Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment
JENNIFER OSBORNE
T11N R5E SEC 7 QTR NW
LOT 10IT
12900 NW 140 ST-GARLAND

Permittee
JENNIFER OSBORNE
12900 NW 140 ST
GARLAND NE 68360

Permit # 02380255101

Issued 10/11/02
Expires 04/11/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003004

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

A

Permit Number: 02380255101

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 12900 NW 140th (no rural route) City Garland NE, Zip 68360

Legal Description NW 1/4 1/4 7 Section 11N Township 5E Range E of 6th PM Subdivision Addition Block 10 Lot I.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Jennifer Osborne Signature Jennifer Osborne

Address 12900 NW 140th City/State/Zip Garland NE 68360

☐ Check if owner designed system Home Phone 402 416 1361 Work Phone —

C. Contractor

Name Lloyd J Jakoubek Company Name Raymond Contracting Inc

Address 12800 NW 70 City/State/Zip Raymond Ne. 68428.

☒ Check if contractor designed system Work Phone _____

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 2 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 10/11/02 Date frwd 10/17/02 ACTION ☒ Approved ☐ Disapproved Signature Jerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/17/02 Date frwd 10/17/02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/17/02 Date frwd 10/17/02 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Mangum

Date 2-20-03

Business Office Use Only

Date Rec'd 10/11/02

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 4642

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: 02380255/

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12900 NW 140 (no rural route) City Garland. NE, Zip 68360

Owner Jenifer Osborne Address 12900 NW 140

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

Date of Tests 10/15/02 to 10/16/02 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	26	10/15	8:00	10/16	11:30	10/16	11:30	6"	10/16	12:00	30 min	1	30
2	28	10/15	8:00	10/16	11:30	10/16	11:30	6"	10/16	12:00	30 min	.75	40
3	28	10/15	8:00	10/16	11:30	10/16	11:30	6"	10/16	12:00	30 min	.69	43
4	30	10/15	8:00	10/16	11:30	10/16	11:30	6"	10/16	12:00	30 min	.75	40
5	31	10/15	8:00	10/16	11:30	10/16	11:30	6"	10/16	12:00	30 min	1.13	26
6	30	10/15	8:00	10/16	11:30	10/16	11:30	6"	10/16	12:00	30 min	1.13	26

Person Conducting Percolation Tests

Name: Steve Bassett Raymond Contractor

Phone: 890 6009

Address 12800 NW 70th.

Sum of Percolation Rates: 206

Average of Rates: 34.1

Rate Used for Calculation: _____

825 ÷ 4' wide
206' of Trench

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12900 NW 140 Th. (no rural route) City Garland. NE, Zip 68360

Owner Jennifer OSBorne. Addresss 12900 NW 140 Th.

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

Date of Tests 2/8/03 to 2/9/03 Weather: Precipitation Lite Snow Temperature 32°

12:00-4:00 12:00-4:00

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	29	2/8	12:00	2/9	3:30	2/9	3:30	6"	2/9	4:00	30m	.50	60
2	31	2/8	12:00	2/9	3:30	2/9	3:30	6"	2/9	4:00	30m	1 G	30
3	28	2/8	12:00	2/9	3:30	2/9	3:30	6"	2/9	4:00	30m	.75	40
4	32	2/8	12:00	2/9	3:30	2/9	3:30	6"	2/9	4:00	30m	1.25 G	24
5	29	2/8	12:00	2/9	3:30	2/9	3:30	6"	2/9	4:00	30m	.63	47
6	30	2/8	12:00	2/9	3:30	2/9	3:30	6"	2/9	4:00	30m	.50	60

Person Conducting Percolation Tests

Name: Lloyd Terri Hahn

Phone: 890-6009

Address 12800 NW 70th Raymond Ne 68428

Sum of Percolation Rates: 261 ÷ 6

Average of Rates: 43.50

Rate Used for Calculation: 990 ÷ 4' wide

250' of Trench

DO NOT WRITE BELOW THIS LINE

Reviewing Action

#01 #2 #3 #4 #5 #6

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

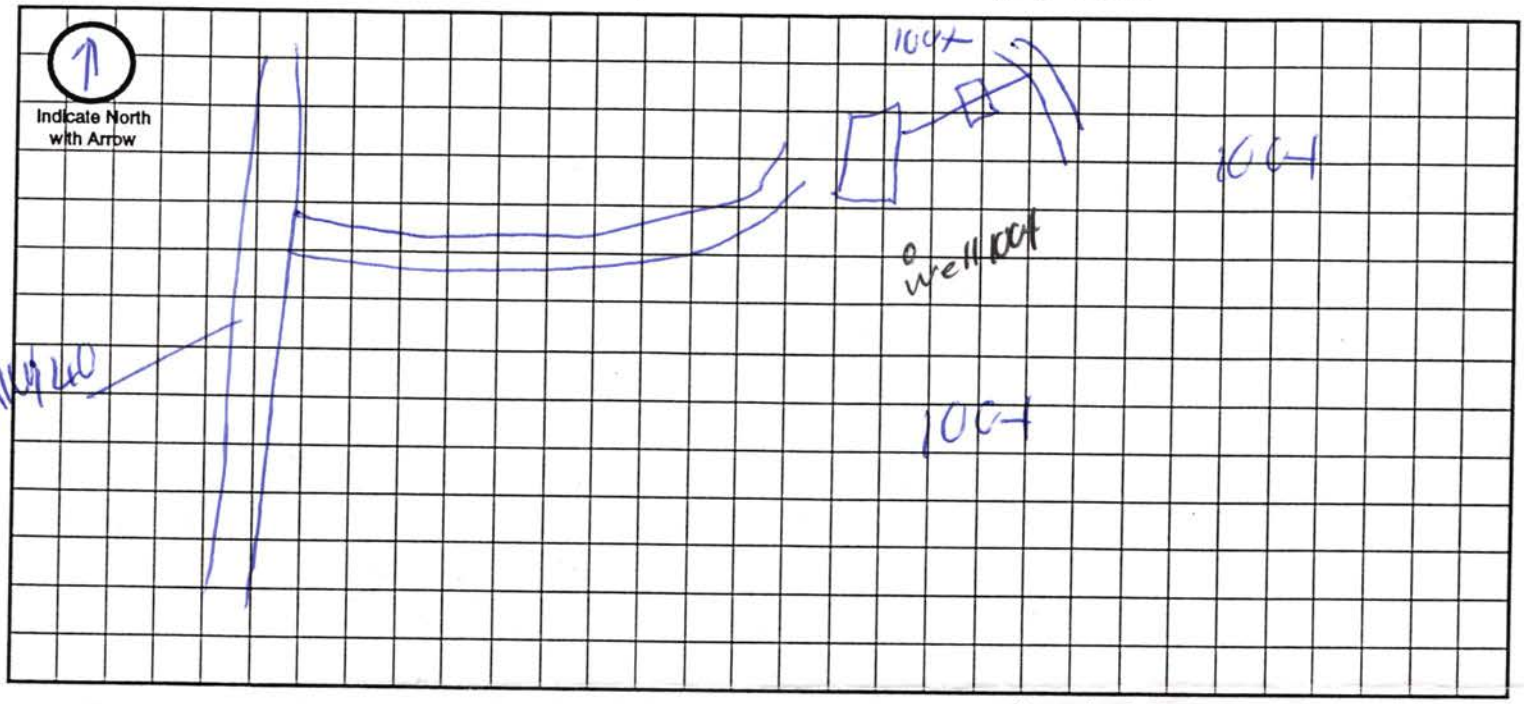
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802551O

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other 1000 Gallon

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 34.1 (min. per inch) Soil Type: Shelby Clay Loam Land Slope: 6% %

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

Total Square Feet of Field Required: ~~826~~ 550 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Equiliger 36 H10

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~206~~ 138 ft. Number of Trenches 2 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 _____

Installer Raymond Contractor _____ Date 10/16/02.

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 2/11/03

System Location (Indicate correct number and street)

Address 12900 NW 140 Th. (no rural route) City Garland. NE, Zip 68360

A. Building Sewer

1. Material: 4" class 160
   Diameter: 4" in.
2. ~~Distance above basement floor:~~ _____ in.
   or distance below basement floor: 32 in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 50+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter 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: 19" 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: 6
2. Factory built: ☐ Yes ☒ No
3. Distance from septic tank: 16' ft.

D. Absorption Field

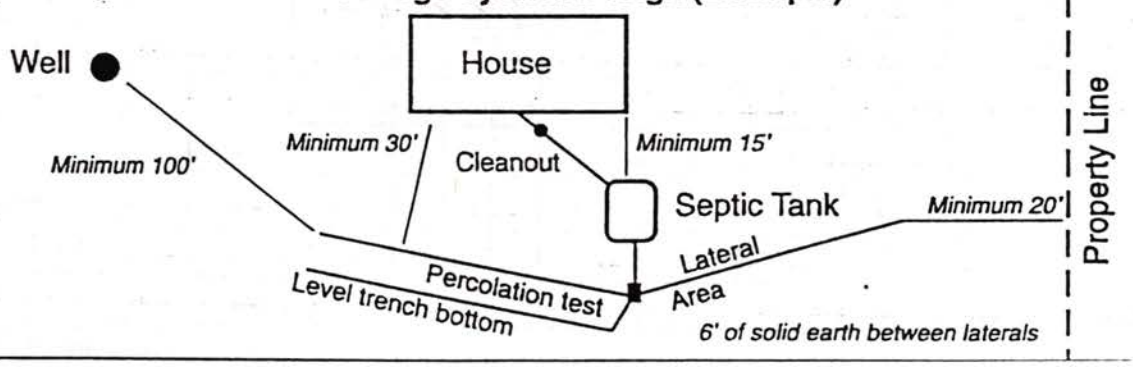
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide 16" Tall
   or perforated pipe: H10
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 126 ft. 126 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope Flat in/100 ft.
   Average depth _____ in
4. Filter material: Dirt
   Depth of material 30"-26" in.
5. Distances to: Well or suction line 100 ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

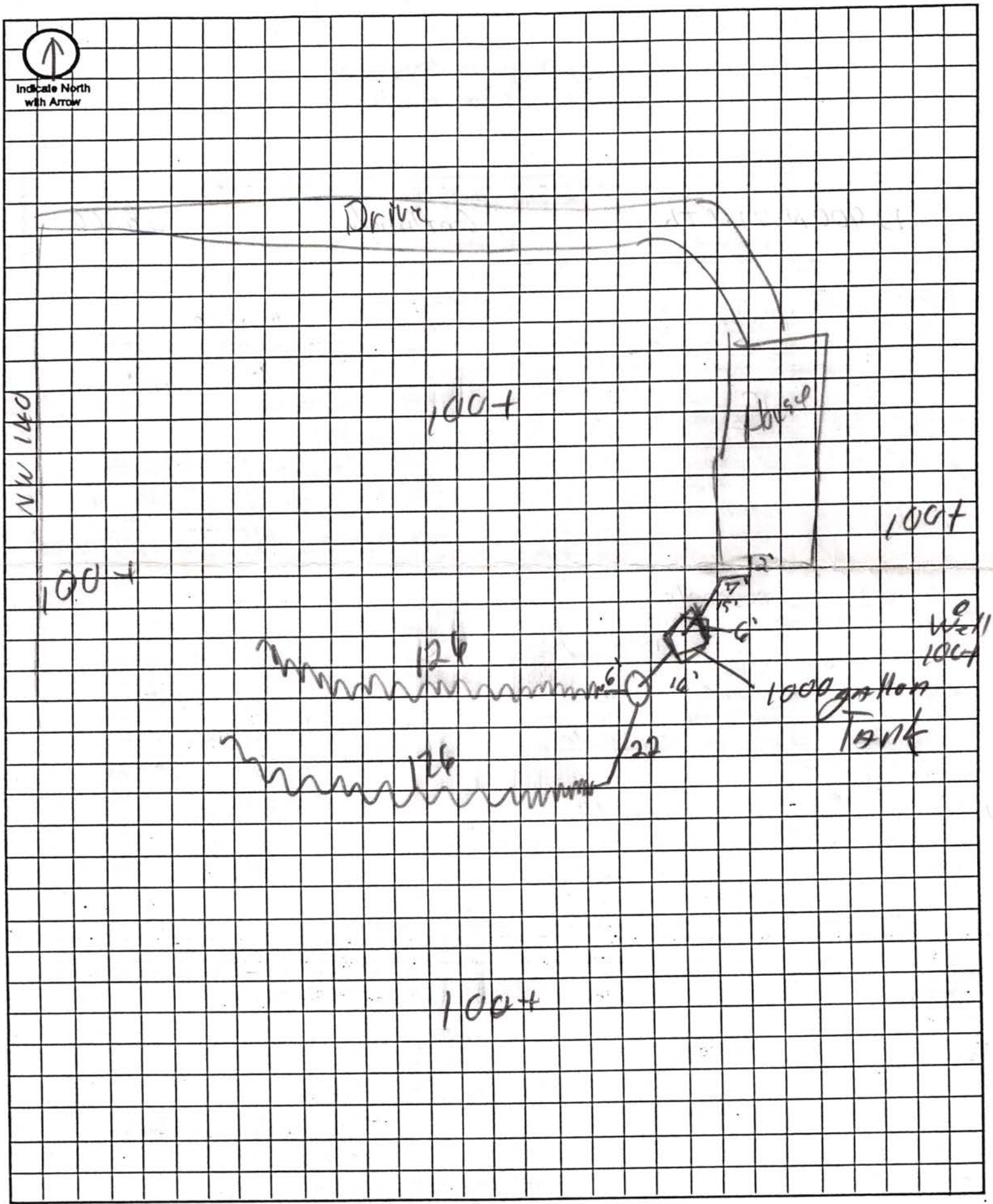
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

3140 N St. Jerry Hood.

540 W. INDUSTRIAL LAKE DR.,
SUITE 1 · LINCOLN, NE 68528
(402) 476-3020
(402) 476-3138 FAX

SURVEY RECORD

K&M inc.
Land Surveying

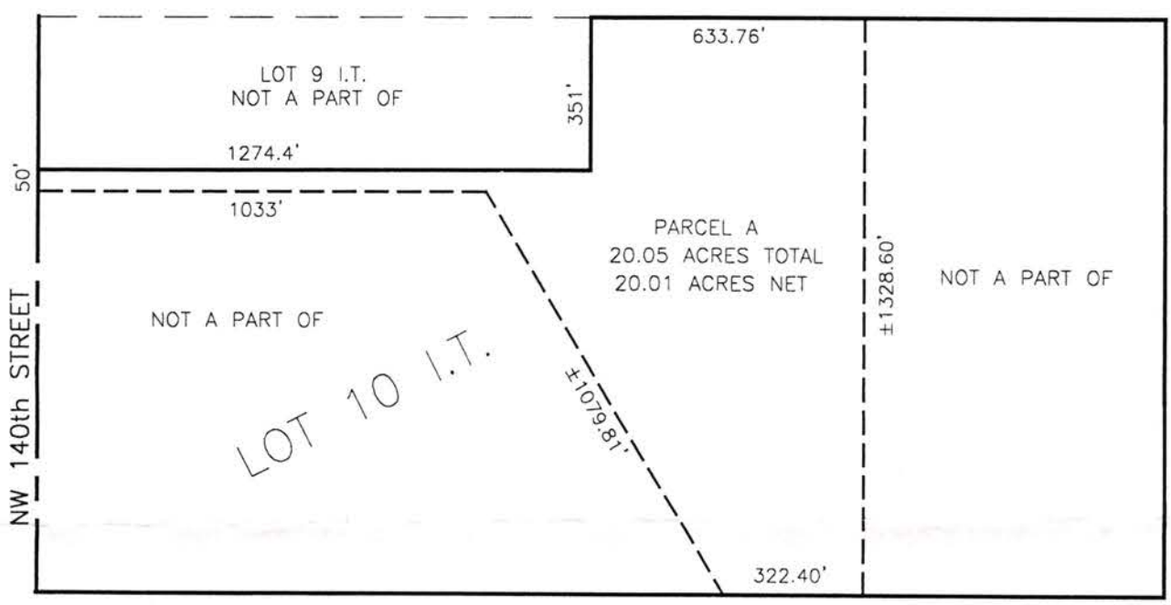
SCOTT WANLESS
JENNIFER OSBORNE

PROJECT # 0209106
DATE: 9-26-02 B/P: FILE

Survey Of: PART OF LOT 10 IRREGULAR TRACT, LOCATED IN THE NORTHWEST QUARTER OF

Section: 7 , T 11 N, R 5 E, of the 6th P.M. LANCASTER County, Nebraska

NW 140th STREET



SCALE 1" = 400'

THAT PART OF LOT 10 IRREGULAR TRACT, LOCATED IN THE NORTHWEST QUARTER OF SECTION 7, TOWNSHIP 11 NORTH, RANGE 5 EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS;

BEGINNING AT THE NORTHWEST CORNER OF SAID LOT 10, SAID POINT BEING THE SOUTHWEST CORNER OF LOT 9 IRREGULAR TRACT IN SAID NORTHWEST QUARTER; THENCE EASTERLY ON THE SOUTH LINE OF SAID LOT 9, A DISTANCE OF 1274.4', TO THE SOUTHEAST CORNER OF SAID LOT 9; THENCE NORTHERLY ON THE EAST LINE OF SAID LOT 9, A DISTANCE OF 351.00, TO THE NORTHEAST CORNER OF SAID LOT 9, SAID POINT BEING ON THE NORTH LINE OF THE SOUTH HALF OF SAID NORTHWEST QUARTER; THENCE EASTERLY ON SAID NORTH LINE, A DISTANCE OF 633.76'; THENCE SOUTHERLY AND PARALLEL TO THE WEST LINE OF SAID LOT 10, A DISTANCE OF 1328.60, MORE OR LESS, TO A POINT ON THE SOUTH LINE OF SAID LOT 10; THENCE WESTERLY ON SAID SOUTH LINE, A DISTANCE OF 322.40'; THENCE NORTHWESTERLY A DISTANCE OF 1079.81, MORE OR LESS, TO A POINT LOCATED 50.00' SOUTH OF SAID SOUTH LINE OF LOT 9 AND 1033.00' EAST OF SAID WEST LINE OF LOT 10; THENCE WESTERLY AND PARALLEL TO SAID SOUTH LINE OF LOT 9, A DISTANCE OF 1033.00', TO A POINT ON SAID WEST LINE OF LOT 10, SAID POINT BEING ON THE WEST LINE OF SAID NORTHWEST QUARTER; THENCE NORTHERLY ON SAID WEST LINE, A DISTANCE OF 50.00', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING A TOTAL AREA 20.05 ACRES AND 20.01 ACRES NET, MORE OR LESS.

Subject property apparently falls within the confines of Zone " _____ " as determined by the FEMA–FIA Flood Rate Map community _____, panel _____, revised _____ .

P = Platted
M = Measured
● = Found as noted
■ = Set #5 Rebar. & L.S. #483 Cap.
▲ = Set Temp. Point

SURVEYOR'S CERTIFICATE

I hereby certify that I have accurately surveyed the property in the above plat. All dimensions are in feet and decimals of a foot.

Signed this day of 9-27-02

Billy Joe Kerr

Billy Joe Kerr, L.S. #483

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR