Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

DUANE TROUBA
T12N R5E SEC 11 QTR NW
LOT 23IT
8101 W LITTLE SALT RD-VALPO

Permittee

DUANE TROUBA
1521 ATLAS AVE
LINCOLN NE 68521

Permit # 02380253701

Issued 09/20/02
Expires 03/20/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002994

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

A

Permit Number: 0238025370 1

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 8101 WEST LITTLE SALT Rd (no rural route) City YA/PARISH NE NE, Zip 68065

Legal Description NW (1/4) 11 (1/4) Section 12N Township 5E Range ____ Subdivision ____ Addition ____ Block 23 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 DUANE HROWDA Signature ____

Address 521 ATHOL AVE LINCOLN City/State/Zip NE 68521

☒ Check if owner designed system Home Phone 402 476 6355 Work Phone NONE

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 ____ Firm ____ Work Phone ____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 0 Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/Other Facility Specify HOBBY SHOP

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 9/20/02 Date frwd 9/20/02 ACTION ☒ Approved ☐ Disapproved Signature Carroll C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/20/02 Date frwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd 9/20/02 Date frwd 9/20/02 ACTION ☒ Approved ☐ Disapproved Signature ____

9/30/02 Need drawing. J.C.H

Installation Final Written Approval

By Ron Mayfield

Date 4-22-04

Business Office Use Only

Date Rec'd 09/20/02

Amt Paid 200.00

Rec'd By ____ ~~Cash~~/Check No. 9179

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

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

B

Permit Number: 023802537

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8101 WEST LITTLE SALT RD (no rural route) City KALAPARISE NE NE, Zip 68065

Owner DUANE TROUBA Addresss

Soil Type (SCS): CLAY SHELBY CLAY LOAM Percolation Rate: min./inch

Date of Tests 9/18-2002 to 9/18-2002 Weather: Precipitation CLOUDY II Temperature 83

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	9/18	9:45	9/18	1:45	9/19	1:45	6"	9/19	2:15	30 min	1/4	
2	34	9/18	"	9/18	"	9/19			"			1/4	
3	32	9/18	"	9/18	"	9/19			"			1/4	
4	33	9/18	"	9/18	"	9/19			"			1/8	
5	36	9/18	"	9/18	"	9/19			"			1/8	
6	35	9/18	"	9/18	"	9/19			"			4	
		water all gone about 1/10 after 24 hrs.		1" 1/4 1/2									

Person Conducting Percolation Tests

Name: Duane Trouba Stor Trouba

Phone: 476-6355

Address 1521 Cotter St Hickman Neb 68521

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

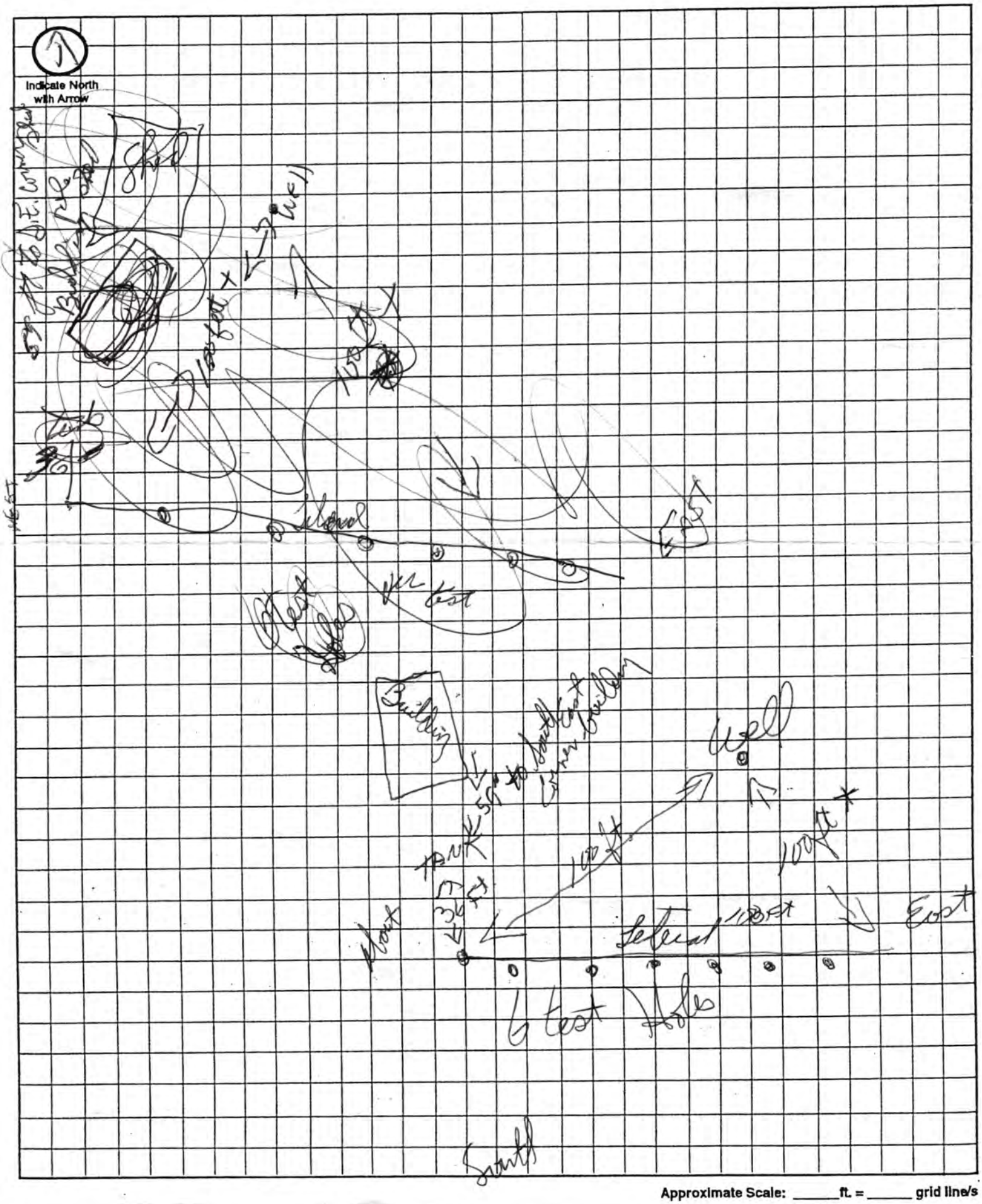
Reviewing Action

Remarks Occasional use only.

Signature of Reviewing Official Jerrold C. Hood Date SEPTEMBER 20 2002

FORM 23-101 10-96

As Built Drawing



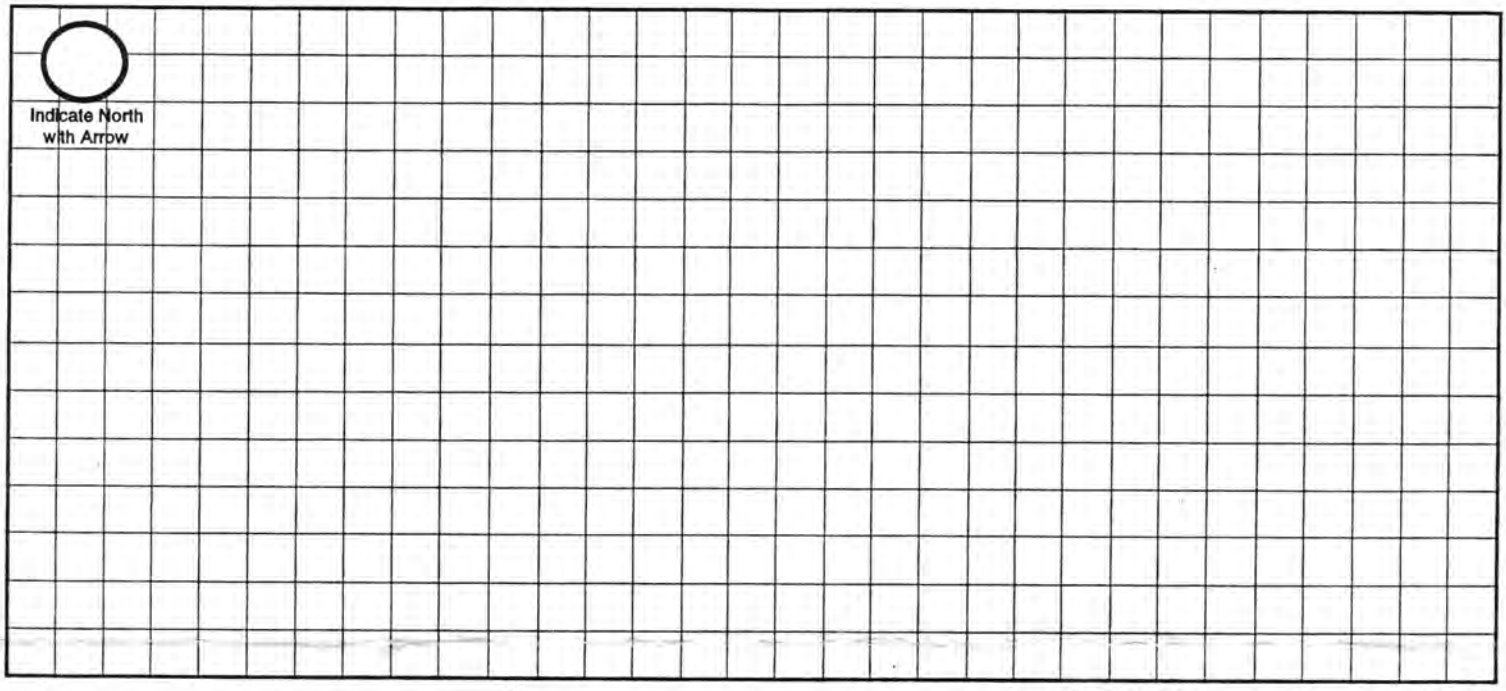
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802537

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 _____ (min. per inch) Soil Type: SHELBY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 400 sq. ft.

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

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

Total Length of Laterals 100 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 Dave Trotter Date 9/20/02

Installer _____ Date _____

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: 03380 2537

Sewage Disposal System

As Built Plans & Specifications

11-12-5

Date 4/22/04

System Location (Indicate correct number and street)

Address 8101 West Little Salt Rd (no rural route) City Ashland NE, Zip 68065

A. Building Sewer

1. Material: Sch 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: ~~36~~ 36 in.
3. Distance between dwelling and septic tank: 25 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 130 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 500 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade ~~12~~ 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 ~~110~~ 110 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 75' ft.

D. Absorption Field

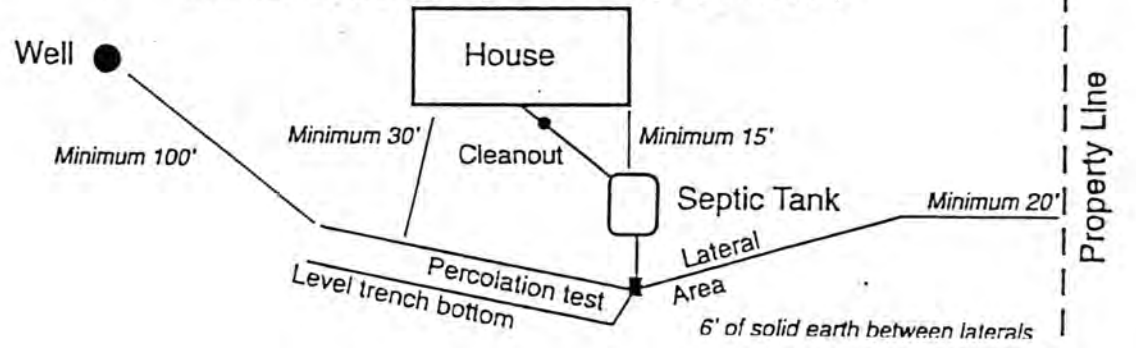
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 50 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3' ft.
   Slope 2 in/100 ft.
   Average depth 3' in
4. Filter material: Dirt
   Depth of material _____ in.
5. Distances to: Well or suction line 110 ft.
   Stream _____ ft.
   Pressure line _____ 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

Garry Dehursh
440 - 3284

As Built Drawing

