Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

006392

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380297701

Issued 03/10/05
Expires 09/10/05
Revenue Code 3157

Establishment: LYLE & EILEEN HALL
T10N R8E SEC 5 QTR SW
12240 HAVELOCK AVE

FEES: $200.00

Permittee: LYLE & EILEEN HALL
8700 ADAMS ST
LINCOLN NE 68507

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

RECEIVED
MAR 10 2005

A

Permit Number: 05380297701

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 12240 Havelock Ave (no rural route) City Lincoln NE, Zip 68527

Legal Description SW 5 10N 8E ____ 17
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 Lyle & Eileen Hall Signature _____

Address 8700 Adams St City/State/Zip Lincoln NE 68507

☐ Check if owner designed system Home Phone 467-2051 Work Phone _____

C. Contractor

Name Mike May Company Name May Custom Homes

Address 9400 Holdrege St City/State/Zip Lincoln NE 68505

☐ Check if contractor designed system Work Phone 430-6249

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

Designer Name _____ Firm Capital City Trenching Work Phone 476-6313

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** 4-7-05 mm
   Date rec'd 3/10/05 Date frwd 3/11/05
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 3-11-05 Date frwd 3-11-05
   ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer**
   Date rec'd 3/11/05 Date frwd 3/11/05
   ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Maynard

Date 4-7-05

Business Office Use Only

Date Rec'd 3/10/05
Amt Paid $200.00
Rec'd By _____ Cash/Check No. 7728

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

Sec 5 - Town 10 Range 8
12240 ~~1230~~ Havelock Av.

B

Lincoln-Lancaster County Health Department
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Permit Number: 053802977

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12240 Havelock Ave (no rural route) City Lincoln NE, Zip 6854[illegible]27

Owner Lyle & Eileen Hall Addresss 8700 Adams St Lincoln NE

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 48 min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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	38	12/17	3:00	12/18	12:00	12/18	3:30	32 1/8	12/18	4:00	30	1/2	60
2	37	12/17	3:00	12/18	12:00	12/18	3:30	34 1/2	12/18	4:00	30	5/8	48
3	36	12/17	3:00	12/18	12:00	12/18	3:30	30 1/8	12/18	4:00	30	3/4	40
4	38	12/17	3:00	12/18	12:00	12/18	3:00	32 3/4	12/18	4:00	30	5/8	48
5	39	12/17	3:00	12/18	12:00	12/18	3:00	32 1/8	12/18	4:00	30	5/8	48
6	37	12/17	3:00	12/18	12:00	12/18	3:00	33 1/4	12/18	4:00	30	3/4	40

Person Conducting Percolation Tests

Name: Claude Oie PE-3939
Phone: 402-423-0614
Address 5910 So. 52nd st. ct.
Lincoln Ne. 68516

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 48 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MARCH 10, 2005

FORM 23-101 10-96

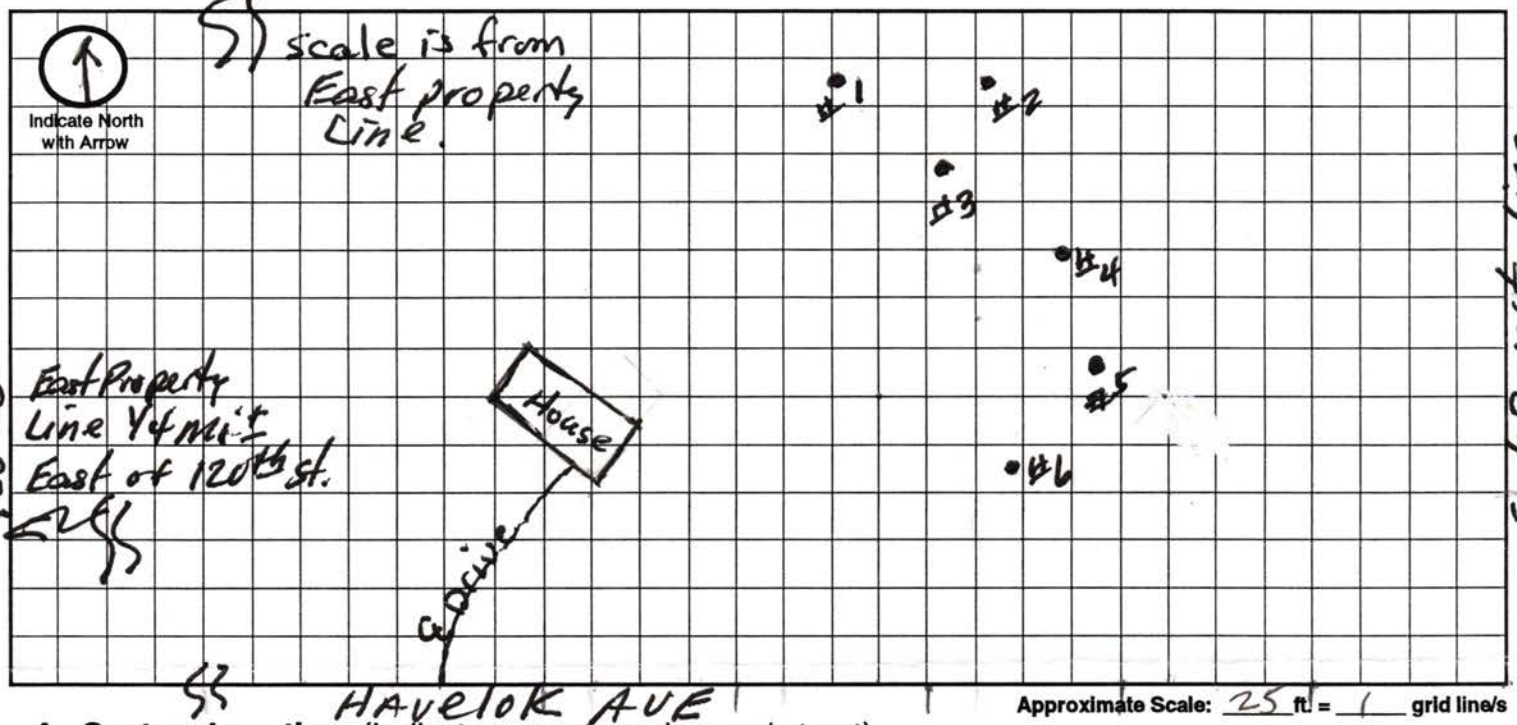
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 05380297 7

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) 12240 Havelock Ave City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 48 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 Michael P. May May Custom Homes Date 3-9-05

Installer _____ Capital City Trenching Date 3-9-05

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4-7-05

System Location (Indicate correct number and street)

Address 12240 Hawthorne Ave (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 29 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1250 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: 24 in.
8. Distances to: Well or suction line 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 6 ft.

D. Absorption Field

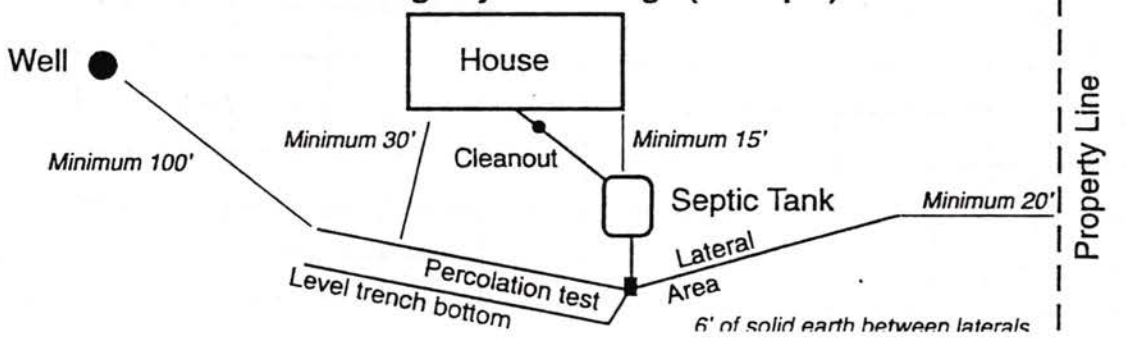
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 24"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 150 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope — in/100 ft.
   Average depth 36 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

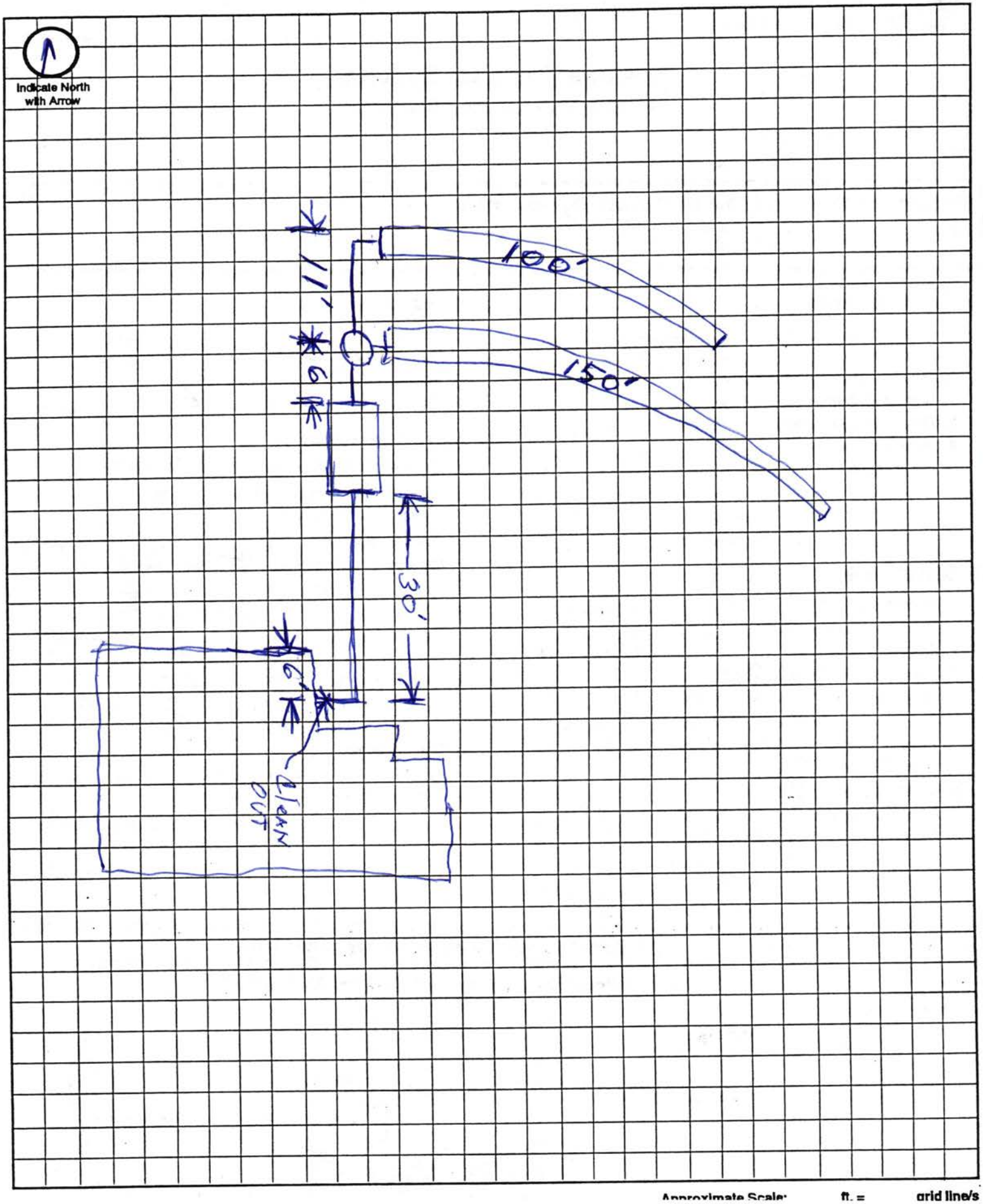
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: ft. = grid line/s