Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005036

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380283301

Issued 05/19/04
Expires 11/19/04
Revenue Code 3157

Establishment: SHAUN SAATHOFF
T11N R7E SEC 14
FINIGAN VIEW ESTS BLK 1 LOT 4

FEES: $200.00

Permittee: SHAUN SAATHOFF
627 NW 20 ST
LINCOLN NE 68528

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: 04380283301

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 _____ City _____ NE, Zip _____

(no rural route)

Legal Description 1/4 1/4 Section 14 Township 11N Range 7E Subdivision FINIGAN VIEW ESTATES Addition 1 Block 4 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Shawn Southoff Signature Shawn Southoff

Address 627 NW 20 City/State/Zip Lincoln NE 68528

☐ Check if owner designed system Home Phone _____ Work Phone 499-3266

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7801 LEIGHTON City/State/Zip LINCOLN NE 68507

☑ Check if contractor designed system Work Phone 560 1208

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 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** 3-18-05, ~~not finished~~
   Date rec'd 5/19/04 Date frwd 5/20/04
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 6-1-04 Date frwd 6-1-04
   ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson

3. **City or County Engineer**
   Date rec'd _____ Date frwd 5-20-04
   ACTION ☒ Approved ☐ Disapproved Signature Bruce A. Briney

Installation Final Written Approval

By Ron Magnuson

Date 3-22-05

Business Office Use Only

Date Rec'd 05/19/04

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1111

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

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B

Permit Number: 043802833

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____

(no rural route)
Owner SHAWN SATHOFF Addresss _____

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

Date of Tests 4/20/04 to 4/21/04 Weather: Precipitation _____ Temperature 70's

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	4/20	8 AM	4/21	9 AM	4/21	9 AM	6	4/21	1 PM	30	1/2	60
2	28	4/20	8AM	4/21	9AM	4/21	9AM	6	4/21	1 PM	30	1/2	60
3	27	4/20	8AM	4/21	9AM	4/21	9AM	6	4/21	1 PM	30	3/4	40
4	30	4/20	8AM	4/21	9 AM	4/21	9AM	6	4/21	1 PM	30	5/8	48
5	27	4/20	8 AM	4/21	9 AM	4/21	9AM	6	4/21	1 PM	30	1/2	60
6	29	4/20	8AM	4/21	9AM	4/21	9AM	6	4/21	1 PM	30	5/8	48

Sum of Percolation Rates: 316
Average of Rates: 52.6
Rate Used for Calculation: 53

Person Conducting Percolation Tests

Name: STAN KROESE
Phone: 560 1208
Address 7801 LEIGHTON
LINCOLN NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

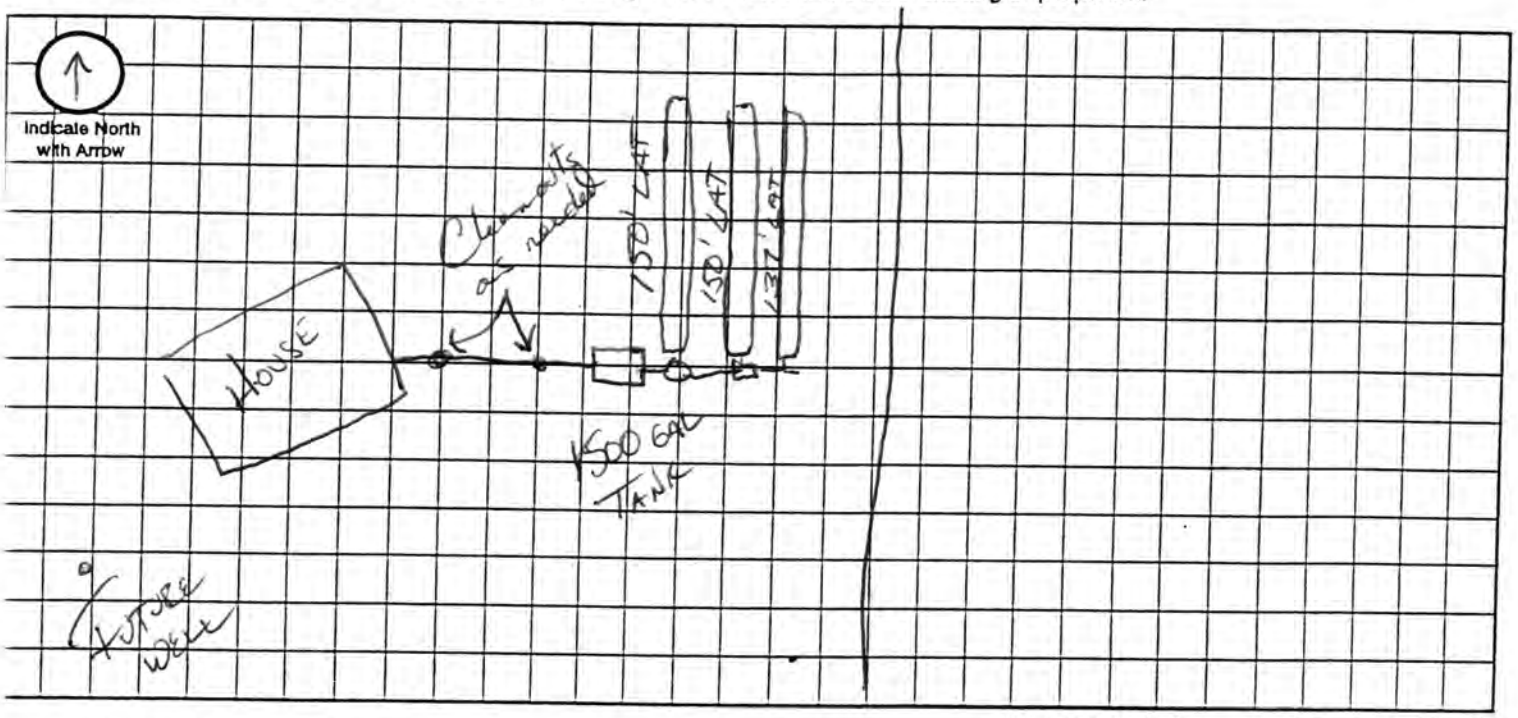
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C

Permit Number: 043802833

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

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

Total Square Feet of Field Required: 1450 sq. ft.

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

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

Total Length of Laterals 437 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 Dan Scarlett Date 5-18-04

Installer _____ Date _____

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D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 3/23/05

Shaun Saathoff

System Location (Indicate correct number and street)

Address 8700 Liana Ln Rural (no rural route) City LINCOLN NE, Zip

Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank 108 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade 10 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: 12 ft.

D. Absorption Field

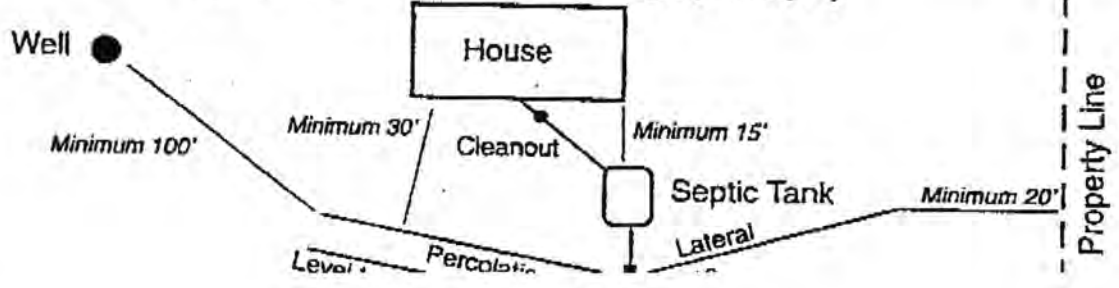
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other INFILTRATOR (HI CAP)
2. Lateral lines: Number 4
   Length of each line: 114 ft. 114 ft.
   108 ft. 108 ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 50 ft.
   Property line 50 ft.

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

te North Arrow

Individual Sewage System Design (Example)



As Built Drawing

