Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

006403

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380297901

Issued 03/14/05
Expires 09/14/05
Revenue Code 3157

Establishment

MARY AVERY
T11N R7E SEC 9
VIEW POINTE NORTH LOT 14
12001 EMMA WALTER RD

FEES: $200.00

Permittee

MARY AVERY
4921 NW 2 ST
LINCOLN NE 68521

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

RECEIVED
MAR 11 2005

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

A

Permit Number: 05380297901

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 12001 EMAWALTER (no rural route) City LINCOLN NE, Zip

Legal Description 9 11N 7E VIEWPOINTE NORTH 14
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 MARY AVERY Signature Mary Avery % Stan Kroese

Address 4921 NW 2ND City/State/Zip LINCOLN NE 68521

☐ Check if owner designed system Home Phone 477 6214 Work Phone

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7801 HEIGHTON 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 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 3/11/05 Date frwd 3/14/05 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-14-05 Date frwd 3-14-05 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3-14-05 Date frwd 3-14-05 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Ron Mayfield

Date 6-10-05

Business Office Use Only

Date Rec'd 03/14/05

Amt Paid 200.00

Rec'd By LS Cash/Check No. 2654

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

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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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 12001 EMAWALTER (no rural route) City LINCOLN NE, Zip

Owner MARY AVERY Addresss 4921 NW 2ND LINCOLN NE 68521

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

Date of Tests 12/16/04 to 12/17/05 Weather: Precipitation 0 Temperature 40°

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	12/16	8 AM	12/17	8 AM	12/17	11:30 AM	6	12/17	12 NOON	30	1/2	60
2	27	12/16	↓	↓	↓	12/17	↓	6	12/17	12 NOON	30	5/8	48
3	29	↓	↓	↓	↓	12/17	↓	6	12/17	12 NOON	30	5/8	48
4	28	↓	↓	↓	↓	12/17	↓	6	12/17	12 NOON	30	1/2	60
5	27	↓	↓	↓	↓	12/17	↓	6	12/17	12 NOON	30	3/4	40
6	28	↓	↓	↓	↓	12/17	↓	6	12/17	12 NOON	30	5/8	48

Sum of Percolation Rates: 304

Average of Rates: 50.6

Rate Used for Calculation: 51

Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 560 1208

Address 7801 LEIGHTON LANE NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

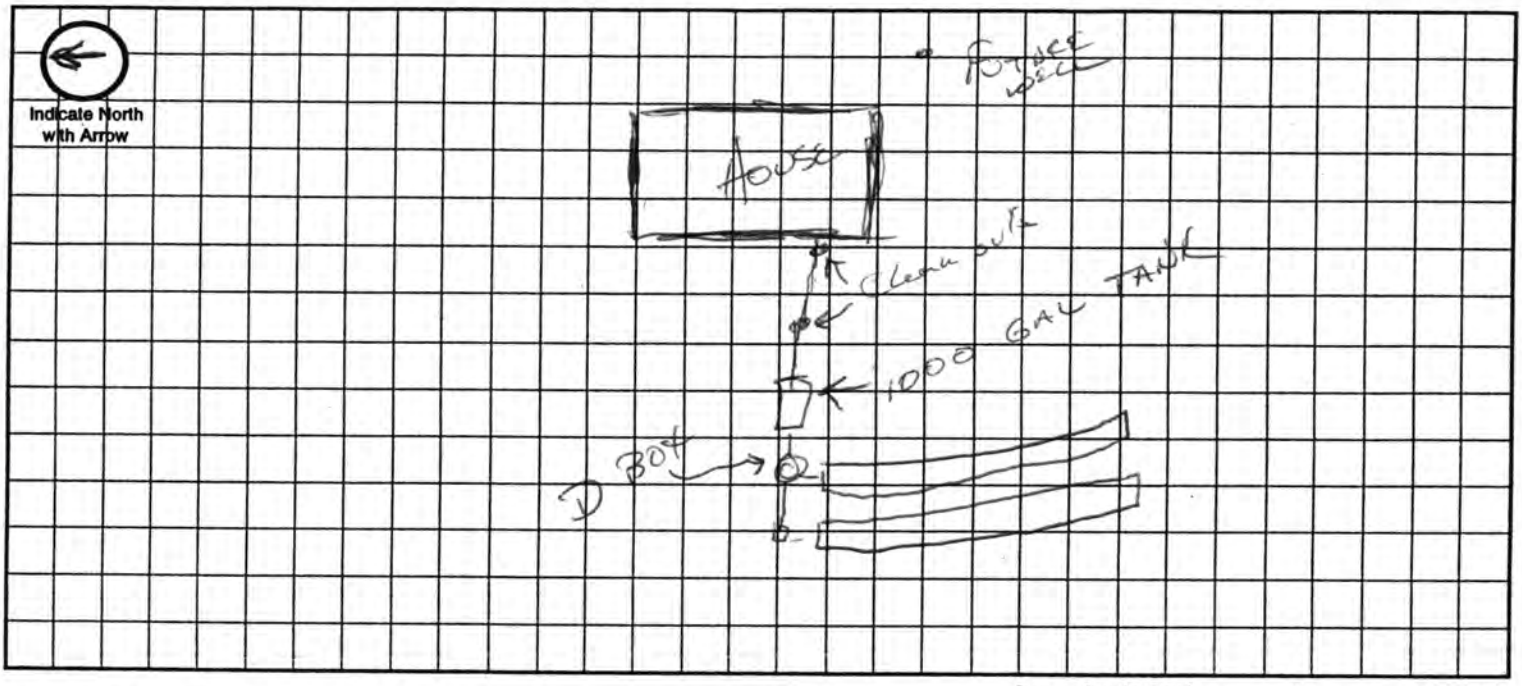
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C

Permit Number:

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) 17001 EMAWALTER City LINCOLN NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

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

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

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

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

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

Total Length of Laterals _____ 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 _____ Date 3/8/05

Installer _____ Date 3/9/05

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 6-7-05

System Location (Indicate correct number and street)
Address 12001 EMA WALTER (no rural route) City LINCOLN NE, Zip

A. Building Sewer
1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 163 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: CONC
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade 6 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.

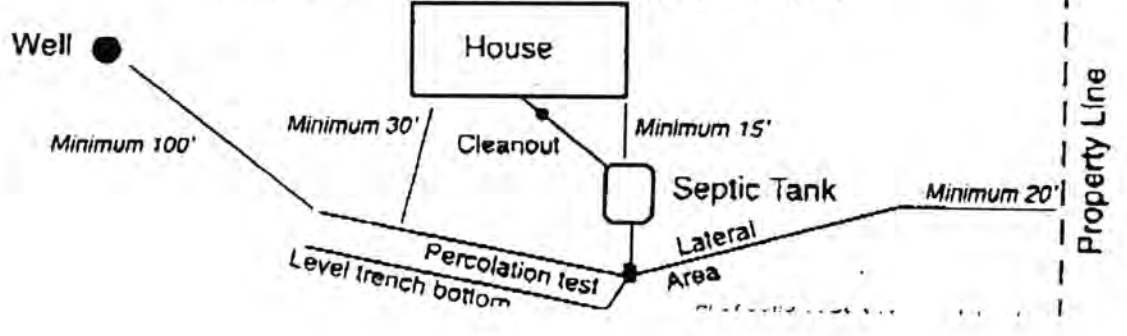
C. Distribution Box
1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 12 ft.

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 270
   Length of each line: 138 ft. 132 ft.
   ____ ft. ____ ft. ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 27 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 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

