Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009506

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380323701

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

Establishment

BRUCE & MARGARET SHEFFIELD
T12N R5E SEC 19
BRANCHED OAK LKSD AC LOT 8
13701 W LAKE RD-MALCOLM

FEES: $275.00

Permittee

BRUCE & MARGARET SHEFFIELD
3007 LAKE PARK LN
HASTINGS NE 68901

TOTAL: $275.00

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: 06380323701

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 13701 W. LAKE RD (no rural route) City Malcolm NE, Zip 68402

Legal Description 1/4 1/4 Section 19 Township 12N Range 5E Subdivision LAKESIDE ACRES Addition Block 8 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name BRUCE + MARGARET SHEFFIELD Signature [signature]

Address 13007 Lake Park Lane City/State/Zip Hastings NE 68901

☐ Check if owner designed system Home Phone _____ Work Phone (402) 460-0410

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

Address 71860-567 AV City/State/Zip FAIRBURY, NE. 68352

☒ Check if contractor designed system Work Phone 402-587-0120

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 4 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 8/14/06 Date frwd 8/15/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 08/15/2006 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By [signature]

Date 11/8/06

Business Office Use Only

Date Rec'd 08/15/06

Amt Paid 275.00

Rec'd By m Cash/Check No. 873

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

B

Lincoln-Lancaster County Health Department
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Permit Number: 063803237

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

#3 (Lot 8) Sheffield

13701 W. LAKE RD
19-12-5
BRUCE + MARGARET SHEFFIELD

System Location (Indicate correct number and street)

Address 13701 W. LAKE RD (no rural route) City Malcolm NE, Zip 68402

Owner BRUCE & MARGARET SHEFFIED Address X 3007 Lake Park Lane Hastings NE 68901

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

Date of Tests 10-12-98 to 10-13-98 Weather: Precipitation 0 Temperature 70

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	34	10-12	8:30	10-13	600	10-13	600	6	10-13	1000	30	3/4	40 MIN/IN
2	36	10-12	830	10-13	600	10-13	600	6	10-13	1000	30	1	30 MIN/IN
3	36	10-12	830	10-13	600	10-13	600	6	10-13	10-00	30	1	30 MIN/IN
4	36	10-12	830	10-13	600	10-13	600	6	10-13	10 00	30	1 3/4	17 MIN/IN
5	36	10-12	830	10-13	600	10-13	600	6	10-13	10 00	30	1 1/2	20 MIN/IN
6	36	10-12	830	10-13	600	10-13	600	6	10-13	10 00	30	1 1/2	20 MIN/IN

Sum of Percolation Rates: 157
Average of Rates: 26 MIN/IN
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brian Shafer
Phone: 464-0638
Address 2700 Dan Ave

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

TOTAL P.02

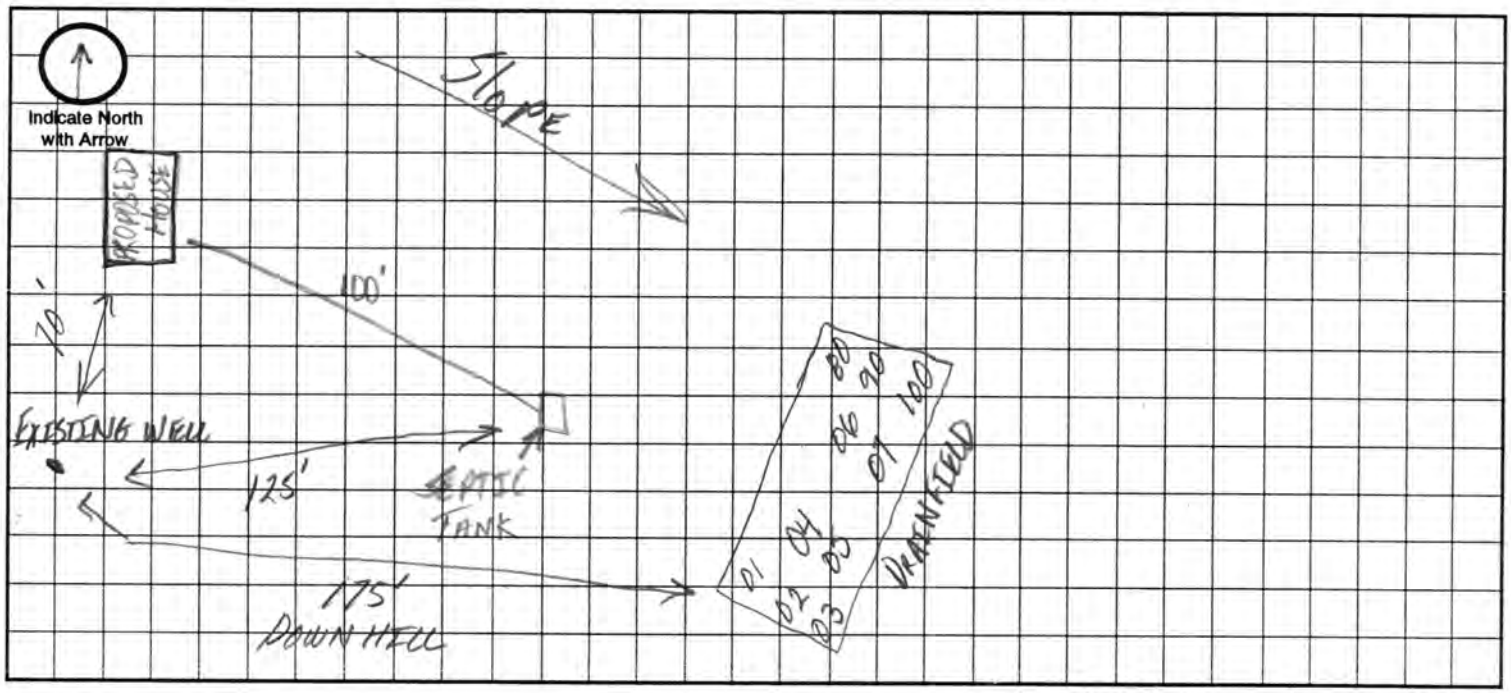
Lincoln-Lancaster County Health Department
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C

Permit Number: 063803237

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) 13701 W. LAKE RD 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 35 (min. per inch) Soil Type: CLAYEY LOAM Land Slope: EST. 3 %

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

Total Square Feet of Field Required: 1100 sq. ft.

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

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

Total Length of Laterals 275 ft. Number of Trenches 2 Trench Width 36

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 8/10/06

Installer Gary L. Holly HOLLY CONTRACTING CO. Date 08/10/06

FORM 23-102 10-96

DEC 26 2006

D

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Sewage Disposal System

As Built Plans & Specifications

Date NOV. 10, 2006

System Location (Indicate correct number and street)

Address 13701 W. LAKE RD (no rural route) City MALCOLM NE, Zip 68402

A. Building Sewer

1. Material: _____
   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: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: PLASTIC / FIBER GLASS
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line 114 ~~189~~ ft.
   Stream N/A ft.
   Pressure line 114 ft.
   Property line 150 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 53' ft.

D. Absorption Field

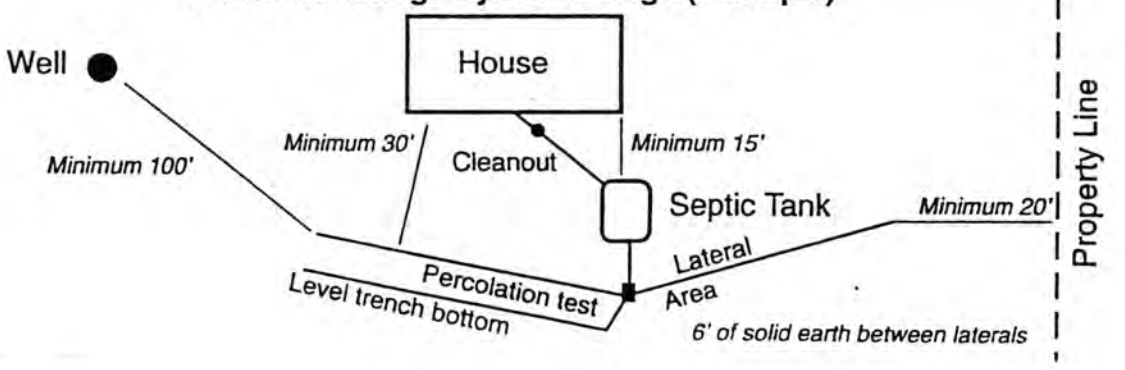
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ GRAVELLESS CHAMBERS
   Diameter of half round: ADS 3411
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 150 ft. 150 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 10 in/100 ft.
   Average depth 36 in
4. Filter material: NATURAL
   Depth of material _____ in.
5. Distances to: Well or suction line 167 ~~188~~ ft.
   Stream NA ft.
   Pressure line 167 ft.
   Property line 132 ft.

Indicate North with Arrow

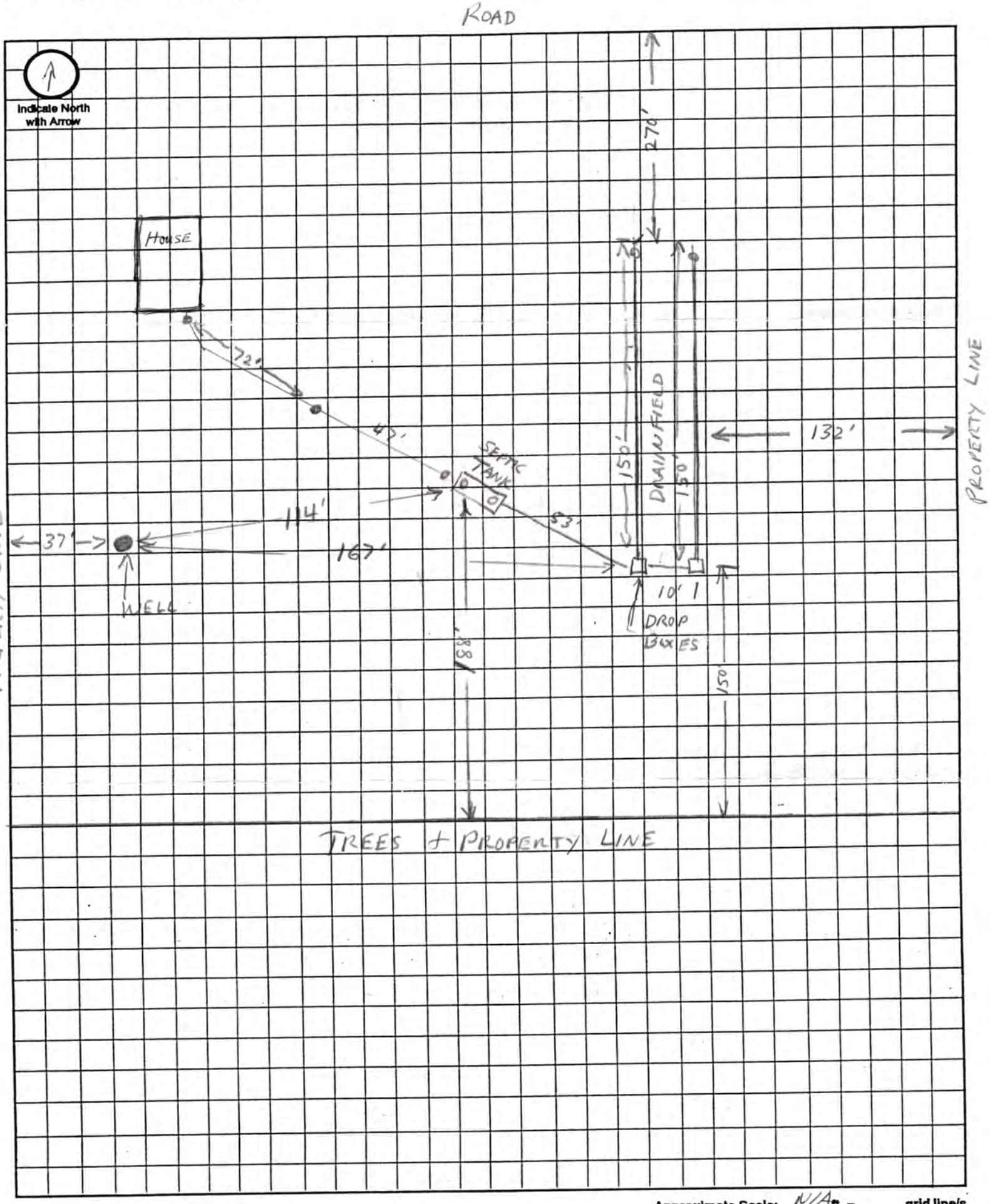
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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