Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003307

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380276701

Issued 01/20/04
Expires 07/20/04
Revenue Code 3157

Establishment

ANTHONY D CATES
T10N R8E SEC 24
WYNDAM PLACE BLK 3 LOT 5
N 182 CT

FEES: $200.00

TOTAL: $200.00

Permittee

ANTHONY D CATES
8018 MEREDETH ST
LINCOLN NE 68506

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: 04380276701

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 N 182nd Court (no rural route) City Lincoln NE, Zip 68527

Legal Description N/A 1/4 N/A 1/4 N/A Section 24 Township 10N Range 8E Wyndam Place Subdivision 3 Addition 5 Block Lot

Geographical Location (if known): Longitude N/A Latitude N/A

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

B. Owner

Name Anthony Cates Signature Anthony Cates

Address 8018 Meredith Street City/State/Zip Lincoln NE 68506

☐ Check if owner designed system Home Phone 488-9152 Work Phone 219-7585

C. Contractor

Name Premium Builders Company Name Todd Loughran

Address 2690 M Road City/State/Zip Syracuse, NE 68446

☐ Check if contractor designed system Work Phone 402-560-1500

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** (8-27-04, mm)
   Date rec'd 1/20/04 Date frwd 1/20/04
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 1-20-04 Date frwd 1-20-04
   ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer**
   Date rec'd 1-20-04 Date frwd 1-20-04
   ACTION ☑ Approved ☐ Disapproved Signature Jim Pahrugh

Installation Final Written Approval

By Ron Maynard

Date 8-30-04

Business Office Use Only

Date Rec'd 01/20/04

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 2195

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

Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
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B

Permit Number: 043802767

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

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

Date of Tests 11-24 to 11-25-03 Weather: Precipitation — Temperature 30s

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	11/24	4:30	11/25	9:30	11/25	12:00	23¼	11/25	12:30	30	¾	40
2			PM		AM		Noon	23¾		PM		½	60
3								23½				⅝	48
4								22½				½	60
5								24				¾	40
6								24¼				⅝	48
7								24⅝				⅝	48
													344
		Note:	Hole	36" Deep		Filled - lateral field must be							
8	36		28" Deep or less					28¾				⅛	240

Sum of Percolation Rates: _____
Average of Rates: 50
Rate Used for Calculation: 60

Σ 20 min differential

Person Conducting Percolation Tests

Name: Brad Braathwaite
Phone: (402) 792-2462
Address: 17201 S. 72nd St.
Hickman, Ne. 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official: Gerald C. Hood R.E.H.S. Date: JANUARY 20, 2004

FORM 22-101 10-98

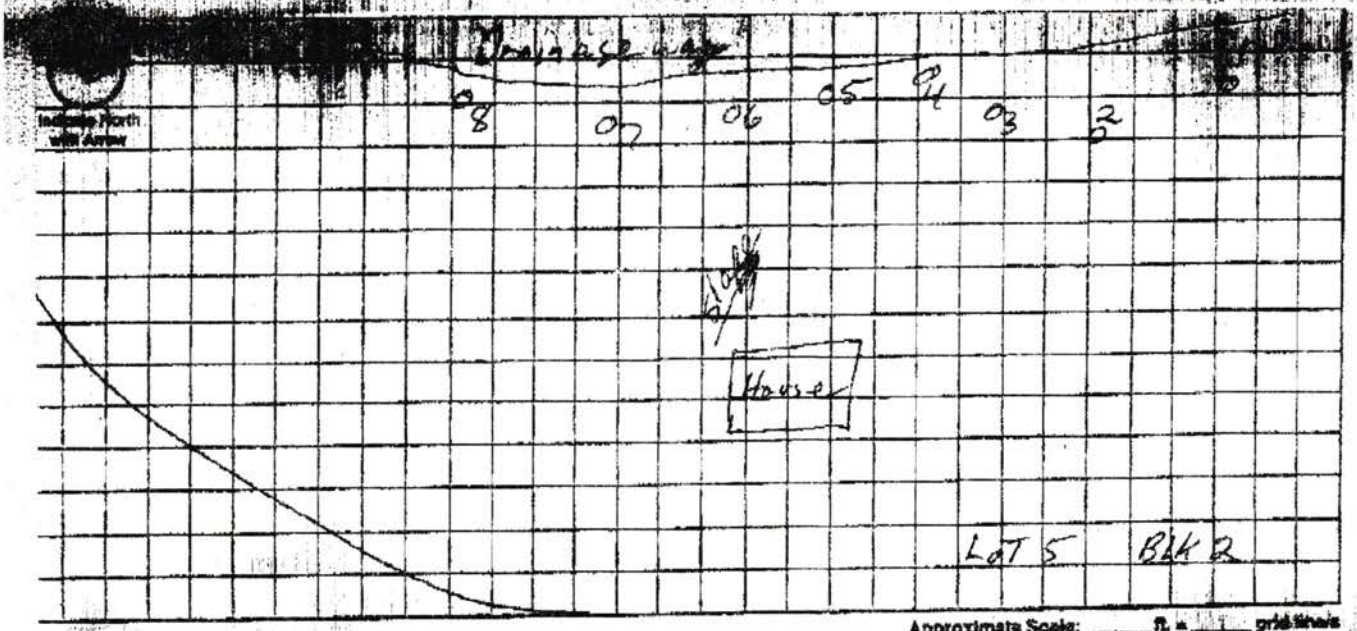
C

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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, property direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: ____ ft. = ____ grid blocks

A. System Location (Indicate correct number and street)

Address (no rural route) _____ 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 48 (min. per inch) Soil Type: _____ 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 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	Ground 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 ☒	☒
Laterals (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	20 ☐	100 ☐	100 ☐	☐

E. Required Signatures

Home Building Contractor Cody Longhorn Date 12-30-03

Installer Brad Scott Mueller Date 12-1-03

Scott Mueller

RM 23-102 10-96

NOV 1 2004

D

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Phone: 402-441-8022

Permit Number: 04380276 7

Sewage Disposal System

As Built Plans & Specifications

Date 10-13-04

System Location (Indicate correct number and street)

Address N. 182ND ST CT. (no rural route) City EAGLE NE, Zip

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ 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 18 in.
   Over outlet, diameter 18 in.
   Riser: ☐ above ☒ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line NA ft.
   Stream 200 ft.
   Pressure line NA ft.
   Property line 400 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

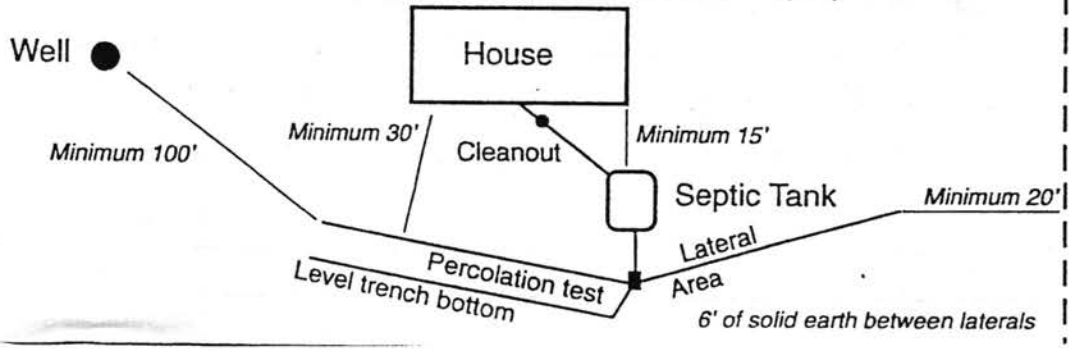
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34 IN
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 125 ft. 125 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 2 in/100 ft.
   Average depth 26 in
4. Filter material: Dirt
   Depth of material 26" in.
5. Distances to: Well or suction line NA ft.
   Stream 200 ft.
   Pressure line NA ft.
   Property line 180 ft.

Indicate North with Arrow

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

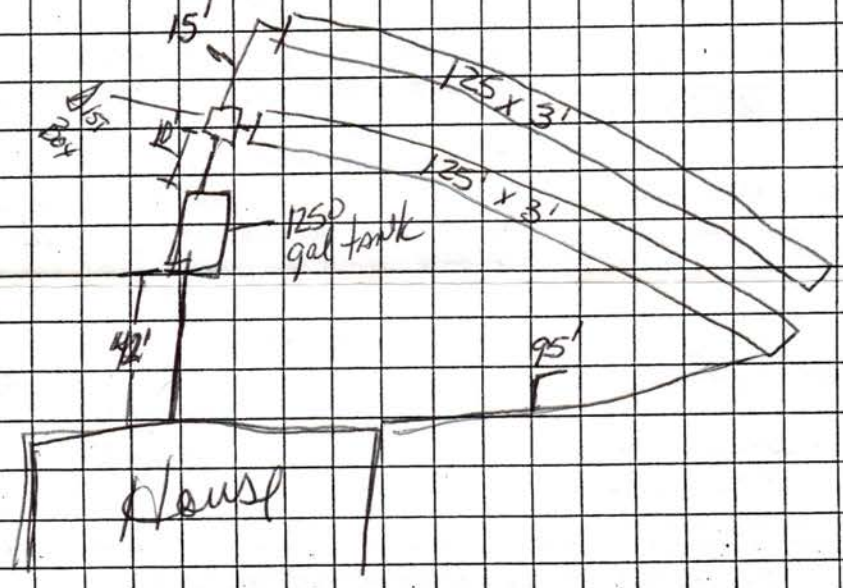
Individual Sewage System Design (Example)



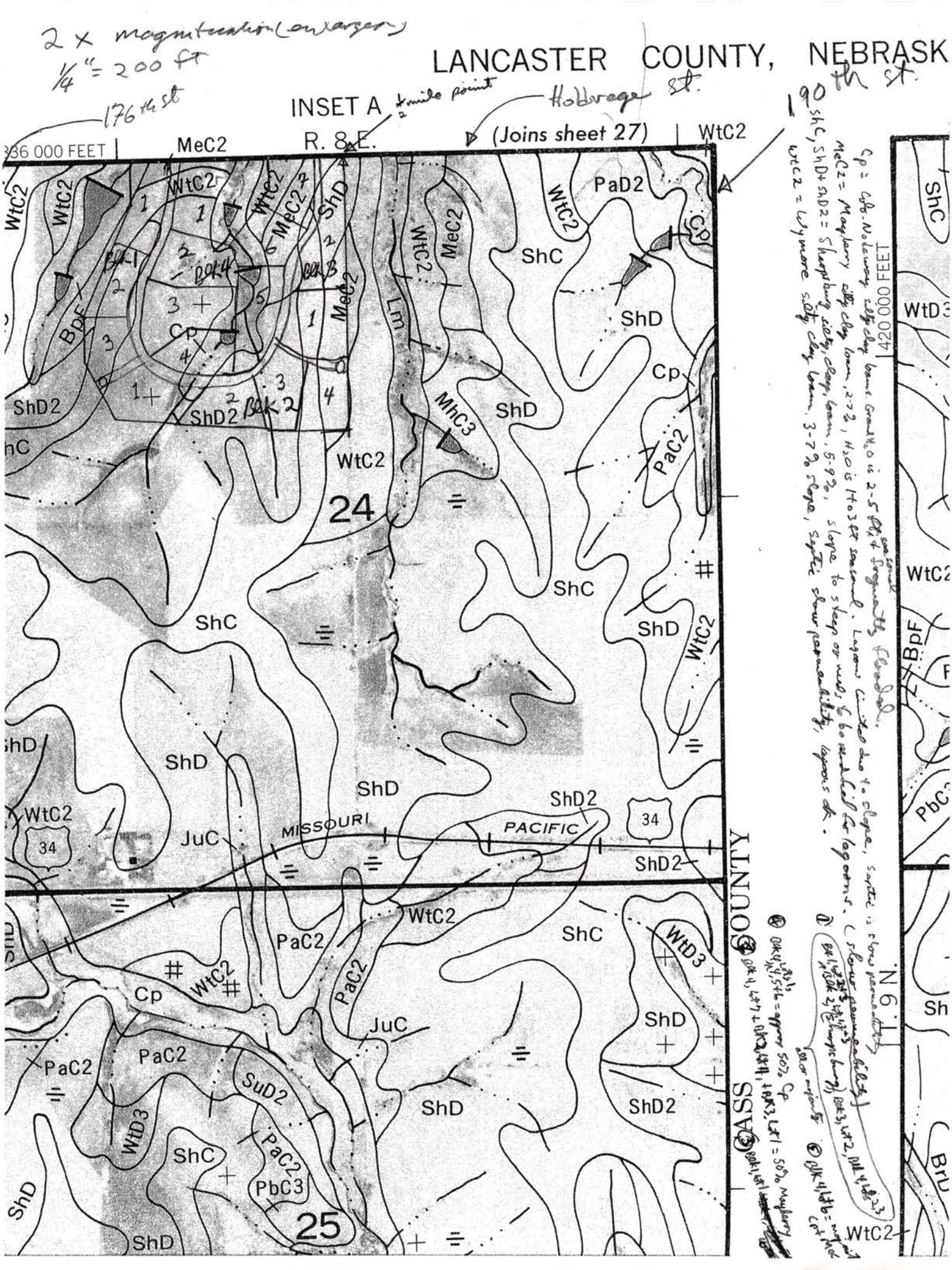
FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow



Approximate Scale:


LANCASTER COUNTY, NEBRASK
INSET A
R. 8 E.
(Joins sheet 27)
176th St
Hollrege St.
MeC2
WtC2
ShC
ShD
ShD2
PaD2
PaC2
Cp
BpF
MhC3
Lm
MeC2
WtD3
PbC3
SuD2
JuC
24
25
MISSOURI
PACIFIC
34
COUNTY
PASS