# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002321

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380264601

Issued 05/28/03
Expires 11/28/03
Revenue Code 3157

Establishment: CHRISTINE FUNK
T11N R5E SEC 6
LOT 2IT

FEES: $200.00

Permittee: KEN HARR & CHRISTINE FUNK
2721 GARFIELD ST
LINCOLN NE 68502

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

**A**

Permit Number: 03380264601

# 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 13939 NW 126th St. (no rural route) City _____ NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 6 Section 11N Township 5E Range REM. PORTION OF I.T. 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 Ken Haar/Chris Funk Signature Ken Haar Christine Funk

Address 2721 Canfield City/State/Zip Lincoln NE 68502

☐ Check if owner designed system Home Phone 474-6863 Work Phone 441-3316

### C. Contractor

Name STEVE MACHACEK Company Name MYW CONST.

Address P.O. BOX 91 City/State/Zip WESTON, NE. 68070

☒ Check if contractor designed system Work Phone 402-642-9273

### 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** 9-19-03 rpm
   Date rec'd 5/28/03 Date frwd 5/29/03
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 5/29/03 Date frwd 5/29/03
   ACTION ☒ Approved ☐ Disapproved
   Signature TK

3. **City or County Engineer**
   Date rec'd 5/29/03 Date frwd 5/29/03
   ACTION ☒ Approved ☐ Disapproved
   Signature Dan Nolte

### Installation Final Written Approval

By Ron Mayeur

Date 9-26-03

***Business Office Use Only***

Date Rec'd 05/28/03
Amt Paid 200.00
Rec'd By LS ~~Cash~~/Check No. 2136

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

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

**B**

Permit Number: 0 33802646

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

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

Address ~~2721 Garfield not assigned~~ City Lincoln NE, Zip 68502
(no rural route)

Owner HAAR/ FUNK Addresss 2721 Garfield, Lincoln, 68502

Soil Type (SCS): SILT CLAY Percolation Rate: 17.4 min./inch

Date of Tests 5/23/03 to 5/24/03 Weather: Precipitation TRACE 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 | 30 | 5/23 | 1:00 | 5/23 | 5:00 | 5/24 | 3:50 | 18" | 5/24 | 4:20 | 30 | 1½ | 20 |
| 2 | 30 | 5/23 | 1:00 | 5/23 | 5:00 | 5/24 | 3:50 | 18" | 5/24 | 4:20 | 30 | 1¾ | 17.1 |
| 3 | 30 | 5/23 | 1:00 | 5/23 | 5:00 | 5/24 | 3:50 | 18" | 5/24 | 4:20 | 30 | 2 | 15 |
| 4 | 30 | 5/23 | 1:00 | 5/23 | 5:00 | 5/24 | 3:50 | 18" | 5/24 | 4:20 | 30 | 1¾ | 17.1 |
| 5 | 30 | 5/23 | 1:00 | 5/23 | 5:00 | 5/24 | 3:50 | 18" | 5/24 | 4:20 | 30 | 1½ | 20 |
| 6 | 30 | 5/23 | 1:00 | 5/23 | 5:00 | 5/24 | 3:50 | 18" | 5/24 | 4:20 | 30 | 2 | 15 |
| | | | | | | | | FIXED POINT | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 104.2
Average of Rates: 17.4
Rate Used for Calculation: 17.4

**Person Conducting Percolation Tests**

Name: STEVE MACHACEK M&W CONST
Phone: 402 642 5788
Address PO. BOX 91
WESTON, NE. 68070

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
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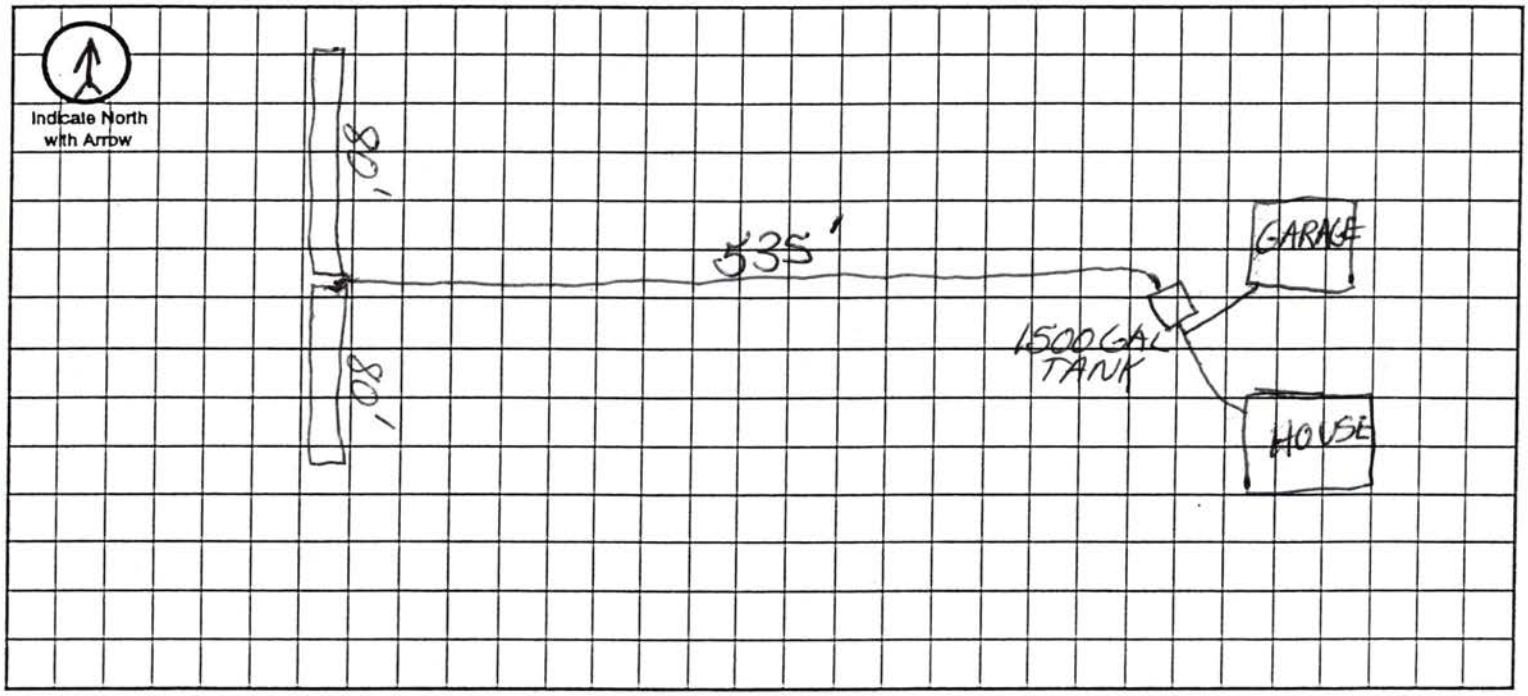
C

Permit Number:

# 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 _____

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

Percolation Rate 17.4 (min. per inch) Soil Type: SILT CLAY Land Slope: 1% %

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

Total Square Feet of Field Required: 630 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 160 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 Steve Machacek M+W Const. #0021 Date 5/27/03

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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**D**

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date 9/19/03

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

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

### A. Building Sewer

1. Material: SCH #40
   Diameter: 4" in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 13 in.
3. Distance between dwelling and septic tank: 91 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 150+ ft.
   stream NA ft.
   pressure line 25+ ft.
   property line 200+ ft.

### B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 6" 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 150+ ft.
   Stream NA ft.
   Pressure line 25 ft.
   Property line 100+ ft.

### C. Distribution Box

1. Material: POLY
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 536' ft.

### D. Absorption Field

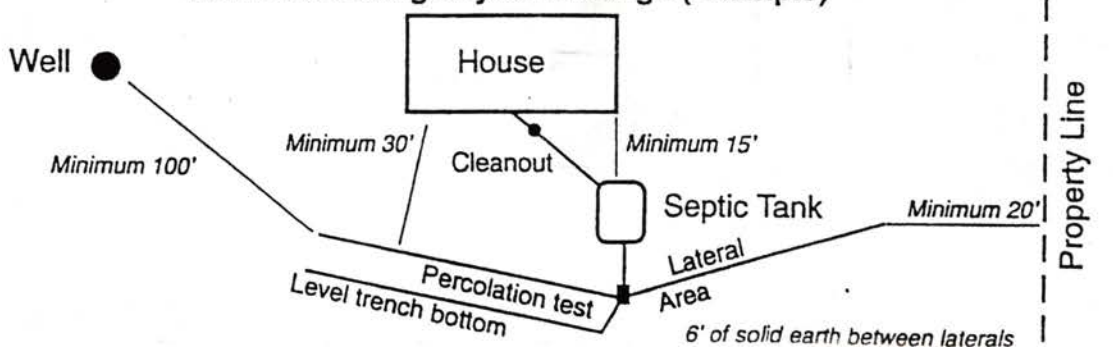
*(Provide as-built drawings on back of this form)*

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 80 ft. 80 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 28" in
4. Filter material: GRAVELESS
   Depth of material 28" in.
5. Distances to: Well or suction line 25 ft.
   Stream NA ft.
   Pressure line 25 ft.
   Property line 35 ft.

Indicate North with Arrow

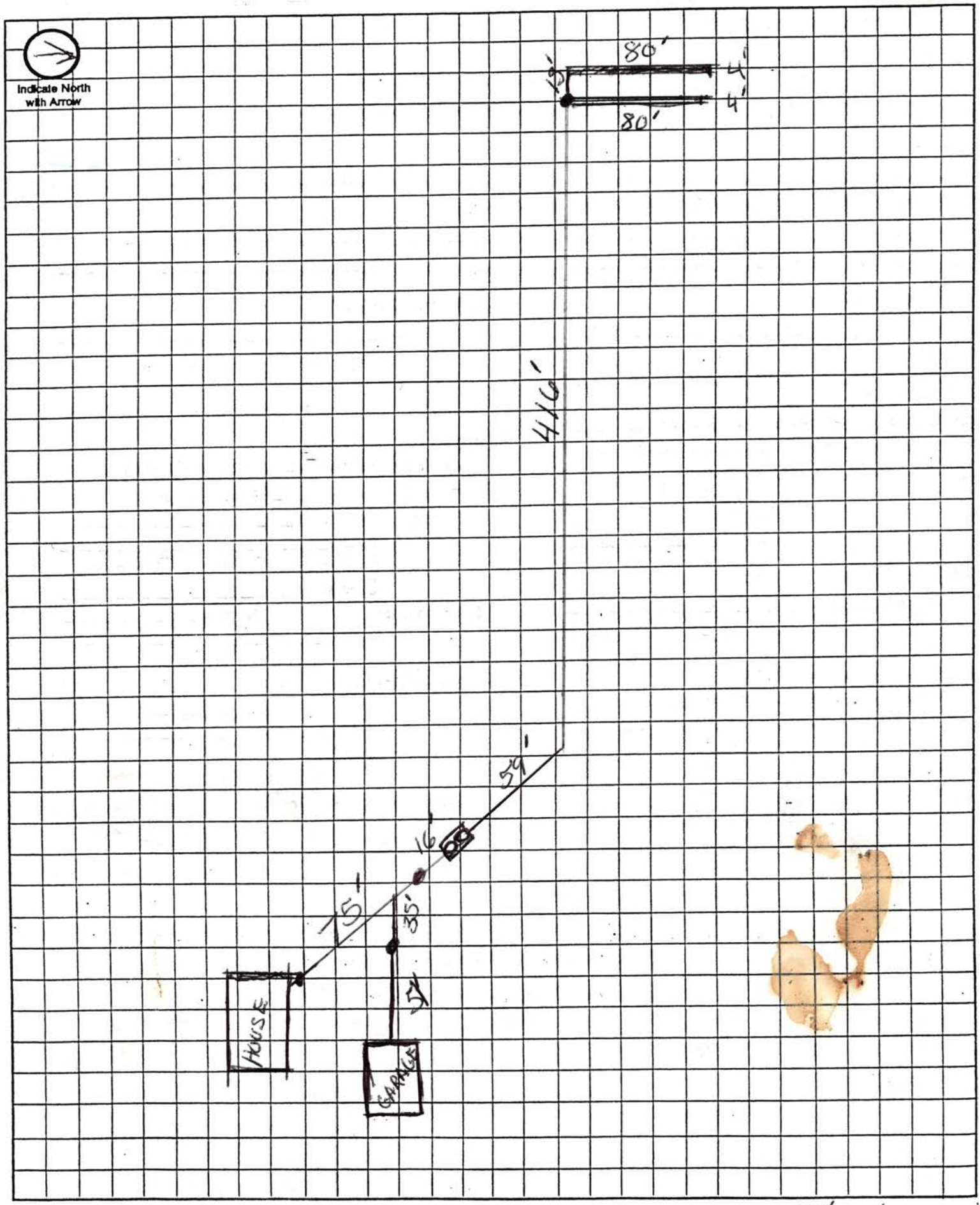
**Complete "As Built" drawing on back of this form.**

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

# As Built Drawing




Approximate Scale: 20' ft. = 1 grid line/s

ESRI ArcExplorer 2.0

# Map Title

