Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006171

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380295501

Issued 01/24/05
Expires 07/24/05
Revenue Code 3157

Establishment:
LOUAYNE HOBACK
T11N R6E SEC 35
CUMBERLAND HEIGHTS LOT 4
385 HUMPHREY AVE

FEES: $200.00

Permittee:
LOUAYNE HOBACK
1101 LINWOOD LN
LINCOLN NE 68505

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: 0538029550 1

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 385 HUMPHREY (no rural route) City LINCOLN NE, Zip

Legal Description 35 11N 6E CUMBERLAND HEIGHTS LL
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 Louayne Hoback Signature Louayne Hoback

Address 1101 N LINWOOD City/State/Zip LINCOLN NE 68505

☐ Check if owner designed system Cell ~~Home~~ Phone 432-3871 Work Phone 471 6423

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7801 LEIGHTON 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 1/24/05 Date frwd 1/24/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/24/05 Date frwd ACTION ☑ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 1/24/05 Date frwd 1/24/05 ACTION ☑ Approved ☐ Disapproved Signature Chase J. Bak

Installation Final Written Approval

By Ron Maynard

Date 5-18-05

Business Office Use Only
Date Rec'd 01/24/05
Amt Paid 200.00
Rec'd By ~~Cash~~/Check No. 7530

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

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B

Permit Number: 053802955

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 385 HUMPHREY (no rural route) City LINCOLN NE, Zip _____

Owner LOLAYNE HOBACK Addresss _____

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

Date of Tests 12/18/04 to 12/19/04 Weather: Precipitation Ø Temperature 50°

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"	12/18	8 AM	12/19	8 AM	12/19	11 30 AM	6	12/19	12 PM	30	1/2"	60
2	↓	↓	↓	↓	↓	↓	↓	6	↓	↓	30	5/8"	48
3	↓	↓	↓	↓	↓	↓	↓	6	↓	↓	30	1/2"	60
4	↓	↓	↓	↓	↓	↓	↓	6	↓	↓	30	1/2"	60
5	↓	↓	↓	↓	↓	↓	↓	6	↓	↓	30	3/4"	40
6	↓	↓	↓	↓	↓	↓	↓	6	↓	↓	30	5/8"	48

Sum of Percolation Rates: 316
Average of Rates: 52.6
Rate Used for Calculation: 52

Person Conducting Percolation Tests

Name: STAN KROESE
Phone: 560 1208
Address 7801 LEIGHTON
LINCOLN NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

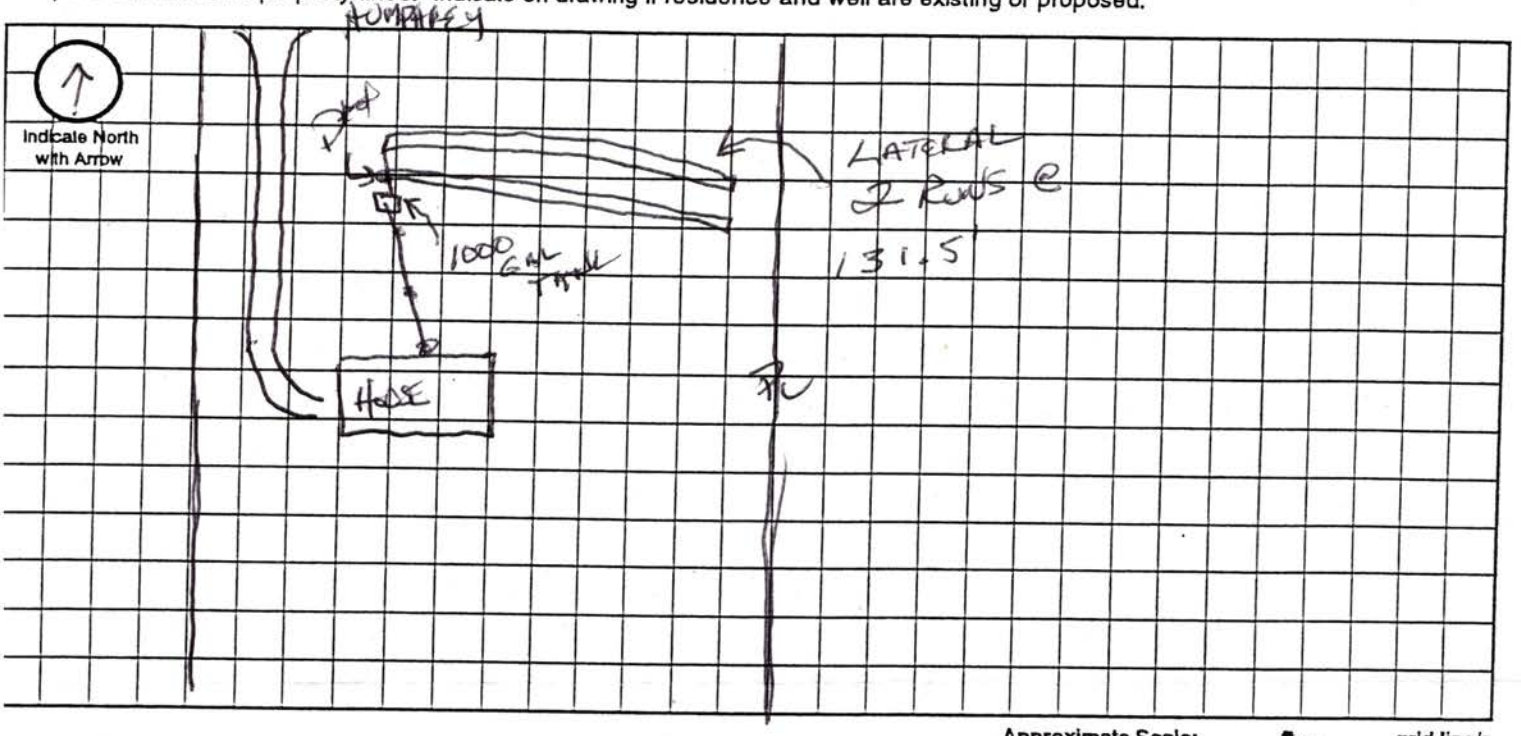
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Phone: 402-441-8022

C

Permit Number: 053802955

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) 385 HUMPHREY City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 52 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 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 263 ft. Number of Trenches 2 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 Louayne Heback Date 1/20/05

Installer _____ Date 1/20/05

RM 23-102 10-96

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5/18/05 LOUANE HOBACK

System Location (Indicate correct number and street)

Address 4th & Humphrey (no rural route) City NE, Zip

Sec 4, 35-11-6

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 314 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line NA ft.
   property line 70 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: 20 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 70 ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 9' ft.

D. Absorption Field

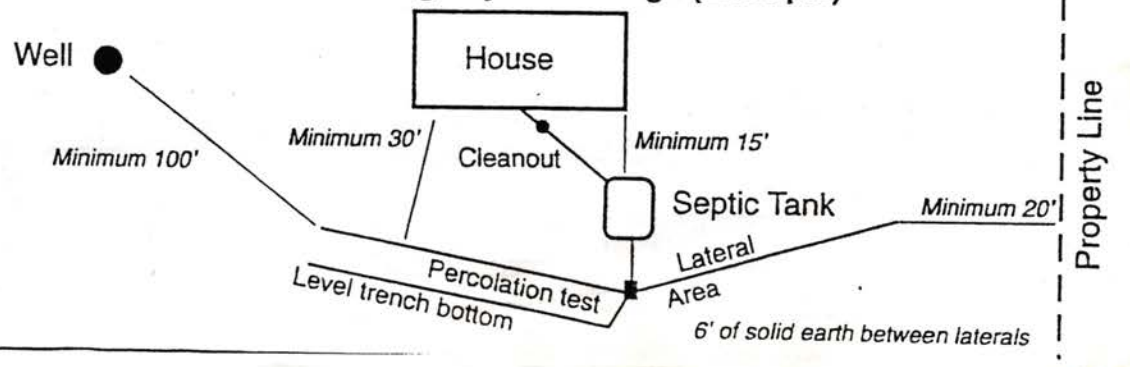
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other 4 CAP INFILTRATOR
2. Lateral lines: Number 2
   Length of each line: 131.25 ft. 131.25 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: GRAVEL LESS
   Depth of material NK in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 70' ft.

Indicate North with Arrow

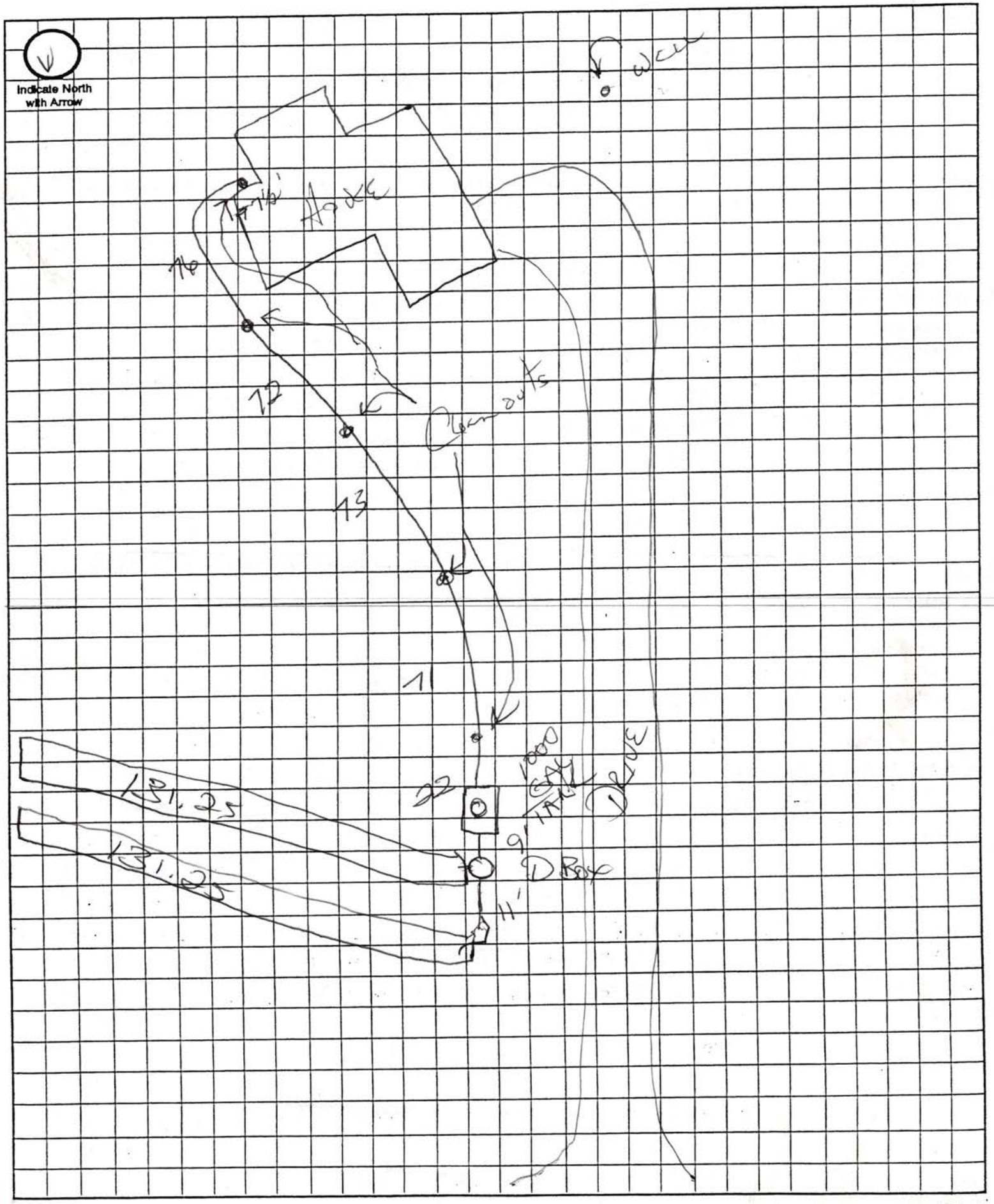
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

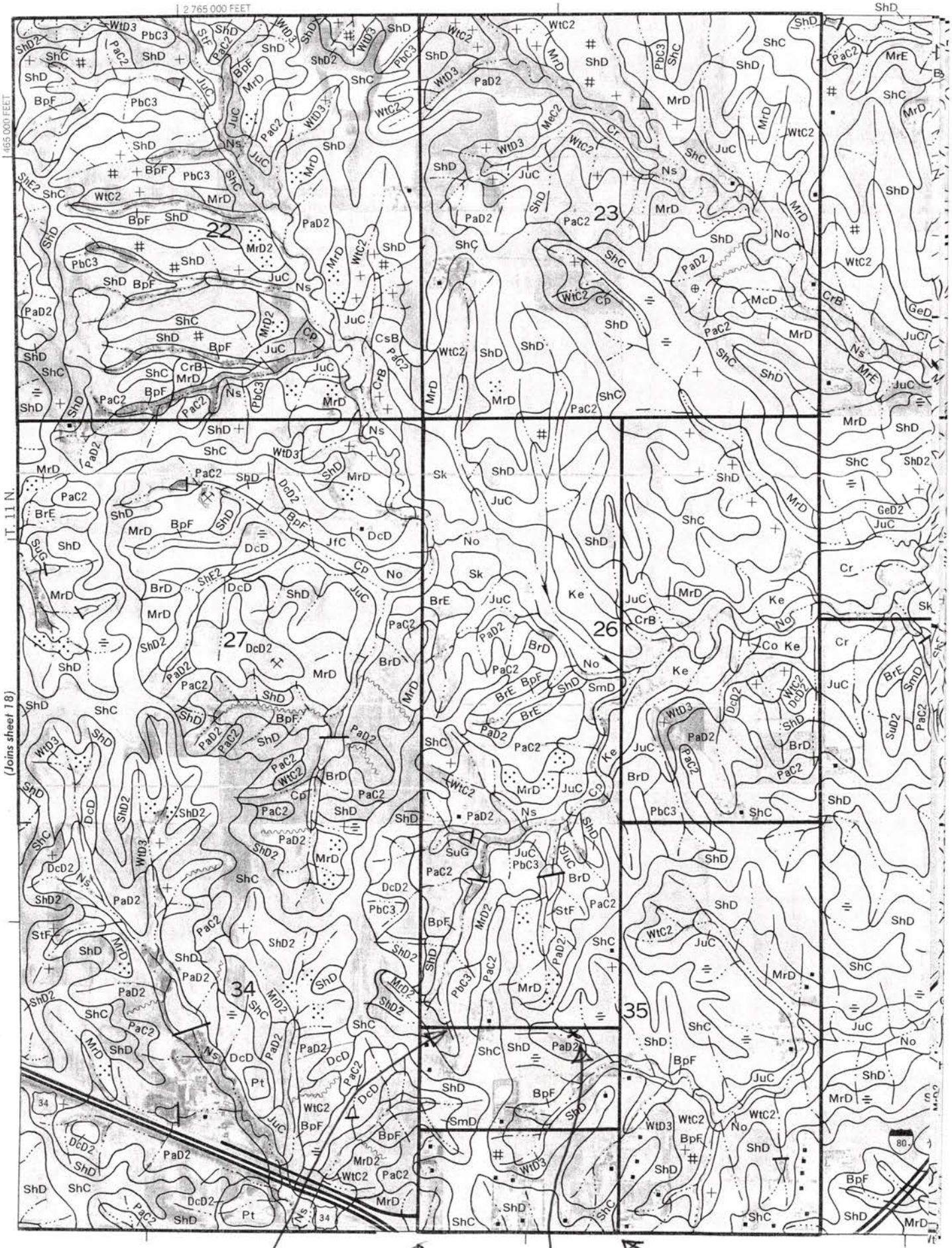


FORM 23-103 10-96

As Built Drawing



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


2 765 000 FEET
465 000 FEET
T. 11 N.
(Joins sheet 18)
22
23
27
26
34
35
385 Humphrey
1st st.
7th st
septic
2-3ft is sand!