Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008325

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380311401

Issued 10/06/05
Expires 10/06/06
Revenue Code 3157

Establishment:
STACY M MICHAELSEN
T11N R7E SEC 4
EL DE ACRES REPLAT BLK 1 LOT 1
5700 JUDITH DRIVE

FEES: $275.00

Permittee:
STACY M MICHAELSEN
1401 W LAKE ST
LINCOLN NE 68522

TOTAL: $275.00

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: 05380311401

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 5700 Judith Drive (no rural route) City Lincoln NE, Zip 68517

Legal Description 4 (1/4) 11N (1/4) 7E Section Township Range El De Acres Replat Subdivision 1 Addition 1 Block Lot

Geographical Location (if known): Longitude 40° 57.352' N Latitude 96° 30.566' W

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

B. Owner

Name Stacy Michaelsen Signature Stacy M. Michaelsen

Address 1401 W. Lake St City/State/Zip Lincoln, NE 68522

☐ Check if owner designed system Home Phone 402-438-6791 Work Phone 402-476-7770

C. Contractor

Name AWS Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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 4 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 10/6/05 Date frwd 10/14/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10/14/05 Date frwd ACTION ☒ Approved ☐ Disapproved Signature for

1/5/06 tanks + sewer J.C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date FEBRUARY 17, 2006

Business Office Use Only
Date Rec'd 10/5/05
Amt Paid 200.00
Rec'd By aw
Cash/Check No. 3023

10/06/05 ck 3016 $75.00

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

PRE-EXISTING LOT - ALTERNATE SITE AVAILABLE.

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

B

Permit Number: 0538031144

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5700 Judith Dr. (no rural route) City Lincoln NE, Zip 68517

Owner Stacy Michaelsen Addresss 1401 W. Lake St Lincoln, NE 68522

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

Date of Tests Sept 30 to Oct 1 Weather: Precipitation 0 Temperature 75°

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"	9-30	9am	10-1	9am	10-1	9am	6"	10 am	3.50	60	2.50	24
2	"									3.75		2.25	26.6
3	"									4		2	30
4	"									4		2	30
5	"									3.75		2.25	26.6
6	"									4.25		1.75	34.2

Sum of Percolation Rates: 171.40

Average of Rates: 28.5

Rate Used for Calculation: 28.5

Person Conducting Percolation Tests

Name: Don Anderson

Phone: 402-624-3895

Address PO Box 246

Mead, NE 68041

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sharpsburg silty clay loam soils - Need to stay above the local drainage area

Signature of Reviewing Official _____ Date 10-13-05

FORM 23-101 10-96

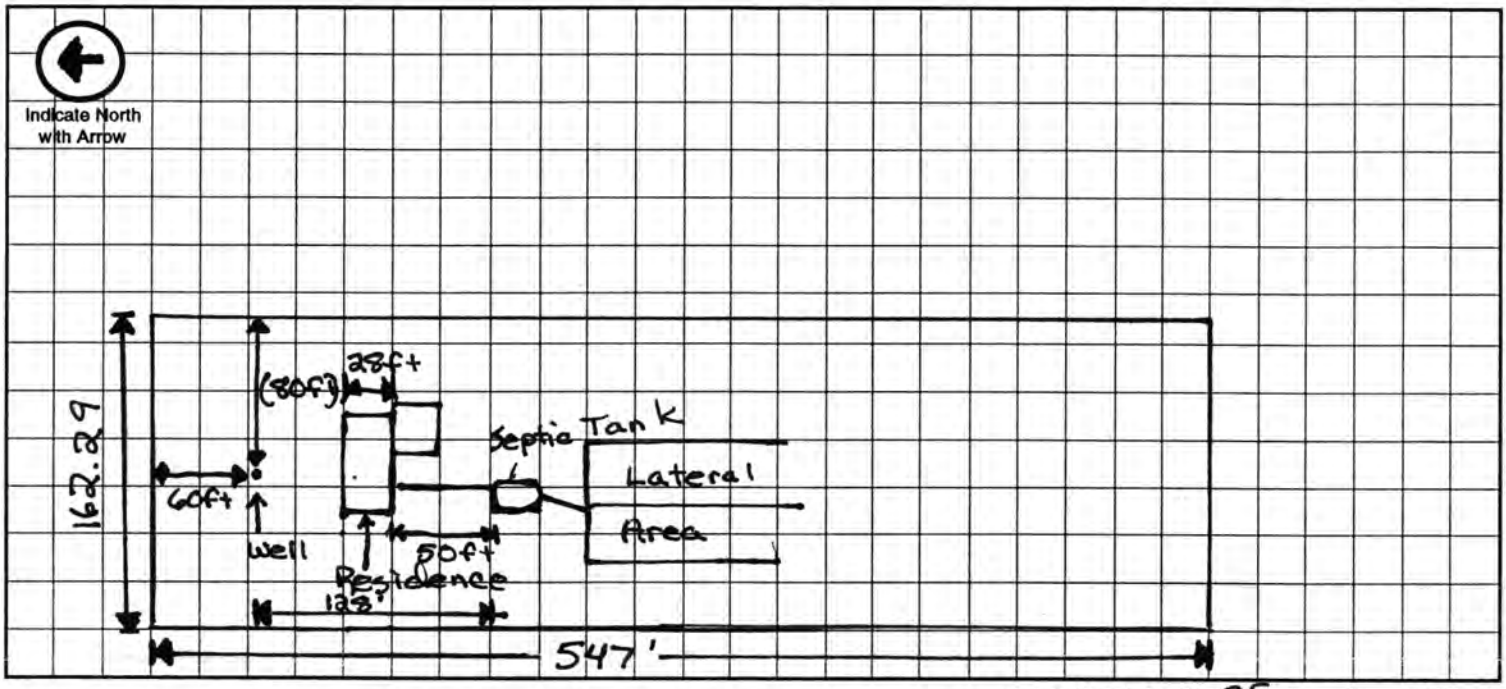
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803114

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5700 Judith Drive 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 28 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 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 PRE-BUILT HOME Date _____

Installer [signature] Date Oct. 1, 05

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: 053803114

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 5700 Judith Drive (no rural route) City Lincoln NE, Zip 68517

A. Building Sewer

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

B. Septic Tank

1. Material: Cement
   Number of compartments: 1
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 2" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 12
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

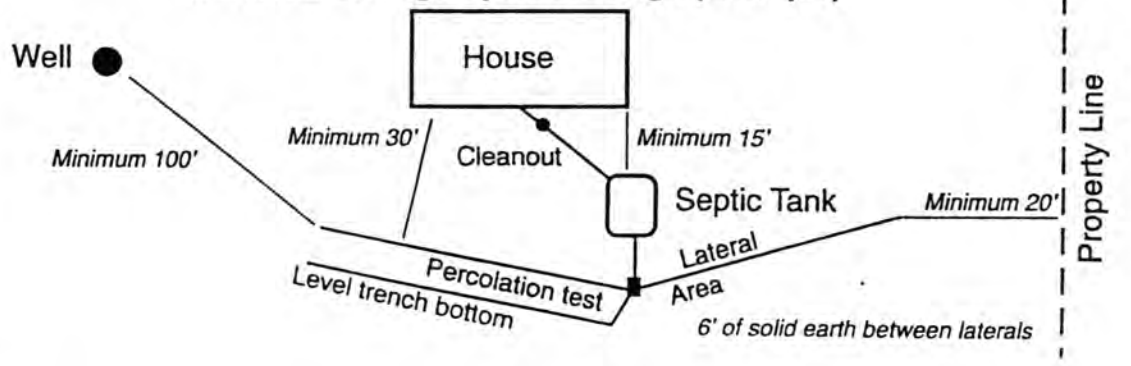
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

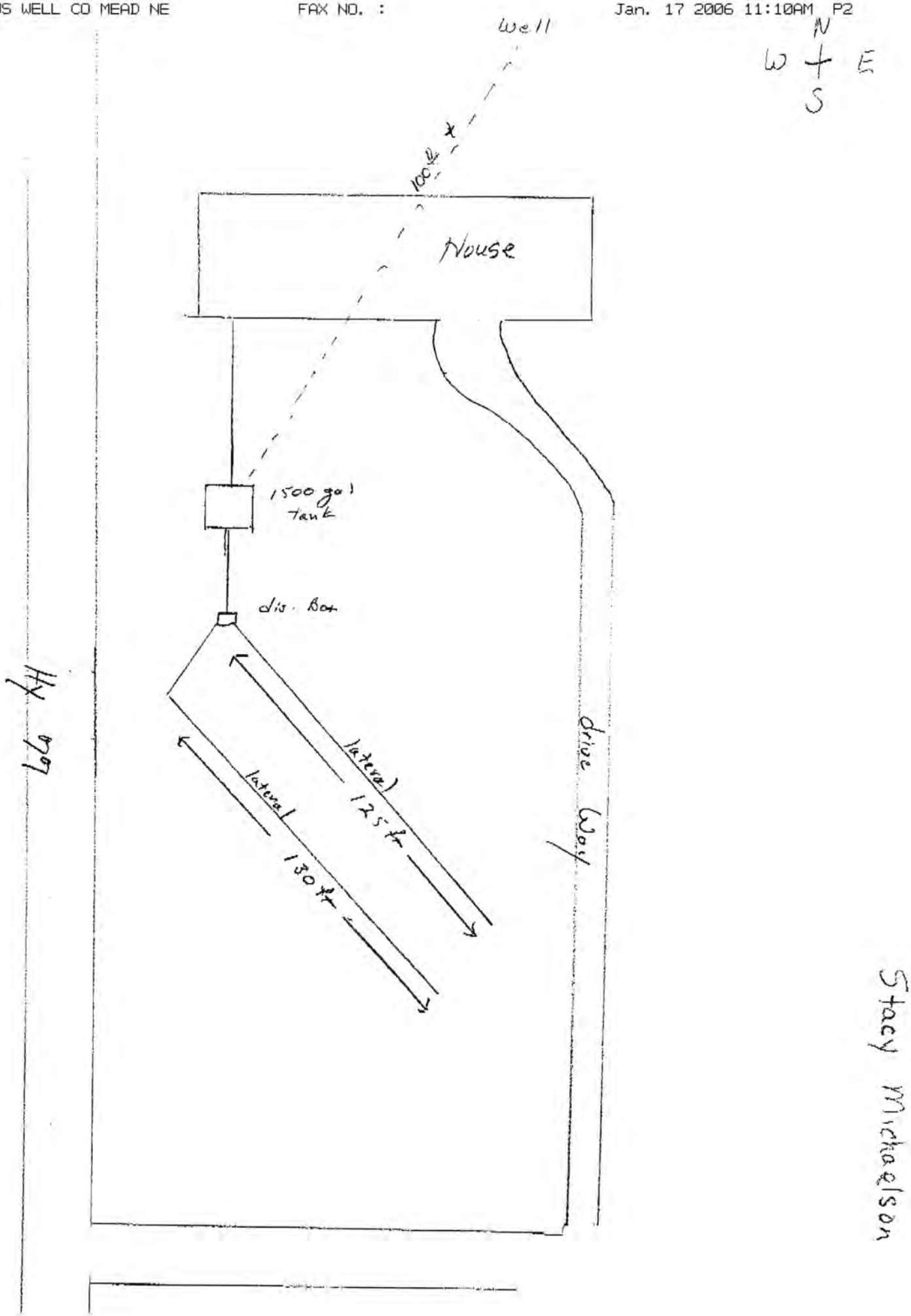
Indicate North with Arrow

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

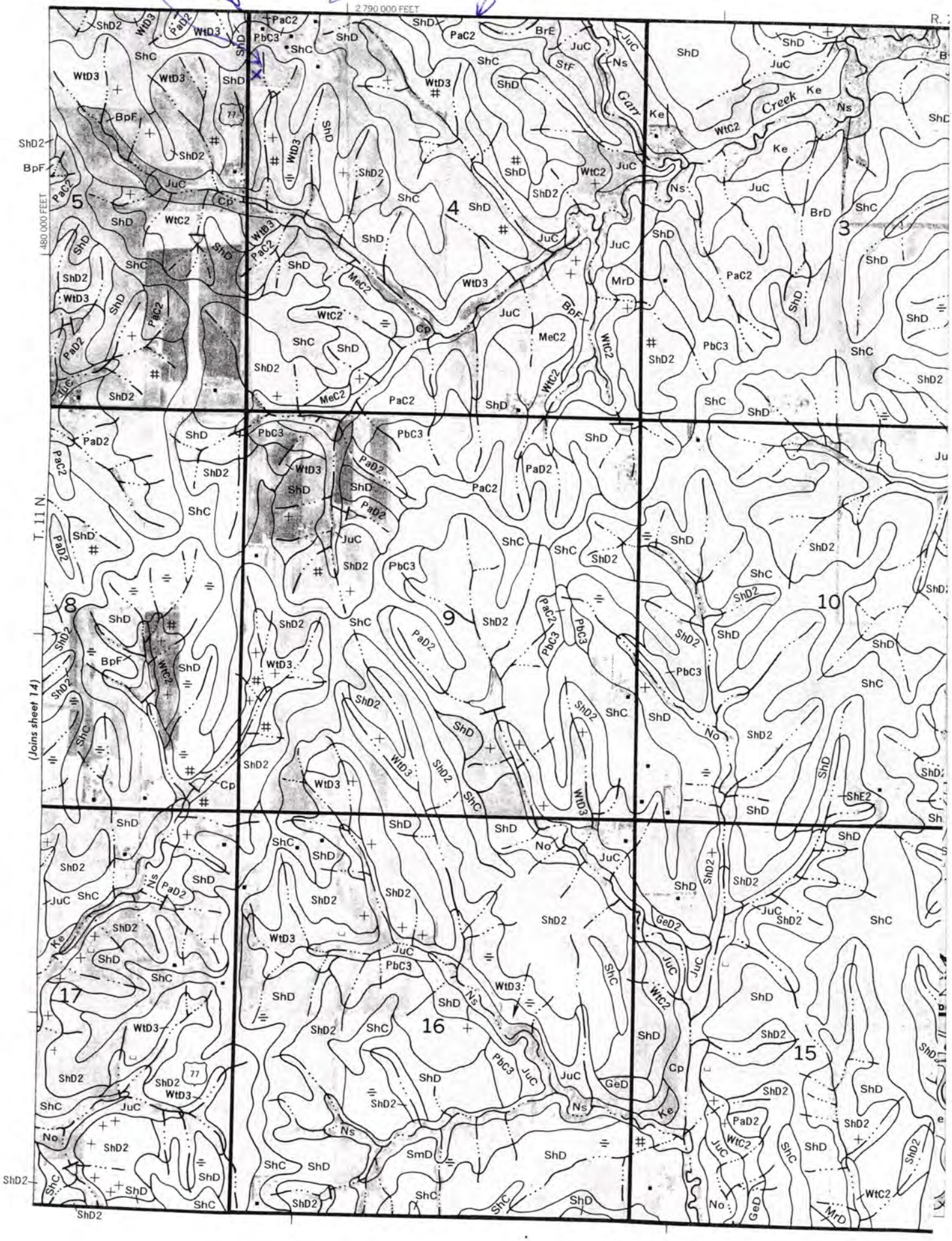
Individual Sewage System Design (Example)



FORM 23-103 10-96



Stacy Michaelson


2,790,000 FEET
480,000 FEET
T. 11 N.
R.
(Joins sheet 14)
Creek
Gary
5
4
3
8
9
10
17
16
15