Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006526

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit #: 05380298601

Issued: 03/28/05
Expires: 03/28/06
Revenue Code: 3157

Establishment:
JOSE RIGOBERTO GUEVARA
T10N R8E SEC 24
WYNDAM BLK 3 LOT 9
1200 N 182 CT

FEES: $200.00

Permittee:
JOSE RIGOBERTO GUEVARA
1711 BRENT BLVD
LINCOLN NE 68506

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 2 5 2005

A

Permit Number: 05380298601

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 1200 N. 182nd Court (no rural route) City _____ NE, Zip 68527

Legal Description _____ 1/4 _____ 1/4 24 Section 10N Township 8E Range Wyndam Subdivision _____ Addition 3 Block 9 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Jose Rigoberto Guevara Signature Guevara

Address 1711 Brent Blvd City/State/Zip Lincoln NE 68506

☐ Check if owner designed system Home Phone 402 3272001 Work Phone 402 472-3848

C. Contractor

Name Dave Vogt Company Name Vogt T&T Excavating

Address Box 22753 City/State/Zip Lincoln NE 68542

☑ Check if contractor designed system Work Phone 560-4267

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 6 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 3/28/05 Date frwd 3/28/05 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/28 Date frwd 3/28 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3-28-05 Date frwd 3-28-05 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Blouch

~~2/10/06 Need drawing. JH~~

Installation Final Written Approval

By Jerrold C. Hood P.E.H.S.

Date FEBRUARY 21, 2006

Business Office Use Only

Date Rec'd 03/28/05

Amt Paid 200.00

Rec'd By LS ~~Cash~~/Check No. 2574

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

Lot 9

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B

Lincoln-Lancaster County Health Department
Environmental Health Division
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Permit Number: 053802986

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address N. 182nd COURT (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

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

Date of Tests 4-1- to 4-2-03 Weather: Precipitation _____ Temperature _____

Lot 9

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	4/1	5:00	4/2	11:00	4/2	1:05	13 7/8	4/2	1:35	30	7/8	34
2			PM		AM			14 1/8		PM		1	30
3								11 3/8				5/8	48
4								9				5/8	48
5								10 5/8				3/4	40
6								12 1/2				3/4	40

Sum of Percolation Rates: 240
Average of Rates: 40
Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So 72nd St.
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Gerald C. Hood R.E.H.S.

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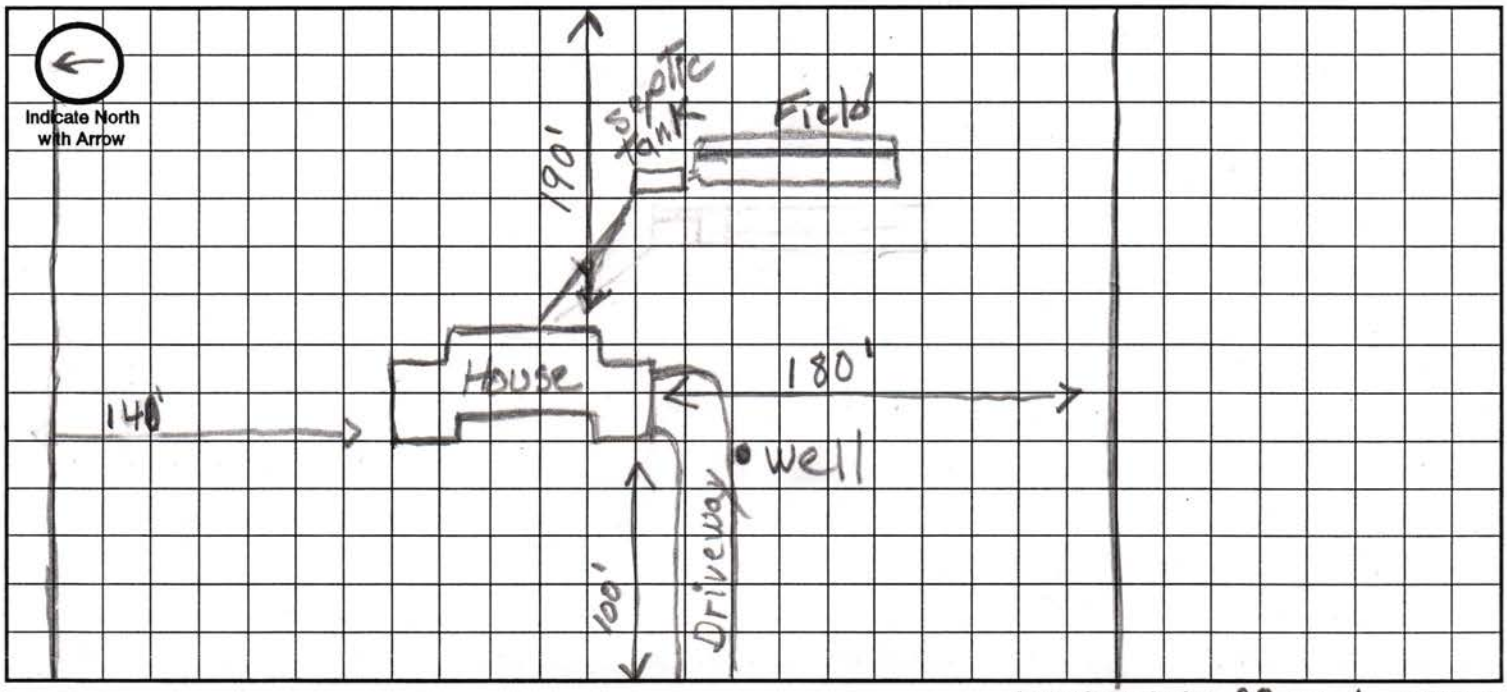
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Environmental Health Division
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Phone: 402-441-8022

C

Permit Number: 053802986

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1200 N. 182nd COURT City _____ 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: SHC / WTC Land Slope: _____ %

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

Total Square Feet of Field Required: 1650 sq. ft.

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

Capacity of Septic Tank 2000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 414 ft. Number of Trenches 5 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 Rigo Guevara Date 3-23-05

Installer _____ Date 3-23-05

FORM 23-102 10-96

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D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 2-9-06

System Location (Indicate correct number and street)

Address 1200 North 182nd St (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 27 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 80+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 20 in.
   Over outlet, diameter 20 in.
   Riser: ☒ above ☐ below grade ____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 80+ ft.

C. Distribution Box

1. Material: PVC - 2 Drop Boxes
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12 & 24 ft.

D. Absorption Field

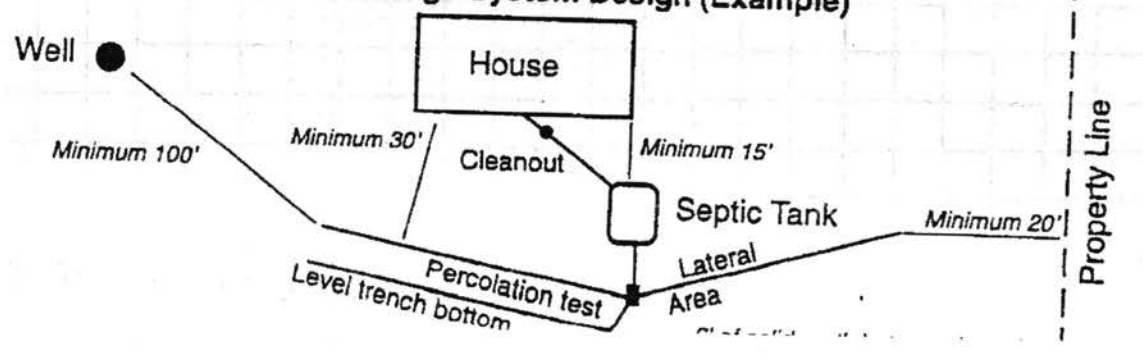
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 24 Infiltrator
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 5
   Length of each line: 98 ft. 90 ft.
   46 ft. 82 ft., 98 ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Dirt
   Depth of material ____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

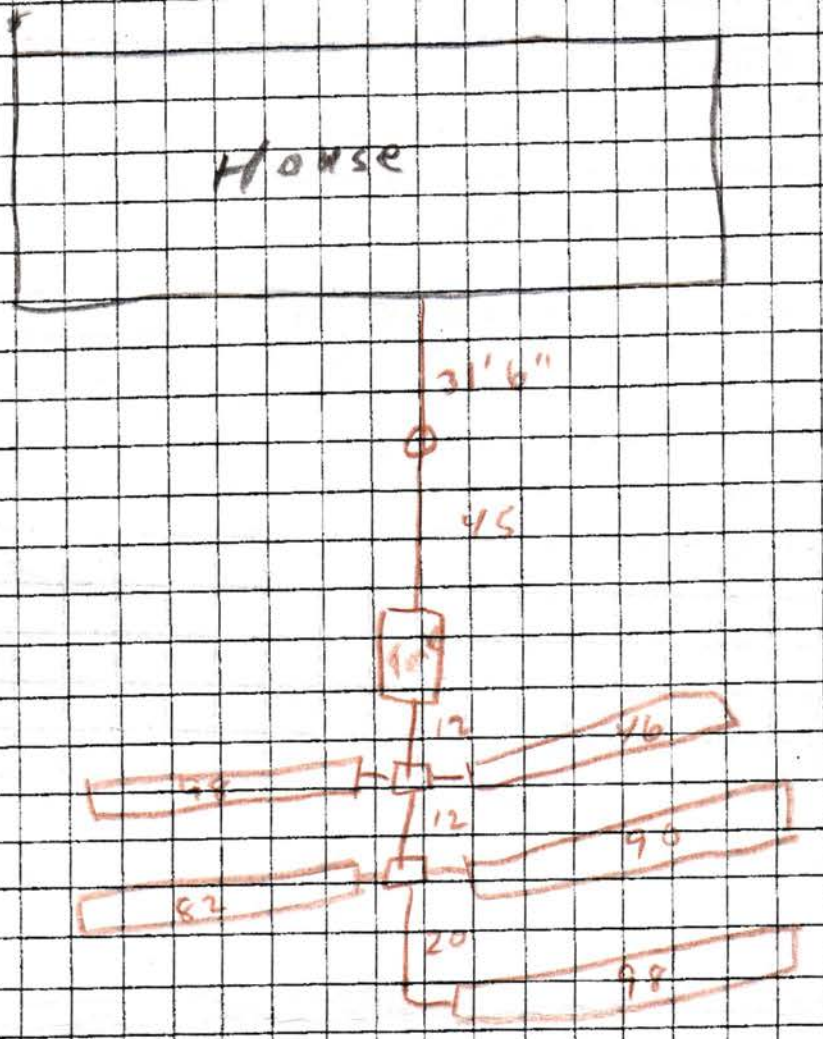
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



,s Built Drawing

ndicate North with Arrow



Approximate Scale: ft = grid line/s