Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

009687

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380326701

Issued 10/17/06
Expires 10/17/07
Revenue Code 3157

Establishment:
MARK WALL
T11N R6E SEC 5
OAK VALLEY ESTS BLK 3 LOT 7
3401 OAKVIEW CIR-RAYMOND

FEES: $290.00

Permittee:
MARK WALL
7331 S 28 ST
LINCOLN NE 68516

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

A

Permit Number: 06380326701

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 3401 Ozkview Circle (no rural route) City RAYMOND NE, Zip 68428

Legal Description 5 (1/4) 11 (1/4) 6 (Section, Township, Range) Oak Valley Estates (Subdivision) — 3 (Addition) 7 (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 MARK WALL Signature N/A →

Address 7331 S. 28th St. City/State/Zip Lincoln, Ne 68516

☐ Check if owner designed system Home Phone 613-1817 Work Phone 477-3900

C. Contractor

Name Kurt T. Virgil Company Name Kurt T. Virgil Excavating

Address 4600 W. Mary Louise Ln City/State/Zip Lincoln, Ne 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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 _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-19-06 Date frwd 10-19-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 10/17/06

Amt Paid 290.00

Rec'd By CW Cash/Check No. 1548

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

A

Permit Number: 06380326701 AF

Sewage Disposal System

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☒ 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:

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A. System Location (Indicate correct number and street)

Address 3401 Ozkview Circle (no rural route) City RAYMOND NE, Zip 68428

Legal Description LOR 5881 — 1/4 — 1/4 — Section 5 — Township 11 — Range 6 — Subdivision Oak Valley Estates — Addition — Block 3 — Lot 7

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

NCR 71560

Name MARK WALL Signature N/A →

Address 7331 S. 28th St. NCR 85384 City/State/Zip Lincoln, Ne 68516

☐ Check if owner designed system Home Phone 613-1815 Work Phone 477-3900

C. Contractor

Name Kurt T. Virgil Company Name Kurt T. Virgil Excavating

Address 4600 W. Mary Louise Ln City/State/Zip Lincoln, Ne 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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 _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-11-06 Date frwd 10-11-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 10/11/06

Amt Paid 290.00

Rec'd By CW Cash/Check No. 1548

Mail permit to Mark Wall

Pink - Bldg. Inspector

525-6881

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

A

Permit Number:

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 3401 Ozkview Circle (no rural route) City RAYMOND NE, Zip 68428

Legal Description 1/4 1/4 Section 5 Township 11 Range 6 Subdivision Oak Valley Estates Addition — Block 3 Lot 7

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name MARK WALL Signature N/A →

Address 7331 S. 28th St. City/State/Zip Lincoln, Ne 68516

☐ Check if owner designed system Home Phone 613-1817 Work Phone 477-3900

C. Contractor

Name Kurt T. Virgil Company Name Kurt T. Virgil Excavating

Address 4620 W. Mary Louise Ln City/State/Zip Lincoln, Ne 68528

☒ Check if contractor designed system Work Phone 402-525-6681

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

Designer Name _____ Firm _____ Work Phone _____

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☐ 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 _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Doug Ambler
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/25/06 Date frwd 11/1/06 ACTION ☒ Approved ☐ Disapproved Signature Nancy K Hiemann, CLERK
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Ambler

Date 12/7/06

Business Office Use Only
Date Rec'd 10/17/06
Amt Paid 290.00
Rec'd By CW Cash/Check No. 1578

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: 063803267

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3401 Oakview Circle (no rural route) City Raymond NE, Zip 68428

Owner MARK WALL Addresss 7331 S. 28th St. Lincoln, Ne 68516

Soil Type (SCS): Sharpsburg Silty Clay Loam Percolation Rate: 55 → used 60 min./inch

Date of Tests 10-13-06 to 10-14-06 Weather: Precipitation TRACE Temperature 60°

Percolation Test Data Table

Average this from

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	32	10/13	5 pm	10/14	12 am	10/14	10 am	6	10/14	2 pm	30	—	DNP
2	32	"	"	"	"	"	"	"	"	"	"	1/2	60
3	32	"	"	"	"	"	"	"	"	"	"	7/16	53
4	30	"	"	"	"	"	"	"	"	"	"	1/2	60
5	30	"	"	"	"	"	"	"	"	"	"	15/16	32
6	30	"	"	"	"	"	"	"	"	"	"	5/8	48

Person Conducting Percolation Tests

Name: Kurt Virgil

Phone: 402-525-6681

Address 4600 W. Mary Louise Ln Lincoln, Ne 68528

Sum of Percolation Rates: 253

Average of Rates: 50

Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

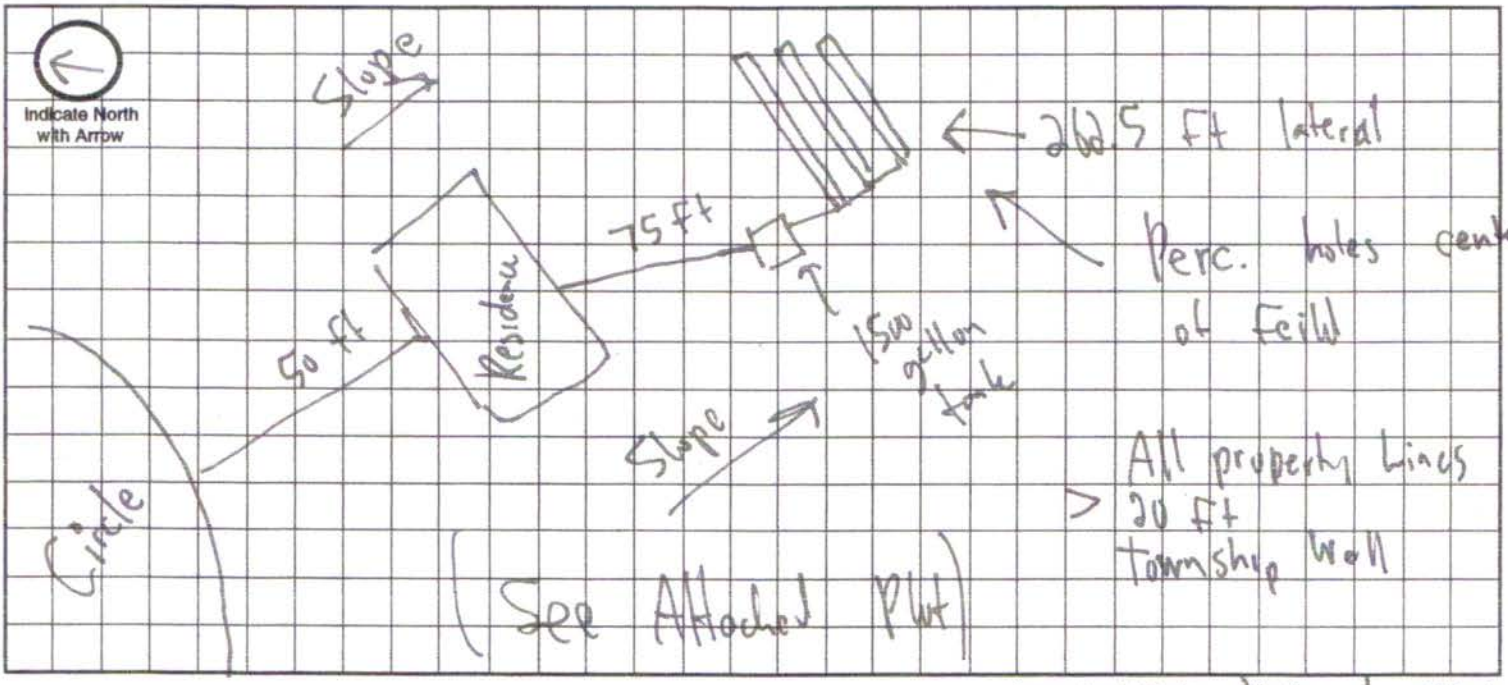
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063803267

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3401 Oakview Circle City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 55 (min. per inch) Soil Type: Sharpsburg Silty Clay Loam Land Slope: 7 %

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: _____

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed ~ 87.5 ft

Total Length of Laterals 260.5 ft Total Number of Trenches 3 Trench Width 3 ft.

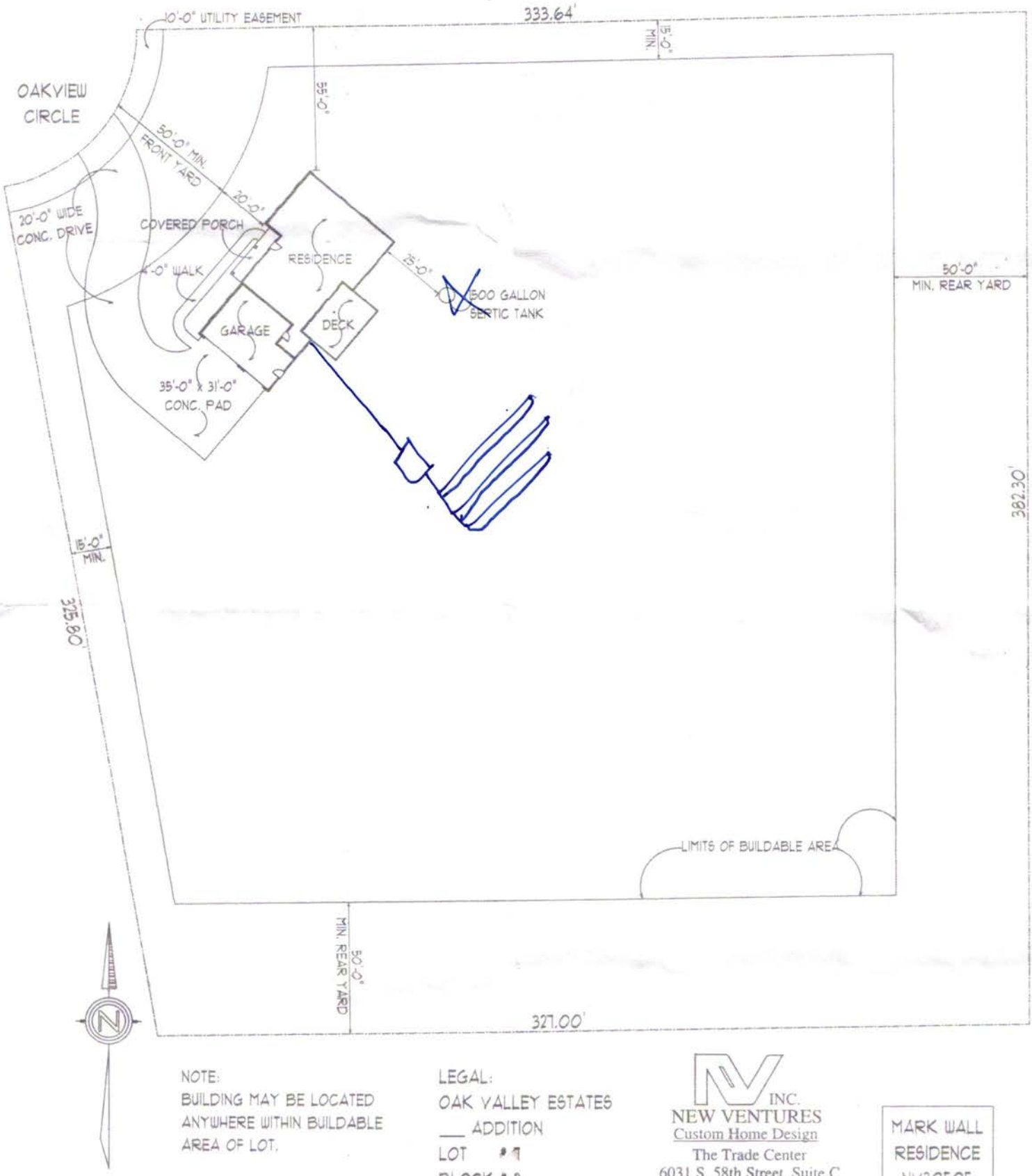
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 R & R Inc Date _____

Installer _____ Date 10-16-96



NOTE:
BUILDING MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA OF LOT.

PLOT PLAN SCALE:
1" = 50'-0"

LEGAL:
OAK VALLEY ESTATES
___ ADDITION
LOT # 9
BLOCK # 3

NV INC.
NEW VENTURES
Custom Home Design
The Trade Center
6031 S. 58th Street, Suite C
Lincoln, NE 68516
Phone: 420-0088
Fax: 420-0089

MARK WALL
RESIDENCE
NV30505

DEC 1 3 2006

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12/6/06

System Location (Indicate correct number and street)

Address 3401 Oakview Circle (no rural route) City Raymond NE, Zip Ne, 68428

A. Building Sewer

1. Material: PVC Sch. 40
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 120 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line > 50 ft.
   stream > 50 ft.
   pressure line > 50 ft.
   property line > 50 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 16 in.
   Riser: ☒ above ☐ below grade 28 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: ~ 24 in.
8. Distances to: Well or suction line > 50 ft.
   Stream > 50 ft.
   Pressure line > 50 ft.
   Property line > 50 ft.

C. Distribution Box

1. Material: N/A
   Number available outlets:
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ft.

D. Absorption Field

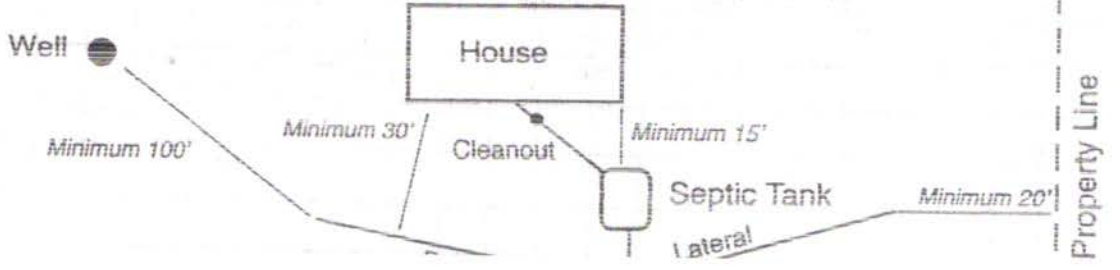
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 3
   or perforated pipe: —
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 92 ft. 92 ft.
   80 ft. ft., ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 34 in
4. Filter material: —
   Depth of material — in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 50 ft.
   Property line > 50 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



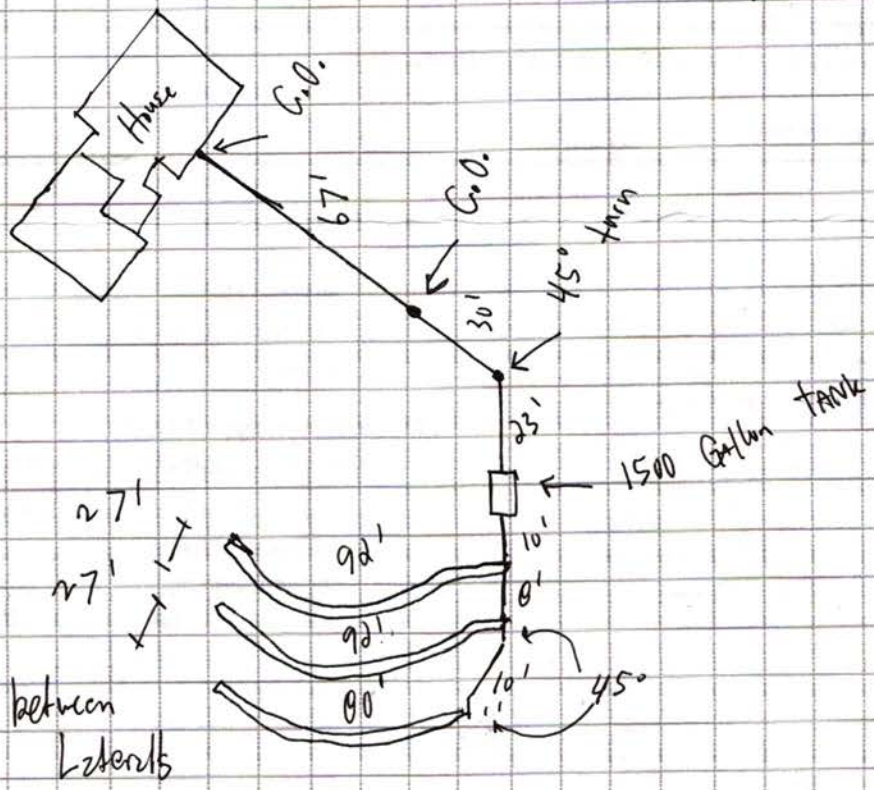
As Built Drawing

No Well

All setbacks Covered

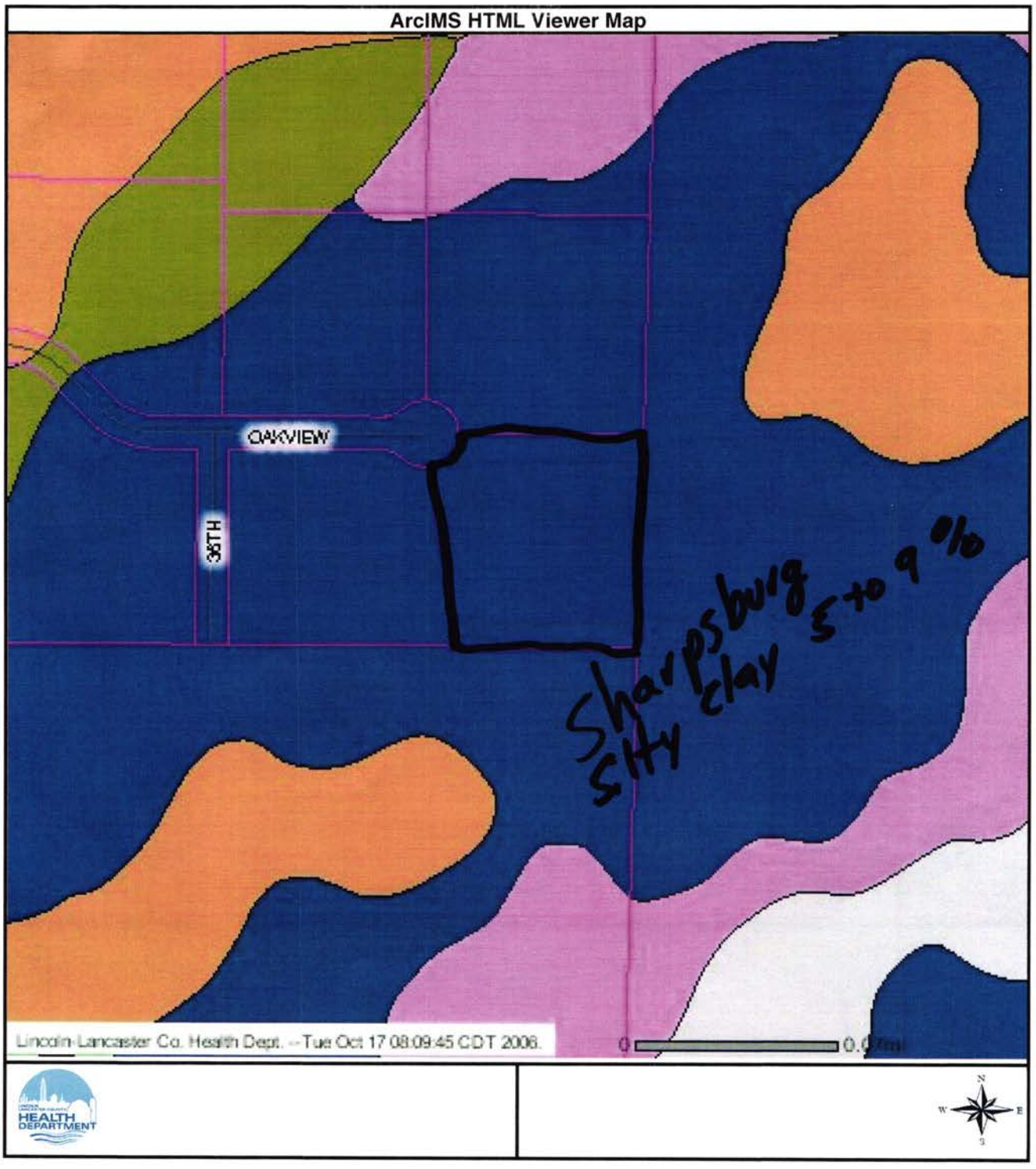
- we are centered in lot w/ our feild

Indicate North with Arrow



total 264 ft


ArcIMS HTML Viewer Map
OAKVIEW
36TH
Not in a Flood plain
Lincoln-Lancaster Co. Health Dept. -- Tue Oct 17 08:09:45 CDT 2006.
0
0.07mi
HEALTH DEPARTMENT
N
W
E
S


ArcIMS HTML Viewer Map
OAKVIEW
36TH
Sharpsburg
Silty Clay
5 to 9 %
Lincoln-Lancaster Co. Health Dept. -- Tue Oct 17 08:09:45 CDT 2006.
HEALTH DEPARTMENT
N
W
E
S