Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002878

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380267501

Issued 07/21/03
Expires 01/21/04
Revenue Code 3157

Establishment
BRYAN ROBINSON
T11N R7E SEC 15
BLK 1 LOT 4
11777 N 79 ST

FEES: $200.00

TOTAL: $200.00

Permittee
BRYAN ROBINSON
5415 W BRIXTON DR
LINCOLN NE 68521

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: 03380267501

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 11777 NORTH 79TH (no rural route) City LINCOLN NE, Zip 68517

Legal Description NE 15 11N 7E FINIGAN RIDGE 1 4
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 BRYAN ROBINSON Signature _____

Address 5415 W BRIXTON City/State/Zip LINCOLN, NE 68521

☐ Check if owner designed system Home Phone 402-499-5775 CELL Work Phone _____

C. Contractor

Name ~~BRYAN~~ HAES CONSTRUCTION Company Name SCOTT HAES

Address 10600 S 40TH - ROCA City/State/Zip ROCA, NE ~~68~~ 68430

☒ Check if contractor designed system Work Phone 499-1162

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

Designer Name Scott Haes Firm HAES CONTRACTING INC Work Phone 402-423-3553

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 5 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 7-21-03 Date frwd 7-21-03 ACTION ☒ Approved ☐ Disapproved Signature Ron Magnuson
11-21-03 mm; Mobilab

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-23-03 Date frwd 7-23-03 ACTION ☒ Approved ☐ Disapproved Signature _____

3. **City or County Engineer** Date rec'd 7-22-03 Date frwd 7-22-03 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Magnuson

Date 4-14-04

Business Office Use Only

Date Rec'd 07/21/02

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 2901

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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B

Permit Number: 033802675

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11777 N 79th City LINCOLN NE, Zip 68517

(no rural route)

Owner BRYAN ROBINSON Addresss 5415 W BRIXTON DR, LINCOLN, NE 68521

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

Date of Tests _____ to _____ 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)
	24-26"											3/4	
												1/2	60 mpi
												3/4	
												1"	30 mpi
												1/2	
												1/4	
				SEE ATTACHED SHEET									

Person Conducting Percolation Tests

Name: HAES CONTRACTING INC.
Phone: 402-423-3553
Address 10600 S 40th
ROCA, NE 68430

Sum of Percolation Rates: _____
Average of Rates: >20 mpi
Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sharpsburg soil

Signature of Reviewing Official _____ Date 7-21-03

FORM 23-101 10-96

30 min intervals

North 79th perk test holes – Brian 5-21-03

1	2	3	4	5	6
9:30 63"	9:32 61"	9:36 37"	9:38 58.5"	9:43 41.5"	9:47 40"
10:00 63.5"	10:02 62"	10:05 37.75"	10:07 60.5"	10:10 42.25"	10:12 40.5"
10:30 64"	10:31 62.25"	10:32 38.25"	10:33 61.75"	10:34 42.5"	10:35 41"
11:00 64.62"	11:01 62.5"	11:02 38.5"	11:03 62.75"	11:04 43"	11:05 41.5"
11:30 65"	11:30 63.25"	11:30 39.25"	11:30 64"	11:31 43.5"	11:31 42"
12:00 66.5"	12:00 64"	12:00 40.25"	12:00 64.25"	12:00 43.5"	12:00 42.75"
12:30 67"	12:30 64"	12:30 40.75"	12:30 65"	12:30 43.75"	12:30 43"
1:00 67.5"	1:00 64.5"	1:00 41.5"	1:00 66.5"	1:00 44"	1:00 43.5"
1:30 68.25"	1:30 65"	1:30 42.25"	1:30 67.5"	1:30 44.5"	1:30 43.75"
3/4"	1/2"	3/4"	1"	1/2"	1/4"

last reading

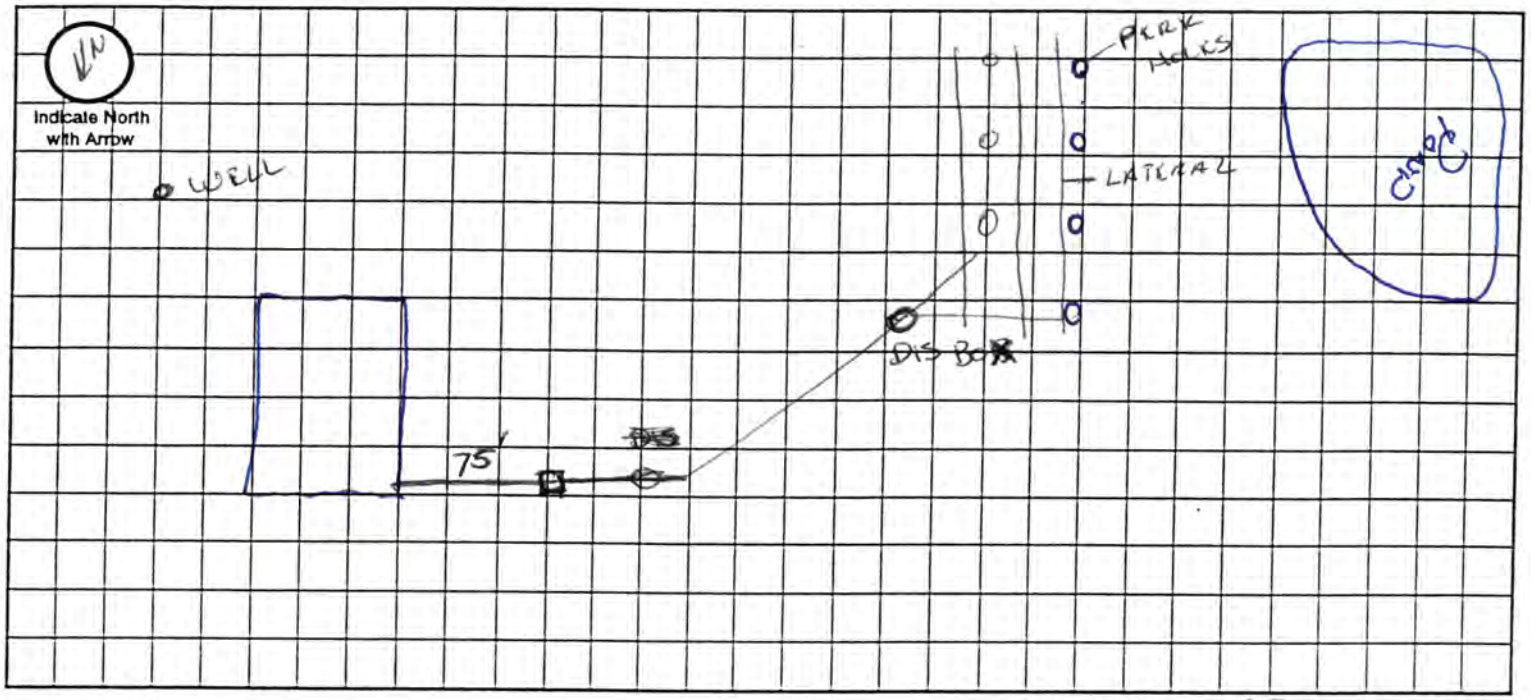
11777 N 79th C

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

Permit Number: 033802675

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: 25 ft. = 1 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 _____

4 Bdrm

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

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

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

Total Square Feet of Field Required: 1750 sq. ft.

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

Capacity of Septic Tank 1750 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~583~~ 438 350 ft. Number of Trenches _____ Trench Width 4 Ft

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 Scott Haen Date 7-21-03

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-30-03 Bryan Robinson

System Location (Indicate correct number and street)

Address 11777 N 79 (no rural route) City Lincoln Neb NE, Zip 68517

A. Building Sewer

1. Material: Schedule 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 203 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 285 ft.
   stream — ft.
   pressure line — ft.
   property line 30 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 24 in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 408 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 50 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 26' ft.

D. Absorption Field

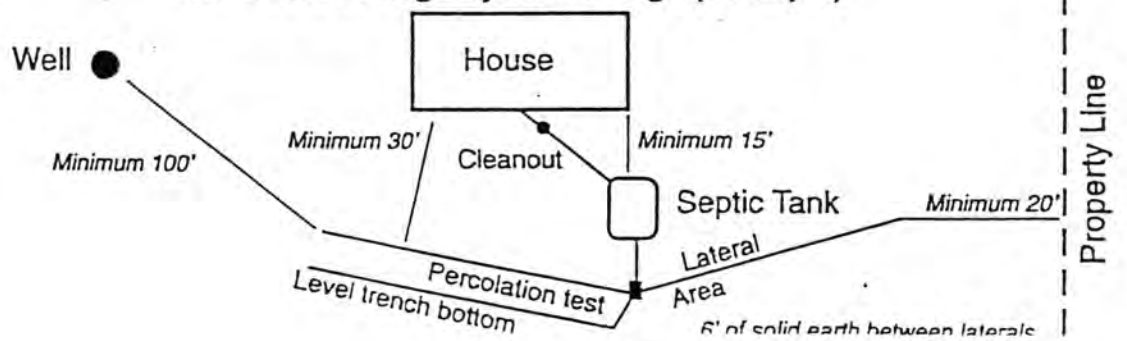
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 125' ft. 118.9' ft.
   112.6 ft. ft., ft.
3. Trench dimensions: Width 4' ft.
   Slope 0' in/100 ft.
   Average depth 28" in
4. Filter material: Soil
   Depth of material 28 in.
5. Distances to: Well or suction line 205 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 30 ft.

Indicate North with Arrow

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

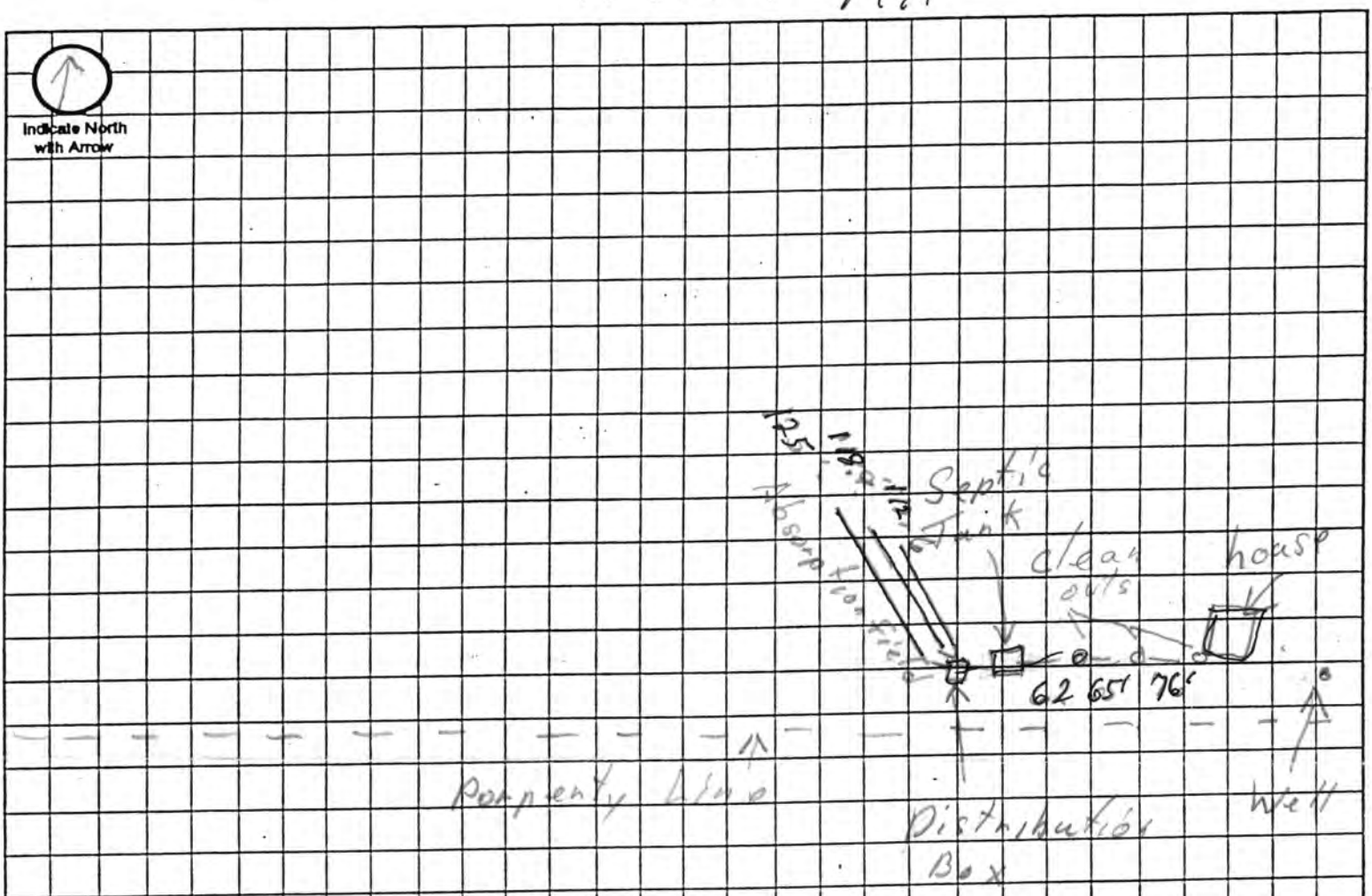
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

11777 N 79th



N 79th Rd