Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008833

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380318801

Issued 04/25/06
Expires 04/25/06
Revenue Code 3157

Establishment:
STEVE EVARETTS
T11N R7E SEC 14
FINIGAN VIEW ESTS BLK 1 LOT 8
8401 LIANA LN

FEES: $275.00

Permittee:
STEVE EVARETTS
7527 UPTON GREY LN
LINCOLN NE 68516-5695

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

A

Permit Number: 06380.318801

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 8401 Liano Lane (no rural route) City Lincoln NE, Zip 68517

Legal Description 1/4 14 1/4 Section 11N Township 7E Range Finigan View Estates Subdivision Addition 1 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 Steve Everetts Signature Steve Everetts

Address 7527 Upton Grey Lane City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 408-5842 Work Phone 326-1612

C. Contractor

Name Don Anderson Company Name AWS Well Co Inc

Address PO Box 246 City/State/Zip Mead Ne 68041

☒ Check if contractor designed system Work Phone 402-624-3895

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

Designer Name Don Anderson Firm AWS Well Co Inc Work Phone 402-624-3895

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 4/25/06 Date frwd 4/25/06 **ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/25/06 Date frwd 4/25/06 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4/25/06 Date frwd 4/25/06 **ACTION** ☒ Approved ☐ Disapproved Signature Chad Blahnen

Installation Final Written Approval

By _____

Date 12/20/06

Business Office Use Only

Date Rec'd 04/25/06
Amt Paid 275.00
Rec'd By _____ ~~Cash~~/Check No. 5786

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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Phone: 402-441-8022

B

Permit Number: 06380318

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8401 Liada Lane (no rural route) City Lincoln NE, Zip 68516

Owner Steve Everetts Addresss 7527 Upton Grey Lane

Soil Type (SCS): _____ Percolation Rate: 158.29 / 39.57 min./inch

Date of Tests 4-13-06 to 4-14-06 Weather: Precipitation Ø Temperature 85

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	36	4-13	9am	4-14	9am	4-14	10am	36	4-14	11am	60	1.5	40
2	"	"	"	"	"	"	"	"	"	"	"	1	60
3	"	"	"	"	"	"	"	"	"	"	"	1.75	34.29
4	"	"	"	"	"	"	"	"	"	"	"	2.75	24

Sum of Percolation Rates: 158.29

Average of Rates: _____

Rate Used for Calculation: ~~39.57~~ 60

Person Conducting Percolation Tests

Name: Don Anderson AWS Well Co

Phone: 402-624-3895

Address PO Box 246 Mead NE 68041

3 bedroom ~~875~~ 1050 sq. ft

~~465'~~ 263 laterals

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Greater than a 20 minute difference between percolation holes

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date April 25, 2006

FORM 23-101 10-96

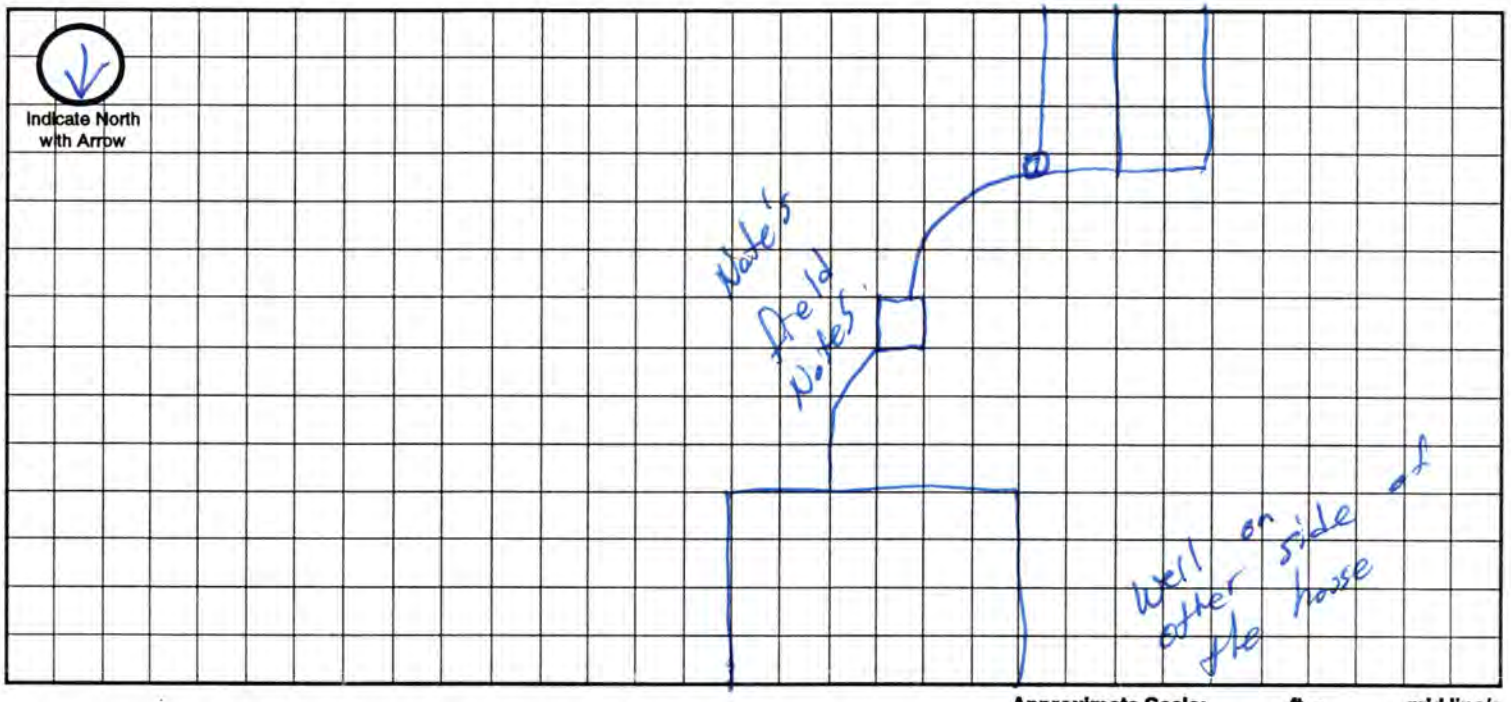
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C

Permit Number: 06380318 8

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

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

Total Square Feet of Field Required: 1050 sq. ft.

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

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

Total Length of Laterals 263 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 Steve Evanoff Date 4-24-06

Installer _____ Date _____



B.E.S.T. Inc.

Mold Professionals

Office: (402) 483-1069
Cell: (402) 499-4880

Upon inspection:
had installer raise the
distribution box to proper
height.
well is >100 feet

Certified in Mold Inspection and Remediation
Certified Radon Measurement and Mitigation
Certified Methamphetamine Lab Clean-up