Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008118

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380307301

Issued 08/16/05
Expires 08/16/06
Revenue Code 3157

Establishment

STERTZ FAMILY HOMES INC
T11N R7E SEC 10 QTR SW
FINIGAN VIEW LOT 7
8501 LIANA LN

FEES: $200.00

Permittee

STERTZ FAMILY HOMES INC
6030 S 81 ST
LINCOLN NE 68516

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: 05380307301

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 8501 Liana Ln (no rural route) City Lincoln NE, Zip 68517

Legal Description SW 14 11N 7E Finigan View 7
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 Stertz Family Homes Signature _____

Address 6030 S 81st City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 489-4551 Work Phone 429-4994

C. Contractor

Name Stertz Family Homes Company Name Tod Sterts

Address 6030 S. 81st City/State/Zip Lincoln NE

☐ Check if contractor designed system Work Phone 429-4994

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

Designer Name Scott Haes Firm HARS CONTRACTING Work Phone 402 499-1166

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 8/16/05 Date frwd 8/16/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/16/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/16/05 Date frwd 8/16/05 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

Installation Final Written Approval

By Ron Mayfield

Date 11-23-05

Business Office Use Only
Date Rec'd 08/16/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 5592

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

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B

Permit Number: 05380307 3

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8501 Liana Ln (no rural route) City Lincoln NE, Zip 68517

Owner Steele Family Home Addresss 6030 S. 81st

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 8-11 to 8-12 Weather: Precipitation DRY 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	8 11	8 30	8 12	230	8 12	230	24	8 12	4	30	2	15
2	36	8 11	8 30	8 12	230	8 12	230	24	8 12	4	30	1	30
3	36	8 11	8 30	8 12	230	8 12	230	24	8 12	4	30	1 1/4	24
4	36	8 11	8 30	8 12	230	8 12	230	24	8 12	4	30	1	30
5	36	8 11	8 30	8 12	230	8 12	230	24	8 12	4	30	1 1/4	24
6	36	8 11	8 30	8 12	230	8 12	230	24	8 12	4	30	1	30

Sum of Percolation Rates: _____

Average of Rates: 26

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: HARS CONTRACTING INC.

Phone: 402-423-3553

Address 10600 S 40 ROCA NE 68430

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Gerald E. Hood R.E.H.S. Date AUGUST 16, 2005

FORM 23-101 10-96

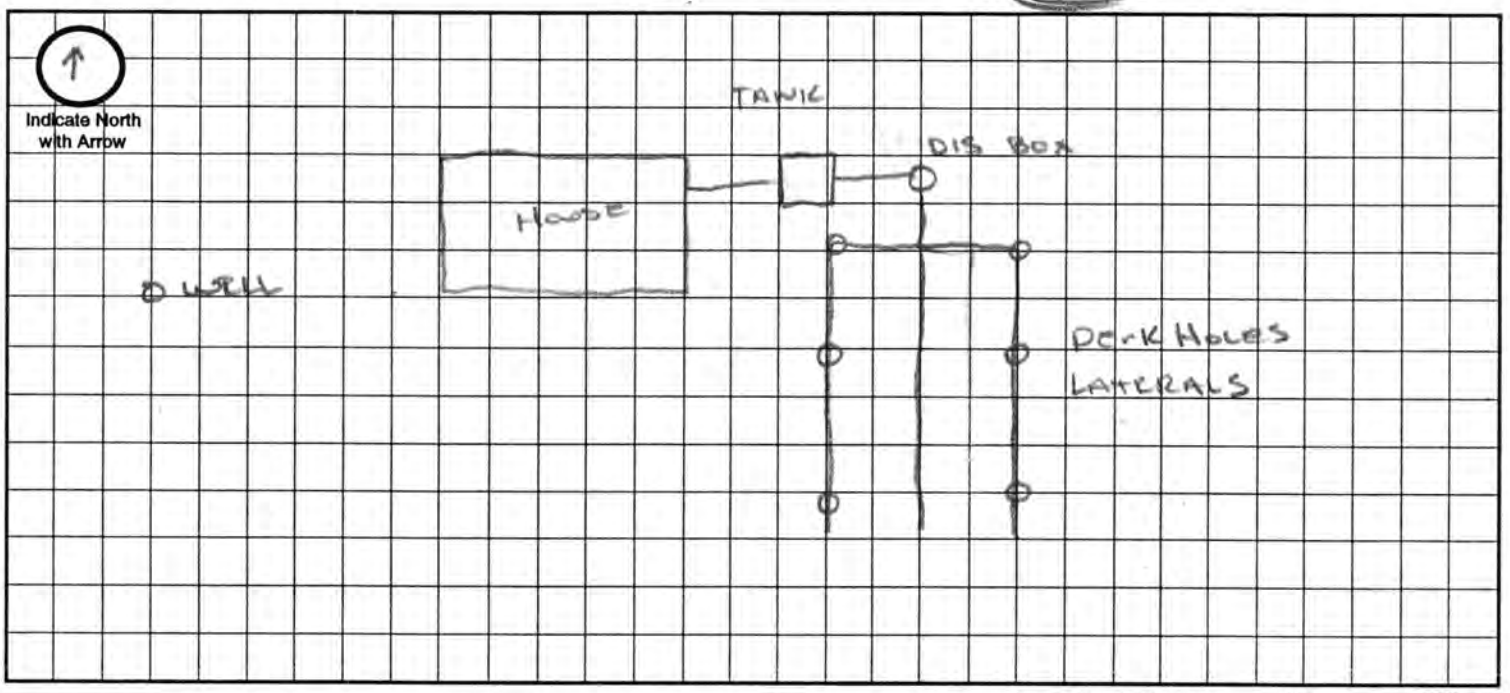
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Phone: 402-441-8022

C

Permit Number: 053803073

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) 8501 LIANA LN 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 26 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 2 %

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

Total Square Feet of Field Required: 750 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 188 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 _____ Date 8-15-05

Installer _____ Date 8-15-05

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 11-28-05

System Location (Indicate correct number and street)
Address 8501 Liana Lane (no rural route) City Lincoln NE, Zip 68505

A. Building Sewer
1. Material: Plastic
   Diameter: 4 in.
2. Distance above basement floor: - in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 73 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 155 ft.
   stream - ft.
   pressure line 155 ft.
   property line 50 ft.

B. Septic Tank
1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1550 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 30 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line 197 ft.
   Stream - ft.
   Pressure line 197 ft.
   Property line 75 ft.

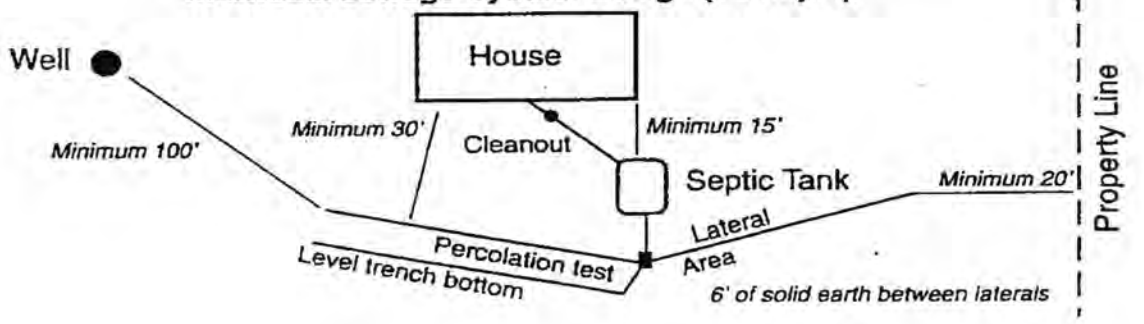
C. Distribution Box
1. Material: Plastic
   Number available outlets: 1
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 32"
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 2
   Length of each line: 120 ft. 120 ft.
   ft. ft., ft.
3. Trench dimensions: Width ft.
   Slope in/100 ft.
   Average depth in
4. Filter material: Sand
   Depth of material 20 in.
5. Distances to: Well or suction line 227 ft.
   Stream - ft.
   Pressure line 227 ft.
   Property line 20 ft.

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

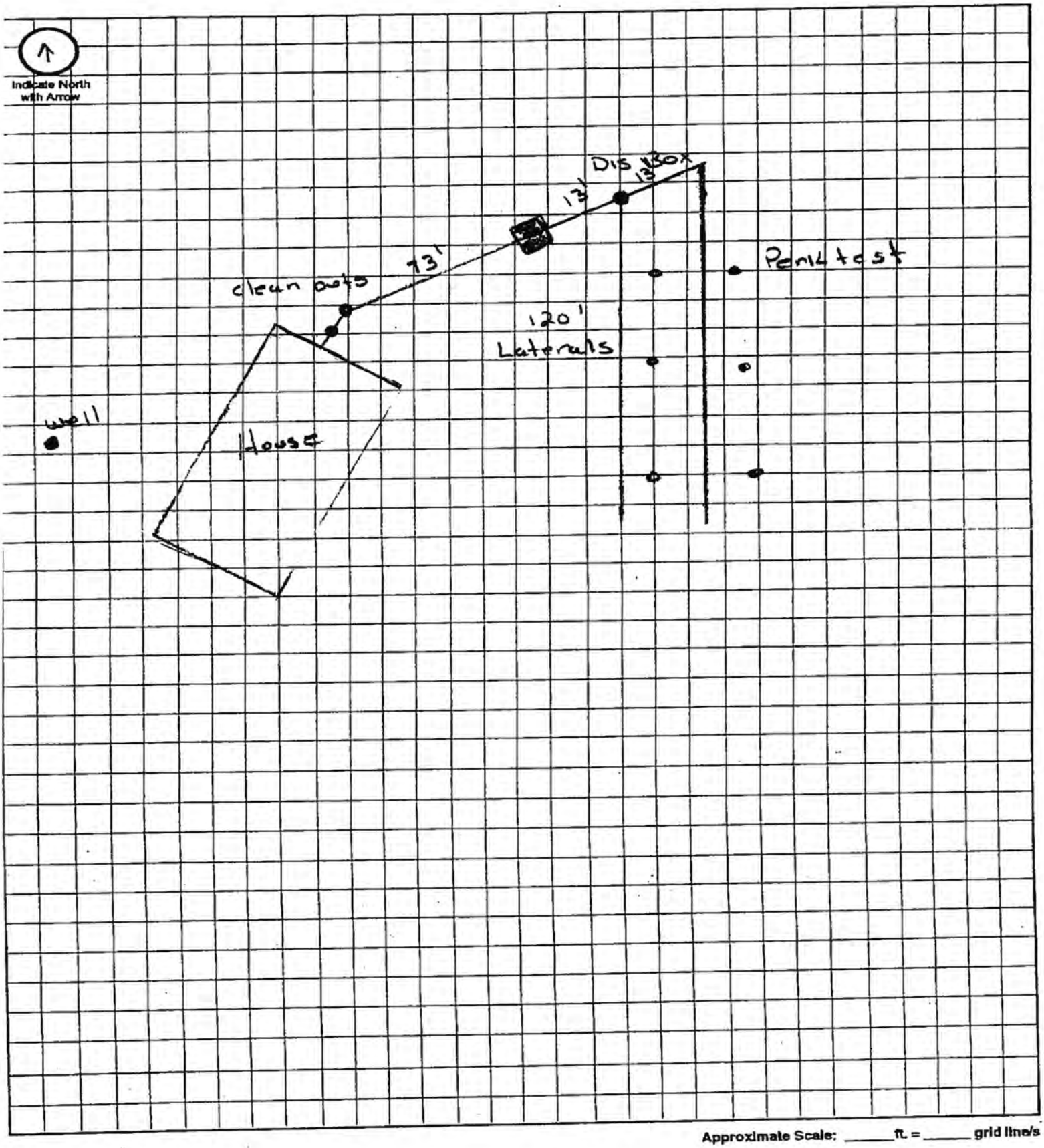
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s