Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008165

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380308401

Issued 08/31/05
Expires 08/31/06
Revenue Code 3157

Establishment: ROBERT PFEIFER
T10N R8E SEC 1 QTR SE
STEVENS CRK ESTS ADD LOT 4
4700 MADDIE ST

FEES: $200.00

Permittee: ROBERT PFEIFER
14660 DANVERS ST
WAVERLY NE 68462

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: 05380308401

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 4700 MAddie St (no rural route) City Lincoln NE, Zip 68527

Legal Description South East 1 10N 8 East Stevens Creek Estates Addition 4/
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 Robert Pfeifer Signature Robert Pfeifer

Address 14660 Danvers St City/State/Zip Lincoln NE 68462

☐ Check if owner designed system Home Phone 450-2304 Work Phone 786-3412

C. Contractor

Name Mike Ditze Company Name Waverly Plumbing

Address _____ City/State/Zip Waverly NE 68462

☒ Check if contractor designed system Work Phone 786-5621

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 8/31/05 Date frwd 9/1/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-1-05 Date frwd 9-1-05 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-1-05 Date frwd 9-1-05 ACTION ☒ Approved ☐ Disapproved Signature _____

5/8/06
tank + partial lateral – OK to complete + cover

Installation Final Written Approval

By Doug Smith

Date June 7, 2006

Business Office Use Only

Date Rec'd 08/31/05
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 550

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: 053803084

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Lot 4
Stevens Creek Estates
SE¼, Section T10N, R8E

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

Soil Type (SCS): Silty Clay Percolation Rate: 60 min./inch

Date of Tests 8/10 to 8/11 Weather: Precipitation Trace Temperature 90

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	37	8/10	7:30	8/11	4:15	8/11	7:45	30¼	8/11	8:15	30	¾	40
2	40	8/10	7:30	8/11	4:15	8/11	7:45	35½	8/11	8:15	30	½	60
3	36	8/10	7:30	8/11	4:15	8/11	7:45	28⅛	8/11	8:15	30	½	60
4	38	8/10	7:30	8/11	4:15	8/11	7:45	30½	8/11	8:15	30	½	60
5	36	8/10	7:30	8/11	4:15	8/11	7:45	30¾	8/11	8:15	30	⅝	48
6	41	8/10	7:30	8/11	4:15	8/11	7:45	30⅝	8/11	8:15	30	¾	40

Sum of Percolation Rates: 308
Average of Rates: 51
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: CLAUDE OIE PE-3939
Phone: 402-423-0614
Address 3910 So 52nd St Ct.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

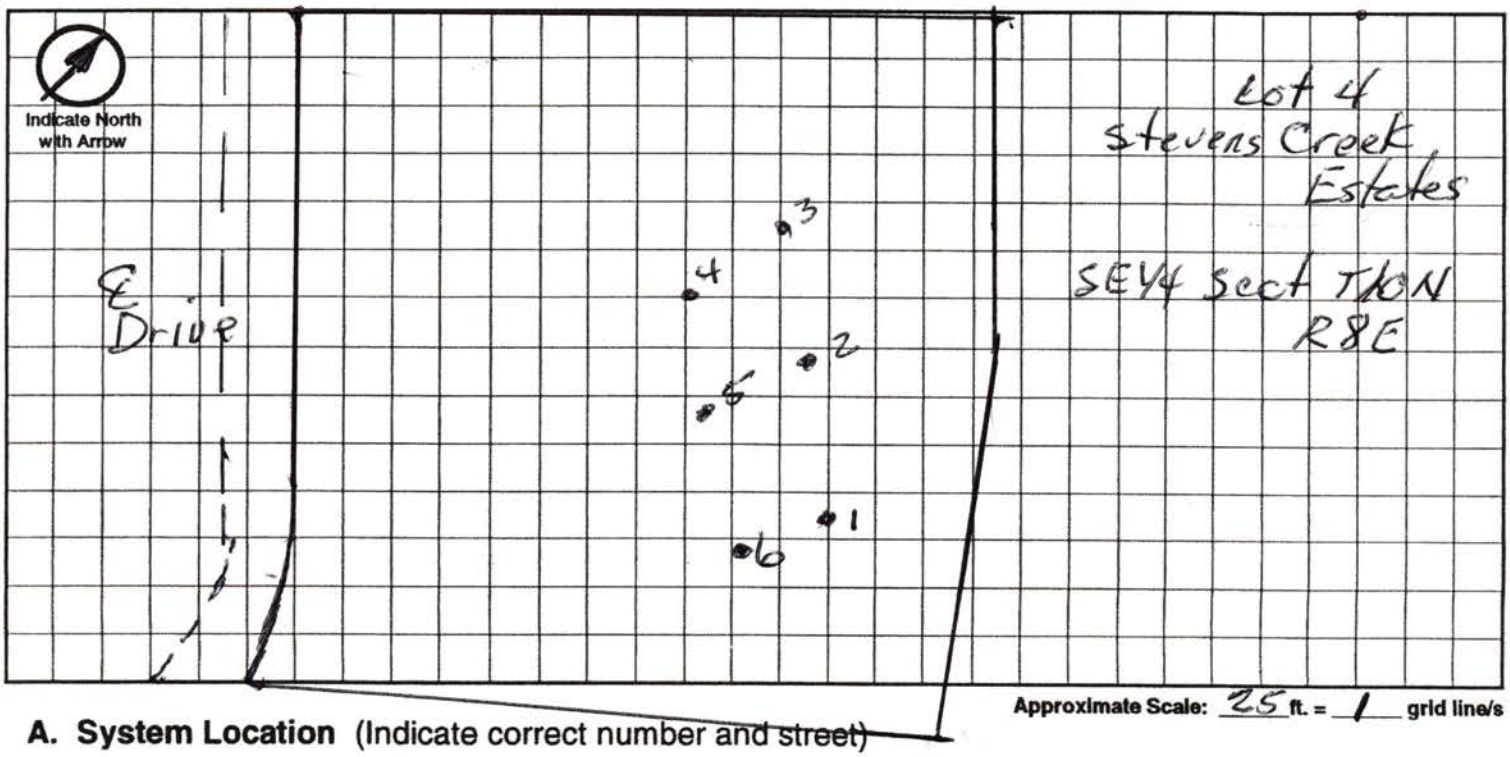
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803084

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

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

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other Hi CAP Infiltar

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

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Hi CAP Infiltar

Capacity of Septic Tank 1000 gals 1500 or Max Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches _____ Trench Width 3 Ft w Grav-L

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 Robert Pfeifer Date _____

Installer Michael P Dietz Date 8-25-05

FORM 23-102 10-96

05380308401 ROBERT PFEIFER T10N, R8E, SEC. 1, LOT 4 STEVENS CREEK ESTATES

MAY 2 5 2006

D

Lincoln-Lancaster County Health Department
Environmental Health Division
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KURT VIRGIL INSTALLER

Permit Number: 05380308401

Sewage Disposal System

As Built Plans & Specifications

Date 5/23/06

System Location (Indicate correct number and street)

Address 4700 Maddie St. (no rural route) City Lincoln NE, Zip 68527

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 90 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 7 100 ft.
   stream 7 100 ft.
   pressure line 7 100 ft.
   property line ~~100~~ 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 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☑ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line 7 100 ft.
   Stream 7 100 ft.
   Pressure line 7 100 ft.
   Property line ~ ~~100~~ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10 ft, 19 ft, & 28 ft.

D. Absorption Field

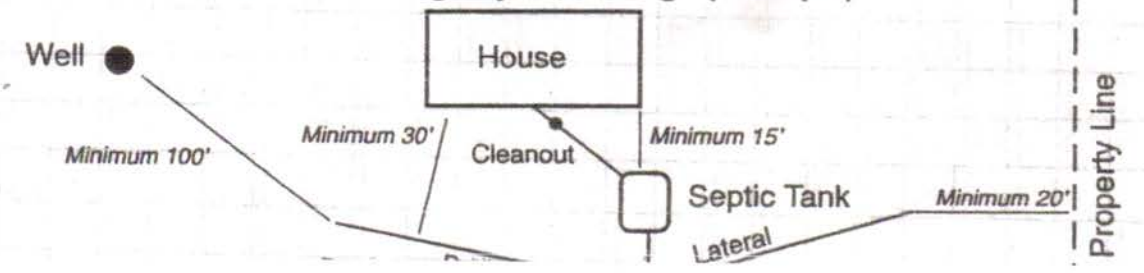
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: —
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 40, 76 ft. 40, 76 ft.
   40, 80 ft. ft., ft.
3. Trench dimensions: Width 3 ft.
   Slope — in/100 ft.
   Average depth 36 in
4. Filter material: —
   Depth of material — in.
5. Distances to: Well or suction line 7 100 ft.
   Stream 7 100 ft.
   Pressure line 7 100 ft.
   Property line ~~100~~ ft.
   ~ 40 ft

Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing

4700 Maddie

