Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005757

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380290701

Issued 10/04/04
Expires 04/04/05
Revenue Code 3157

Establishment

RONALD L PAYTON
T11N R7E SEC 15
FINIGAN RIDGE ADDN BLK 1 LOT 2
11855 N 79 ST

FEES: $200.00

Permittee

RONALD L PAYTON
7700 SW 12 ST
LINCOLN NE 68523

TOTAL: $200.00

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: 04380290701

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 7855 N 79th St (no rural route) City Lincoln NE, Zip 68517

Legal Description NE NW 15 11N 7E Finigan Ridge 1 2
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 Ronald Payton Signature Ronald L Payton

Address 7700 SW 12th St City/State/Zip Lincoln NE 68523

☐ Check if owner designed system Home Phone 420 9413 Work Phone 465 6311

C. Contractor

Name Harry L. Muhlbach Company Name H. L. Muhlbach Constn.

Address 14605 N 54 City/State/Zip Lincoln, Ne 68514

☑ Check if contractor designed system Work Phone 785-3815 430-1304

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 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 10/4/04 Date frwd 10/5/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Head
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/5/04 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-5-04 Date frwd 10-5-04 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 10/02/06

Business Office Use Only

Date Rec'd 10/04/04
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 3016

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: 043802907

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17855 N 79 (no rural route) City Lincoln NE, Zip 68507

Owner Ronald Payton Addresss 11855 N 79 Lincoln, Ne 68517

Soil Type (SCS): CHARDSBURG SILTY CLAY LOAM Percolation Rate: 45 min./inch

Date of Tests 10-1-04 to 10-1-04 Weather: Precipitation Dry Temperature 72

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	20	10-1	8:00	10-1	12:00	10-2	1:00 pm	6"	10-2	5:00 pm	240	5.4	44.6
2	20	10-1	"	10-1	"	10-2	"	"	10-2	"	"	12.5	19.2
3	20	10-1	"	10-1	"	10-2	"	"	10-2	"	"	9.4	25.6
4	20	10-1	"	10-1	"	10-2	"	"	10-2	"	"	9.75	24.6
5	20	10-1	"	10-1	"	10-2	"	"	10-2	"	"	7.5	32.0
6	20	10-1	"	10-1	"	10-2	"	"	10-2	"	"	9.9	24.3

Sum of Percolation Rates: 177.3

Average of Rates: ~~28.4~~ 44.6

Rate Used for Calculation: 44.6

Person Conducting Percolation Tests

Name: Harry L. Muhlbach

Phone: 785-3815 430-7304

Address 14605 N 56, Lincoln, Ne 68514

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

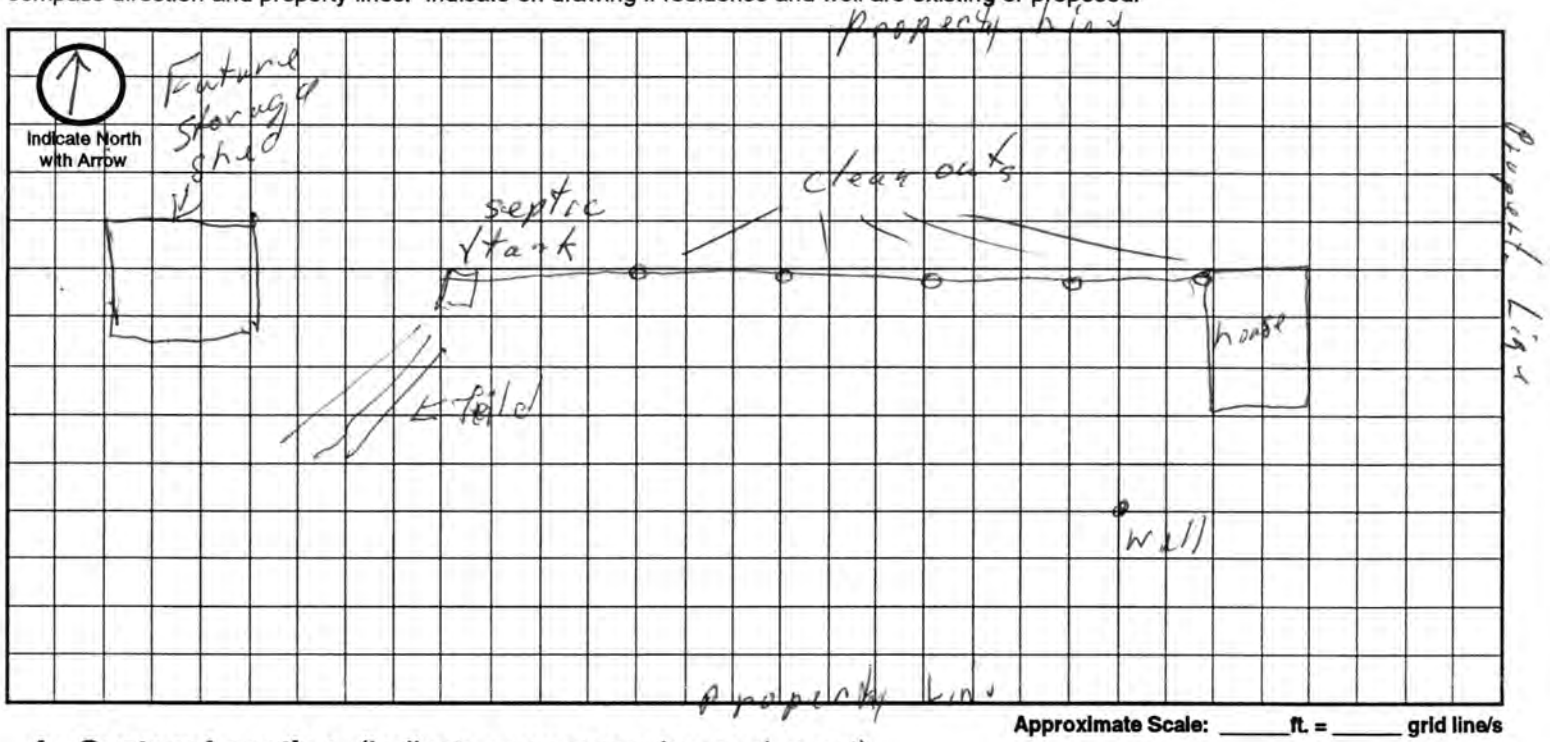
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802907

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) 11855 N 79th St City Lincoln NE, Zip 68517

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☑ Plastic ☐ Other _____

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

Percolation Rate 45 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 4 %

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

Total Square Feet of Field Required: 1320 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 1

Total Length of Laterals ~~400~~ 330 ft. Number of Trenches 3 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 Ronald L Taylor Date 10-2-04

Installer Harry G. Mullaney Date 10-2-04

FORM 23-102 10-96