Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002790

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380266201

Issued 06/24/03
Expires 12/24/03
Revenue Code 3157

Establishment:
TAMMY SHUBERT
T10N R8E SEC 21
LOT 41IT
601 N 148 ST

FEES: $200.00

Permittee:
TAMMY SHUBERT
8510 ARROW HEAD CIR
LINCOLN NE 68520

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: 03380266201

Sewage Disposal System

Request for Site Clearance and Permit

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

~~☒~~ Septic System CHANGE TO ☒ 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 601 N 148th St. (no rural route) City Lincoln NE, Zip NE, 68527

Legal Description 23-21-400-021-000 lot 41 I.T.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 21 10N 8E Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Tammy Shubert Signature

Address 8510 Arrowhead Circle City/State/Zip Lincoln, NE 68520

☐ Check if owner designed system Home Phone 483 0560 Work Phone ~~471-6715~~/805-2410

C. Contractor

Name Same Company Name

Address City/State/Zip Same

☐ Check if contractor designed system Work Phone

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

Designer Name Gordon Lukes Firm G&A Backhoe Serv. Work Phone (402) 781-2400

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms ~~4~~ 5 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 6/24/03 Date frwd 6/25/03	ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 6-25-03 Date frwd 6-25-03	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 6/25/03 Date frwd 6/25/03	ACTION ☒ Approved ☐ Disapproved Signature	

4-12 04, no Need Fence + ~~asbestos~~ OK

Installation Final Written Approval

By

Date 2-14-05

Business Office Use Only

Date Rec'd 06/24/03
Amt Paid 200.00
Rec'd By LO ~~Cash~~/Check No. 1002

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

APR-14-2003 09:48 LLCHD 402 441 6206 P.01

N. 148th
Schubert

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

B

Permit Number: 033802662

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 601 N. 148th (no rural route) City Lincoln NE, Zip 68527

Owner Tammy Shubert Address 8510 Arrowhead Circle Lincoln, NE 68520

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

Date of Tests 4-24-03 to 4-25-03 Weather: Precipitation damp Temperature 60°

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	4-24	4:00p	4-25	4:00	4-25	7:00p	6"	4-25	7:30	30	1/2"	
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	5/8"	
3												1"	
4												3/4"	
5												5/8"	
6												1/2"	

Person Conducting Percolation Tests

Name: Dave Pietze

Phone: 402-786-2682

Address 9651 N. 14th Place
Waverly NE 68462

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

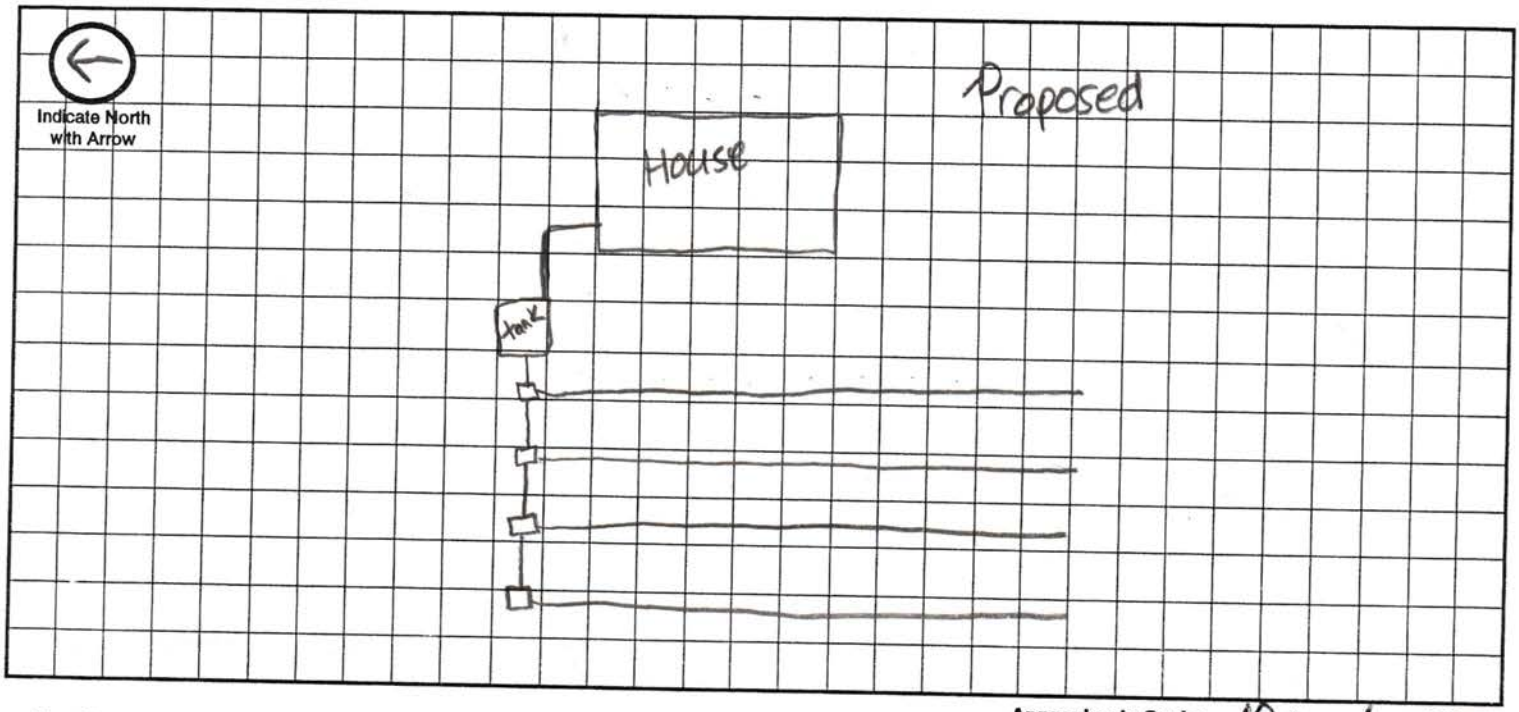
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 033802662

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1601 N. 148th 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 60 (min. per inch) Soil Type: _____ Land Slope: 3 %

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

Total Square Feet of Field Required: 1400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator H10

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

Total Length of Laterals 350 ft. Number of Trenches 3 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 10-24-03

Installer Gordon Lukes Gordon Lukes Date 6-23-2003

FORM 23-102 10-96

Attn Ron

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4-5-04

System Location (Indicate correct number and street)

Address 601 N. 148th St. (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Sch. 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank — ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 50' ft.
   stream — ft.
   pressure line 50' ft.
   property line 100'+ ft.

B. Septic Tank

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

C. Distribution Box

1. Material: NA Lagoon
   Number available outlets:
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ft.

~~D. Absorption Field~~ Lagoon with Injector Pit

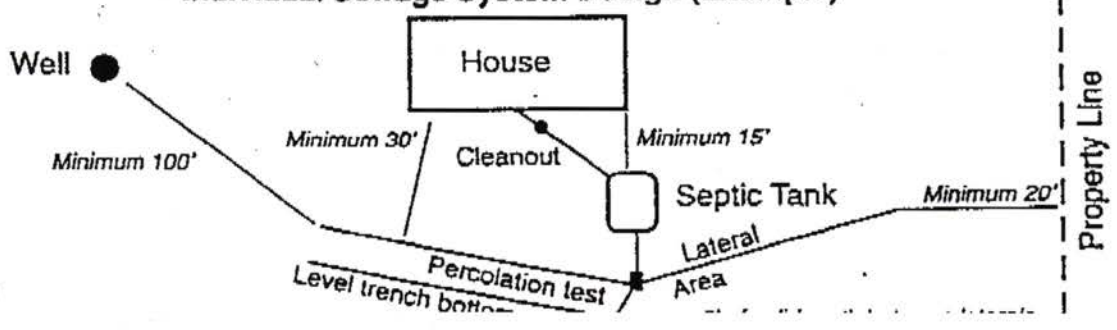
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

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

Individual Sewage System Design (Example)

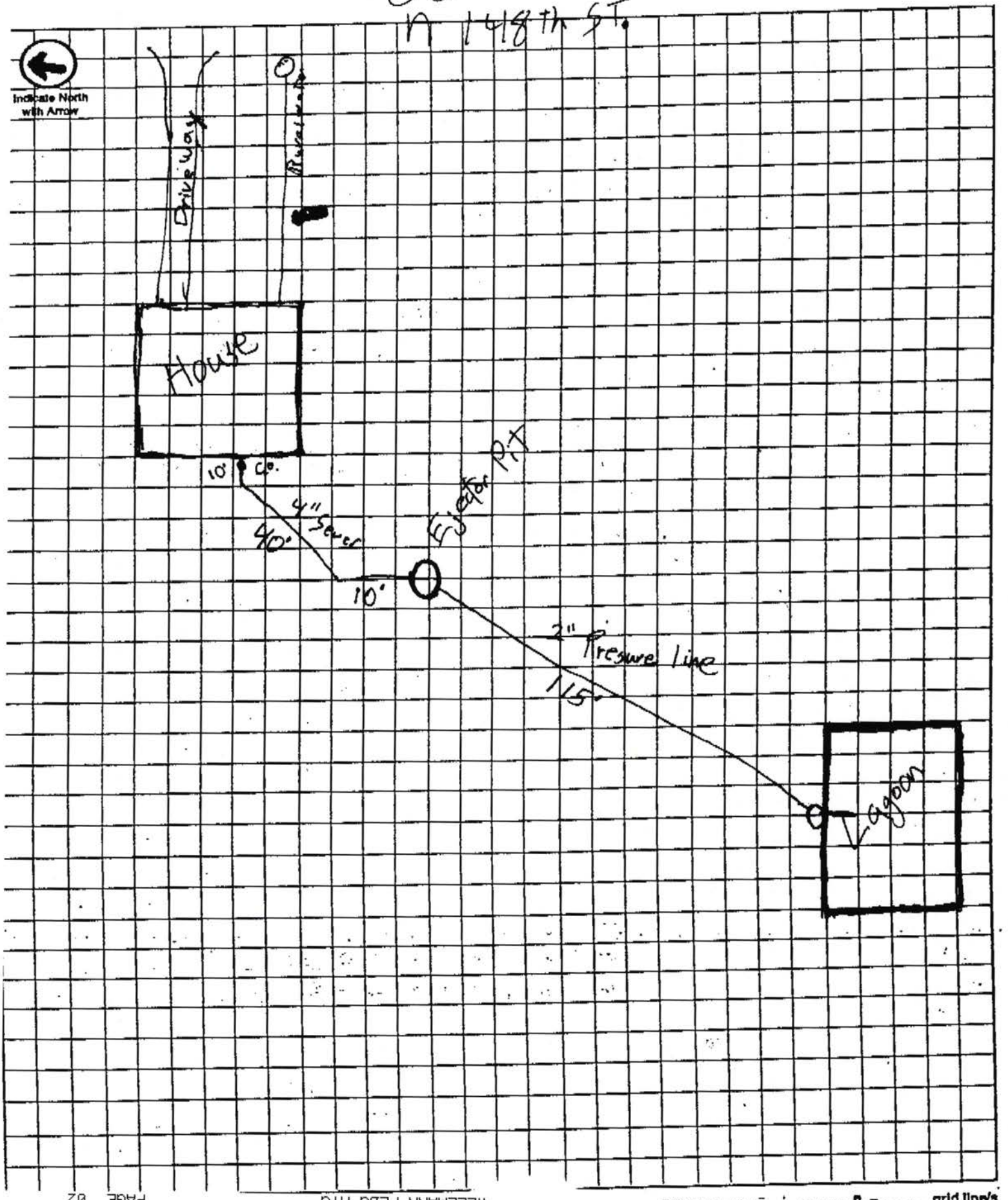


EDPM 22-101 10-95

Attn. Ron

As Built Drawing

601 N 148th St.




20
21
22
23
29
28
27
26
32
33
34
35
Groundwater
perc test
failed
PACIFIC
MISSOURI ZP
Stevens
Creek