# Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380224501

Issued 10/06/00
Expires 04/06/01
Revenue Code 3157

Establishment

TROY HOFMANN
T11N R5E SEC 12 QTR NW
LOT 34&35
6601 W MILL RD

FEES: $200.00

Permitee

TROY HOFMANN
4041 NORTHLUND DR
APT 116
LINCOLN NE 68504

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013806

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

**A**

Permit Number: 003802245

# 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 6601 W Mill Rd, (no rural route) City _____ NE, Zip _____

Legal Description NW 12 11N 5E 34 & 35
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 Troy Hoffmann X Signature Brenda K Hofmann

Address _____ City/State/Zip _____

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

### C. Contractor

Name TROY & BRENDA HOFMANN Company Name _____

Address 4041 NORTHLAND DR #116 City/State/Zip LINCOLN NE 68504

☐ Check if contractor designed system Work Phone 402-327-5108

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

Designer Name Larry Schwarck Firm Schwarck Trenching Work Phone 489-7294

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 10/16/00 Date frwd 10/16/00 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/16/00 Date frwd 10/16/00 ACTION ☒ Approved ☐ Disapproved Signature _____

PARTIAL INSTALLATION FOR TEMP. RESIDENCE DURING HOME CONST.

## Installation Final Written Approval

By _____

Date _____

**Business Office Use Only**
Date Rec'd 10/06/00
Amt Paid 200 ⁰⁰
Rec'd By _____ Cash/Check No. 2145

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: 003802245

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

**System Location (Indicate correct number and street)**

Address 6601 W Mill Rd (no rural route) City Lincoln NE, Zip 467-2005

Owner Troy Hoffmann Addresss

Soil Type (SCS): Morell Sand Percolation Rate: 40 min./inch

Date of Tests 3-27 to 3-27-00 Weather: Precipitation — 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 | 32 | 3-27 | 12:40 | 3-27 | 2:50 | 3-27 | 2:50 | 19 | 3-27 | 3:00 | 10 | ~~1/2~~ | ~~80~~ |
| 2 | | | | | | | | 18 1/2 | | | | 1/4 | (40) |
| 3 | | | | | | | | 20 1/2 | | | | 1/2 | 20 |
| 4 | | | | | | | | 20 1/4 | | | | 3/4 | 13 |
| 5 | | | | | | | | 24 1/2 | | | | 2 | 5 |
| 6 | | | | | | | | 21 1/8 | | | | 1 1/2 | 7 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**Person Conducting Percolation Tests**

Name: Larry Schwarck

Phone: 489-7294

Address 8200 Old Cheney Rd

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 40 /inch

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks APPROVED USING 40 MIN/INCH. HOLD SYSTEM SOUTH OF HOLE #1 WHICH HAD A 60 MIN/INCH PERC. RATE. LESS THAN 6 HOLES OUT SOIL APPEARED SANDY.

Signature of Reviewing Official [signature] Date 10-6-00

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

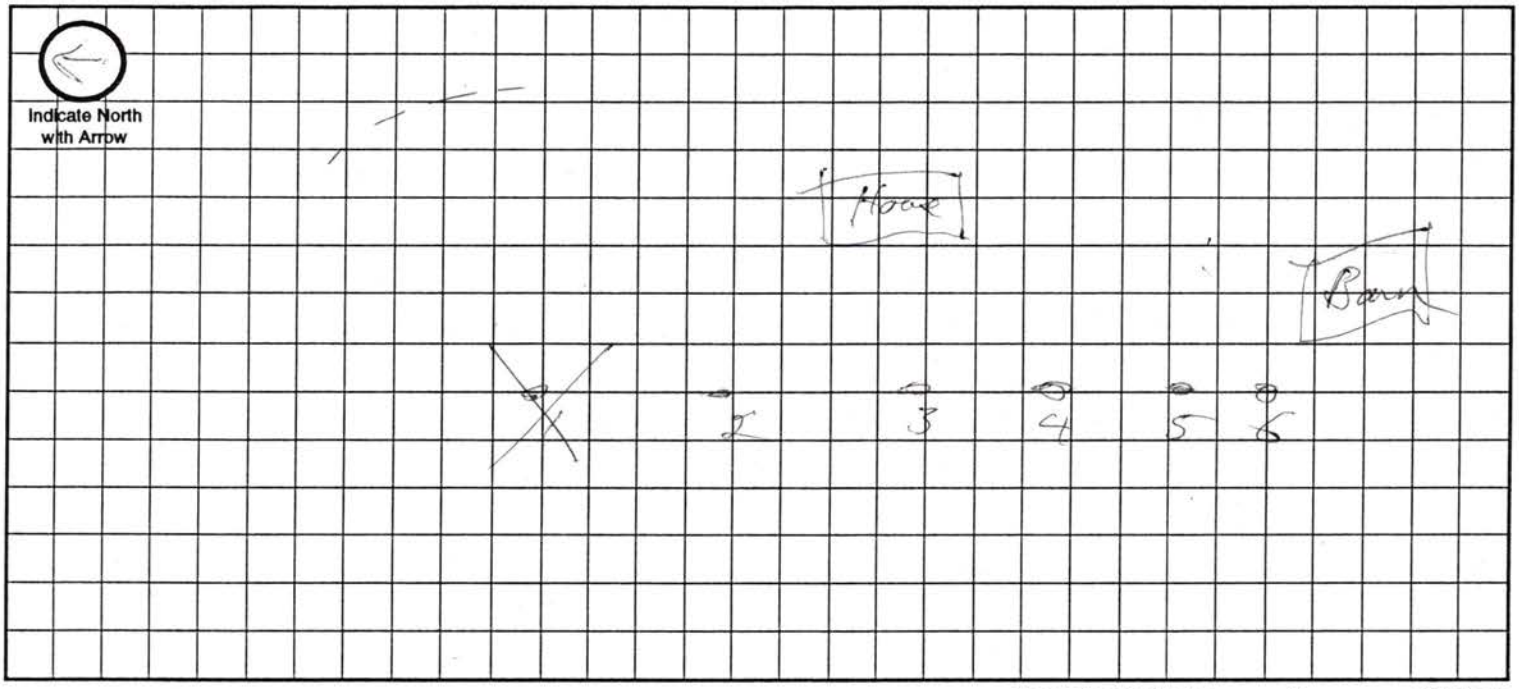
**C**

Permit Number: 00380245

Sec 12

# 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) 6601 W Mill Rd City Raymond NE, Zip _____

## 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: Monell Sandy Land Slope: 2% %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Infiltrator

Total Square Feet of Field Required: 1100 sq. ft.

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

Capacity of Septic Tank 1750 gals (Wants) Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 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 Brenda K Hoffman Date 10/6/00

Installer Larry Scheurich Date 3-28

FORM 23-102 10-96

Barn
The first will be added when horse is built
95'
Well
75'
75'

OCT 1 6 2000

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 10-12-00

**System Location (Indicate correct number and street)**

Address 6601 W Mill Rd. (no rural route) City _____ NE, Zip _____

## A. Building Sewer

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

## B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade at _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

## C. Distribution Box

1. Material: Plastic Drop Box
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 50' ft.

## D. Absorption Field

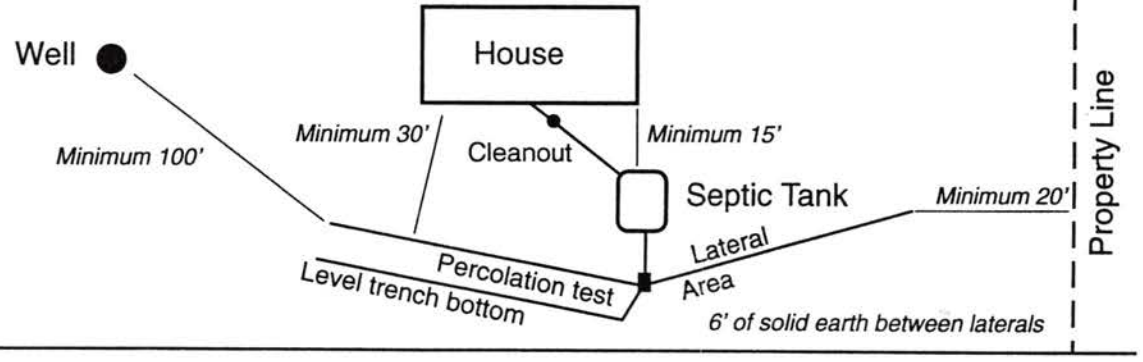
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 15
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 77 ft. 77 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 36 - 20 in
4. Filter material: Road Gravel
   Depth of material 18 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.**

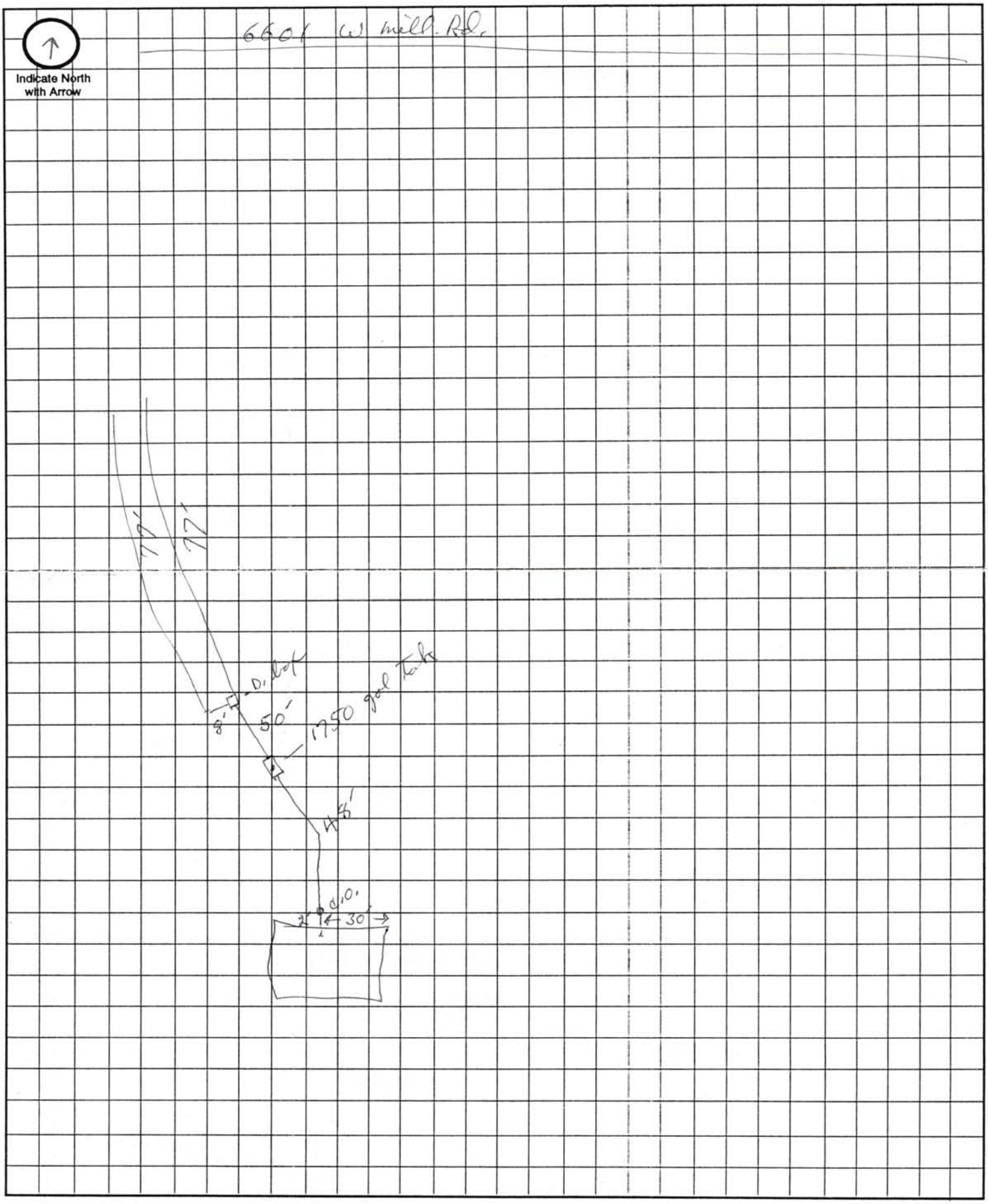
**Individual Sewage System Design (Example)**




FORM 23-103 10-96

# As Built Drawing

by Larry Schwarck for Troy Hoffmann
10-12-00




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