Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002159

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380262801

Issued 04/29/03
Expires 10/29/03
Revenue Code 3157

Establishment GARY L HALL
T10N R8E SEC 5 QTR NE
13400 FLETCHER AVE-WAVERLY

FEES: $200.00

TOTAL: $200.00

Permittee GARY L HALL
1601 N 162 ST
LINCOLN NE 68527

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE

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

A

Permit Number: 033802628O1

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 5665 N. 134th St ~~Fletcher Ave.~~ City Waverly NE, Zip 68462
(no rural route)

Legal Description NE 1/4 (1/4) 5 (Section) 10N (Township) 8E (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 Gary L. Hall Signature Gary L Hall

Address 1601 N 162nd St. City/State/Zip Lincoln NE 68527

☐ Check if owner designed system Home Phone 402 525-5364 Work Phone _____

C. Contractor

Name _____ Company Name Lifetime Homes

Address 718 S. Lincoln Ave. City/State/Zip York, NE 68467

☐ Check if contractor designed system Work Phone 800-862-7775

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

Designer Name Michael P Dietze #29 Firm Waverly Plumbing Work Phone 402-786-5620

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 4/29/03 Date frwd 4/29/03	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 4/29/03 Date frwd _____	**ACTION** ☑ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 4/29/03 Date frwd 4/29/03	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By Ron Mayfield

Date 8-18-03

Business Office Use Only

Date Rec'd 04/29/03

Amt Paid 200.00

Rec'd By LS Cash/Check No. 1118

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

Hall

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner Gary Hall Address 1601 N. 162nd St Lincoln, NE 68527

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 4-9-03 to 4-10-03 Weather: Precipitation dry Temperature 75°

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"	4-9	4:00	4-10	5:30	4-10	5:30	6"	4-10	6:30	30 min	1 3/4	1.75
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	2 1/4	2.25
3												2 1/4	2.25
4												2 1/2	2.5
5												2 1/4	2.25
6	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	2 1/2	2.5

Person Conducting Percolation Tests

Name: Dave Dietze
Phone: 402-786-2683
Address 9651 N. 149th Place
Waverly NE 68462

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 1.3 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 25, 2003

FORM 23-101 10-86

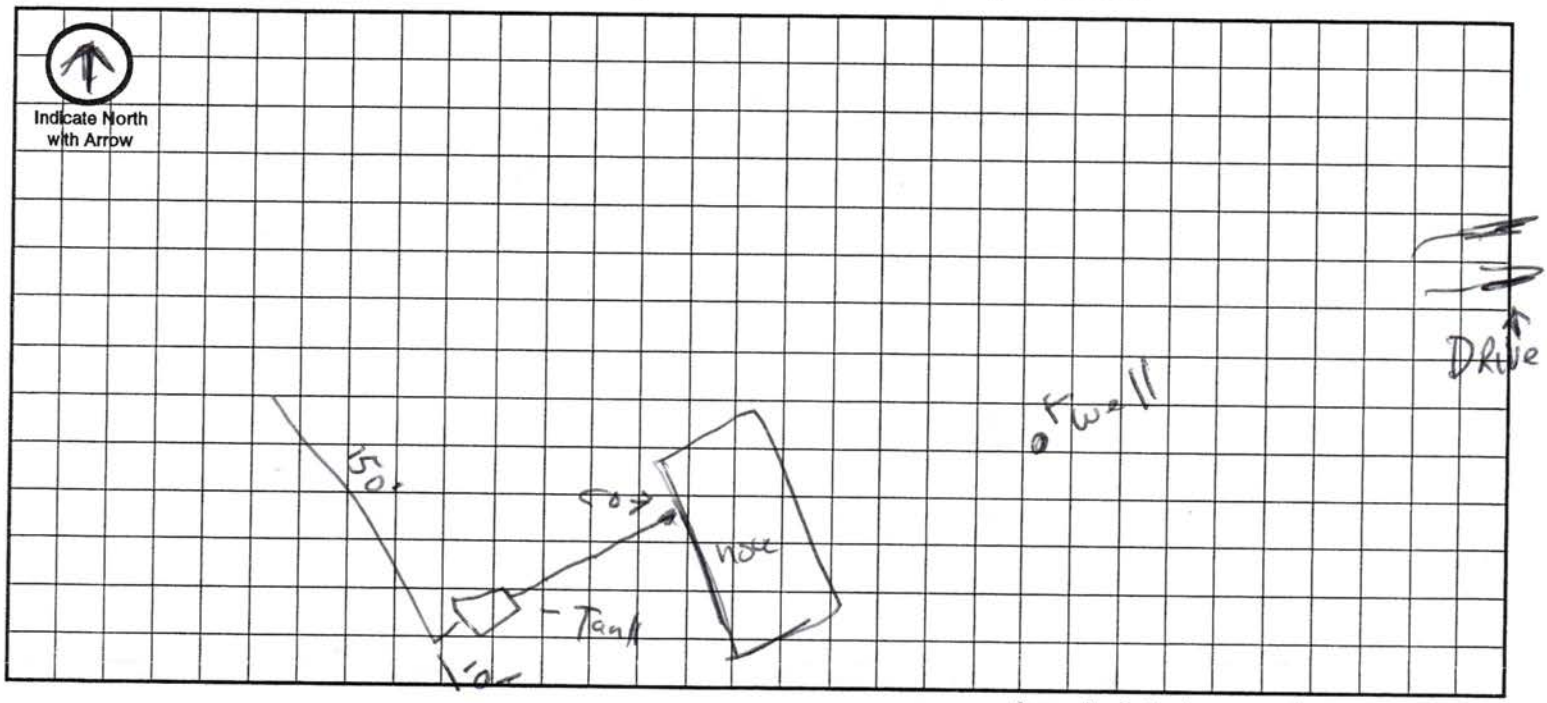
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) _____ 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 13 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltra-with gravel

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 1

Total Length of Laterals 160 ft. Number of Trenches 2 Trench Width 48 IN

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 PRE-FAB Date _____

Installer Michael V Rutz Date 4-28-03

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 8-18-03

Gary Hall

System Location (Indicate correct number and street)

Address 5665 N. 134 (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC SDR-26
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 165 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 200 ft.
   stream NA ft.
   pressure line 200 ft.
   property line 1000 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments:
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 300 ft.
   Stream NA ft.
   Pressure line 300 ft.
   Property line 1000 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 ft.

D. Absorption Field

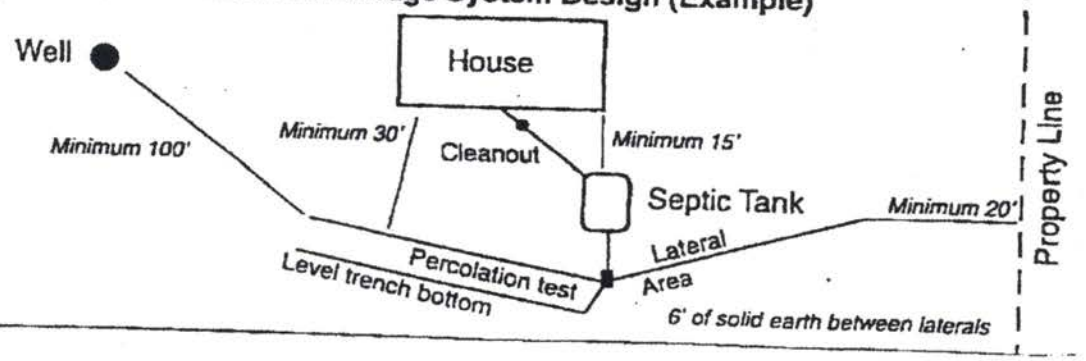
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 4" filtered
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 2
   Length of each line: 80 ft. 80 ft.
   ft. ft., ft.
3. Trench dimensions: Width 4' ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 400 ft.
   Stream NA ft.
   Pressure line 350 ft.
   Property line 1000 ft.

Indicate North with Arrow

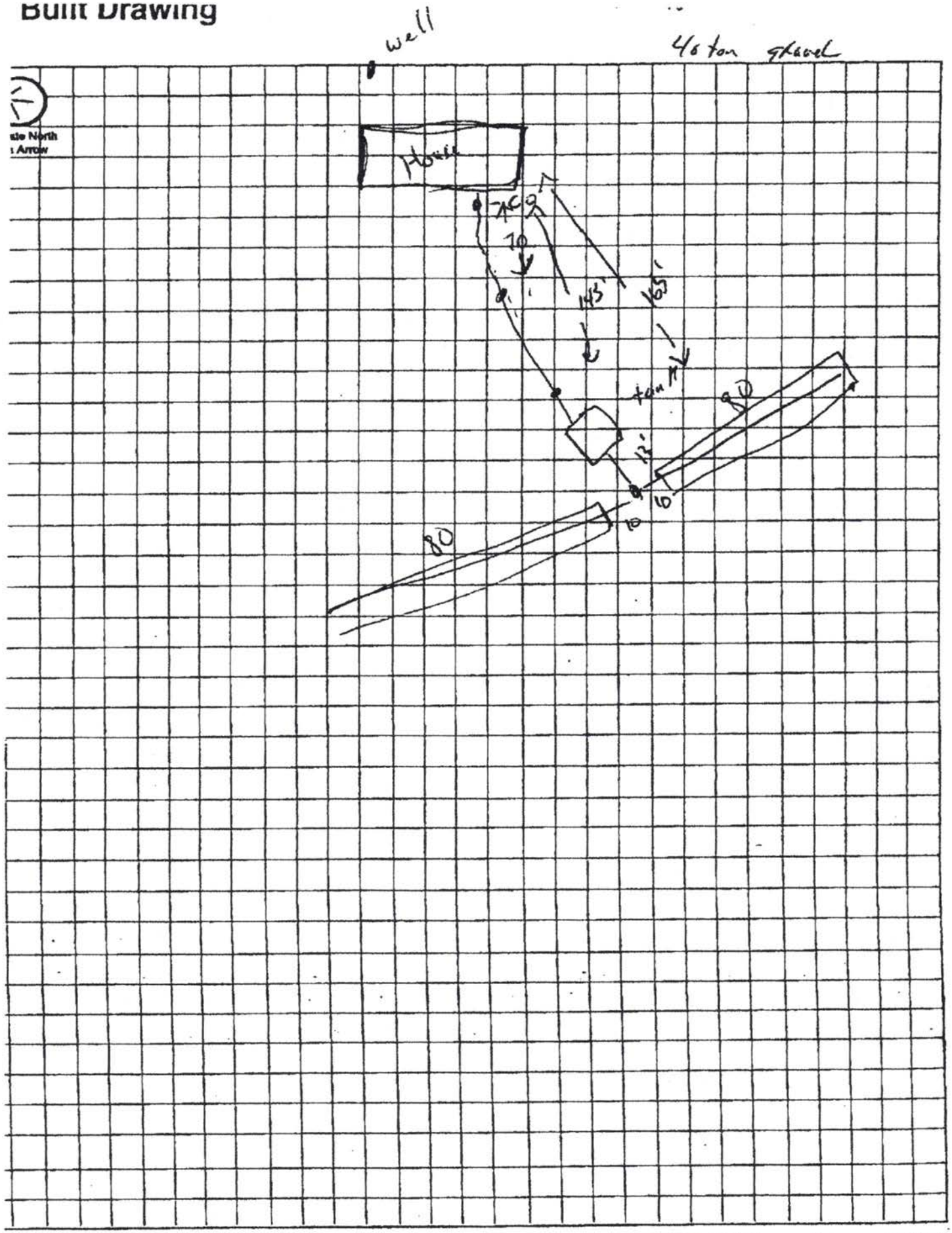
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s