Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002756

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380265401

Issued 06/23/03
Expires 12/23/03
Revenue Code 3157

Establishment
MYRTLE BURCHAM
T11N R6E SEC 23 QTR SE
9307 N 14 ST

FEES: $200.00

Permittee
MYRTLE BURCHAM
9307 N 14 ST
LINCOLN NE 68531

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: 033802654O1

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 9307 N 14th (no rural route) City LINCOLN NE, Zip 68531

Legal Description SE 23-11-6
(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 MYRTLE BURCHAM Signature Myrtle Burcham

Address 9307 N 14th City/State/Zip LINCOLN NE 68531

☐ Check if owner designed system Home Phone 476-1488 Work Phone _____

C. Contractor

Name ~~AWS Well Co.~~ Don Anderson Company Name AWS Well Co.

Address PO Box 246 City/State/Zip Mead NE 68041

☐ Check if contractor designed system Work Phone 402-624-3895

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Don Anderson Firm AWS Well Co. Work Phone 402-624-3895

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 6/23/03 Date frwd 6/23/03	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 6-23-03 Date frwd 6-23-03	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 6-23-03 Date frwd 6-23-03	ACTION ☒ Approved ☐ Disapproved Signature	

6/26/03 Sewer + tank. J.CH. 6/27 Lateral

Installation Final Written Approval

By ~~Don Anderson~~ Needs well on Cistern abandoned Jerrold Hood

Date ~~6/27/03~~ 2/4/04

DON ANDERSON STATES COULDN'T FIND ANY WELL UNDER PRESSURE TANK IN PIT.

Business Office Use Only

Date Rec'd 06/23/03
Amt Paid 200.00
Rec'd By LS Cash/Check No. 6924

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

FOR NDEQ USE ONLY
PERMIT NUMBER:
APPROVED BY:
DATE APPROVED:

FORM B

APPLICATION FOR CONSTRUCTION / OPERATING PERMIT FOR A SEPTIC SYSTEM

(PLEASE PRINT OR TYPE)

A. Owner Information: ☐ Check here if owner designed system

Owner: Myrtle Burcham (Name) _____ (Street, P.O. Box, or Route) _____ (City)

Owner: _____ (Signature) _____ (State) _____ (Zip) _____ (Phone (Home)) _____ (Work)

B. Contractor Information: ☑ Check here if contractor designed system

Contractor: AGS Well Co (Name) _____ (Company Name)

Box 246 (Street, P.O. Box, or Route) Mead (City) _____ (State) _____ (Zip) _____ (Phone (Work))

C. Engineer Information: ☐ Check and complete if engineer designed system

Designer: _____ (Name) _____ (Firm) _____ (Phone (Work))

D. System Location:

Legal Description: ____ (1/4) of ____ (1/4) ____ (Section) ____ (Township) ____ (Range) _____ (Subdivision) ____ (Block) ____ (Lot#)

County: _____ Is a County Permit Required: ☐ Yes ☐ No

☐ Check here if system mailing address is not the same as the owners and complete mailing information

System mailing Address: _____ (Street, P.O. Box, or Route) _____ (City) NE (State) _____ (Zip)

E. This System Will Serve A:

☑ Dwelling

Number of Bedrooms: 2

Is There a Whirlpool Bathtub: ☐ Yes ☒ No

☐ Establishment (name) _____

Design Flow in Gallons per day: _____

Type of Wastewater: ☐ Domestic ☐ Non-Domestic

F. Septic Tanks:

Number of Tanks in Series: 1 Tank Size (gallons) 1500 (1st) ____ (2nd) ____ (3rd) ____ (4th) ____ (5th)

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

G. Absorption system: (See Attachment C for Percolation Information)

Percolation Rate: 39.38 (min. per inch) Soil Type: _____ Land Slope: ____ %

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

Total Square Feet of Field Required: 550 (ft. sq.)

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

Number of Trenches: 2 Number of Absorption Beds: _____

Trench Width: 4ft Number of Distribution Laterals per Bed: 1

H. Setbacks: Check the Boxes Below If the Required Setback Has Been Satisfied:

Distance From	Private Well	Public Well	Surface Water	Ground Water	Pressure Water lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	10 ☒	10 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	25 ☒	10 ☒	30 ☒	40 ☒	☒

(OVER)

Attachment C.

Soil Absorption Test Data Report

Owner Information:

Owner Myrtle Burcham (NAME) Phone _____

Address: _____

Location:

Township _____ Range _____ Sec. _____ 1/4 Sec. _____ 1/4 Sec. _____

County Name _____ Area: _____ Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand _____ Silt _____ Clay _____ Sandy Clay _____ Loamy Sand _____

Silty Clay _____ Silty Clay Loam _____ Sandy Loam _____ Silt Loam _____

Dates of Test _____ to _____ Weather: Precipitation _____ Temp _____

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (min.)	Water Level Drop (in.)	Percolation Rate (Min./Inch)
1	36	6/9	10 AM	6/10	12 PM	6/10	1 PM	6	2 PM	4 1/4	60	1 3/4	34.28
2	"	"	"	"	"	"	"	"	"	4 3/4	"	1 1/4	48
3	"	"	"	"	"	"	"	"	"	4	"	2	30
4	"	"	"	"	"	"	"	"	"	5	"	1	60
5	"	"	"	"	"	"	"	"	"	4 1/2	"	1 1/2	40
6	"	"	"	"	"	"	"	"	"	3 1/2	"	2 1/2	24

Don Cochran
Signature of Person Conducting Test

Address: _____

Phone: _____

Sum of Percolation Rates = 256.28

*Average of Rates in Minutes per Inch = 39.38

550 Sq. ft
140 ft lateral

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.

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Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

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 12 in.
   Over outlet, diameter 12 in.
   Riser: ☒ above ☐ below grade 2 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: 16
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 60 ft.

D. Absorption Field

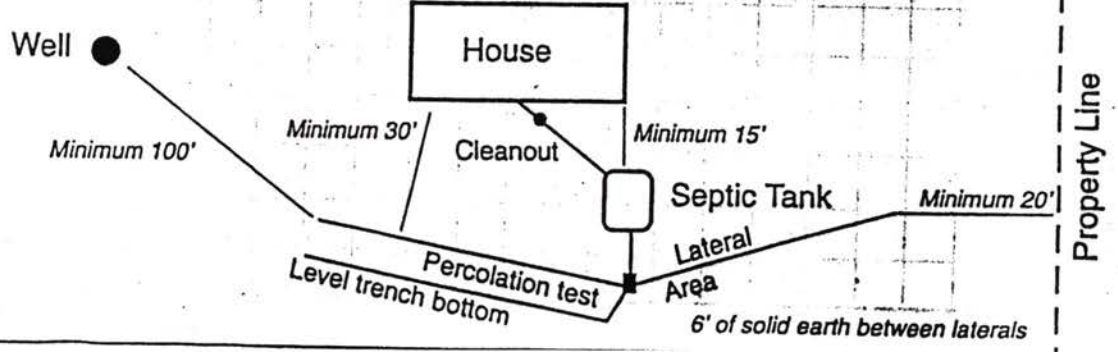
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 27
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrators
2. Lateral lines: Number 2
   Length of each line: 70 ft. 70 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope ½" in/100 ft.
   Average depth 30 in
4. Filter material: Natural fill
   Depth of material — 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

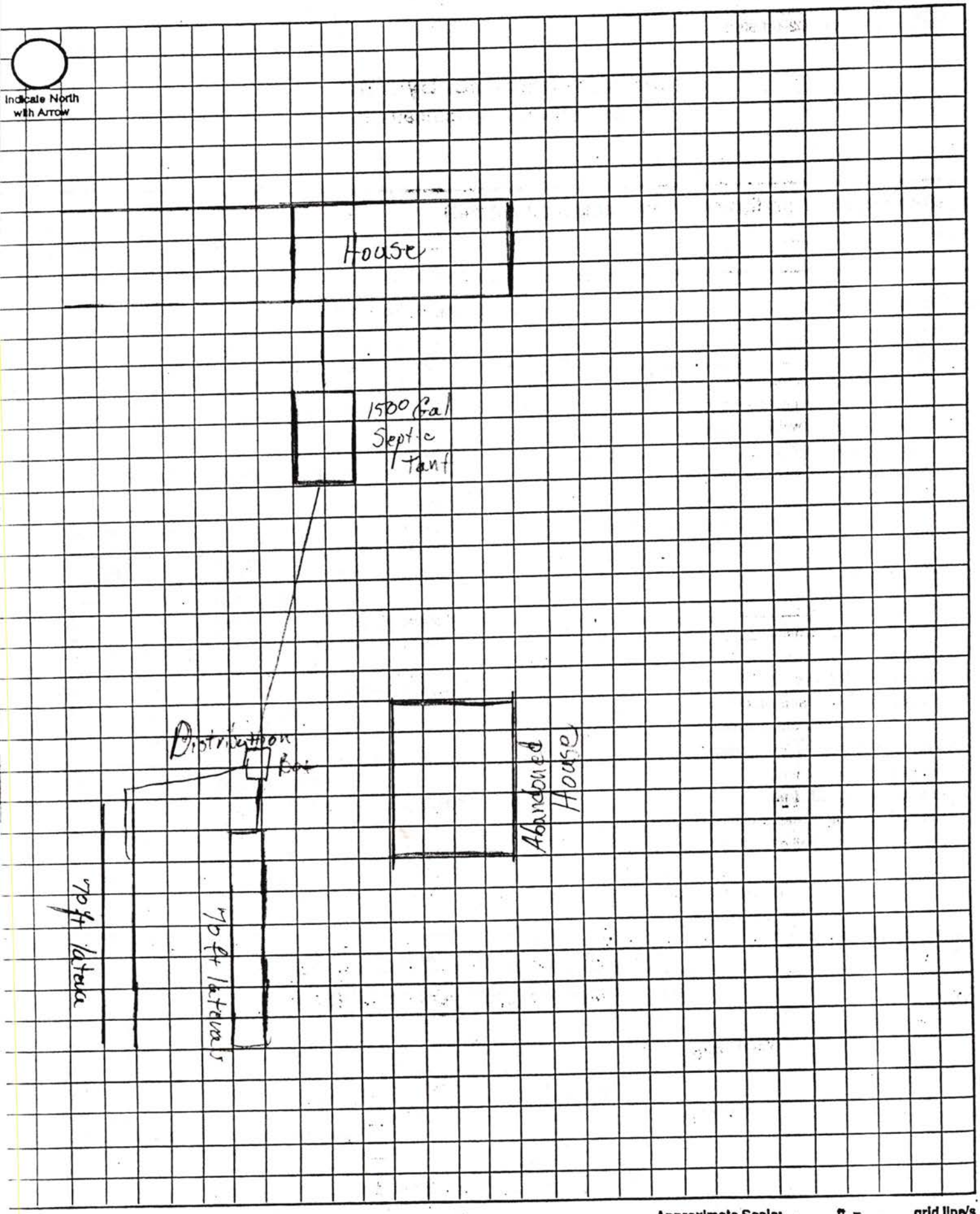
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

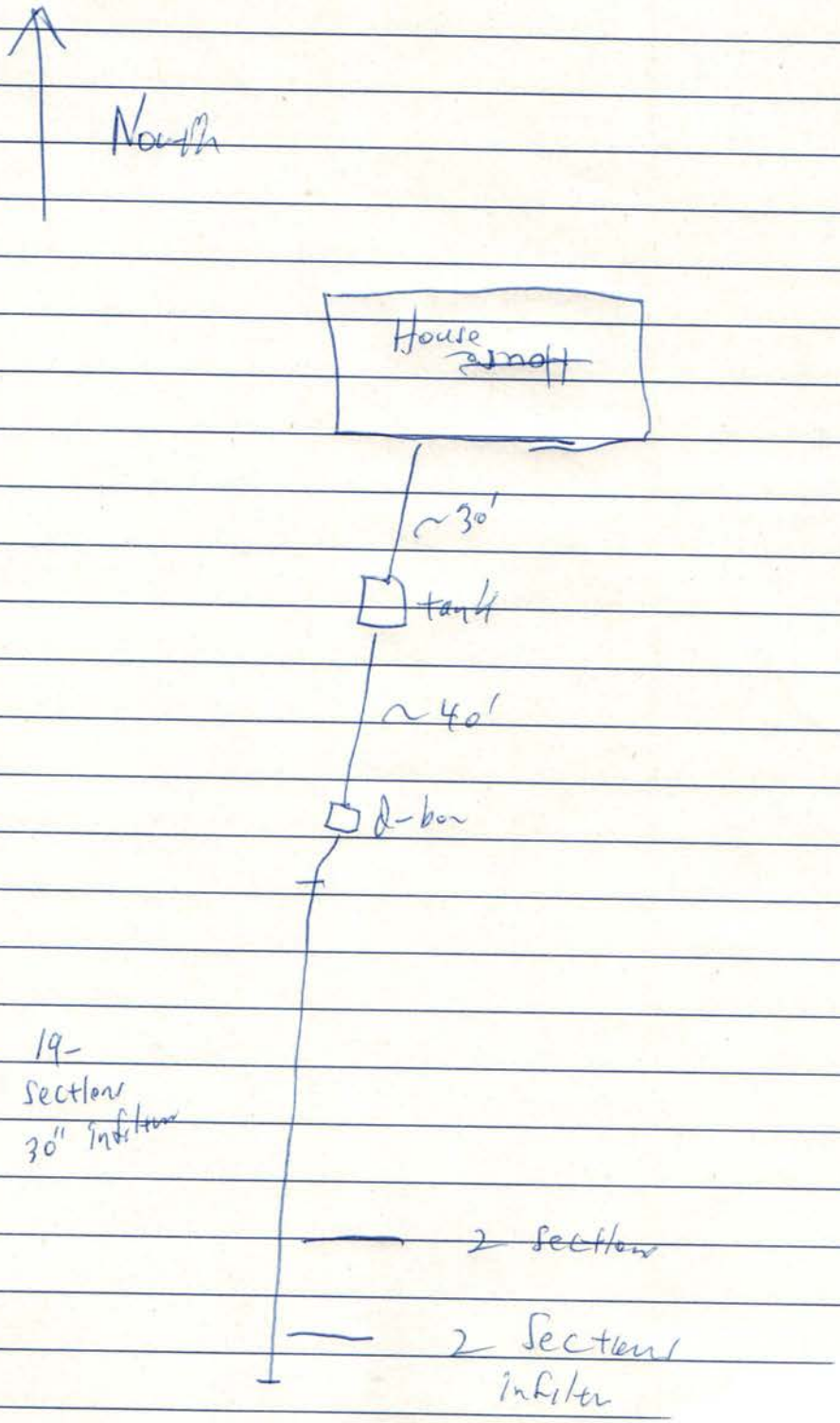


FORM 23-103 10-96

As Built Drawing



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


North
House
~30'
tank
~40'
d-box
19-
Sections
30" Infiltrs
2 Sections
2 Sections
Infiltr

ESRI ArcExplorer 2.0

9307 North 14th Street



streets
Parcels
flood1

N

Thursday, Jun 19 2003