Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008261

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380310501

Issued 09/27/05
Expires 09/27/06
Revenue Code 3157

Establishment:
J B PROPERTIES
T10N R8E SEC 10
ADAMS ST ACREAGES LOT 4
3300 N 155 ST-EAGLE

FEES: $275.00

Permittee:
J B PROPERTIES
2409 S 214 ST
EAGLE NE 68347-1997

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

RECEIVED SEP 27 2005

A

Permit Number: 05380310501

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ CHANGE TO 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 3300 N 155 TH (no rural route) City EAGLE NE, Zip 68347

Legal Description 10 (1/4) 10 (1/4) 10N (Section) 8E (Township) ADAMS ST ACREAGES (Range) (Subdivision) (Addition) 4 (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 J.B. PROPERTIES Signature _____

Address 2409 S 214TH City/State/Zip EAGLE NE 68347

☐ Check if owner designed system Home Phone _____ Work Phone 432 3813

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC.

Address 7801 LEIGHTON City/State/Zip LNK NE 68507

☑ Check if contractor designed system Work Phone 560 1208

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 9/27/05 Date frwd 9/28/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-28-05 Date frwd 9-28-05 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-28-05 Date frwd 9-28-05 ACTION ☒ Approved ☐ Disapproved Signature Jim Plouzek

Installation Final Written Approval

By Jerrold C. Hood, R.E.H.S.

Date JANUARY 12, 2006

Business Office Use Only

Date Rec'd 9/27/05
Amt Paid $275.00
Rec'd By CW Cash/Check No. 8146.

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:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3300 N 155TH (no rural route) City EAGLE NE, Zip 68347

Owner JB PROPERTIES Address 7409 So. 214TH

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 50 min./inch

Date of Tests 11/22/05 to 11/23/05 Weather: Precipitation 0 Temperature 65°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	27	11/22	9AM	11/23	9AM	11/23	10:30AM	6	11/23	1 PM	30	1/2"	60
2	26	"	"	"	"	"	"	6	"	"	30	1/2"	60
3	27	"	"	"	"	"	"	6	"	"	30	3/4"	40
4	28	"	"	"	"	"	"	6	"	"	30	5/8"	48
5	28	"	"	"	"	"	"	6	"	"	30	5/8"	48
6	27	"	"	"	"	"	"	6	"	"	30	1/2"	60

Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 560-1208

Address 3801 LEIGHTON

LINCOLN 68507

Sum of Percolation Rates: 316

Average of Rates: 52.6

Rate Used for Calculation: 50

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hoos R.E.H.S. Date ~~NOVEMBER~~ DECEMBER 1, 2005

FORM 23-101 10-96

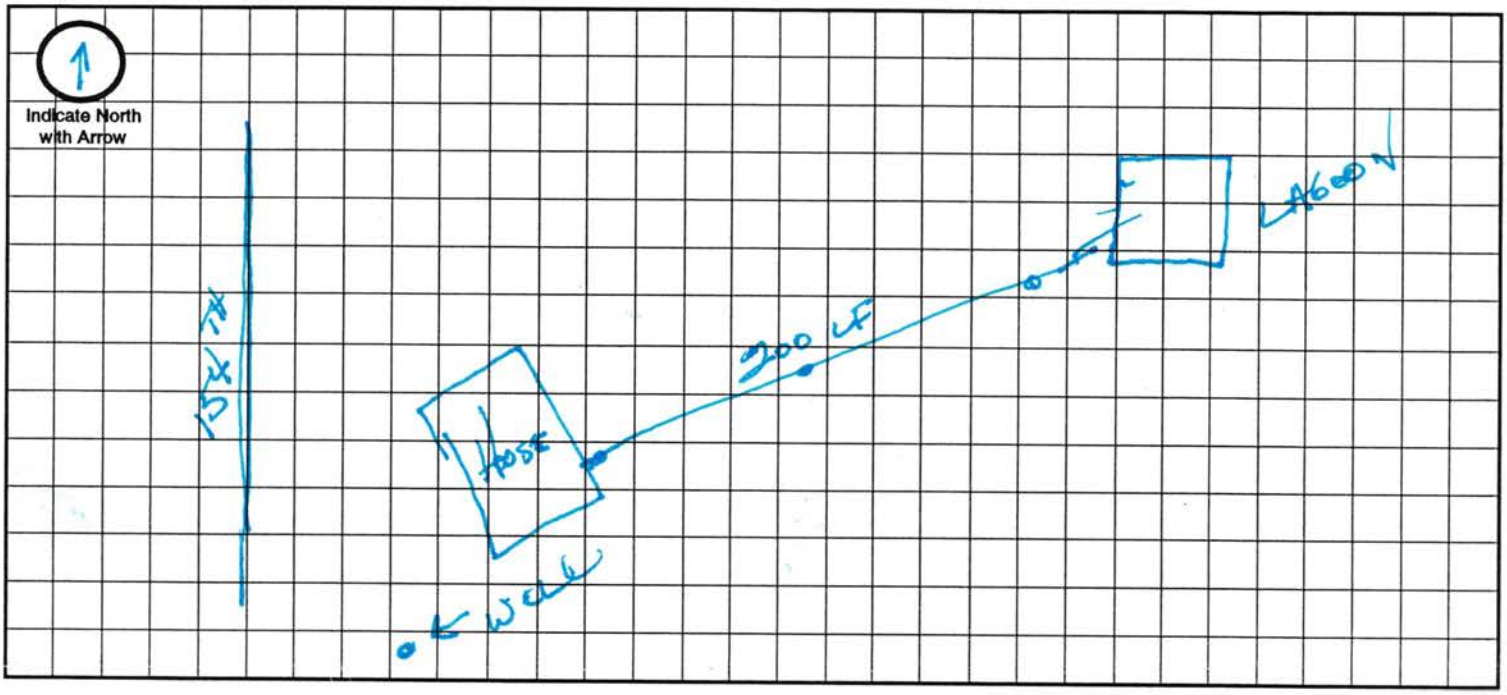
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C

Permit Number: 05380305

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) 3300 N 155TH 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 50 (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 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 248 ft. Number of Trenches _____ Trench Width 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 _____

Installer _____ Date 9/26/05

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 3300 N 155TH (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 40 in.
3. Distance between dwelling and septic tank: 66 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line ~~50~~ RURAL WATER ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line NA ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 33 ft.

D. Absorption Field

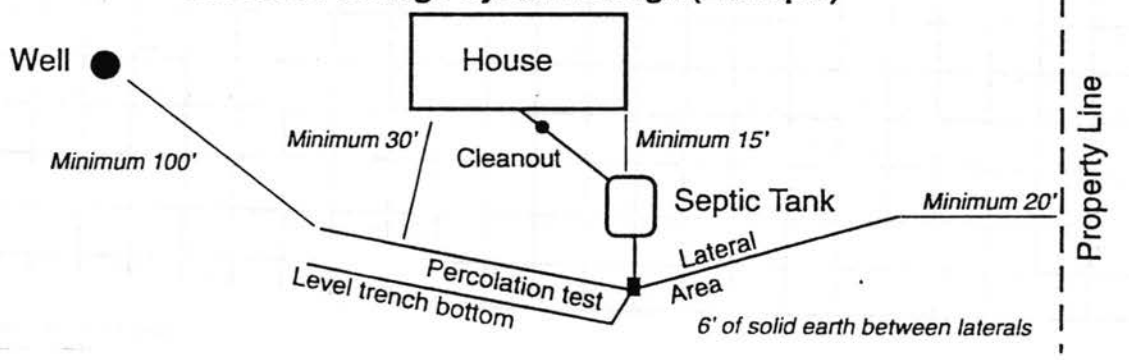
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other INFILTRATOR
2. Lateral lines: Number 2
   Length of each line: 150 ft. 150 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

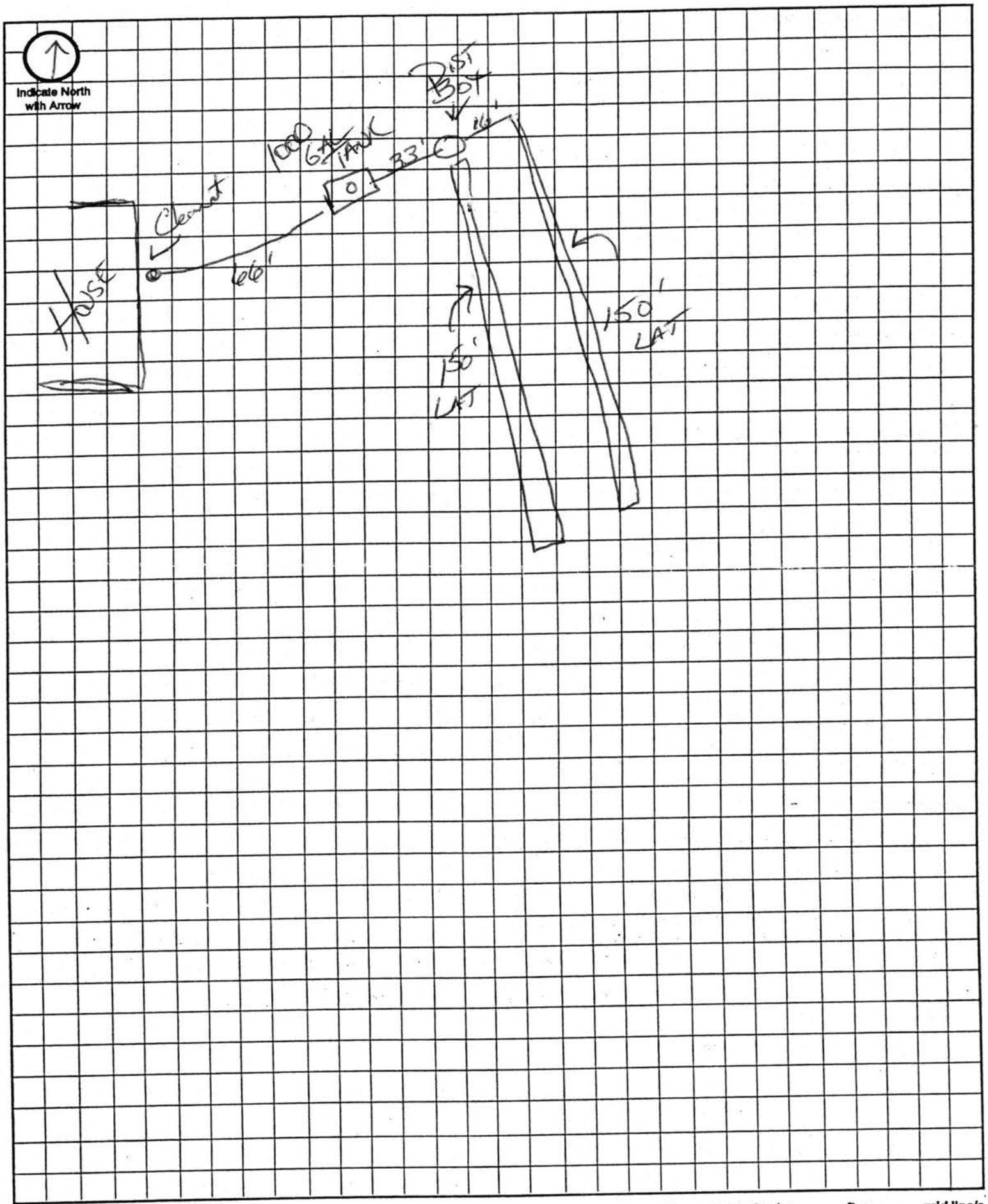
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

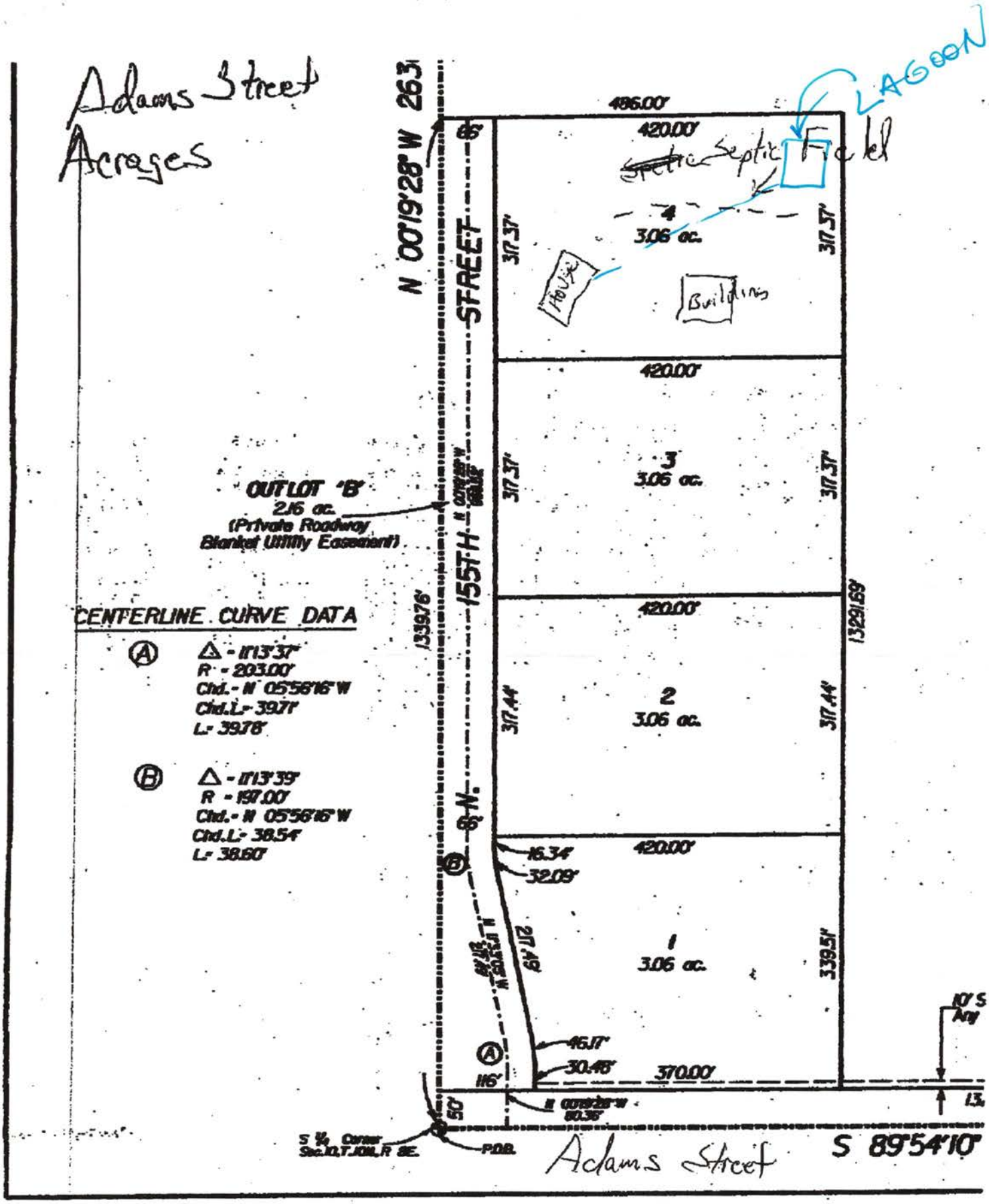
Individual Sewage System Design (Example)



As Built Drawing



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


Adams Street
Acreages
LAGOON
Field
Septic
N 00°19'28" W 263'
155TH STREET
496.00'
420.00'
4
3.06 ac.
317.37'
House
Buildings
3
2
1
317.44'
1329.69'
339.76'
339.51'
OUTLOT 'B'
2.16 ac.
(Private Roadway
Blanket Utility Easement)
CENTERLINE CURVE DATA
Ⓐ Δ - 11°13'37"
R - 203.00'
Chd. - N 05°56'16" W
Chd.L - 39.71'
L - 39.78'
Ⓑ Δ - 11°13'39"
R - 197.00'
Chd. - N 05°56'16" W
Chd.L - 38.54'
L - 38.60'
16.34'
32.09'
64' U/E
46.17'
30.48'
370.00'
116'
50'
S ¼ Corner
P.O.B.
Adams Street
S 89°54'10"