# Lincoln-Lancaster County Health Department
## ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

011026

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380335201

Issued 06/14/07
Expires 06/14/08
Revenue Code 3157

Establishment

NEIGHBOR FAMILY HOMES
T12N R6E SEC 24 QTR NE
E 1/2 OF NE 1/4
18755 N 27 ST-DAVEY

FEES: $290.00

Permittee

NEIGHBOR FAMILY HOMES
8240 EASTWOOD DR
LINCOLN NE 68504

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

**A**

Permit Number
07380335201 14

# Onsite Wastewater Treatment System Request for Site Clearance and Permit

**Include Form B and C. Submit correct fee with this Application**

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address 18755 N. 27th STREET City DAVEY, NE Zip
(no rural route)

Legal Description LCR 5989 24 12 6 EAST 1/2 OF NE
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: Latitude:

☑ Check if system mail address is not the same as the owner's address Total Acres: 80

## B. Owner

Name RYAN AND TERRI SAUER Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

## C. Contractor

Name: MAX NEIGHBORS (NEIGHBORS FAMILY HOMES) NCR 71466 Company Name NEIGHBORS FAMILY HOMES, INC.

Address 8240 EASTWOOD DRIVE City/State/Zip LINCOLN, NE 68506

☐ Check if contractor designed system Work Phone 432-1688

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

Designer Name DAN ANDERSON Firm AWS Work Phone 443-7161

## 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 Well Permit Applied for ☐ Yes ☐ No ☑ Not Applicable

***DO NOT WRITE BELOW THIS LINE***

**Approval Process** ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

**1. Health Department**
Site visits
Date rec'd 6/13/07
Date frwd 6/13/07
**ACTION** ☑ Approved ☐ Disapproved
Signature

**2. Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd
Date frwd
**ACTION** ☐ Approved ☐ Disapproved
Signature

**3. City or County Engineer**
Comments
Date rec'd 6-19-07
Date frwd 6-19-07
**ACTION** ☒ Approved ☐ Disapproved
Signature Jim Flowers

**Installation Final Written Approval**
By
Date 11/7/07

* well, 115 ft from the closest lateral.

***Business Office Use Only***
Date Received 6/14/07 Amount Paid 290.00
Received By Cash/Check No. 4181

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

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

**B**

Permit Number:

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 18355 N. 27th Street (no rural route) City Davey NE, Zip

Owner Ryan and Terre Sander Addresss

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

Date of Tests 4/5/07 to 4/6/07 Weather: Precipitation 0 Temperature 30°

### 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 | 30 | 4/5 | 10 AM | 4/6 | 11 AM | 4/6 | 11 AM | 6 | | | 30 | 1 | 30 |
| 2 | " | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 3 | " | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 4 | " | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| 5 | " | " | " | " | " | " | " | " | " | " | " | 3/4 | 40 |
| 6 | " | " | " | " | " | " | " | " | " | " | " | 1/2 | 60 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Dan Anderson (AWS)

Phone: 443-7161

Address

Sum of Percolation Rates: 310

Average of Rates: 51.6

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks Must size system for 60 mpi w/ greater than 20 mpi variation

Signature of Reviewing Official Date 6/13/07

FORM 23-101 10-96

# Attachment C.

## Soil Absorption Test Data Report

Mrs Reighard

### Owner Information:

Owner _____ (Name) Phone _____

Address: Davey

### Location:

Township _____ Range _____ Sec. _____ 1/4 Sec. _____ 1/4 Sec. _____

County Name Lancaster Area: _____ Acres

Attach a sketch of the property showing the hole location.

### Soil Type: (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____

Silty Clay X Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test 4/5/07 to 4/6/07 Weather: Precipitation 0 Temp 30°

### Percolation Test Data

| a | b | c | d | e | f | g | h | i | j | k | l | m | n |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Presaturation 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 Rate (Min./Inch) |
| 1 | 30 | 4/5 | 10AM | 4/6 | 11AM | 4/6 | 11AM | 6 | 11:30AM | 5 | 30 | 1 | 30 |
| 2 | " | " | " | " | " | " | " | " | " | 5 1/2 | " | 1/2 | 60 |
| 3 | " | " | " | " | " | " | " | " | " | 5 1/2 | " | 1/2 | 60 |
| 4 | " | " | " | " | " | " | " | " | " | 5 1/2 | " | 1/2 | 60 |
| 5 | " | " | " | " | " | " | " | " | " | 5 1/4 | " | 3/4 | 40 |
| 6 | 30 | " | " | " | " | " | " | " | " | 5 1/2 | " | 1/2 | 60 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Test must be performed by or supervised by a certified site evaluator or professional engineer.

Ron Anderson
Signature of Site Evaluator/Engineer supervising test

Certificate/License #: 0103

Address: _____

Phone: _____

Sum of Percolation Rates = 250 310

*Average of Percolation Rates in Minutes per Inch = 50 51.6

*If rates vary more than 20 min/in, do not average. Use slowest rate for design purposes.

**Send completed Attachment C and Form B - Construction/Operating Permit to:**
Technical Assistance Unit, Nebraska Department of Environmental Quality, P.O. Box 98922, Lincoln, NE 68509

3 bedroom 990 sq ft 198 ft

4 " 1320 sq ft 264 ft

213' 1000 gal

432.5' 500 gal

house
S
N
1/8
1/4
3/8
1/2
5/8
3/4
7/8
1
2nd terrace
1st terrace

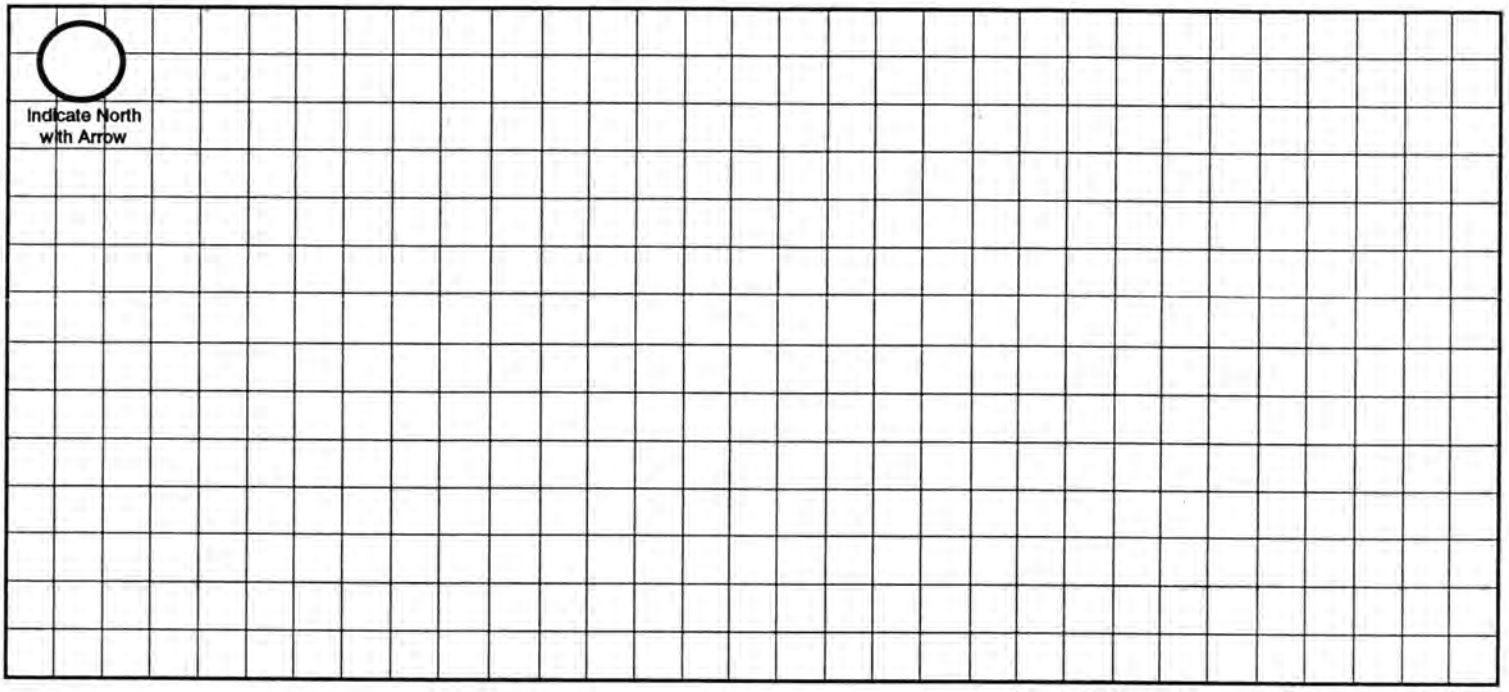
**Lincoln-Lancaster County Health Department**
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Phone: 402-441-8022

**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) 18755 N. 27th St. City DAVEY NE, Zip _____

## B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 51.6 (min. per inch) Soil Type: SHAMPSBURG Land Slope: — %

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

Total Square Feet of Field Required: 1,050 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 ft. Number of Trenches 2 Trench Width 4'

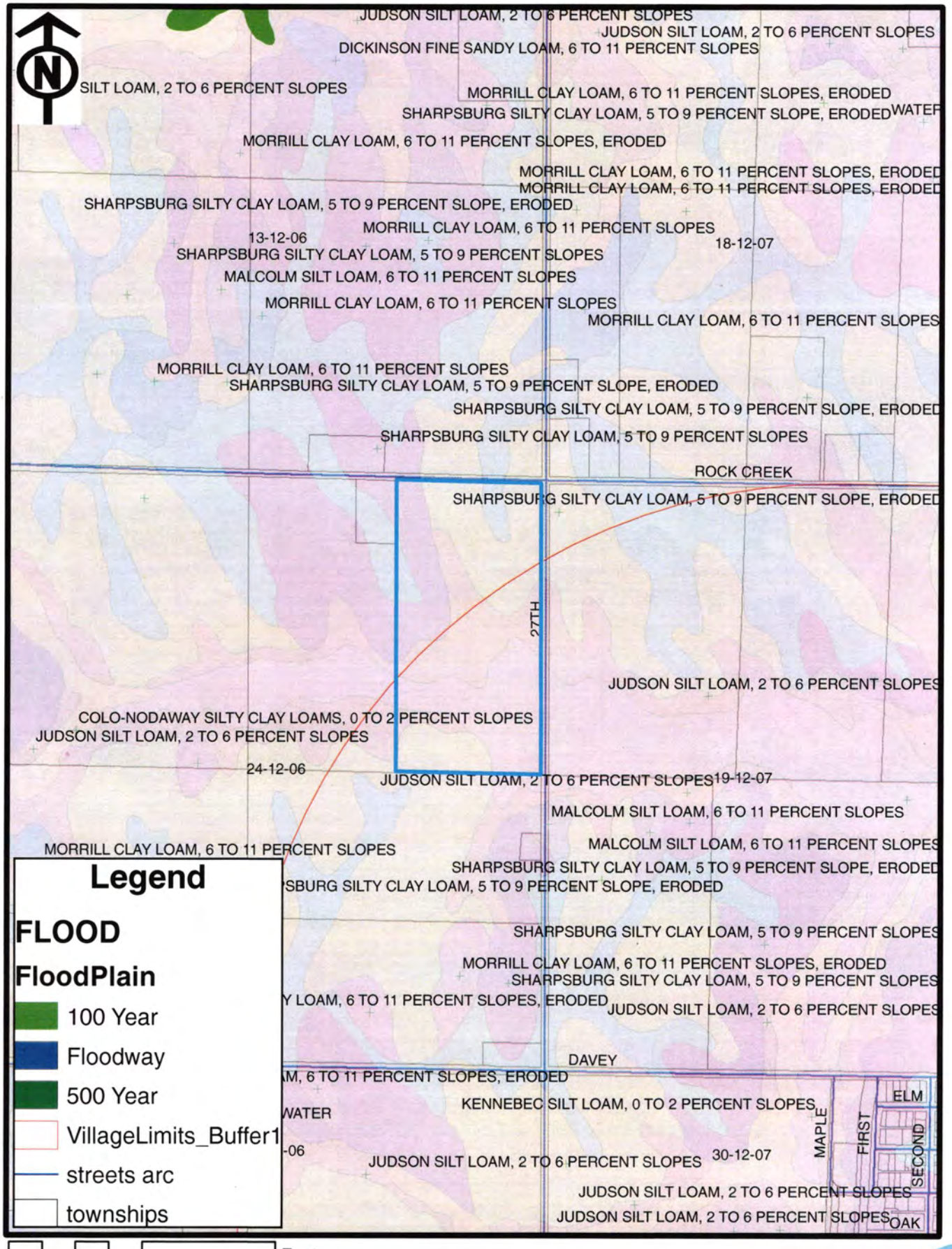
## D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| 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 6/13/17

Installer _____ Date _____


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
SILT LOAM, 2 TO 6 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
WATER
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
13-12-06
18-12-07
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
ROCK CREEK
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
27TH
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
24-12-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
19-12-07
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
MALCOLM SILT LOAM, 6 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
Y LOAM, 6 TO 11 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
DAVEY
M, 6 TO 11 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
WATER
ELM
MAPLE
FIRST
SECOND
-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
30-12-07
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
OAK
Legend
FLOOD
FloodPlain
100 Year
Floodway
500 Year
VillageLimits_Buffer1
streets arc
townships
Feet
0
600
1,200
2,400