Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

006244

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380296901

Issued 03/02/05
Expires 09/02/05
Revenue Code 3157

Establishment

CHAD & KIMBERLY SHIRK
T10N R8E SEC 24 QTR NW
WYNDAM PL BLK 2 LOT 3
1001 N 181 ST

FEES: $200.00

Permittee

CHAD & KIMBERLY SHIRK
530 W CARRINE DR
LINCOLN NE 68521

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 0 2 2005

A

Permit Number: 05380296901

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 1001 N 181st St (no rural route) City Lincoln NE, Zip

Legal Description NW 24 10N 8E Wyndam PL 2 3
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 Chad & Kimberly Shirk Signature Chad Shirk & Kimberly Shirk

Address 530 W Catrine Dr. City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 402-435-4187 Work Phone 402-434-4431

C. Contractor

Name Donna Youngquist Company Name R & D Custom Homes

Address 14205 S. 54th St City/State/Zip Roca, NE 68430

☐ Check if contractor designed system Work Phone 402-429-8297

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

Designer Name Lloyd Jirkoubek Firm Raymond Contracting, Inc Work Phone 402-890-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 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** 7-29-05, ms
   Date rec'd 3/2/05 Date frwd 3/2/05
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Wood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 3/2 Date frwd 3/2
   ACTION ☒ Approved ☐ Disapproved
   Signature

3. **City or County Engineer**
   Date rec'd 3-2-05 Date frwd 3-2-05
   ACTION ☒ Approved ☐ Disapproved
   Signature Jim Plauzek

Installation Final Written Approval

By

Date 7-26-05

Business Office Use Only
Date Rec'd 03/02/05
Amt Paid 200.00
Rec'd By Cash/Check No. 5665

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: 053802969

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1001 N. 181st St (no rural route) City Lincoln NE, Zip

Owner Chad + Kimberly Shirk Addresss 530 W. Katrine Dr Lincoln, NE 68521

Soil Type (SCS): Sharpsburg Percolation Rate: 48 min./inch

Date of Tests 2-22-05 to 2-23-05 Weather: Precipitation 0 Temperature 42°

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	28	2-22	10:30a	2-22	2:30p	2-23	11:30a	6	2-23	3:30p	30	5 1/4	30/5.25 = 6
2	29	"	"	"	"	"	"	"	"	"	30	5/8	20/0.63 = 48
3	28	"	"	"	"	"	12:15p	"	"	1:15p	10	1 3/4	10/1.75 = 6
4	30	"	"	"	"	"	11:30a	"	"	3:30p	30	1 1/4	30/1.25 = 24
5	30	"	"	"	"	"	"	"	"	"	30	4 7/8	30/4.88 = 6
6	30	"	"	"	"	"	12:15p	"	"	1:15p	10	1 7/8	10/1.88 = 5

Person Conducting Percolation Tests

Name: Terri Jakubek, Raymond Contracting, Inc

Phone: 402-783-2603 or 402-850-3870

Address 13800 NW 70th St

Raymond, NE 68428

Sum of Percolation Rates: 95

Average of Rates: 16

Rate Used for Calculation: 48 (20 mpi variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Gerald C. Wood R.E.H.S. Date MARCH 2, 2005

FORM 23-101 10-96

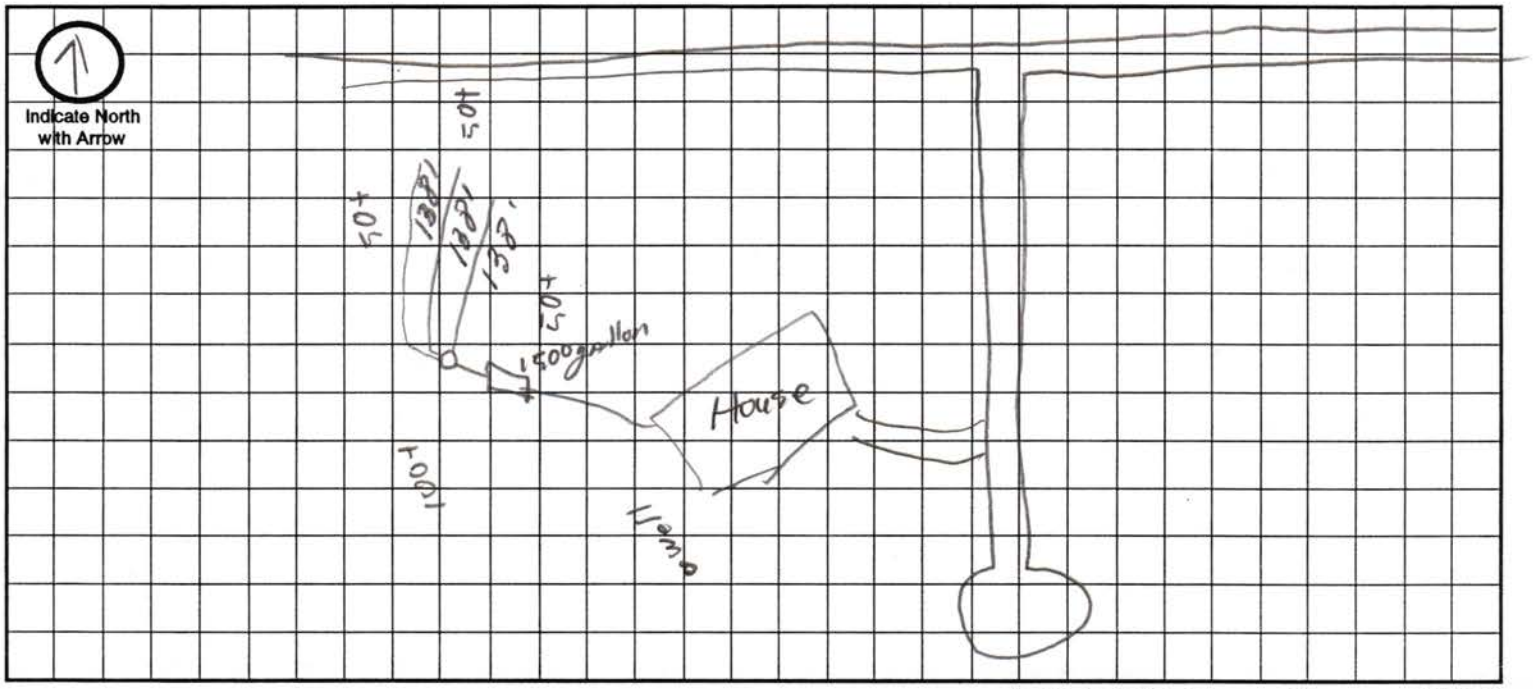
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C

Permit Number: 053802969

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) 1001 N. 18/ST St City Lincoln NE, Zip _____

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: Sharpesburg Land Slope: _____ %

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

Total Square Feet of Field Required: 1,650 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: H-10 Standard Equalizer

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 413 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 Danny R. Hoeppner Date 2-22-05

Installer [signature] Date 2-22-05

FORM 23-102 10-96

JUL 2 5 2005

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 7/21/05

Shirk

System Location (Indicate correct number and street)

Address 1001 N 18tST St (no rural route) City Lincoln NE, Zip 68527

A. Building Sewer

1. Material: class 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 20 in.
3. Distance between dwelling and septic tank: 90 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: one
2. Capacity: 2-1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 2-24 in.
   Over outlet, diameter 2-24 in.
   Riser: ☐ above ☐ below grade AT 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8' ft.

D. Absorption Field

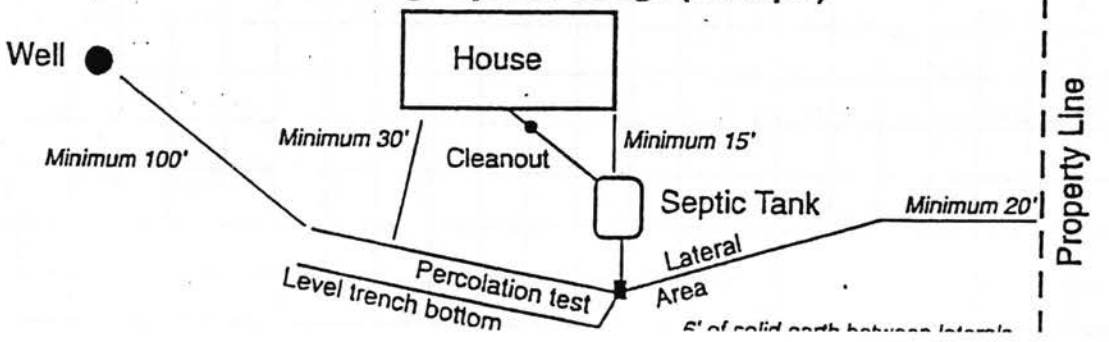
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide 12" Tall
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 150 ft. 150 ft.
   112 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 38 ft.
   Slope FLAT in/100 ft.
   Average depth 28 in
4. Filter material: Dirt
   Depth of material 28 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)



FORM 23-103 10-96

As Built Drawing

