Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009825

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC-NONSTANDARD VARIANCE

Permit # 06380328101

Issued 12/15/06
Expires 12/15/07
Revenue Code 3157

Establishment:
DOUGLAS & CHRISANNE HODGIN
T11N R7E SEC 11
FINIGANS REPLAT BLK 1 LOT 2
8810 EDWIN

FEES: $290.00
$130.00

Permittee:
DOUGLAS & CHRISANNE HODGIN
900 W LEON DR
LINCOLN NE 68521

TOTAL: $420.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

NOV 17 2006

A

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

Permit Number: 06380328101

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 ~~10400 Finigan Rd~~ ~~8810 Edwin~~ (rural route) 8810 Edwin City Linwln NE, Zip 68517 Address Change

Legal Description 1/4 11 1/4 Section 11N Township 7E Range 6pm Subdivision Finigans Replat Addition 1 Block 2 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Douglas & Chrisanne Hodgin Signature _____

Address 900 W. Leon Dr. City/State/Zip Linwln, Ne 68521

☐ Check if owner designed system Home Phone 477-9776 Work Phone 467-5992

C. Contractor

Name Kurt T Virgil Company Name Kurt T. Virgil Excavating

Address 4620 W. Mary Louise Ln City/State/Zip Linwln / Ne / 68528

☒ Check if contractor designed system Work Phone (402) 525-6681

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. 2002

1. **Health Department** Date rec'd 12/5/06 Date frwd 12/5/06 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/5/06 Date frwd 12/5/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-6-06 Date frwd 12-6-06 ACTION ☒ Approved ☐ Disapproved Signature _____ Variance 12/05/06 #1581 $130

line + tank 11/2/07

Installation Final Written Approval

By _____

Date 1/17/08

Business Office Use Only

Date Rec'd 11/17/06

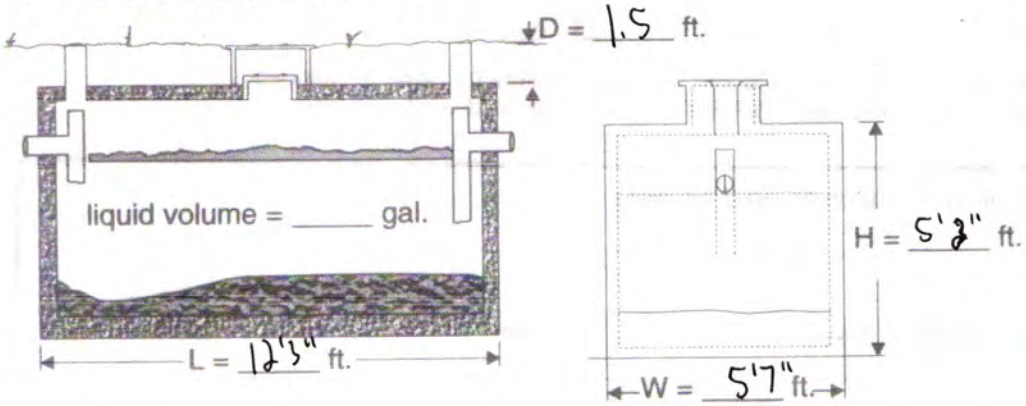
Amt Paid 290.00

Rec'd By _____ ~~Cash~~/Check No. 1568

KEY

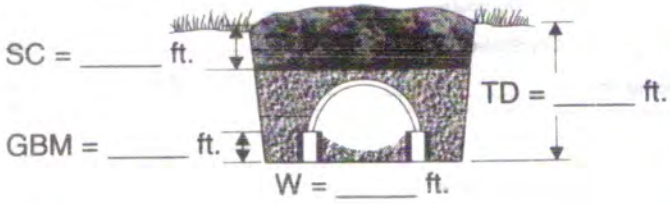
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

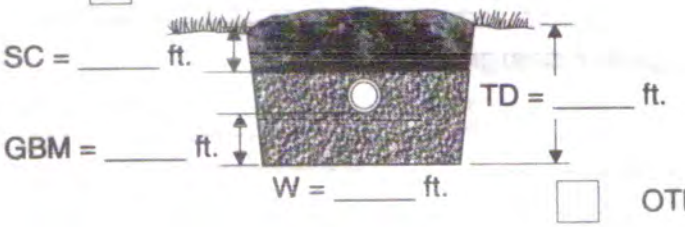


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL: " WATER LINES: "	NORTH Distance in Feet **From Tank Field** WELL: " WATER LINES: "	NORTHEAST Distance in Feet **From Tank Field** WELL: " WATER LINES: "
WEST Distance in Feet **From Tank Field** WELL: " WATER LINES: "	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL: " WATER LINES: "
SOUTHWEST Distance in Feet **From Tank Field** WELL: "	SOUTH Distance in Feet **From Tank Field** WELL: "	SOUTHEAST Distance in Feet **From Tank Field** WELL: "

All > 100 ft

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

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

B

Permit Number: 063803281

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12400 Finigan Rd (no rural route) City Lincoln NE, Zip 68517

Owner Douglas & Christanne Hodgin Address 900 W. Leon Dr. Lincoln, NE 68521

Soil Type (SCS): Sharpsburg Silty Clay loam Percolation Rate: _____ min./inch

Date of Tests 10/26 to 10/27 Weather: Precipitation Trace 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	32	10/26	4:00	10/27	9:00	10/27	815	6"	10/27	1215	30	3/4	40
2	30	"	"	"	"	"	"	"	"	"	"	11/16	44
3	36	"	"	"	"	"	"	"	"	"	"	9/16	53
4	30	"	"	"	"	"	"	"	"	"	"	11/16	44
5	32	"	"	"	"	"	"	"	"	"	"	3/4	40
6	33	"	"	"	"	"	"	"	"	"	"	5/8	48

Person Conducting Percolation Tests

Name: Kurt T. Virgil

Phone: 402-525-6681

Address 4620 W. MARY LOUISE Ln Lincoln, Ne 68528

Sum of Percolation Rates: 269

Average of Rates: 44.8

Rate Used for Calculation: 44

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK to use 44 as rate for Calculation.

Signature of _____ Date _____

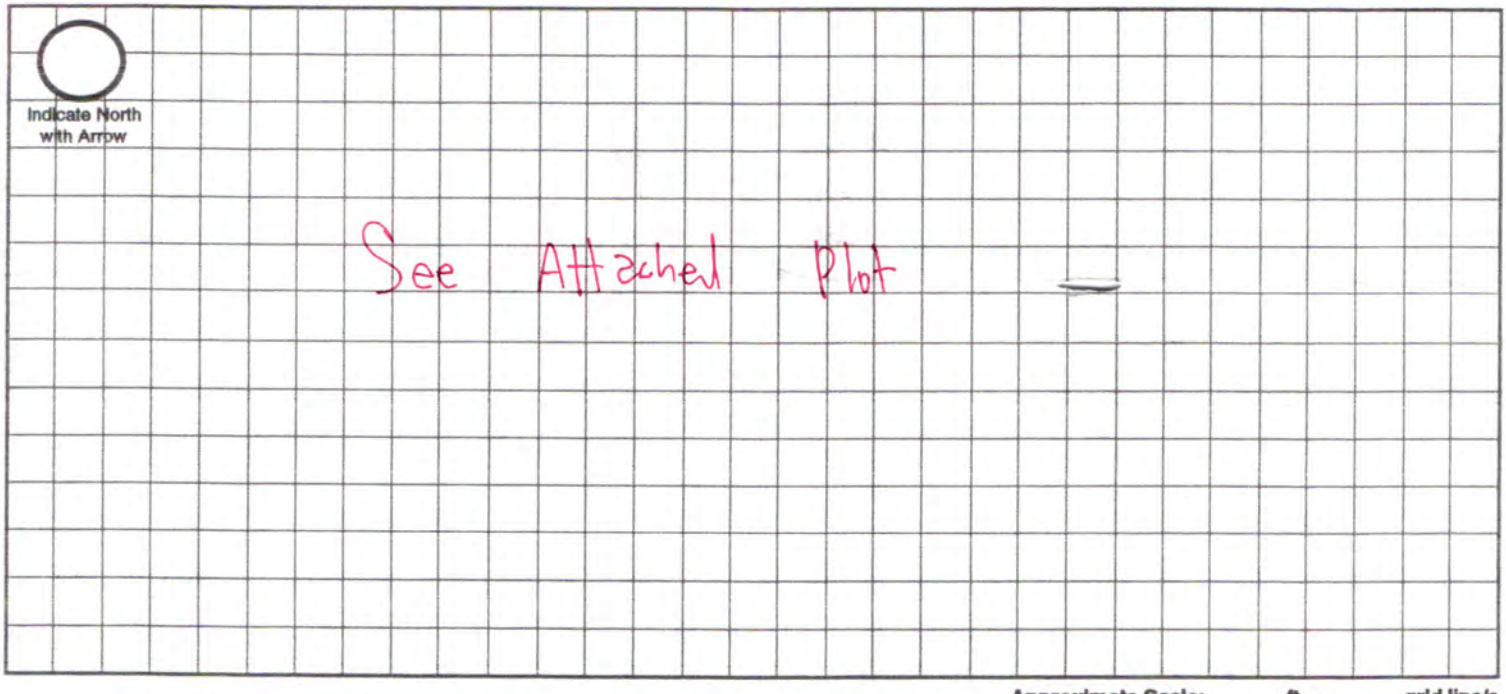
Lincoln-Lancaster County Health Department
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C

Permit Number: 063803281

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) 12400 Finigan Rd 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 44 (min. per inch) Soil Type: Sharpsburg Silty Clay Loam Land Slope: 6 %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 8 Number of Distribution Laterals per Bed 1

Total Length of Laterals 124 ft. Number of Trenches 2 Trench Width 3'

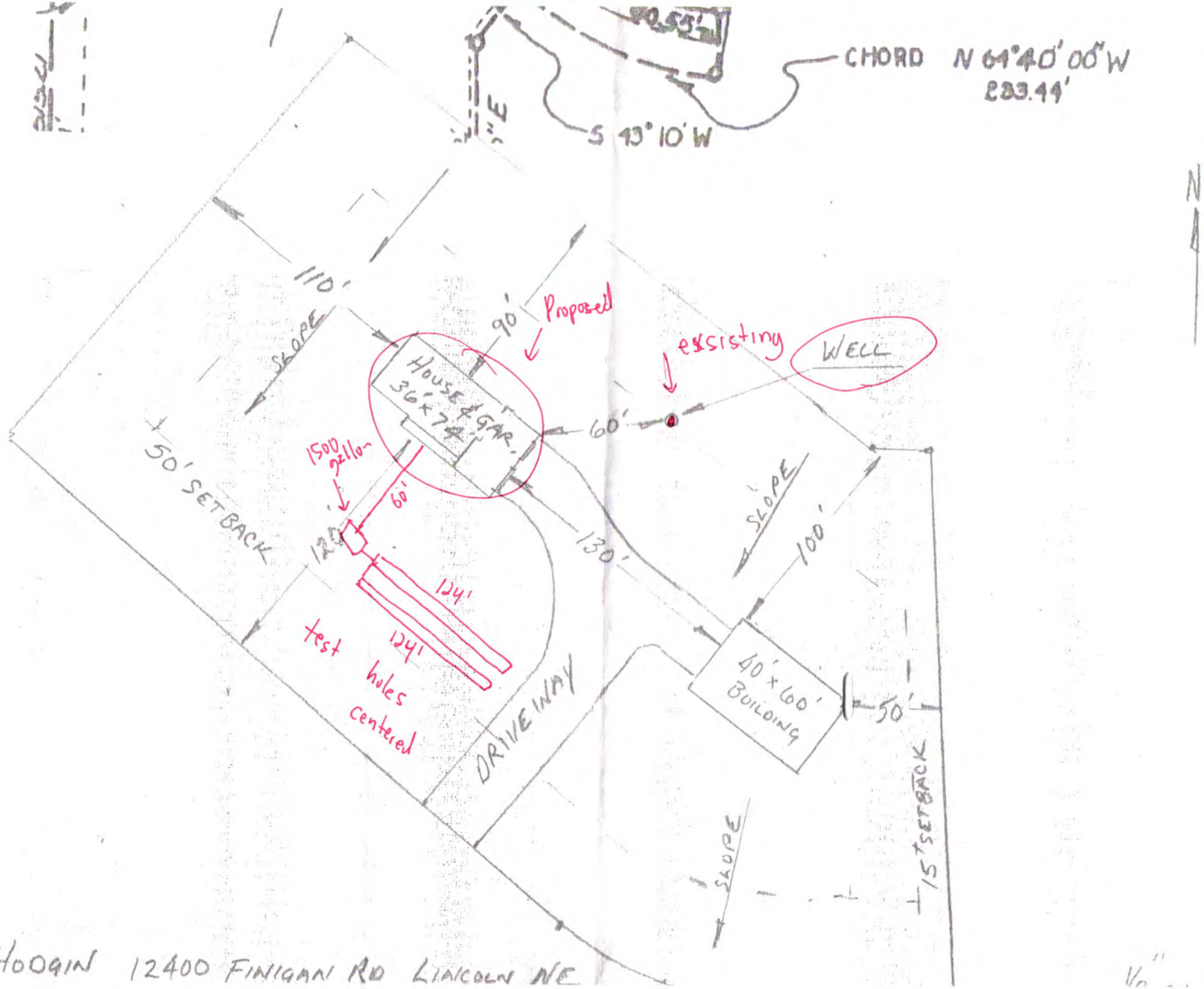
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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

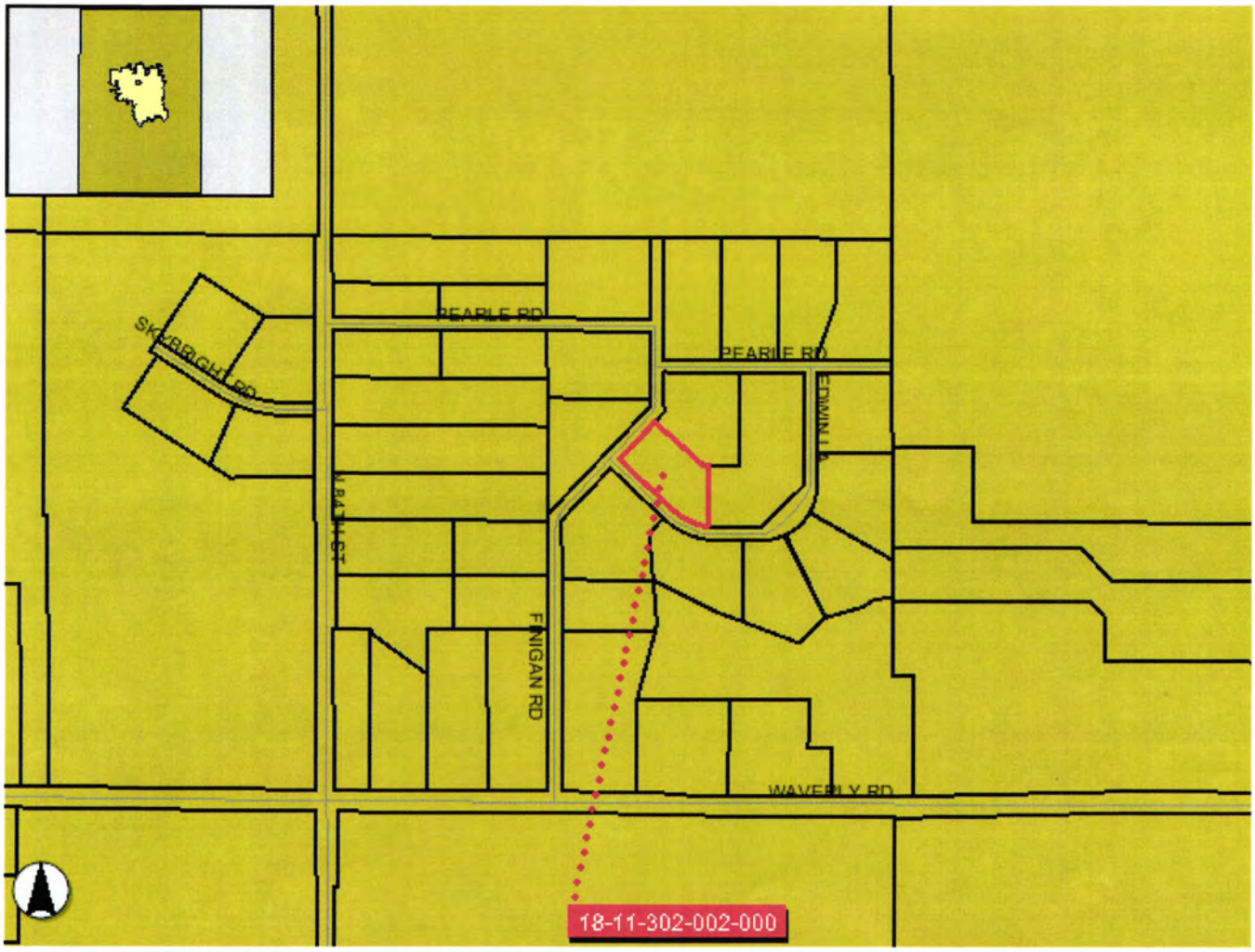
Home Building Contractor KH + VK Date 11/1/06

Installer KH + VK Date



HOOGIN 12400 FINIGAN RD LINCOLN NE

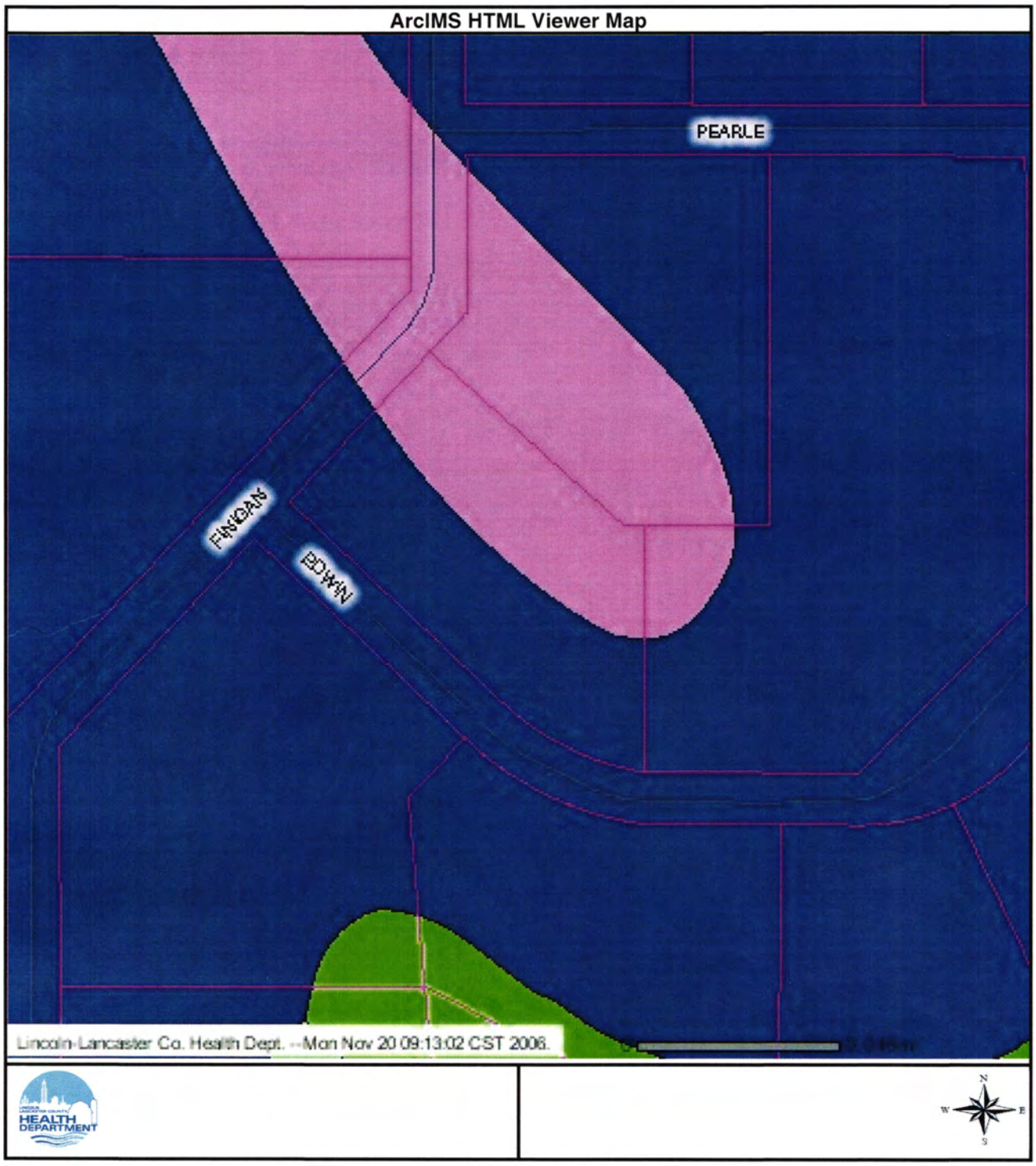
1/8" = 1'

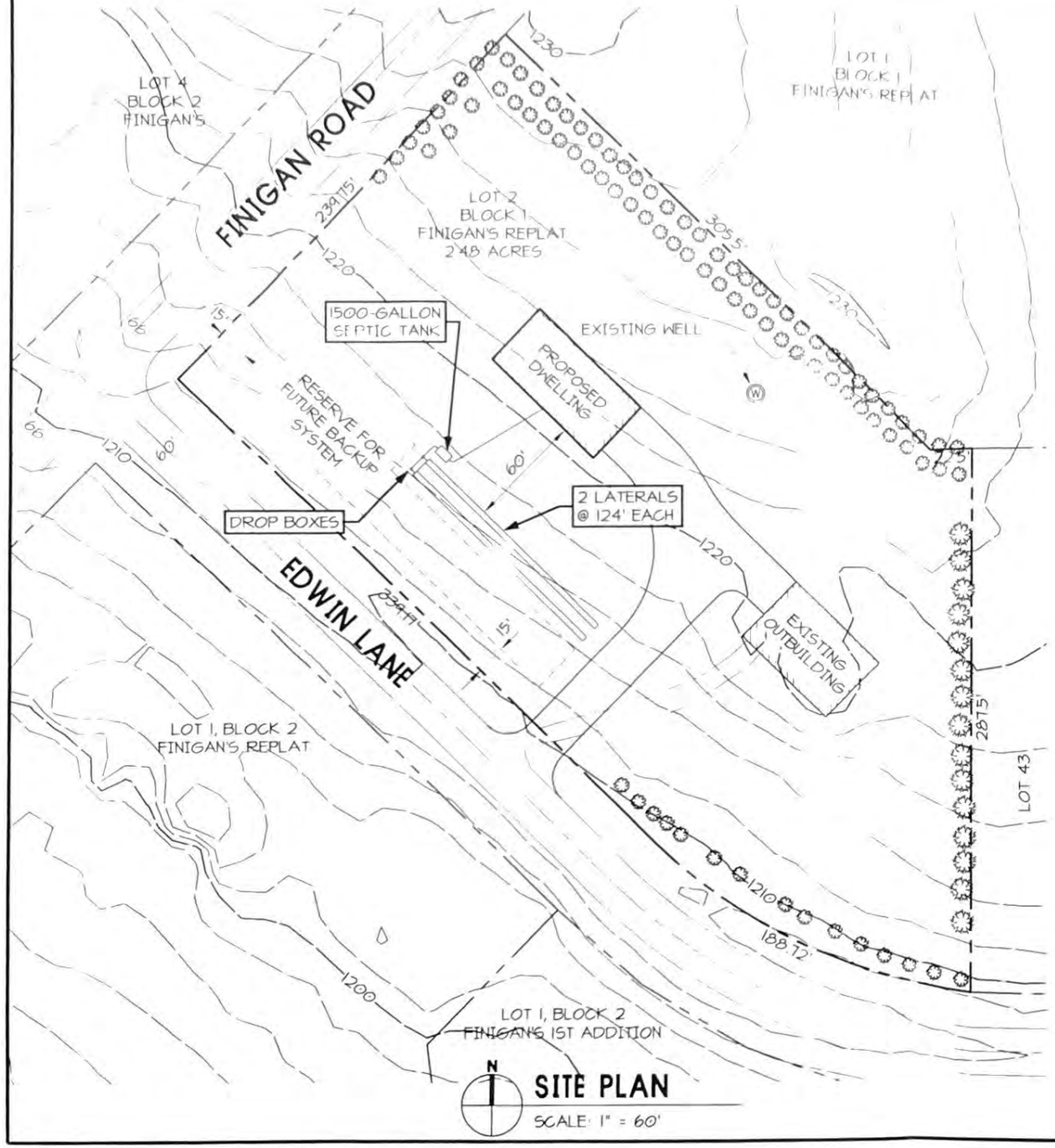


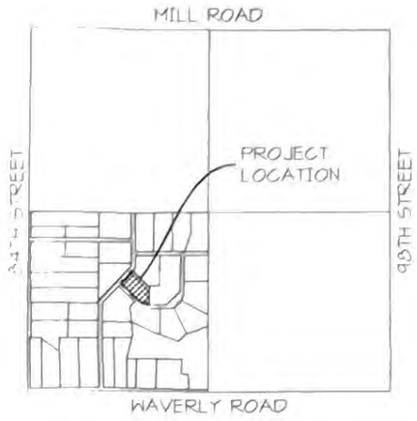
239 - 287 305

260

320


ArcIMS HTML Viewer Map
PEARLE
FINDAN
NW 62
Lincoln-Lancaster Co. Health Dept. -- Mon Nov 20 09:13:02 CST 2006.
HEALTH DEPARTMENT
N
W
E
S





GENERAL NOTES:

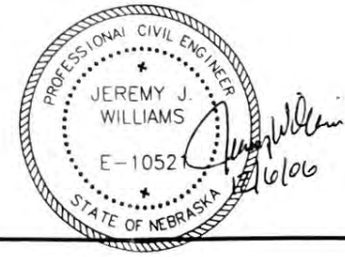
1. ALL WORK SHALL CONFORM TO TITLE 124 - RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS AND MAINTENANCE OF ON-SITE WASTEWATER TREATMENT SYSTEMS

2. THE ON-SITE WASTEWATER TREATMENT SYSTEM SHALL BE INSTALLED BY A CERTIFIED ON-SITE WASTEWATER PROFESSIONAL

3. IT MAY BE NECESSARY TO ADJUST THE ORIENTATION OF THE LATERALS SO THAT THE MINIMUM (1.5FT) AND THE MAXIMUM (3.0FT) DEPTHS ARE NOT EXCEEDED.

4. 100-150' LONG LATERALS SHALL BE CONSTRUCTED IN ACCORDANCE WITH "NDEQ TITLE 124 - 14.002".

5. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR WATER USAGE AND ENSURE THAT NO MORE THAN 300 GALLONS PER DAY IS BEING USED.



6 DEC 2006

12400 FINIGAN ROAD
ON-SITE WASTEWATER TREATMENT SYSTEM
WAVERLY, NEBRASKA

Design Associates of Lincoln, Inc.
ARCHITECTS • ENGINEERS • PLANNERS
PERSHING SQUARE 1609 "N" STREET LINCOLN NEBRASKA 68508
voice 402.474.3000 designoc@inebraska.com fax 402.474.4045