# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

009888

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON PENDING PERCOLATION
TEST RESULTS

Permit # 07380330701

Issued 03/06/07
Expires 03/06/08
Revenue Code 3157

Establishment

CARL & KARI ISKE
T10N R8E SEC 1
STEVENS CREEK EST LOT 1
4601 MADDIE CT

FEES: $290.00

Permittee

CARL & KARI ISKE
5758 N 20 ST
LINCOLN NE 68521

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

* Going to be septic once perc results show.

A

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

Permit Number: 07380330701 pd

# 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: 3.01 acres

**PLEASE PRINT OR TYPE**

### A. System Location (Indicate correct number and street)

Address 4601 Maddie COURT (no rural route) City Lincoln NE, Zip NE

Legal Description LCR 5935 / 10 8 STEVENS C Reek EST Addition Block 1 Lot

1/4 1/4 Section Township Range Subdivision

Geographical Location (if known): Longitude _____ Latitude _____

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

### B. Owner

Name Carl & Kari Iske Signature Carl Thy Don Johnson Homes

Address 5758 N 20 St. City/State/Zip 68521

☐ Check if owner designed system Home Phone 742-4044 Work Phone 450-1701

### C. Contractor

Name DON JOHNSON Company Name DON JOHNSON HOMES

Address 5901 N 27th ST City/State/Zip LINCOLN NE 68521

☐ Check if contractor designed system Work Phone 436-3228

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

Designer Name Melvin Wagner Firm Wagner Const Work Phone 432-5698

### 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 3/7/07 | ACTION ☐ Approved | ☐ Disapproved |
| | Date frwd 3/7/07 | Signature | |
| 2. **Supt. Bldg. Insp. or Village Clerk** | Date rec'd 3/8/07 | ACTION ☒ Approved | ☐ Disapproved |
| | Date frwd 3/8/07 | Signature | |
| 3. **City or County Engineer** | Date rec'd 3-8-07 | ACTION ☒ Approved | ☐ Disapproved |
| | Date frwd 3-8-07 | Signature Jim Blaugh | |

### Installation Final Written Approval

By Doug Amen

Date 7/24/07

***Business Office Use Only***

Date Rec'd 3/6/07

Amt Paid 290.00

Rec'd By CW Cash/Check No. 20088

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: Carl Iske (Name) — 5758 N. 20th (Street, P.O. Box, or Route) — Lincoln (City)

Owner: _____ (Signature) — Ne. (State) — 68521 (Zip) — 742-4044, (Phone (Home)) — 366-5020 (Work)

**B. Contractor Information:** ☐ Check here if contractor designed system

Contractor: Jim Minarick (Name) — Webster Well Inc (Company Name)

P.O. Box 128 (Street, P.O. Box, or Route) — Morse Bluff (City) — Ne. (State) — 68648 (Zip) — 402-652-8402 (Phone (Work))

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

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

**D. System Location:**

Legal Description of Lot: 1 (Section) — 10 (Township) — 8E (Range) — SE (1/4) — SE (1/4) — Stevens Creek Estates (Subdivision) — _____ (Block) — 1 (Lot#)

County: Lancaster — 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: 4601 Maddie Court (Street, P.O. Box, or Route) — Lincoln (City) — NE (State) — 68527 (Zip)

**E. This System Will Serve A:**

☑ Dwelling

Number of Bedrooms: 4

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: 31.25 (min. per inch) — Soil Type: Clay — Land Slope: 2 %

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

Total Square Feet of Field Required: 1100 ÷ 4 = 275 (ft. sq.)

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

Number of Trenches: 2 — Number of Absorption Beds: _____

Trench Width: 3' — Number of Distribution Laterals per Bed: _____

**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 ☐ | 25 ☑ | 10 ☑ | 30 ☑ | 40 ☑ | ☑ |
| Field (ft) | 100 ☑ | 500 ☑ | 50 ☑ | 4 ☑ | 25 ☑ | 10 ☑ | 30 ☑ | 40 ☑ | ☑ |

(OVER)

# Attachment C.

## Soil Absorption Test Data Report

### Owner Information:

Owner Carl Iske (NAME) Phone 402 366-5020

Address: _____

### Location:

Township 10 Range 8E Sec. 1 1/4 Sec. _____ 1/4 Sec. _____

County Name Lancaster 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 6-11-07 to 6-12-07 Weather: Precipitation None Temp 85°

### 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 | 24" | 6-11-07 | 1 pm | 6-12-07 | 4:30pm | 6-12-07 | 4pm | 6 | 4:30 | 5" | 30 | 1" | 30 |
| 2 | " | " | " | " | " | " | " | 7 | " | 5 3/8 | 30 | 1 1/8 | 27 |
| 3 | " | " | " | " | " | " | " | 6 | " | 5 1/8 | 30 | 7/8 | 34 |
| 4 | " | " | " | " | " | " | " | 6 | " | 5 1/8 | 30 | 7/8 | 34 |

James Minarich — Webster Well Inc 720-2963

Signature of Person Conducting Test

Address: P.O. Box 128 Morse Bluff, Ne. 68648

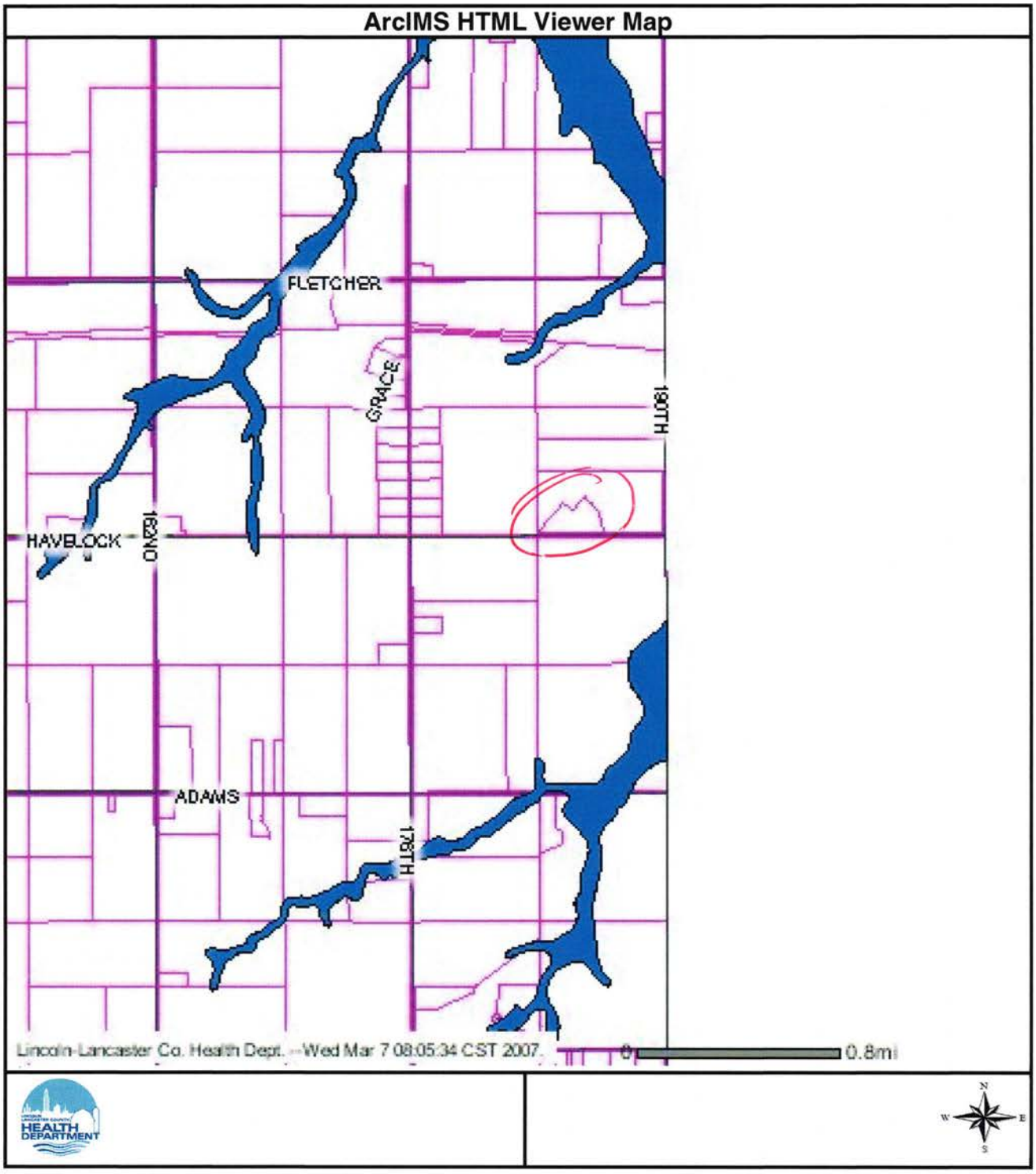
Phone: 402-652-8405

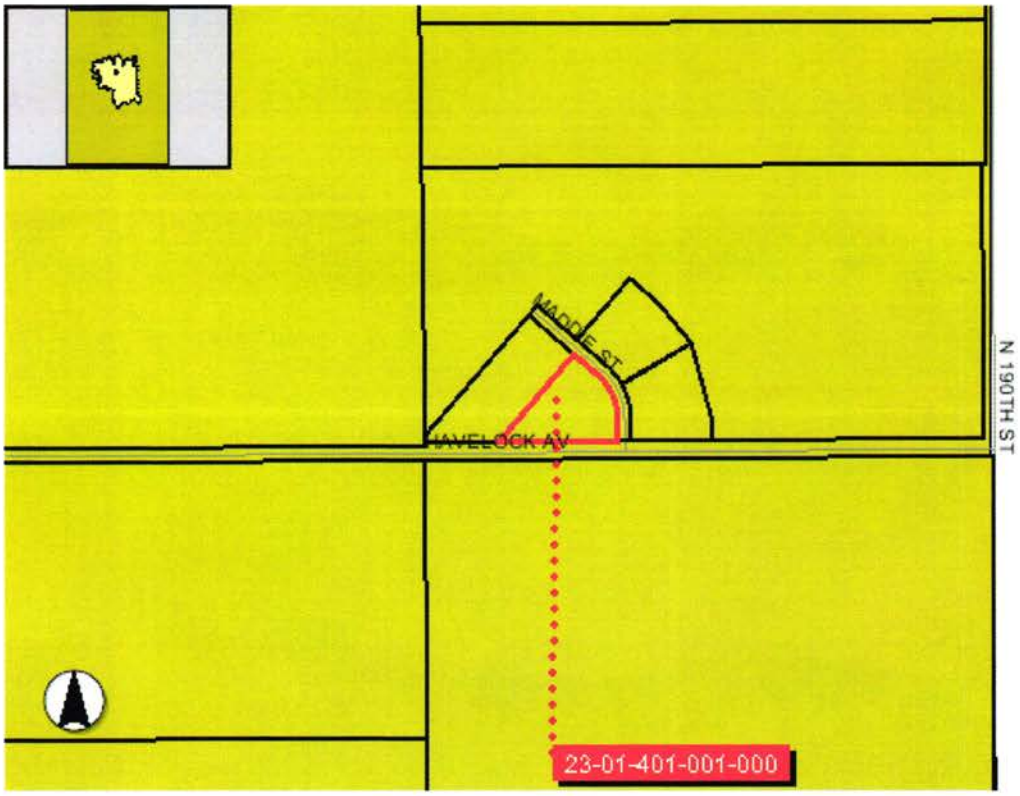
Sum of Percolation Rates = 125

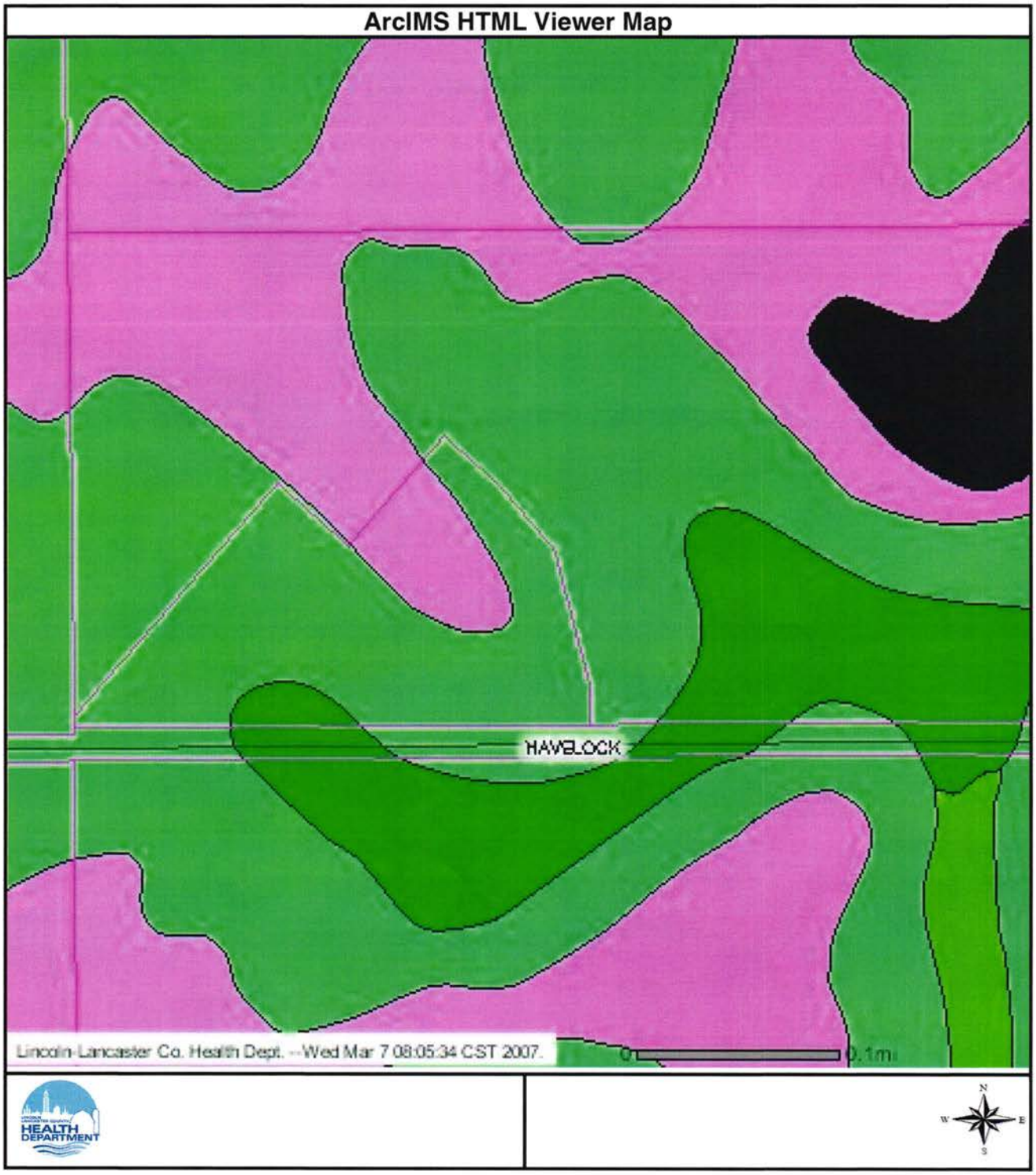
*Average of Rates in Minutes per Inch = 31.25

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

N
~ 25'
Well
163'


ArcIMS HTML Viewer Map
FLETCHER
GRACE
180TH
HAVELOCK
182ND
ADAMS
178TH
Lincoln-Lancaster Co. Health Dept. -- Wed Mar 7 08:05:34 CST 2007
0
0.8mi
HEALTH DEPARTMENT
N
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MAGGIE ST
HAVELOCK AV
N 190TH ST
23-01-401-001-000


ArcIMS HTML Viewer Map
HAVELOCK
Lincoln-Lancaster Co. Health Dept. --Wed Mar 7 08:05:34 CST 2007.
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