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

A

Permit Number: 03380268801

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 11301 No. 14th St (Easting) (no rural route) City LINCOLN NE, Zip 68531-8904

Legal Description S 1/2 14-11-6
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 Ms CAROLE L. ROWBAL Signature Ms. Carole L. Rowbal

Address 5448 Colby City/State/Zip Lincoln, Nebr. 68504-3045

☐ Check if owner designed system Home Phone 402-466-0950 Work Phone _____

C. Contractor

Name Gordon Lukes Company Name Same G+A Backhoe Service

Address 2319 S. 214 City/State/Zip Eagle Ne. 68347

☐ Check if contractor designed system Work Phone 450-2409 / 781-2400

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 1 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 8/13/03 Date frwd 8/13/03 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/13/03 Date frwd _____ **ACTION** ☑ Approved ☐ Disapproved Signature _____

8-27-03 mm

3. **City or County Engineer** Date rec'd 8-13-03 Date frwd 8-13-03 **ACTION** ☑ Approved ☐ Disapproved Signature _____

* Address will changed based on Access location.

Installation Final Written Approval

By Ron Mayfield

Date 8-29-03

Business Office Use Only

Date Rec'd 8-13-03

Amt Paid 200.00

Rec'd By TW Cash/Check No. 2449

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
Phone: 402-441-8022

B

Permit Number: 03380268

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11301 N. 14th (no rural route) City Lincoln NE, Zip 68531

Owner Carole Rowbal Addresss 5440 Colby Lincoln Ne. 68504

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

Date of Tests 7/19 to 7/20 Weather: Precipitation none Temperature 90-96

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		P.M. Start		A.M. End		P.M. 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	7/19	4:00	7/20	8:00	7/20	4:00	24"	7/20	4.30	30	24 1/2	30 / 1/2 "
2	36	"	"	"	"	"		23"	"	"	"	23 5/8	" / 5/8 "
3	"	"	"	"	"	"		22 3/4	"	"	"	22 7/8	" / 1/8 "
4	"	"	"	"	"	"		22 1/4	"	"	"	22 5/8	" / 3/8 "
5	"	"	"	"	"	"		21 1/8	"	"	"	22 1/2	" / 3/8 "
6	"	7/19	"	"	"	"		21	"	"	"	21 1/2	" / 1/2 "
7	36"	8/6	4:00	8/7	4:00	8/7	4:00	25 1/2	8/7	4:30	30"	26 3/4	30 / 1 1/4 "
8	36"	8/6	4:00	8/7	4:00	8/7	4:00	21 1/2	8/7	4:30	30'	22 7/8	30 / 1 3/8 "

Person Conducting Percolation Tests

Name: Mark A. Smith

Phone: 477-2795

Address 11301 N. 14th Lincoln Ne.

Sum of Percolation Rates: _____

Average of Rates: >20 mpi

Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks In Mayberry silty clay loam soil

Signature of Reviewing Official Ron Mayer Date _____

FORM 23-101 10-96

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

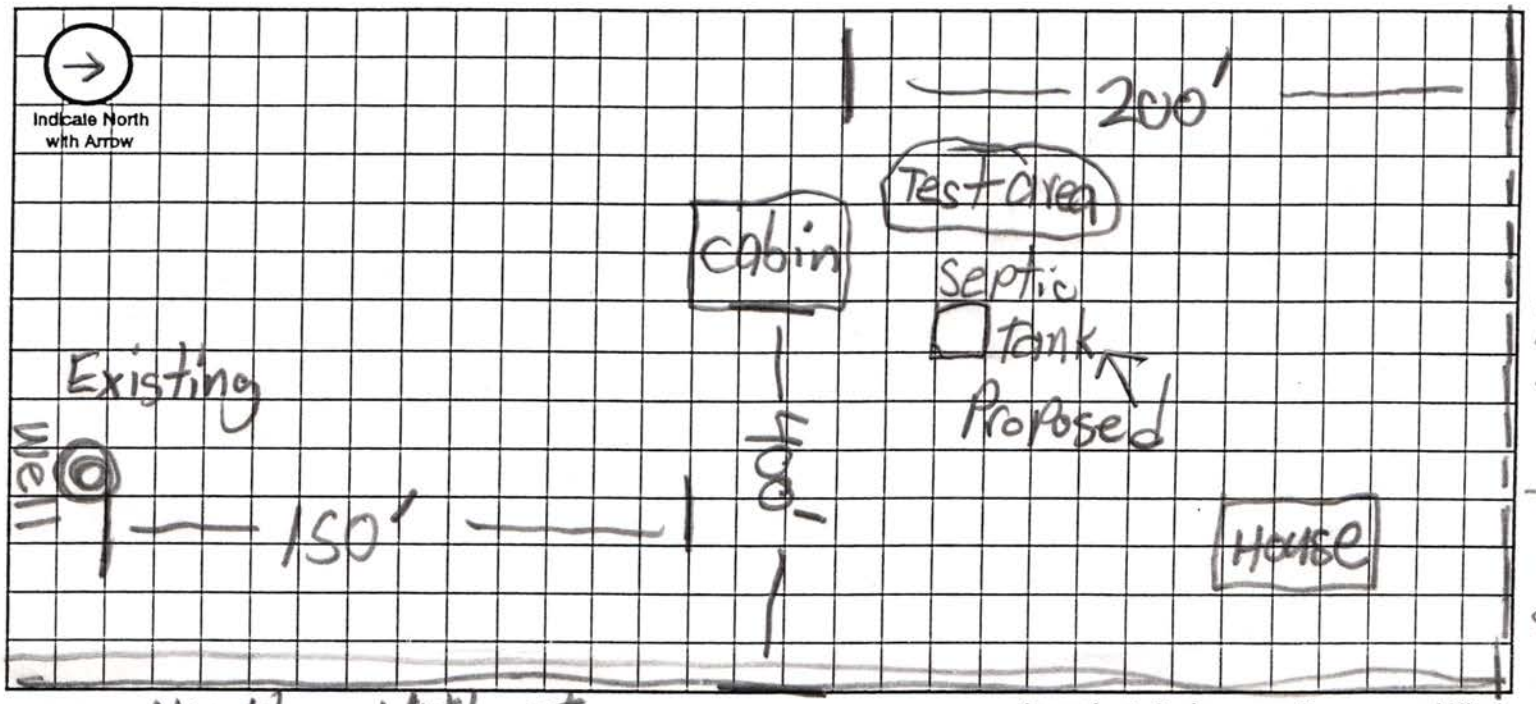
C

Permit Number: 033802688

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) 11301 N 14th City Lincoln NE, Zip 68531

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 350 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator H10

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

Total Length of Laterals 100 ft. Number of Trenches 1 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 _____

Installer Gordon Luke Date 8/10/2003

FORM 23-102 10-96

14-11-6

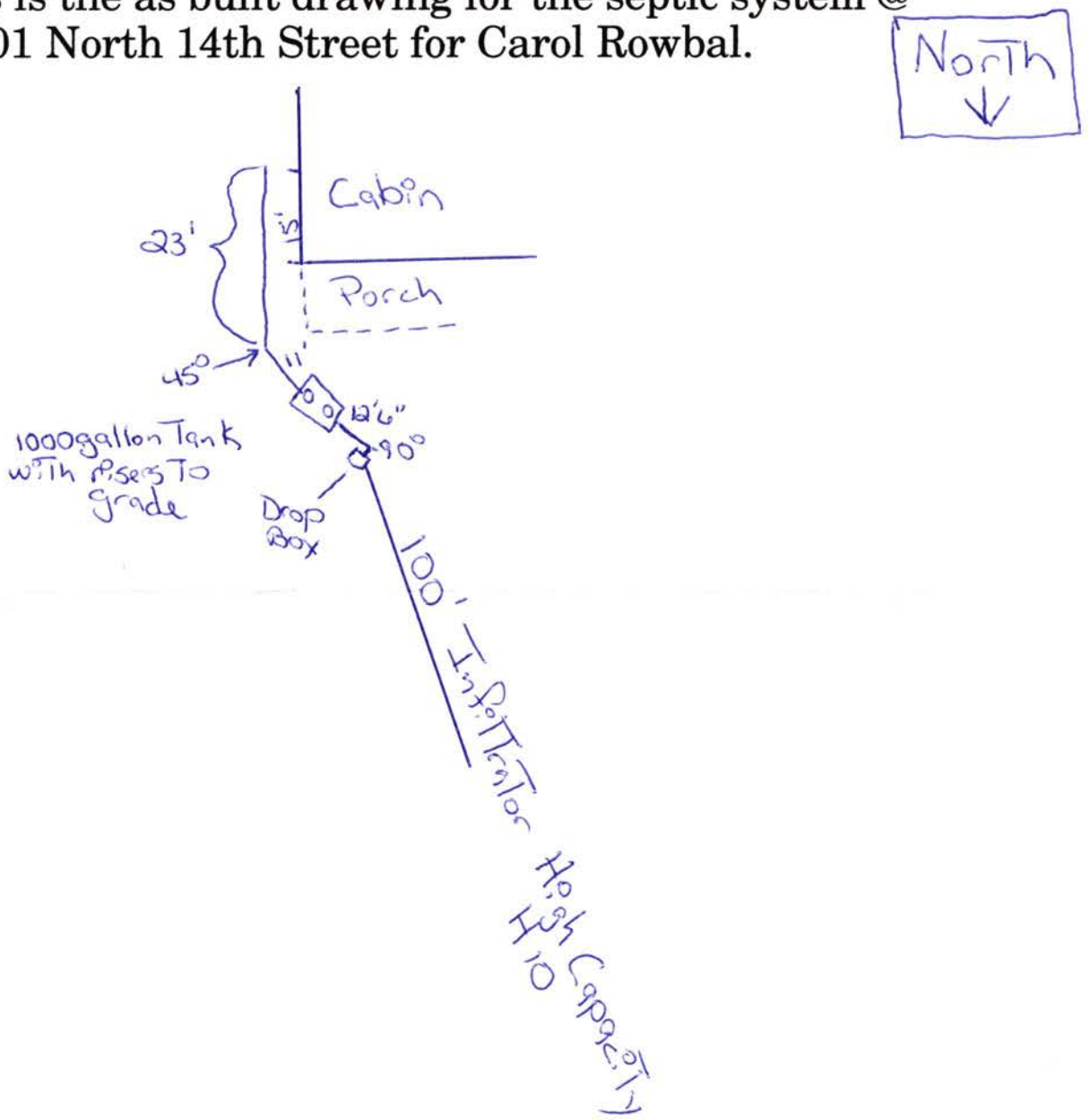
G & A

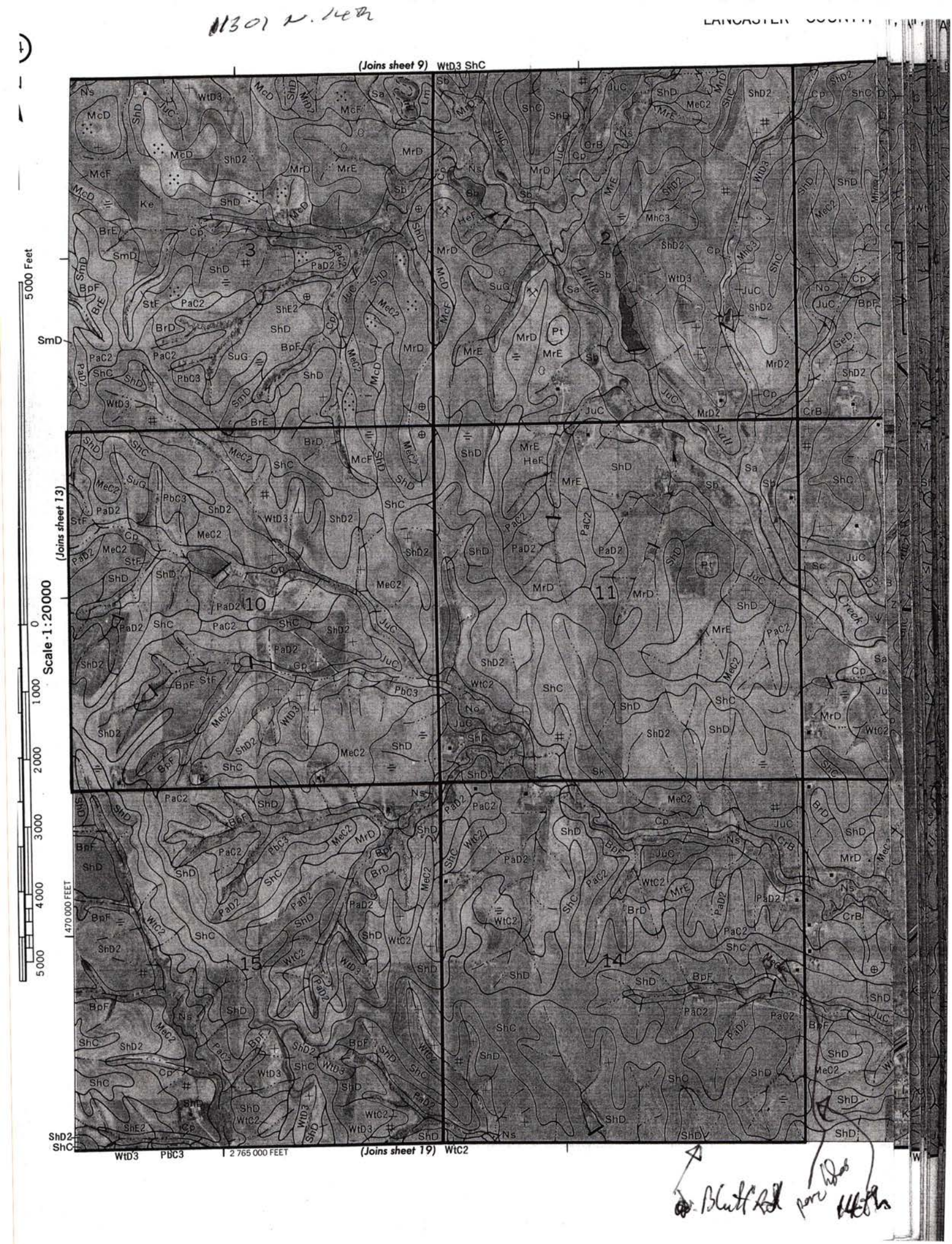
BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

08/21/03

To Ron Marquart,
This is the as built drawing for the septic system @ 11301 North 14th Street for Carol Rowbal.




(Joins sheet 9) WtD3 ShC
(Joins sheet 13)
Scale 1:20000
5000 Feet
0
1000
2000
3000
4000
5000
470 000 FEET
2 765 000 FEET
WtD3 PbC3
(Joins sheet 19) WtC2
ShD2 ShC
SmD
Little Salt Creek
Ns
McD
McF
MrD
MrE
ShD
ShD2
JuC
Sa
Sb
Cp
CrB
BrE
BrD
SmD
BpF
StF
PaC2
PaD2
ShE2
SuG
PbC3
WtD3
MeC2
ShC
HeF
MhC3
MrD2
Pt
Sc
No
Sk
WtC2
10
11
14
15
2
3