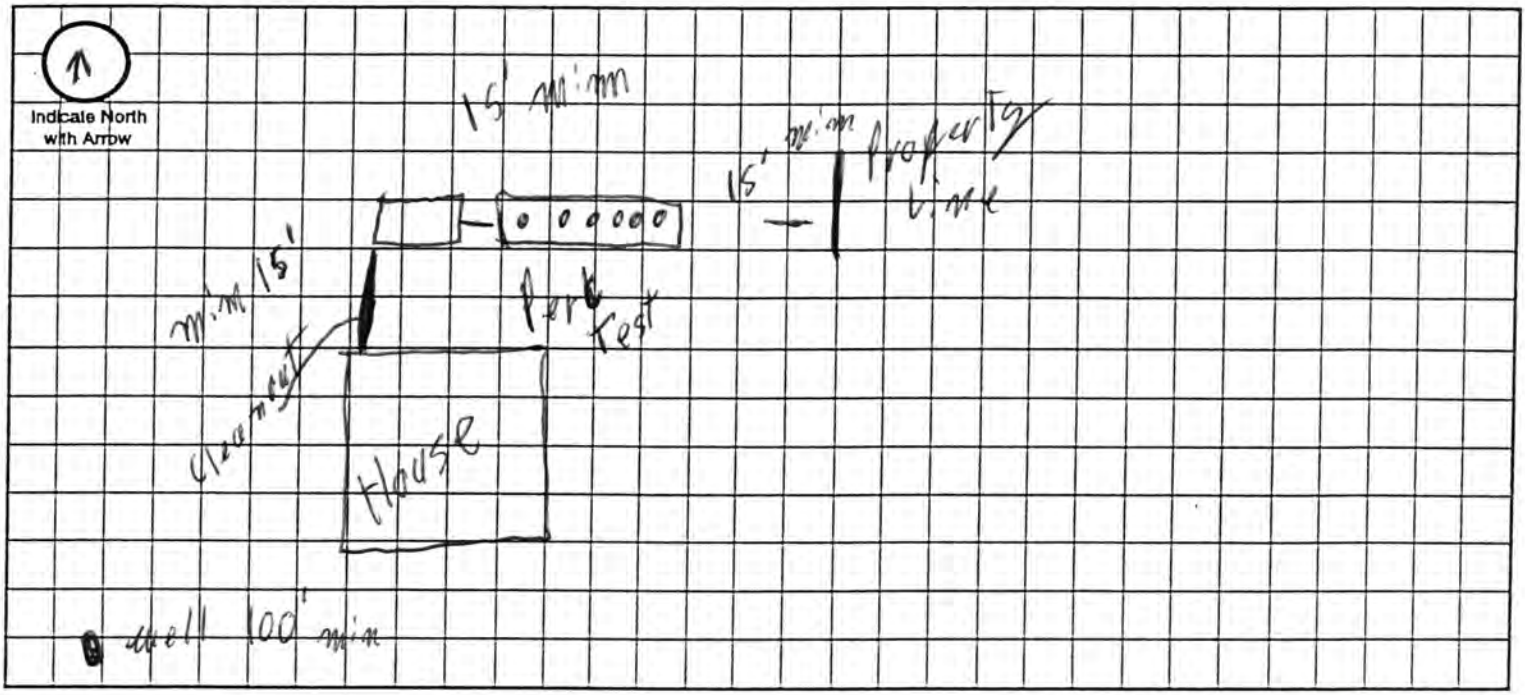
C

Permit Number: 033802690

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) 600 Branched Oak Road 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 30 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 750 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed _____

Total Length of Laterals 188 ft. Number of Trenches 2 Trench Width 24" 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 _____

Installer _____ Date 8-15-03

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4/8/04

System Location (Indicate correct number and street)

Address 700 Branched Oak Rd (no rural route) City Davey NE NE, Zip

A. Building Sewer

1. Material: Plastic 2241
   Diameter: 4 in
2. Distance above basement floor: ____ in.
   or distance below basement floor: 1' in.
3. Distance between dwelling and septic tank: 60' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 300' ft.
   stream — ft.
   pressure line 400' ft.
   property line 50' ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: 1 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: 24" in.
8. Distances to: Well or suction line 300' ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10' ft.

D. Absorption Field

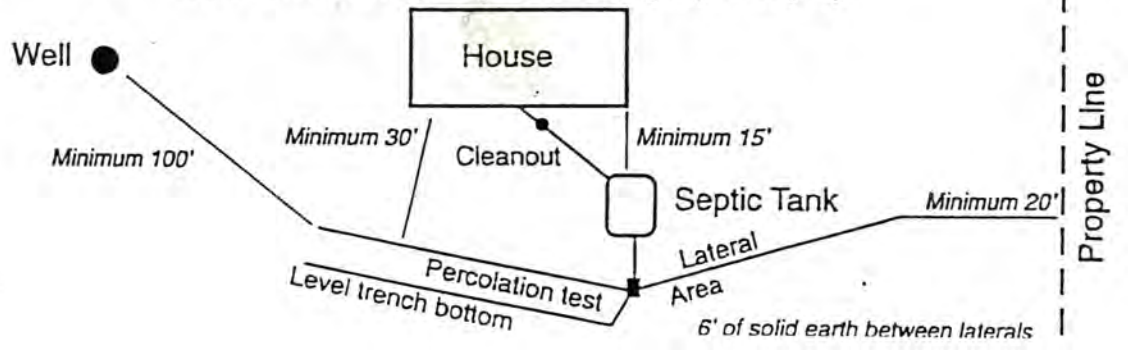
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 3' In Filtrators
   or perforated pipe: ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 106.25 ft. 75 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope Nuze in/100 ft.
   Average depth 2' in
4. Filter material: ____
   Depth of material ____ in.
5. Distances to: Well or suction line 300' 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

