Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380243601

Issued 03/26/02
Expires 09/26/02
Revenue Code 3157

Establishment

STEVEN BUSSEY
T10N R7E SEC 23
SUNRISE ESTATES BLK 1 LOT 2
~~4~~ N 88 ST

FEES: $200.00

Permittee 100

STEVE BUSSEY
621 SIERRA DR
LINCOLN NE 68505

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

001047

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

A

Permit Number: 023802436

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 ~~1084~~ 1001 North 88th Street City Lincoln NE, Zip 68505
(no rural route)

Legal Description 23 10N 7E Sunrise Estates 1 2
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 Steve Bussey Signature Steve Bussey

Address 621 Sierra Drive City/State/Zip Lincoln, NE 68505

☐ Check if owner designed system Home Phone 483-0463 Work Phone 441-2688

C. Contractor

Name Southwick, ~~Sewer~~ Brad 25MAR02 Company Name Southwick Sewer & Drain

Address 701 East 4th City/State/Zip Hickman, NE 68372

☐ Check if contractor designed system Work Phone 430-7606

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 3/26/02 Date frwd 3/27/02 **ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/27/02 Date frwd 3/27/02 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/27/02 Date frwd 3/27/02 **ACTION** ☒ Approved ☐ Disapproved Signature Chas W Baker

10-15-02 mm consult
10-24-02 tank & sewer line

Installation Final Written Approval

By Ron Regnier

Date 10-29-02

Business Office Use Only
Date Rec'd 03/26/02
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 1067

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

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

B

Permit Number: 0238 02436

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address N. 88 (no rural route) City Lincoln NE, Zip 68505

Owner Steve Bussey Addresss 621 Sierra Dr 68505

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

Date of Tests 12-5 to 12-6-01 Weather: Precipitation — 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	12/5	4:00	12/6	8:00	12/6	9:30	9 1/4	12/6	10:00	30	1	30
2			PM		AM		AM	10		AM		1/2	60
3								11 3/4				5/8	48
4								14 1/2				1 3/4	18
5								10 1/8				1/2	60
6								12 7/8				1 7/8	17

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address 17201 So 72nd St.
Hickman, NE 68372

Sum of Percolation Rates: 233
Average of Rates: 39
Rate Used for Calculation: 60

4 Bdrm -

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

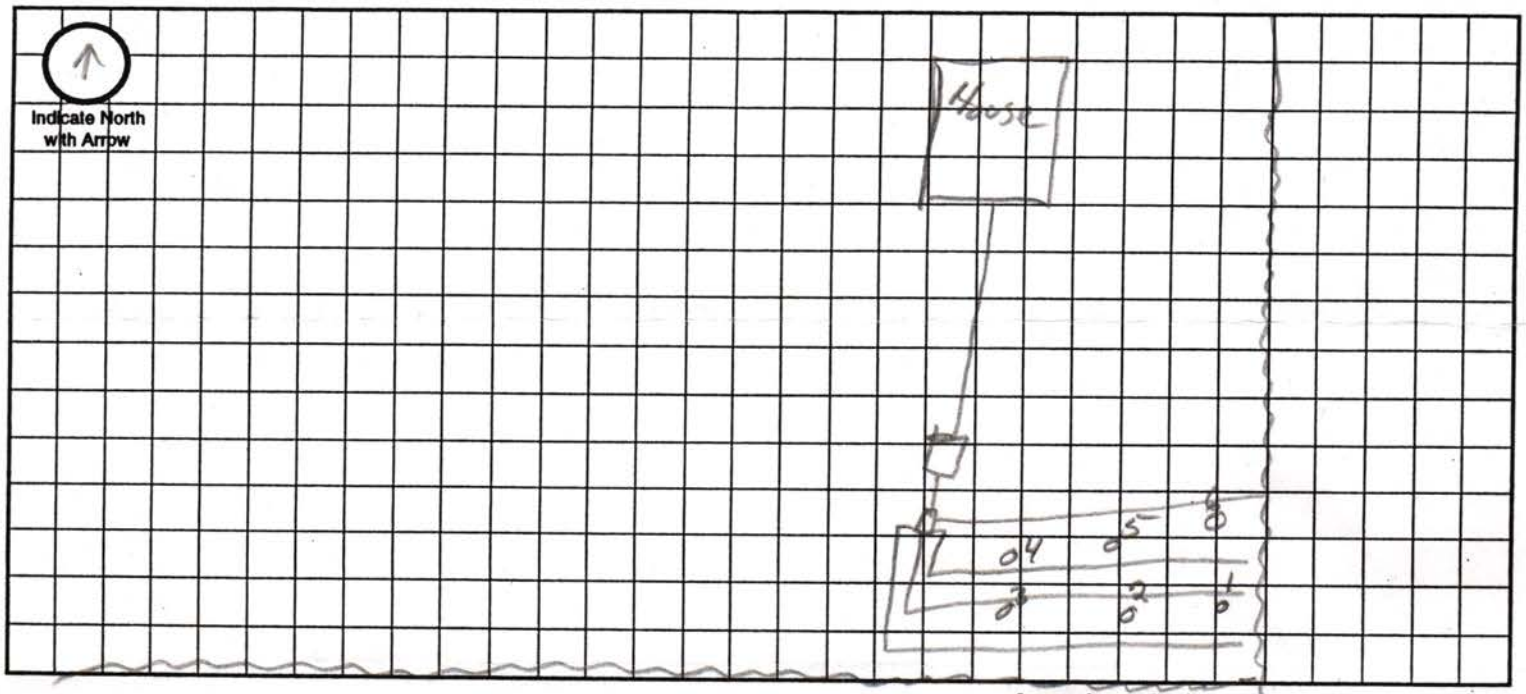
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802436

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) N. 88 City LINCOLN NE, Zip 68505

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: 1400 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 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 _____

Installer Brad Smith Date 12-6-01

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:

Sewage Disposal System

As Built Plans & Specifications

Date 10/25/02

System Location (Indicate correct number and street)

Address 1041 NO 55TH ST (no rural route) City LINCOLN NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 70 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line OVER 100 ft.
   property line 70 ft.

B. Septic Tank

1. Material: Poly
   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: 40 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line 70 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 39 ft.

D. Absorption Field

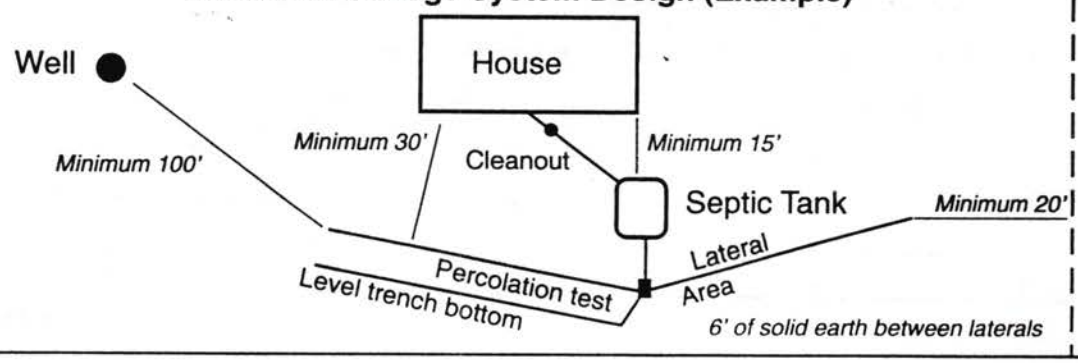
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 4
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 30 ft.

Indicate North with Arrow

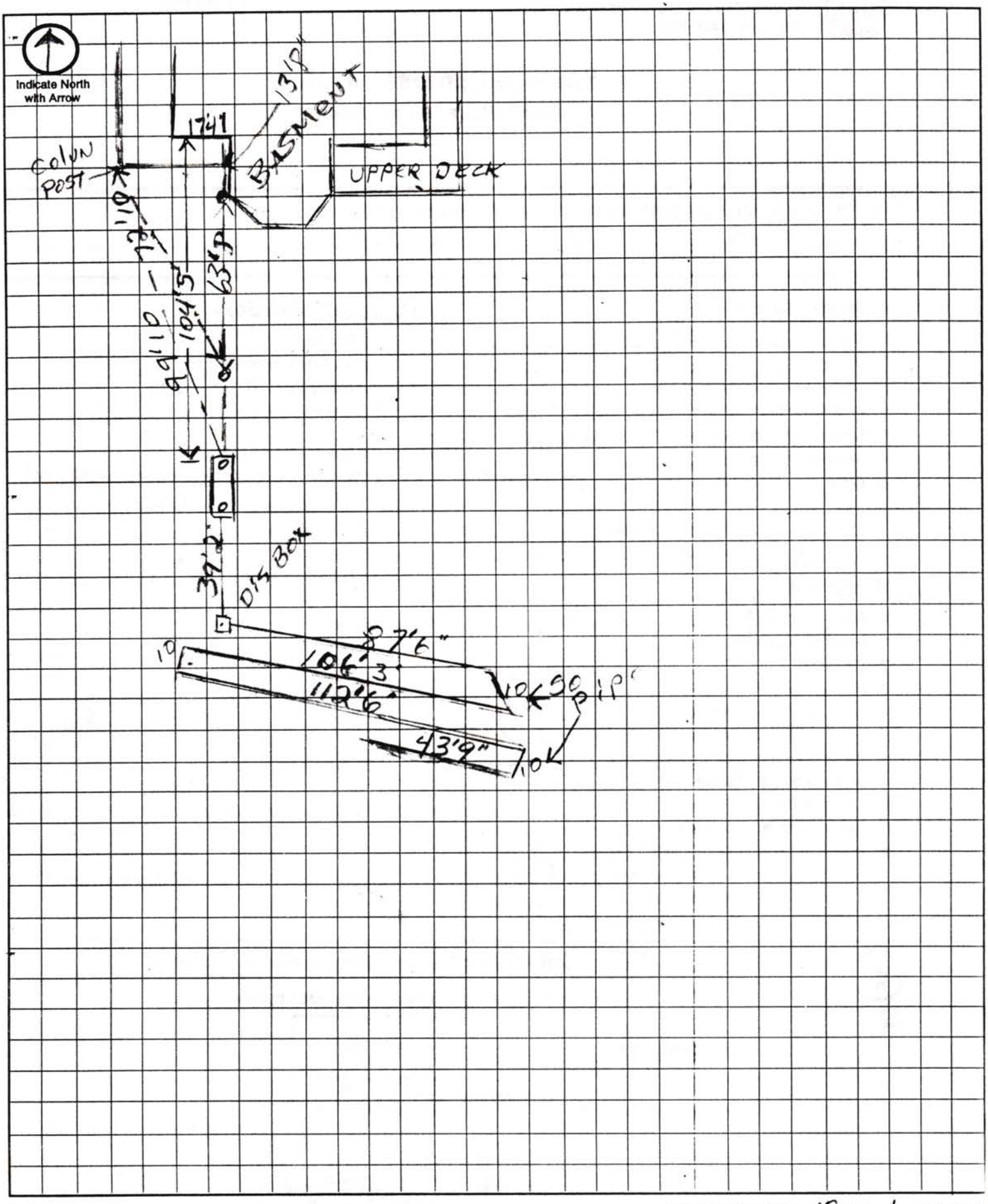
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s