Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

MYRON GERDES
T12N R6E SEC 5 QTR NW
160 ACRES
23220 NW 40 ST-VALPO

Permittee

MYRON GERDES
3805 W LITTLE SALT RD
VALPARAISO NE 68065

Permit # 02380244401

Issued 03/28/02
Expires 09/28/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

001100

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

RECEIVED
MAR 2 8 2001

A

Permit Number: 023802444

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 23220 NW 40th City NE, Zip

(no rural route)

Legal Description ☒ NW 5 12N 6E 160 acres
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 Myron Gerdes (cell 430-0504) Signature

Address 3805 W. Little Salt Rd. City/State/Zip Valparaiso NE, 68065

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name K. Wolfe Company Name Wolfe Const.

Address 21021 NW. 27 City/State/Zip Raymond NE 68065

☐ Check if contractor designed system Work Phone 783-2203

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

Designer Name Wolfe Const. Firm Work Phone 783-2203

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 3/28/02 Date frwd 4/2/02 ACTION ☐ Approved ☐ Disapproved Signature Gerald C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd 4/2 ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4/2/02 Date frwd 4/2/02 ACTION ☒ Approved ☐ Disapproved Signature

4-12-02 rm

Installation Final Written Approval

By

Date 4-15-02

Business Office Use Only

Date Rec'd 03/28/02
Amt Paid 200.00
Rec'd By Cash/Check No. 2611

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: 0238026444

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3805 West Little Salt Rd (no rural route) City Valparaiso NE, Zip 68065

Owner Myron Gerdes Addresss 3805 West Little Salt Rd

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

Date of Tests 3-15-02 to 3-16-02 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"	3-15	10:00	3-16	10:00	3-16	10:00	6	3-16	11:00	60	1 3/4	34.28
2												2	30
3												1 3/4	34.28
4												2	30
5												1 1/2	40
6												1 3/4	34.28

Person Conducting Percolation Tests

Name: Kevin Wolf

Phone: 402-783-2203

Address 24021 Nw 27 Raymond Ne.

Sum of Percolation Rates: 202.84

Average of Rates: 33.8

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

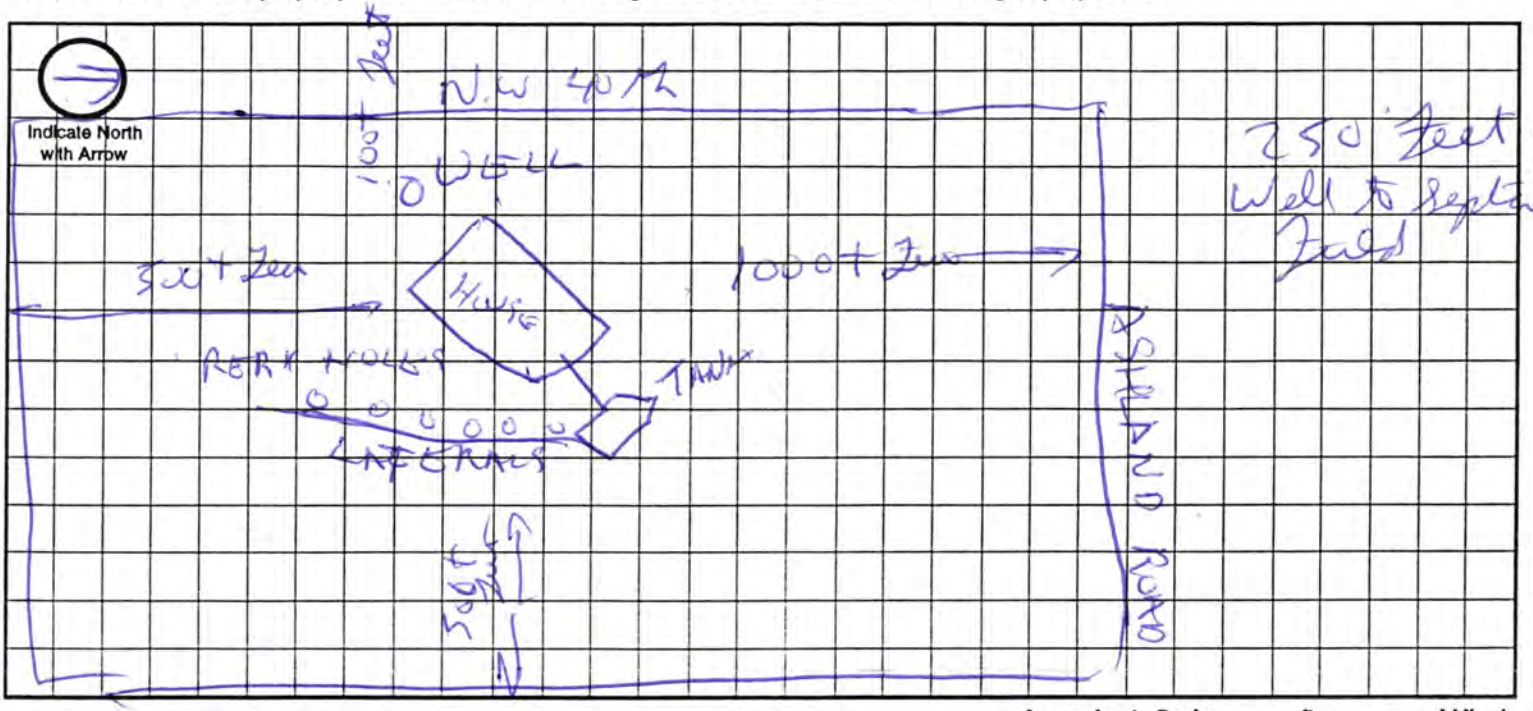
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Phone: 402-441-8022

C

Permit Number: 0238024444

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) 3805 W. Little Salt Rd City Valparaiso NE, Zip 68065

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 33.8 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 795 sq. ft.

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

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

Total Length of Laterals 200 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 Ken Wolfe Date March 27, 2006

Installer _____ Date _____

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D

Permit Number: 023802444

Sewage Disposal System

As Built Plans & Specifications

Date 4-12-02

System Location (Indicate correct number and street)

Address 3805 W Little Salt Rd (no rural route) City Valparaiso NE, Zip 68065

A. Building Sewer

1. Material: 2241
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: none
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 29 in.
8. Distances to: Well or suction line 100' ft.
   Stream _____ ft.
   Pressure line 100' ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8' ft.

D. Absorption Field

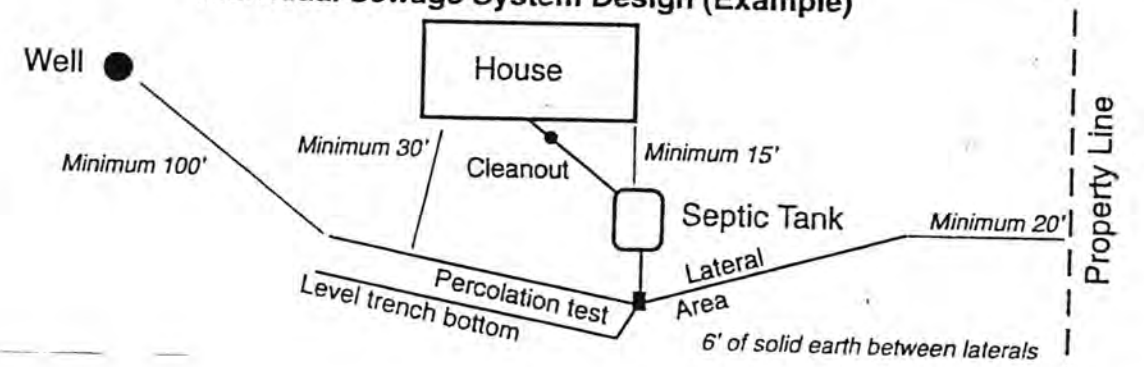
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

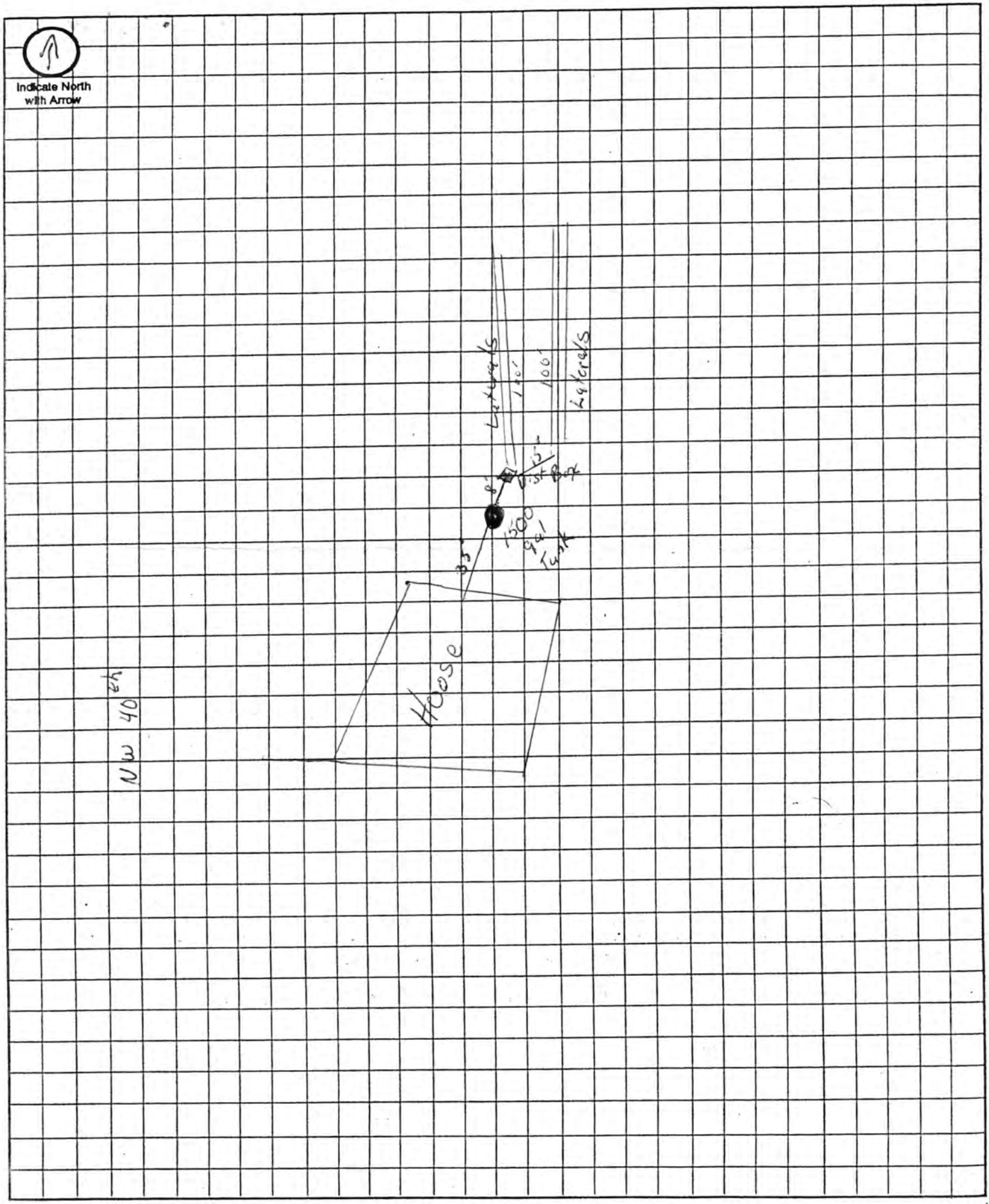
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s