Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002830

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380267001

Issued 07/09/03
Expires 01/09/04
Revenue Code 3157

Establishment SHAWN F TUCKER
T11N R7E SEC 15
FINIGAN RIDGE ADDN BLK 1 LOT 3
11801 N 79 ST

FEES: $200.00

Permittee SHAWN F TUCKER
2255 BRECKENRIDGE DR
LINCOLN NE 68521

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

TREVOR
610-1330

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

A

Permit Number: 033802670 01

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 11,801 N. 75th (no rural route) City Lincoln NE, Zip 68517

Legal Description Lt 3, Blk 1, Finigan Ridge add

1/4	1/4	Section	Township	Range	Subdivision	Addition	Block	Lot
		15	11N	7E			1	3

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Shawn Tucker Signature _____

Address 2255 Breckenridge City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 483-3310 Work Phone 580-8117

C. Contractor

Name Michael P Dietze Company Name Waverly Plumbing & Well

Address PO Box 116 City/State/Zip Waverly NE 68462

☑ Check if contractor designed system Work Phone 402-786-5620

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 7/9/03 Date frwd 7/9/03	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/9/03 Date frwd _____	**ACTION** ☑ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 7/9/03 Date frwd 7/9/03	**ACTION** ☑ Approved ☐ Disapproved Signature Chase Baker	

Installation Final Written Approval

By Ron Mayer

Date Nov-25-03

Business Office Use Only

Date Rec'd 07/09/03

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 1153

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

Tucker Bros #3

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

B

Permit Number: 033802670

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 11,801 N. 79th St. (no rural route) City Lincoln NE, Zip 68517

Owner Shawn Tucker Address 2255 Breckenridge Dr 68521

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

Date of Tests 6-27-03 to 6-29-03 Weather: Precipitation dry Temperature 80°

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	6-27	4:30	6-29	12:30	6-29	1:00	6"	6-29	1:30	30	3	
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	$2\frac{3}{4}$	
3												3	
4												3	
5												$2\frac{7}{8}$	
6	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	$2\frac{3}{4}$	
												Too fast	0
													tests
				Not Varified		Varified			See other				
												Page	

Person Conducting Percolation Tests

Name: Dave Dietze

Phone: 786-2682

Address 9651 N 149th PL

Waverly NE 68462

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 10 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks VERY FAST RATE FOR SHARPSBURG SILTY CLAY LOAM

~~Not Varified~~

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JULY 7, 2003

FORM 23-101 10-86

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Test Conducted along side Health Departments

N ↑



System Location (Indicate correct number and street)

Address 11201 No 79th St (no rural route) City Lincoln NE, Zip

Owner Addresss

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

Date of Tests 11/13/03 to 11/14/03 Weather: Precipitation Ø Temperature 44°

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	26	11/13	9:30a	11/13	1:30p	11/14	7:45a	6	11/14	11:45a	30	3/4	.75 40
2	24	"	"	"	"	"	"	"	"	"	"	1/4	.25 120
3	25	"	"	"	"	"	"	"	"	"	"	1/4	.25 120
4	24	"	"	"	"	"	"	"	"	"	"	1/2	.50 60
5	25	"	"	"	"	"	"	"	"	"	"	1/4	.25 120
6	24	"	"	"	"	"	"	"	"	"	"	1/2	.50 60

Sum of Percolation Rates: 520

Average of Rates: 87

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Terri Jakoubek - Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond NE 68428

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks See other B-Forms for 2 additional passing perc holes

Signature of

Date

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11801 No 79th St. (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): Shoopsburg silty clay loam Percolation Rate: [redacted] min./inch

Date of Tests 11-13-03 to 11-14-03 Weather: Precipitation Clear, None. Temperature 50°F

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 dried	24"	11-13-03	11:00 AM	11-13-03	3:00PM	11-14-03	8:30	6"	11-14-03	12:30	30	0	—
#2	"	"	"	"	"	"	"	"	"			1/8	240 mpi
#3	"	"	"	"	"	"	"	"	"			0	—
#4	"	"	"	"	"	"	"	"	"			5/16	96 mpi
#5 ✓	"	"	"	"	"	"	"	"	"			8/16 = 1/2	60 mpi
#6 ✓	"	"	"	"	"	"	"	"	"			11/16	44 mpi

Sum of Percolation Rates: * see below

Average of Rates: _____

Rate Used for Calculation: 20 mpi variation, thus 60 mpi

Person Conducting Percolation Tests

Name: Ron Marquart, LLCHD

Phone: 441-8030

Address 3140 'N' St. Lincoln, NE 68510

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Used holes #1, #4, + #6 on Jakadek perc test and holes #5 + #6 on this Form-B of LLCHD perc test, (40, 60, 60, 60, and 44 mpi's). Leach field laterals must not be deeper than 24" and need to be installed near the north side of lot.

Signature of Reviewing Official Ron Marquart Date 11-14-03

FORM 23-101 10-96

4ft wide

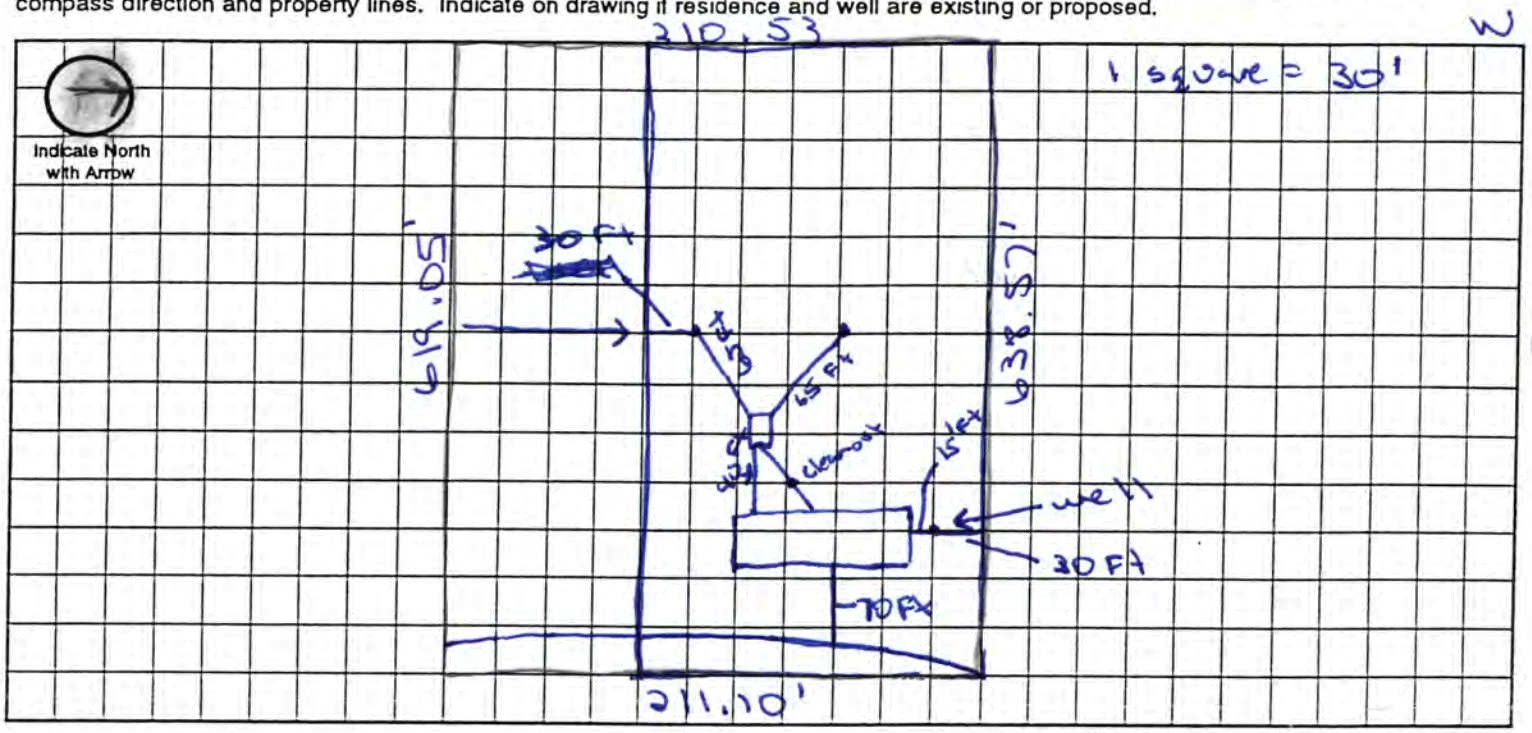
C

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

Permit Number: 033802670

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) 11801 N. 29th 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 ~~60~~ (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: ~~495~~ 1090 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrators w gravel

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~495~~ 263 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 7-7-03

Installer Michael T Pitz Date 7-8-03

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11/22/03

System Location (Indicate correct number and street)

Address 11801 N 79th ST City Lincoln NE, Zip

(no rural route) 15-11-7

A. Building Sewer

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

B. Septic Tank

1. Material: concrete.
   Number of compartments: one
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 at Grade. 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Plastic.
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9' ft.

D. Absorption Field

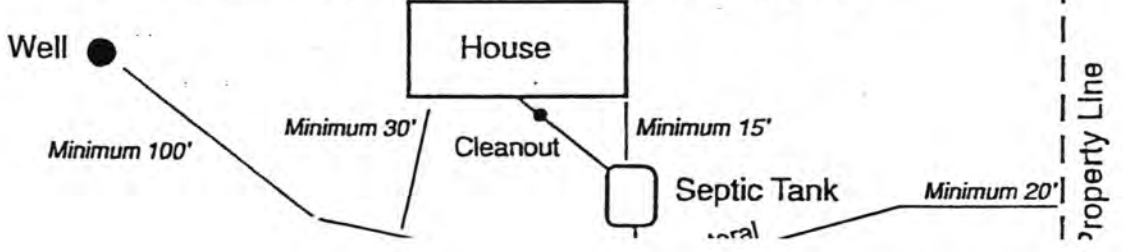
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: H-10 STandard.
   or perforated pipe: ____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2.
   Length of each line: 138' ft. 125' ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 28" in
4. Filter material: Dirt
   Depth of material 28" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 15' ft.

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

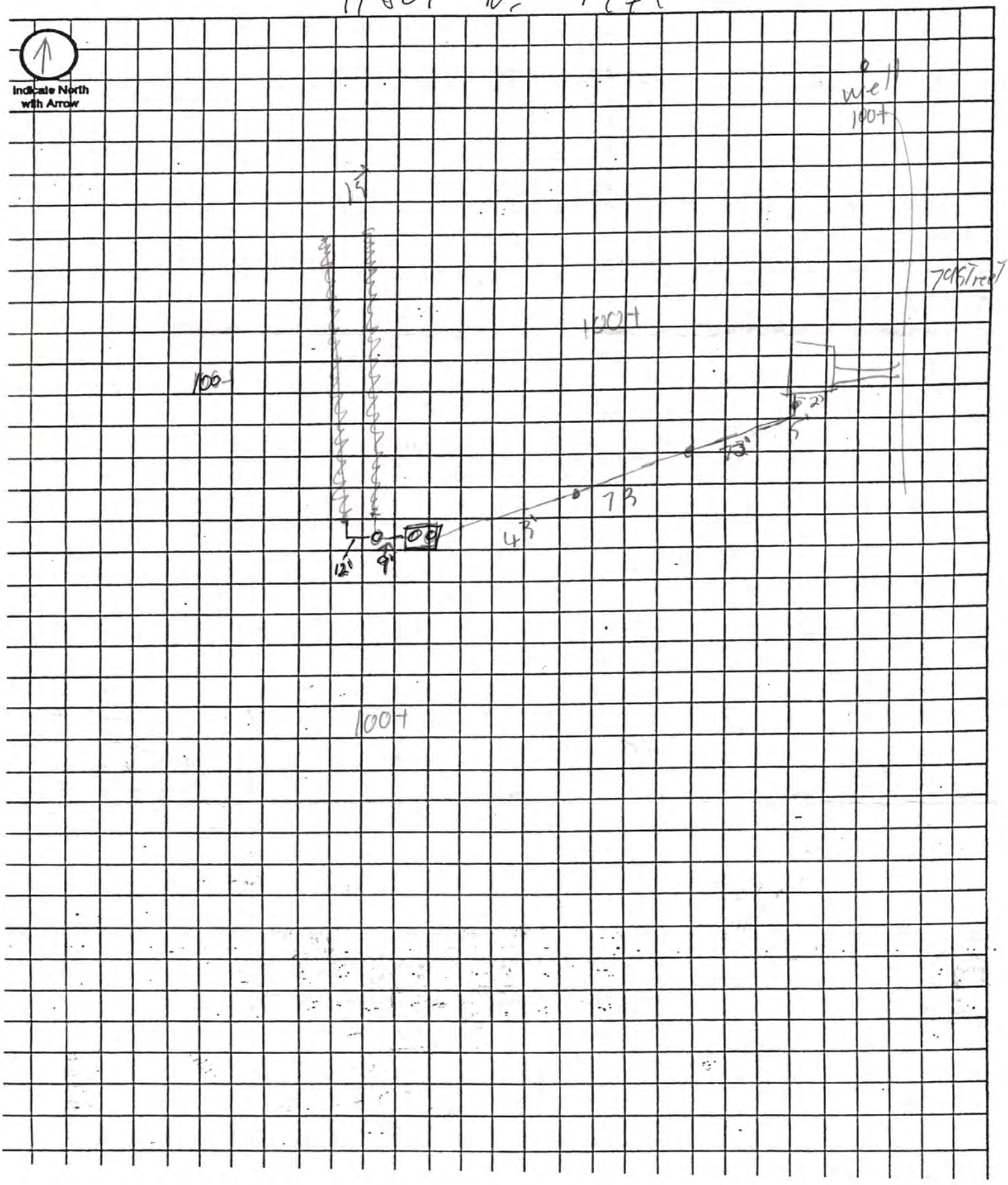
Indicate North with Arrow

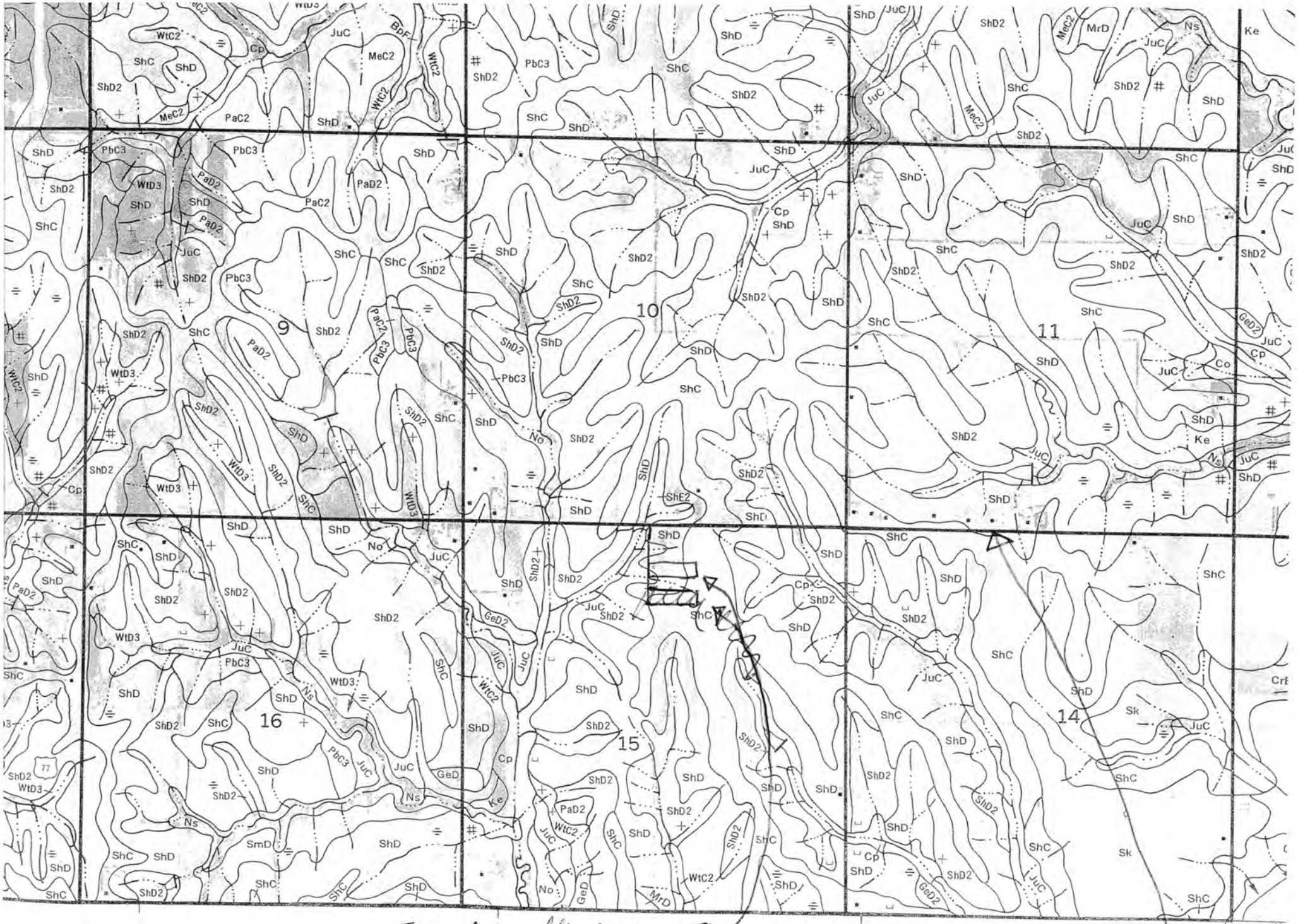
Individual Sewage System Design (Example)



As Built Drawing

11801 N. 79th




9
10
11
14
15
16
Cp
ShD
ShD2
ShC
JuC
PbC3
PaD2
WtD3
WtC2
MeC2
PaC2
BpF
ShE2
No
Ns
Ke
Co
Sk
GeD
GeD2
MrD
SmD
Finnigan Redge Add. Blk 1, lot 3
11801 No. 79th Finnigan Ridge Add.
N. 91st