Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003220

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC OR LAGOON-INSTALL WHATEVER PERC

Permit # 03380274601

Issued 11/18/03
Expires 05/18/04
Revenue Code 3157

Establishment
MARK MASEK
T12N R6E SEC 26 QTR SW
TRACT-SW1/4OF SW 1/4 LOT #6
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: 03380274601

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

Legal Description SW 1/4 SW 1/4 26 Section 12N Township 6E Range SEE ATTACHED Subdivision Addition Tract #6 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 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 Thomm #0051 Firm Nelson Electric 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 11/18/03 Date frwd 11/21/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/29 Date frwd 3/29 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/21/03 Date frwd 11/21/03 ACTION ☒ Approved ☐ Disapproved Signature _____

Not done

Installation Final Written Approval

By _____ Date 4-9-04 7/23/04

Business Office Use Only
Date Rec'd 11-18-03
Amt Paid 200.00
Rec'd By TW Cash/Check No. 9631

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

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

B

Permit Number: 033802 74601

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner Mark Masek Addresss 1620 Fairfield St.

Soil Type (SCS): _____ Percolation Rate: 22 min./inch

Date of Tests 11-20 to 11-21 Weather: Precipitation partly cloudy Temperature 50s

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	11-20	2PM	11-21	8 AM	11-21	9 AM	12	1 PM	30	30	1 1/2	
2								12				1 5/8	
3								12				1 1/2	
4								12				1 5/8	
5								12				1 3/4	
6								12				1 1/2	

Person Conducting Percolation Tests

Name: Mark Masek

Phone: 402-601-0285

Address 1620 Fairfield St.

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 22 Min / in

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

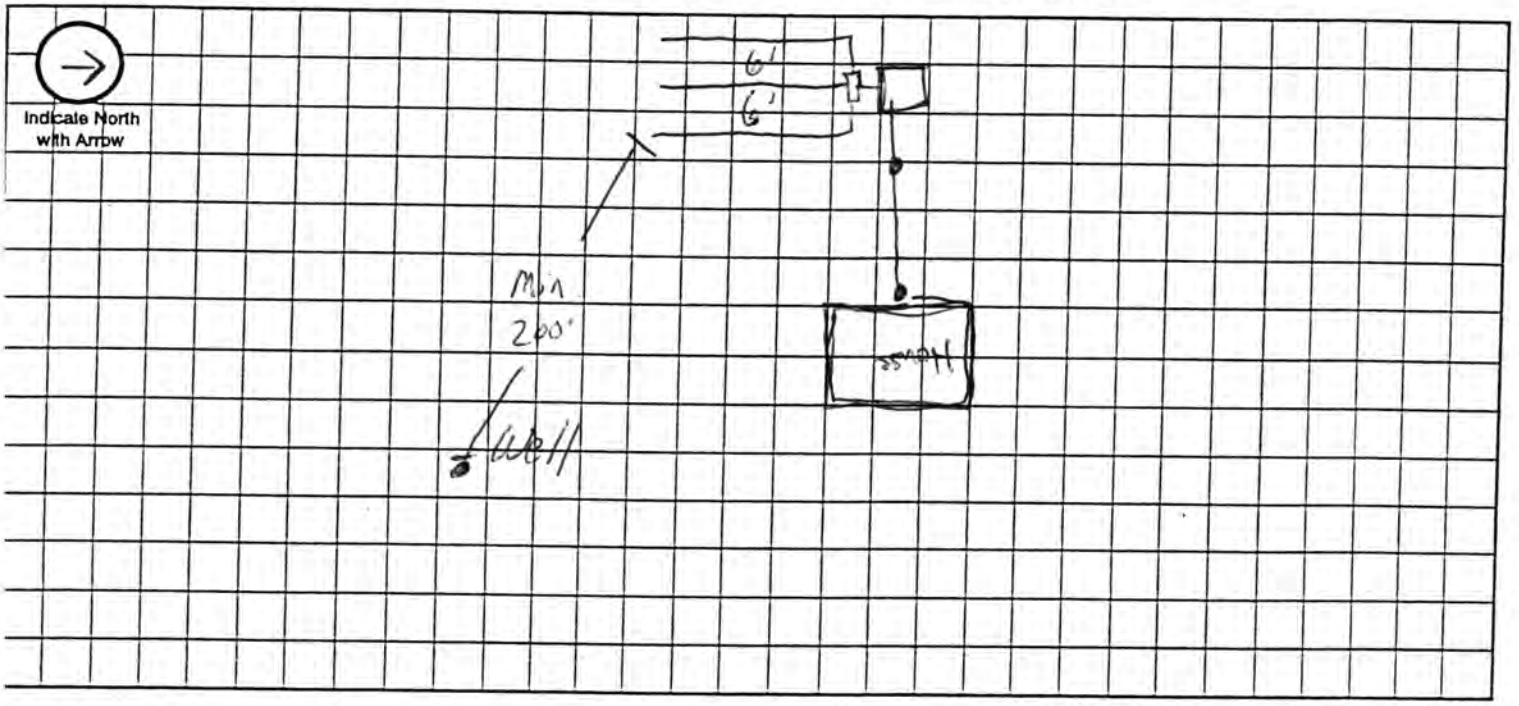
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033807746

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

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

Total Square Feet of Field Required: _____ 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 _____ ft. Number of Trenches _____ Trench Width _____

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 _____ #0051 Date _____

RM 23-102 10-96

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

D

Permit Number: 033802 74601

Sewage Disposal System

As Built Plans & Specifications

Date 7-22-04

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: ASTMD 2241
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 300 ft.
   stream — ft.
   pressure line — ft.
   property line 225 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☐ above ☒ below grade 24 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 400 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 400 ft.

C. Distribution Box

1. Material: plastic
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: ~~300~~ 15 ft.

D. Absorption Field

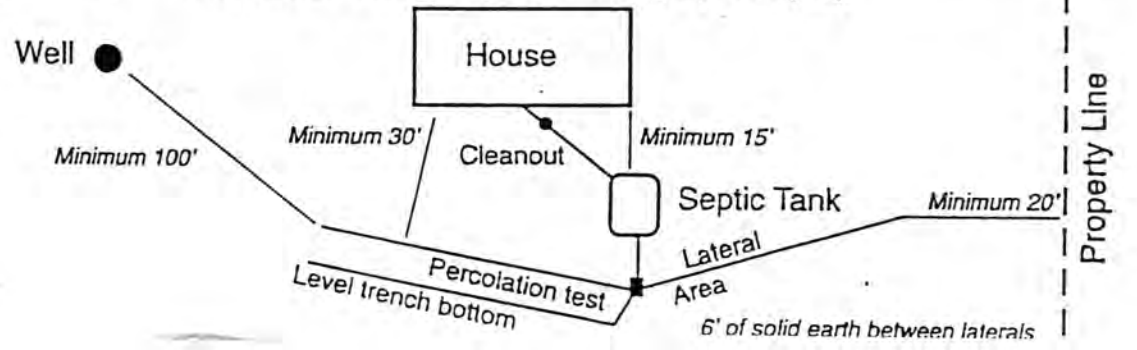
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: insulation
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: 2 Number _____
   Length of each line: 94 ft. 94 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: dirt
   Depth of material 24 in.
5. Distances to: Well or suction line 300 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 300 ft.

Indicate North with Arrow

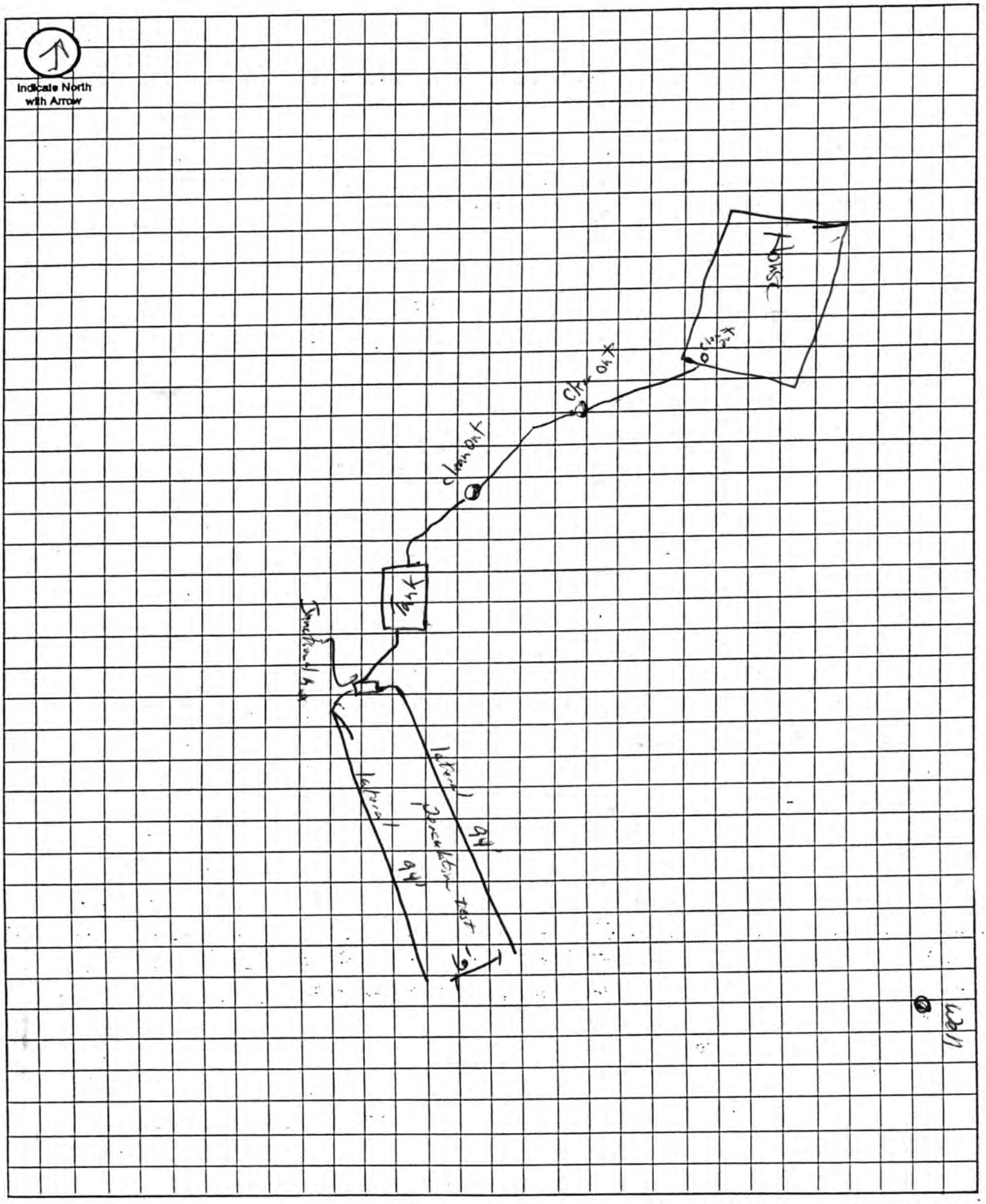
Complete "As Built" drawing on back of this form.

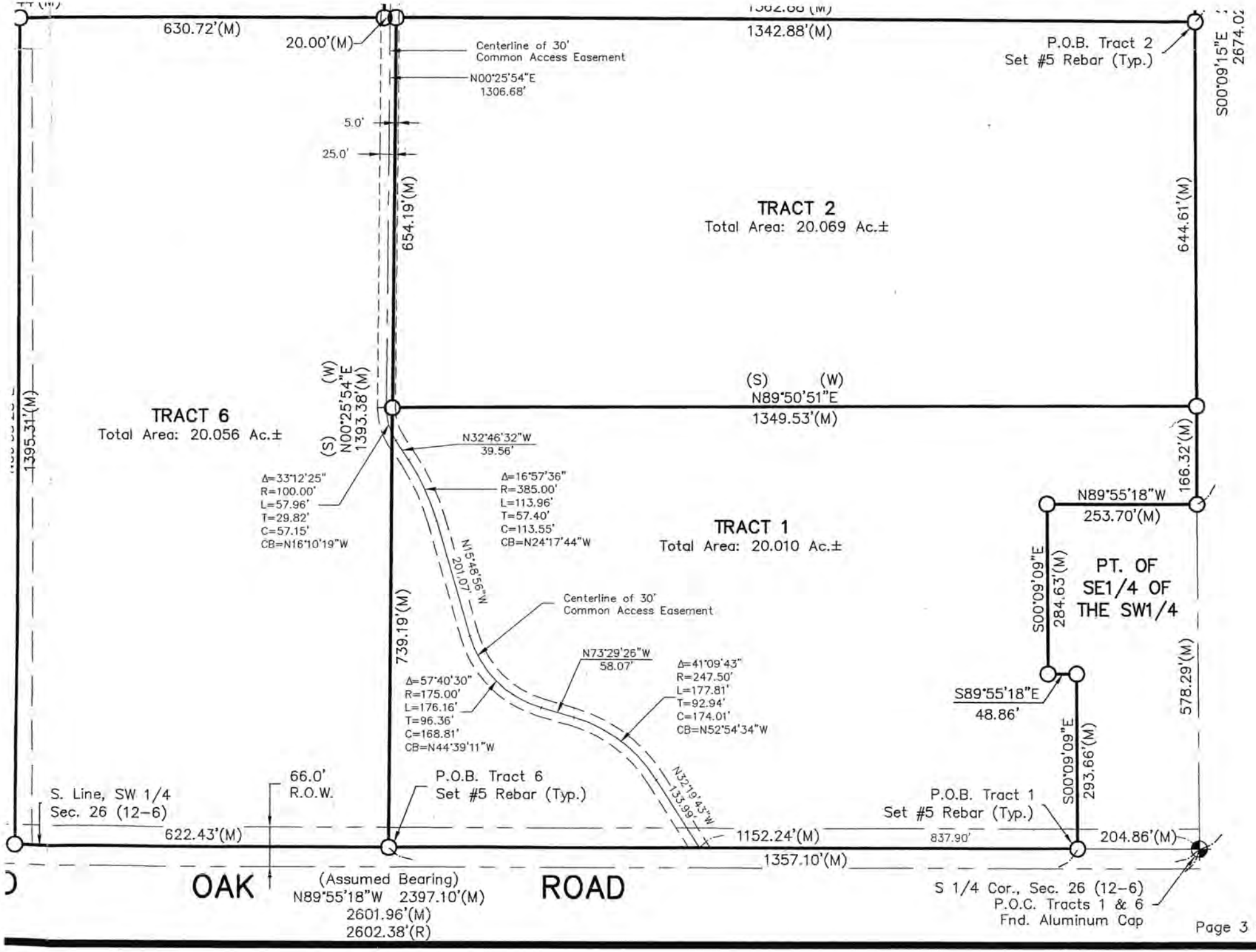
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing




630.72'(M)
20.00'(M)
Centerline of 30' Common Access Easement
N00°25'54"E 1306.68'
1342.88'(M)
P.O.B. Tract 2 Set #5 Rebar (Typ.)
S00°09'15"E 2674.02'
5.0'
25.0'
654.19'(M)
644.61'(M)
TRACT 2
Total Area: 20.069 Ac.±
(W) N00°25'54"E 1393.38'(M)
(S) N89°50'51"E 1349.53'(M)
1395.31'(M)
TRACT 6
Total Area: 20.056 Ac.±
N32°46'32"W 39.56'
Δ=33°12'25" R=100.00' L=57.96' T=29.82' C=57.15' CB=N16°10'19"W
Δ=16°57'36" R=385.00' L=113.96' T=57.40' C=113.55' CB=N24°17'44"W
N15°48'56"W 201.07'
166.32'(M)
N89°55'18"W 253.70'(M)
TRACT 1
Total Area: 20.010 Ac.±
PT. OF SE1/4 OF THE SW1/4
S00°09'09"E 284.63'(M)
Centerline of 30' Common Access Easement
739.19'(M)
N73°29'26"W 58.07'
Δ=41°09'43" R=247.50' L=177.81' T=92.94' C=174.01' CB=N52°54'34"W
Δ=57°40'30" R=175.00' L=176.16' T=96.36' C=168.81' CB=N44°39'11"W
S89°55'18"E 48.86'
578.29'(M)
S00°09'09"E 293.66'(M)
N32°19'43"W 133.99'
66.0' R.O.W.
P.O.B. Tract 6 Set #5 Rebar (Typ.)
P.O.B. Tract 1 Set #5 Rebar (Typ.)
S. Line, SW 1/4 Sec. 26 (12-6)
622.43'(M)
1152.24'(M)
837.90'
204.86'(M)
1357.10'(M)
OAK ROAD
(Assumed Bearing) N89°55'18"W 2397.10'(M) 2601.96'(M) 2602.38'(R)
S 1/4 Cor., Sec. 26 (12-6) P.O.C. Tracts 1 & 6 Fnd. Aluminum Cap