Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000508

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380261401

Issued 04/08/03
Expires 10/08/03
Revenue Code 3157

Establishment DENISE & APRIL ESQUIVEL
T10N R5E SEC 13 QTR SE
SW 1/4 OF SE 1/4 LOT 12
6200 W HOLDREGE ST

FEES: $200.00

Permittee DENISE & APRIL ESQUIVEL
6200 W HOLDREGE ST
LINCOLN NE 68528

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: 03380261401

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 6200 W Holdridge (no rural route) City LINCOLN NE, Zip

Legal Description SW 1/4 SE 1/4 13 Section 10N Township 5E Range Subdivision Addition Block 12 Lot I

Geographical Location (if known): Longitude Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Denise+April Esquivel Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name I-80 Homes (DUFFY) Company Name I-80 Homes

Address 8200 NORTH 56th City/State/Zip LINCOLN NE 68416

☐ Check if contractor designed system Work Phone

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 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**
8-21-03, rec'd, need D-sheet
Date rec'd 4/8/03
Date frwd 4/9/03
ACTION ☒ Approved ☐ Disapproved
Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
Lot 1's in airport Turning zone will have limits on SFR. RO.
Date rec'd 4-9-03
Date frwd 4-9-03
ACTION ☒ Approved ☐ Disapproved
Signature

3. **City or County Engineer**
Date rec'd 4/9/03
Date frwd 4/9/03
ACTION ☒ Approved ☐ Disapproved
Signature Chad Blahak

Installation Final Written Approval

By Ron Magnett

Date 8-29-03

Business Office Use Only
Date Rec'd 04/08/03
Amt Paid 200.00
Rec'd By LS ~~Cash~~/Check No. 3894

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7700 W. Holdrege (no rural route) City Lincoln NE, Zip

Owner I80 Homes Addresss 8200 N. 56 Lincoln Ne 68524

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

Date of Tests 3/25 to 3/26 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)
1	36	3/25	8:30	3/26	9:00	3/26	10:45	3 5/8	3/26	11:15	30	5/8	48
2			AM		AM		AM	6 3/4		AM		5/8	48
3								6				1/2	60 *
4								5 1/8				5/8	48
5								6 1/2				5/8	48
6								4 1/4				3/4	40 *

Person Conducting Percolation Tests

Name: Brad Santos

Phone: 475-2462

Address 17201 So 72nd

Hickman, Ne 68372

Sum of Percolation Rates: 292

Average of Rates: 49

Rate Used for Calculation: 60 (20min Adjustment)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-95

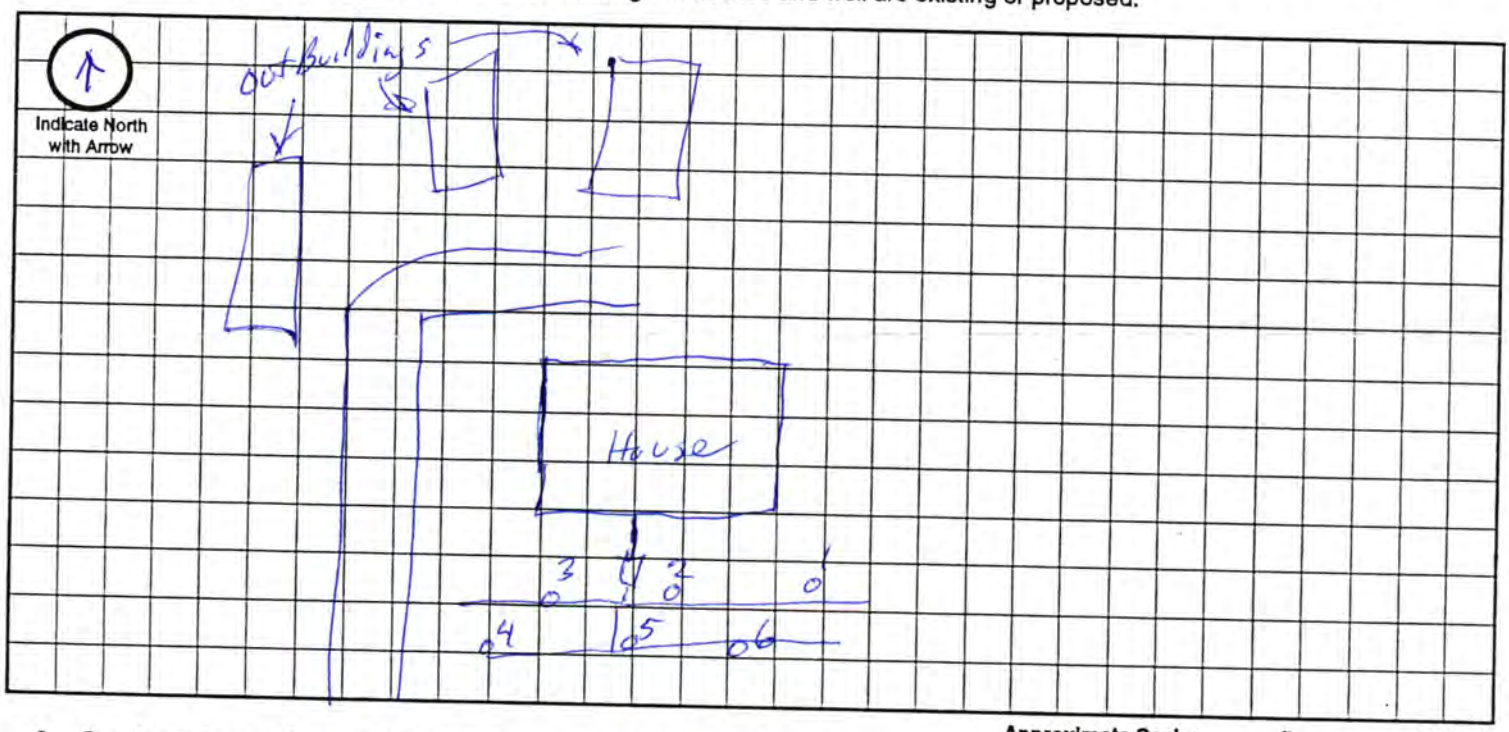
Lincoln-Lancaster County Health Department
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C

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) 7700 W. Holdrege City Lincoln 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: 1050 sq. ft.

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

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

Total Length of Laterals 263 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 Robert Sch Date 4-2-03

Installer Brad Borthwick Date 3-28-03

FORM 23-102 10-96

AUG 2 9 2003

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-22-03

System Location (Indicate correct number and street)

Address 6200 Holdrege St (no rural route) City Lincoln NE, Zip 685

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 39 ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: one
2. Capacity: 1,000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade At Grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 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: plastic
   Number available outlets: 2
2. Factory built: ☐ Yes ☑ No
3. Distance from septic tank: 13' ft.

D. Absorption Field

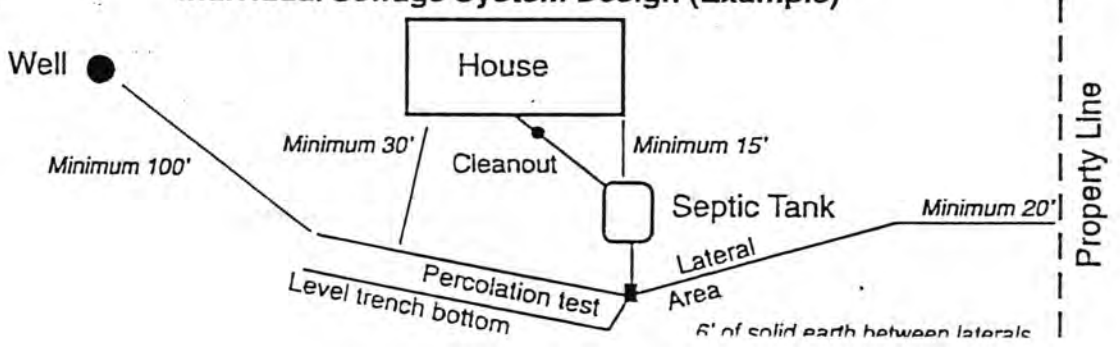
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: H-10
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 131.25 ft. 131.25 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 32"-36 in
4. Filter material: Dirt
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

