# Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
LAGOON

Establishment
MICHAEL REZAC
T12N R5E SEC 19
BRNCHD OAK LKSIDE AC LOT 3
13636 W LAKEVIEW RD-RAYMOND

Permittee
MICHAEL REZAC
1636 VAN DORN ST
LINCOLN NE 68502

Permit # 03380258601

Issued 01/10/03
Expires 07/10/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003218

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

**A**

Permit Number: 03380258601

# 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 13636 W. Lakeview Rd. (no rural route) City E. Raymond NE, Zip _____

Legal Description LOT 3 Branched Oak Lakeside Acres 3
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 19 12N 5E Latitude _____

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

### B. Owner

Name Michael Rezac Signature _____

Address 1636 Van Dorn City/State/Zip Lincoln, Ne 68502

☐ Check if owner designed system Home Phone 477-0217 Work Phone 499-8932

### C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name STAN KROESE Firm DRAWORKS PLUS INC Work Phone 560 1208

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms ~~5~~ 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 1/10/03 Date frwd 1/10/03 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hook
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/10/03 Date frwd 1/10/03 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 01/09/2003 Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

10/7/03 Need drawing. J.C.H.

### Installation Final Written Approval

By Jerrold C. Hook R.E.H.S.

Date OCTOBER 9, 2003

***Business Office Use Only***

Date Rec'd 01/10/02
Amt Paid 200.00
Rec'd By _____ Cash/~~Check~~ No. CASH

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

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

**B**

Permit Number:

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

BRANCHED OAK ESTATES

PLEASE PRINT OR TYPE

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

Address _____ City _____ NE, Zip _____

(no rural route)

Owner MILE REZAC Addresss _____

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

Date of Tests 9/26/03 to 9/27/03 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 | 27 | 9/26 | 8 AM | 9/27 | 8 AM | 9/27 | 8 AM | 6 | 9/27 | 1200 | 30 | 7/8 | |
| 2 | 26 | 9/26 | 8 AM | 9/27 | 8 AM | 9/27 | 8 AM | 6 | 9/27 | 1200 | 30 | 1 | |
| 3 | 27 | 9/26 | 8 AM | 9/27 | 8 AM | 9/27 | 8 AM | 6 | 9/27 | 1200 | 30 | 1 1/4 | |
| 4 | 28 | 9/26 | 8 AM | 9/27 | 8 AM | 9/27 | 8 AM | 6 | 9/27 | 1200 | 30 | 1 1/4 | |
| 5 | 25 | 9/26 | 8 AM | 9/27 | 8 AM | 9/27 | 8 AM | 6 | 9/27 | 1200 | 30 | 1 | |
| 6 | 28 | 9/26 | 8 AM | 9/27 | 8 AM | 9/27 | 8 AM | 6 | 9/27 | 1200 | 30 | 1 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 560 1208

Address 7324 BALLARD

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 28

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official Gerald C. Hood Date October 6, 2003

FORM 23-101 10-96

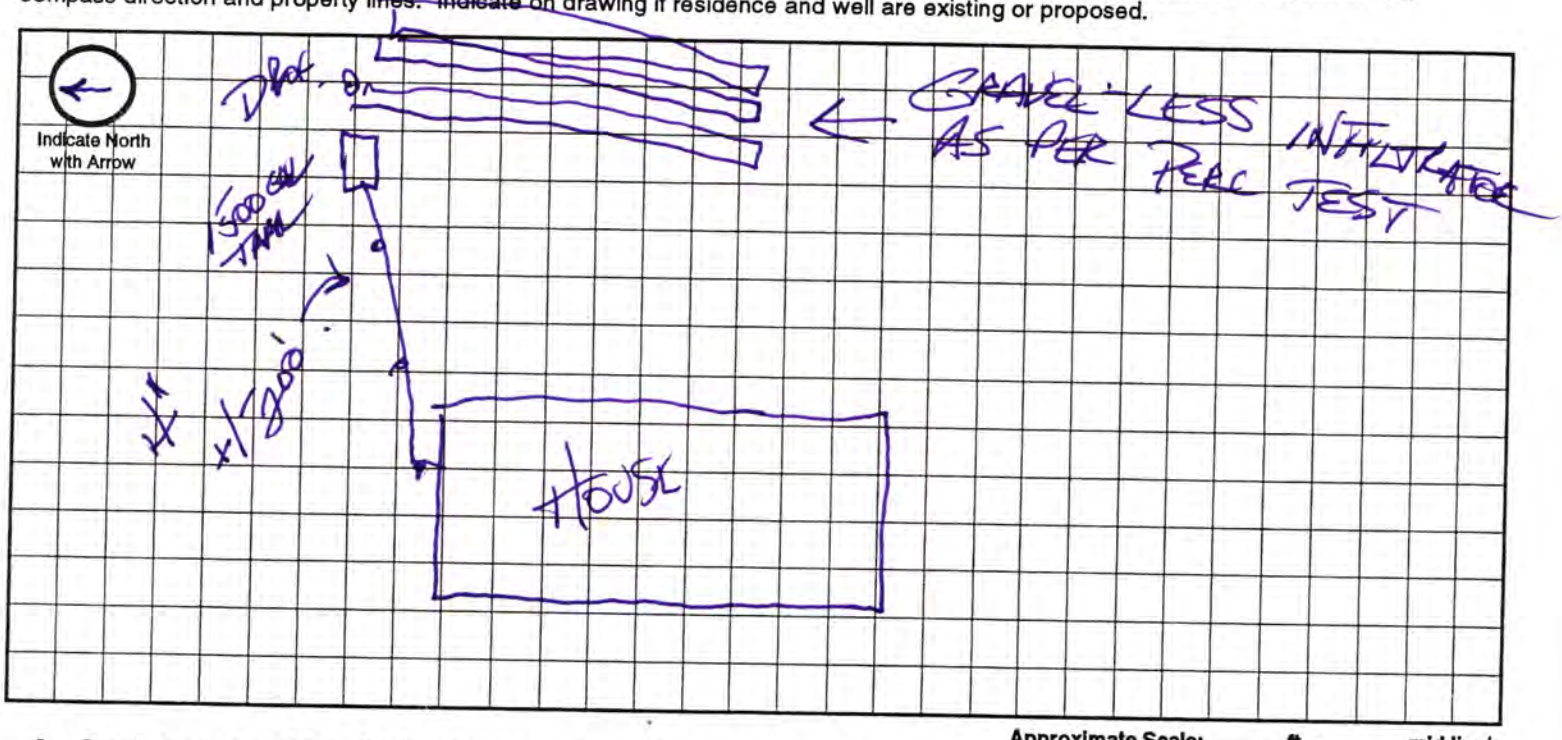
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 033802586

# 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) _____ 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 28 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

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

Total Length of Laterals 250 ft. Number of Trenches _____ Trench Width 41

## 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 _____

Installer _____ Date 1/9/03

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 10/7/03 MIKE REZAC

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

Address _____ (no rural route) City _____ NE, Zip _____
BEARDED OAK ESTATES

### A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 190 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 40 ft.
   stream 100+ ft.
   pressure line 10 ft.
   property line 70 ft.

### B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: _____ gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 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: 29' ft.

### D. Absorption Field

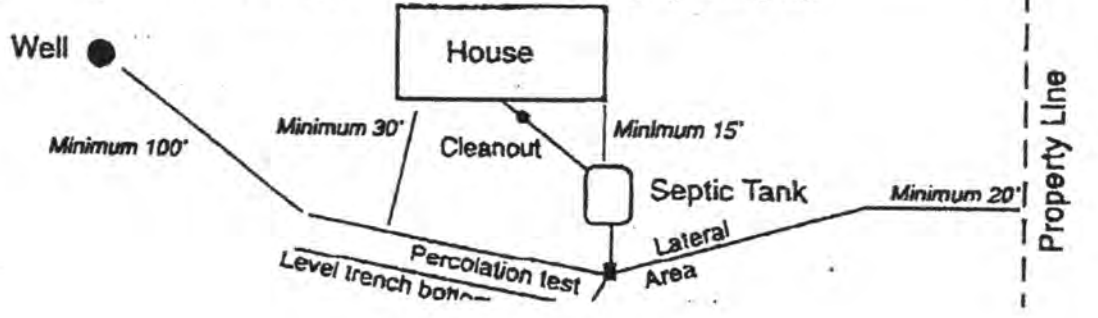
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other INFILTRATOR HIGH CAP.
2. Lateral lines: Number 3
   Length of each line: 92 ft. 108 ft.
   102 ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 27 in
4. Filter material: GRAVEL-LESS
   Depth of material N/A 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)**



# As Built Drawing

