Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008894

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380318901

Issued 04/27/06
Expires 04/27/07
Revenue Code 3157

Establishment: SCOTT WEATHERHOGG
T10N R8E SEC 10
ADAMS ST ACREAGES LOT 1
3000 N 155 ST

FEES: $275.00

Permittee: SCOTT WEATHERHOGG
405 WASHINGTON ST
DOUGLAS NE 68344

TOTAL: $275.00

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: 06380318901

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 3000 N 155 Street (no rural route) City Lincoln NE, Zip 68527

Legal Description Adams Street Acreages / 1/4 1/4 Section 10 Township 10N Range 8E 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 Kent & Monica Asher Signature Kent Asher Monica Asher

Address 3000 N 155 St City/State/Zip Lincoln, NE 68527

☐ Check if owner designed system Home Phone 402-525-4964 Work Phone 402-464-4001

C. Contractor Scott Weatherhogg

Name ~~All Pro Plumbing~~ Company Name All Pro Plumbing

Address 405 Washington St City/State/Zip Douglas, NE 68344

☒ Check if contractor designed system Work Phone 402-310-9048

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 4 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 4/27/06 Date frwd 5/3/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/3/06 Date frwd 5/3/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/3/06 Date frwd 5/3/06 ACTION ☒ Approved ☐ Disapproved Signature Jim Blaugh

4/7/06 Need Drawing. J.C.H

Installation Final Written Approval

By Jerrold C. Wood R.E.H.S.

Date SEPTEMBER 15, 2006

Business Office Use Only

Date Rec'd 04/27/06
Amt Paid 275.00
Rec'd By es ~~Cash~~/Check No. 19251

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: 06303189

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3000 N 155 St. (no rural route) City Lincoln NE, Zip 68527

Owner Kent & Monica Asher Addresss

Soil Type (SCS): Percolation Rate: 40 min./inch

Date of Tests 4/10/06 to 4/11/06 Weather: Precipitation 0 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"	4/10	1:00pm	4/11	2:00pm	4/11	2:00pm	3"	4/11	4/0	30	3/4"	40
2	36"	4/10	1:00pm	4/11	2:00pm	4/11	2:00pm	3"	4/11	4/0	30	3/4"	40
3	36"	4/10	1:pm	4/11	2:00pm	4/11	2:pm	1"	4/11	4/0	30	3/4"	40

Sum of Percolation Rates: 120
Average of Rates: 40
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Scott Weatherbogg
Phone: 402-799-2100
Address 405 Washington St
Douglas, NE 68344

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

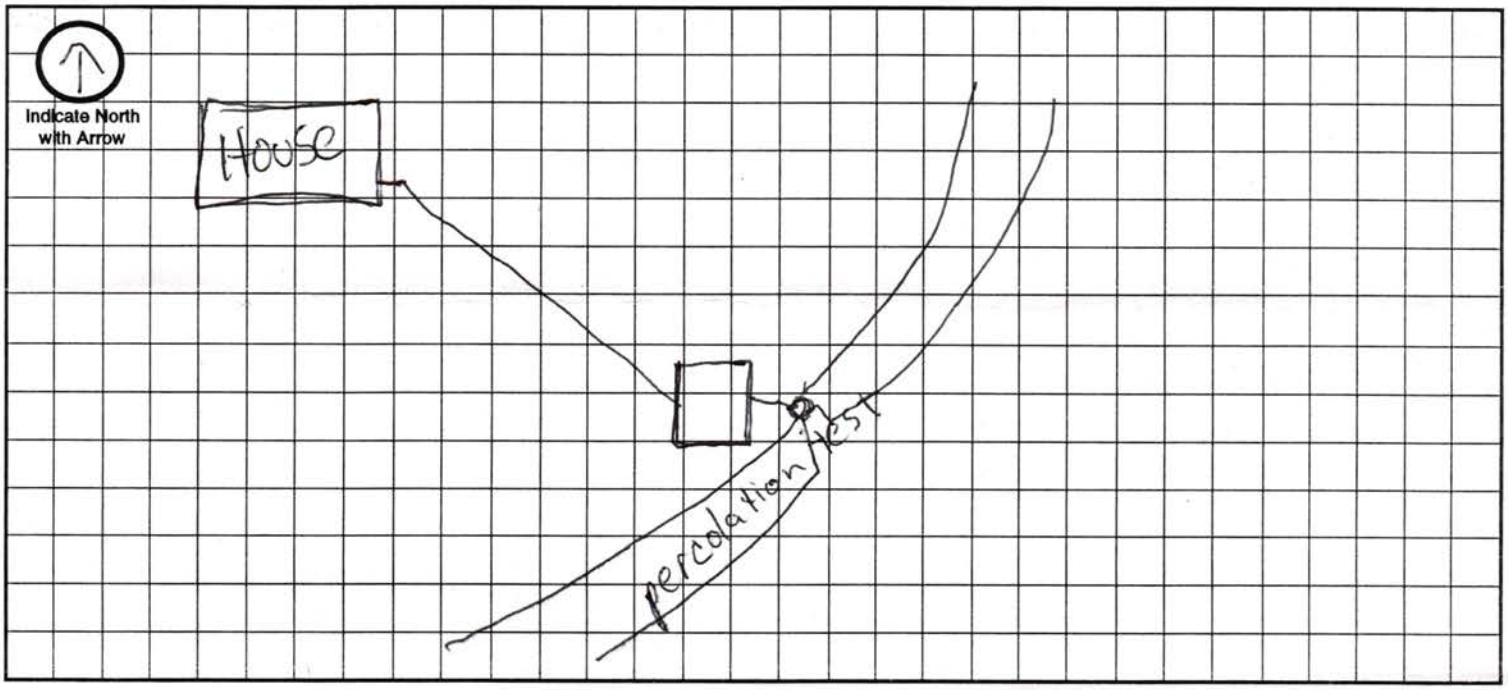
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063803189

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) 3000 N/55th Street 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 40 (min. per inch) Soil Type: _____ Land Slope: 9 %

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

Total Square Feet of Field Required: 1,100 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 0 Number of Distribution Laterals per Bed 0

Total Length of Laterals 300 ft. Number of Trenches 3 Trench Width ~~4'~~ 4'

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 _____ Date 4/20/06

Installer Scott Woodhouse Date 4/20/06

FORM 23-102 10-96

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 9/11/06

System Location (Indicate correct number and street)

Address 3000 N 155th St (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: pvc sch 40
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 3' 0 in.
3. Distance between dwelling and septic tank: 50 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 ft.
   stream none ft.
   pressure line 100 ft.
   property line 25 ft.

B. Septic Tank

1. Material: Plastic
   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 0 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 3' 0 in.
8. Distances to: Well or suction line 125 ft.
   Stream none ft.
   Pressure line 125 ft.
   Property line 35 ft.

C. Distribution Box

1. Material: plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 7 ft.

D. Absorption Field

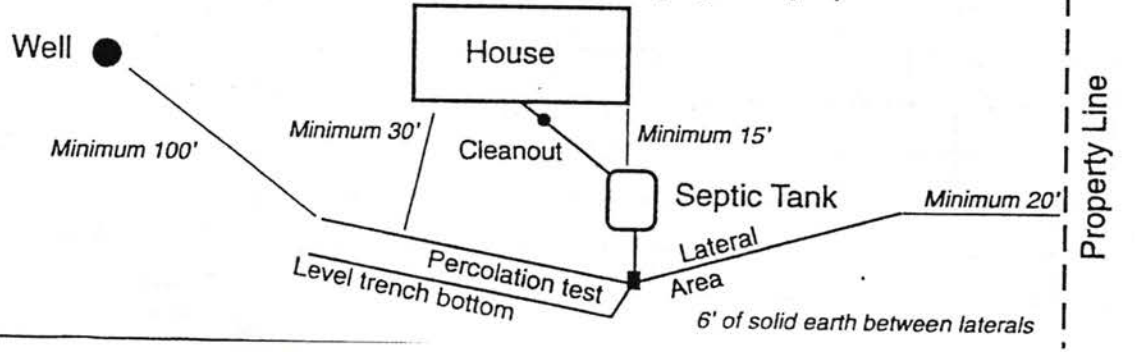
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 3' 6" in
4. Filter material: soil
   Depth of material ____ in.
5. Distances to: Well or suction line 100 ft.
   Stream none ft.
   Pressure line 100 ft.
   Property line 20 ft.

Indicate North with Arrow

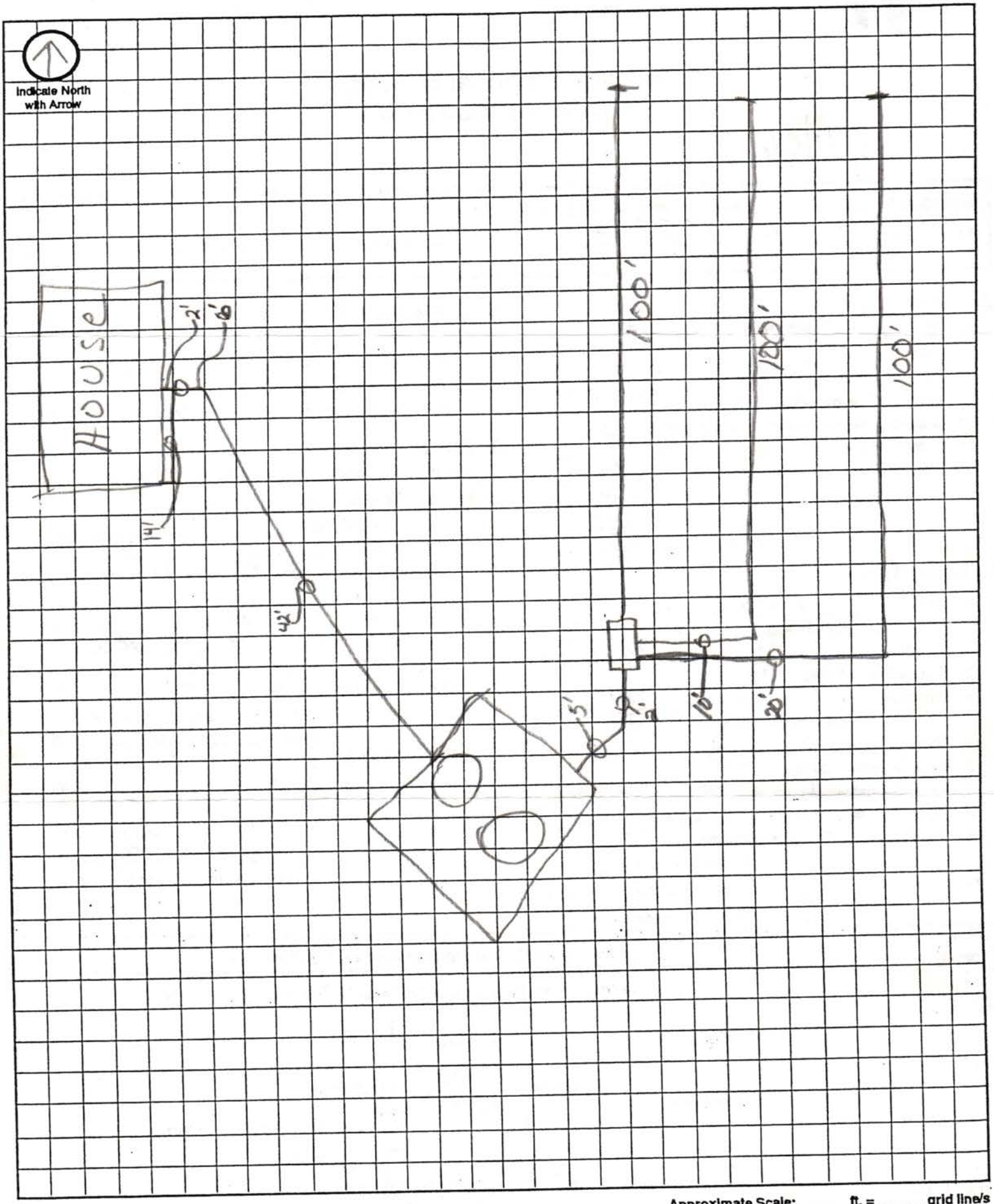
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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