Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380244801

Issued 04/12/02
Expires 10/12/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment
TROY LAHM
T12N R6E SEC 1 QTR SE
E 1/2 LOT 8IT
22841 N 27 ST

Permittee
TROY LAHM
BOX 431
CERESCO NE 68017

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002018

APR 1 2 2002

A

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

Permit Number: 023802448

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 22841 N. 27th (no rural route) City Davey NE, Zip 68366

Legal Description SE East ½ 1 12N 6E 8 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 Troy Lahm Signature Troy Ohall

Address P.O. Box 431 City/State/Zip Certo Co Nebr 68017

☐ Check if owner designed system Home Phone 665-2095 Work Phone 440-7659

C. Contractor

Name Stan Krause Company Name Dietrichs Plus Inc

Address 7324 Ballard City/State/Zip Lnk NE 68507

☐ Check if contractor designed system Work Phone 560 1208

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** Date rec'd 4/12/02 Date frwd 4/15/02 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-16-02 Date frwd 4-16-02 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-16-02 Date frwd 4-16-02 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Blaugh

7-8-02, rcvd Need drawing
8-5-02, rcvd no inspection report

Installation Final Written Approval

By Ron Mangum

Date 8-16-02

Business Office Use Only

Date Rec'd [redacted] 04/12/02

Amt Paid 200.00

Rec'd By LS Cash/Check No. 4778

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

POSSIBLE LOT 8 OR 9

APR 1 2 2002

B

Permit Number: 0238 02448

Lincoln-Lancaster County Health Department
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Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 22841 N. 27th (no rural route) City Dewey NE, Zip 68366

Owner Troy + Brenda Lahm Address P.O. Box 431 Ceresco Nebr. 68017

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 48 min./inch

Date of Tests 3/30 to 3/31 Weather: Precipitation Trace Temperature 55°

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	3/30	10am	3/30	2pm	3/31	10am	6	3/31	10:30am	30	1 3/4	17 MIN/IN
2	36	3/30	10am	3/30	2pm	3/31	10am	6	3/31	10:30am	30	1 3/4	17 MIN/IN
3	36	3/30	10am	3/30	2pm	3/31	10am	6	3/31	10:30am	30	5/8	48 MIN/IN
4	36	3/30	10am	3/30	2pm	3/31	10am	6	3/31	10:30am	30	5/8	48 MIN/IN
5	36	3/30	10am	3/30	2pm	3/31	10am	6	3/31	10:30am	30	3/4	40 MIN/IN
6	36	3/30	10am	3/30	2pm	3/31	10am	6	3/31	10:30am	30	5/8	48 MIN/IN

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 48

Person Conducting Percolation Tests

Name: Troy Lahm

Phone: 666-5-2095

Address P.O. Box 431 Ceresco Neb. 68017

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood, R.E.H.S. Date APRIL 12, 2002

FORM 23-101 10-96

APR 1 2 2002

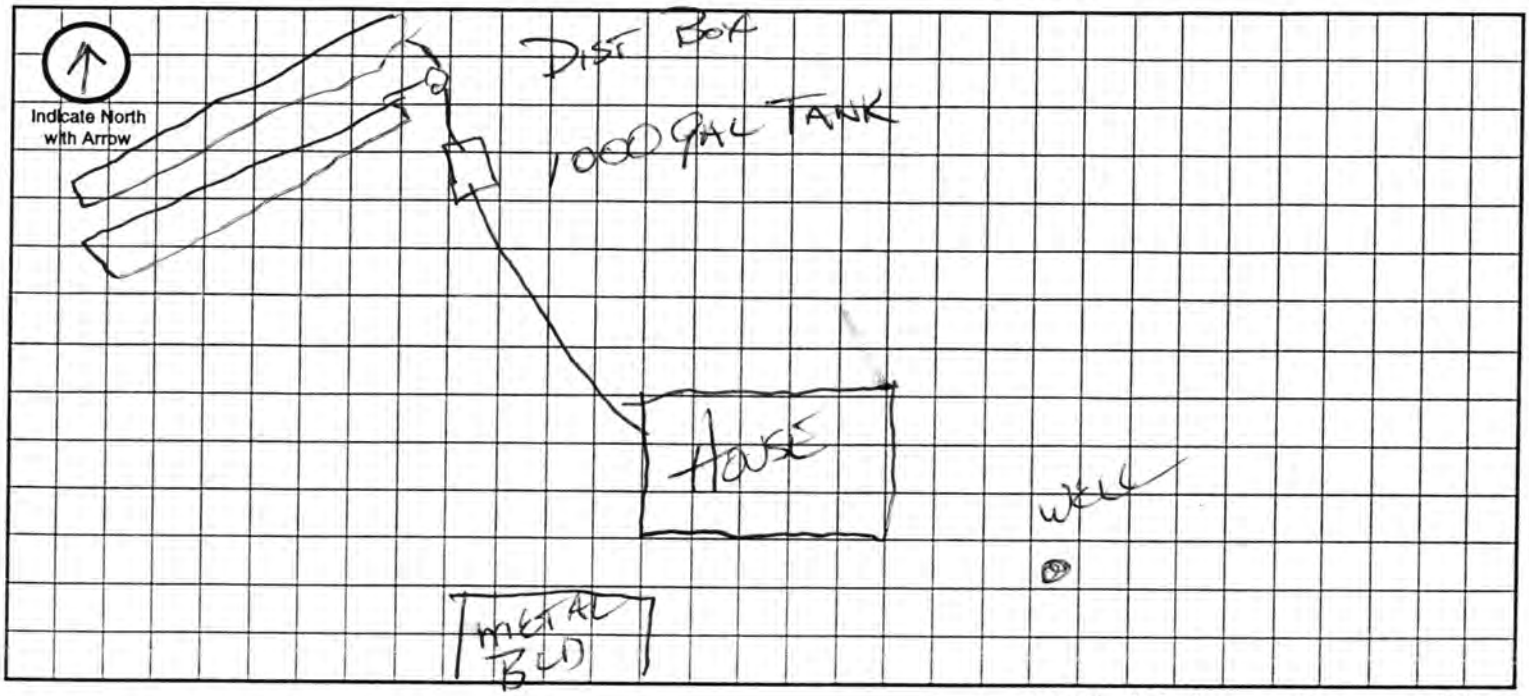
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Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

Permit Number: 023802448

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) 22841 N 27TH City Ashland NE, Zip 68366

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 48 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Infiltrator - Quick 4 Plus

Total Square Feet of Field Required: 990 sq. ft.

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

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

Total Length of Laterals 348 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 4/4/02

Installer _____ Date 4/6/02

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:

Sewage Disposal System

As Built Plans & Specifications

Date 7/8/02

TROY LAHM

System Location (Indicate correct number and street)

Address N 27TH (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank 103 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 2" in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

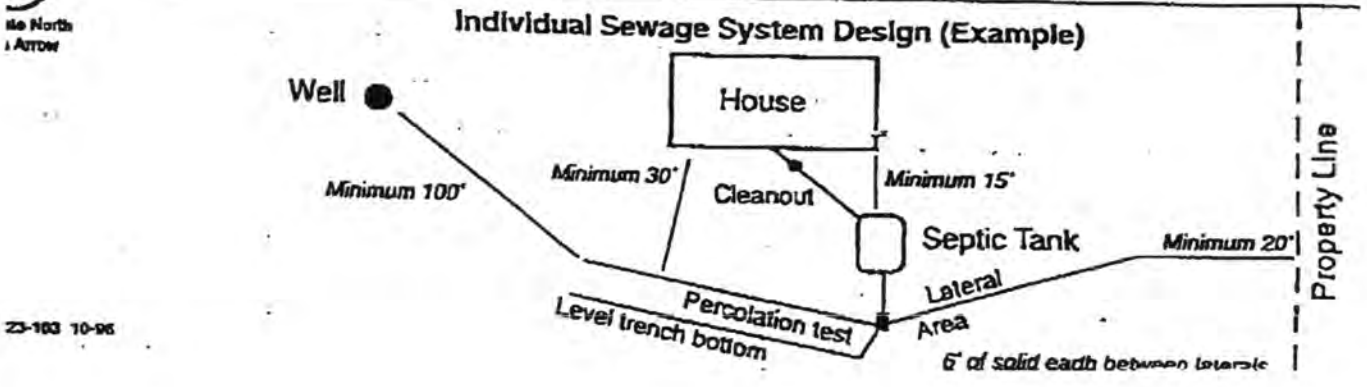
1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 13.5 ft.

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: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☑ other INFILTRATOR
2. Lateral lines: Number 3
   Length of each line: 102 ft. 102 ft.
   50 ft. _____ ft. _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 27 in
4. Filter material: GRAVEL-LESS
   Depth of material NA 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.



23-163 10-96

As Built Drawing

