Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008722

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380317501

Issued 04/05/06
Expires 04/05/07
Revenue Code 3157

Establishment:
NATHAN B GREEN
T10N R8E SEC 31
WINDHOEK 6TH ADDN BLK 1 LOT 2
2255 S 116 ST

FEES: $275.00

Permittee:
NATHAN B GREEN
5625 S 31 ST
APT 7
LINCOLN NE 68516

TOTAL: $275.00

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: 06380317501

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 2255 So 116th Street (no rural route) City Linc. NE, Zip NE

Legal Description ____ (1/4) ____ (1/4) 31 (Section) 10N (Township) 8E (Range) Windhoek (Subdivision) 6th (Addition) #1 (Block) #2 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Nate Green Signature Nathan B Green

Address _____ City/State/Zip _____

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

C. Contractor

Name Pride Homes Company Name Matt Kleinschmit

Address 1544 So 1st City/State/Zip Linc. NE 68521

☐ Check if contractor designed system Work Phone 4243220

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

Designer Name Brad Southwick Firm Southwick sewer Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 5 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 4/5/06 Date frwd 4/6/06	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Wood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 4-6-06 Date frwd 4-6-06	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 4-6-06 Date frwd 4-6-06	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Doug Smith

Date 4/9/07

Business Office Use Only

Date Rec'd 4/5/06
Amt Paid 275.00
Rec'd By CW Cash/Check No. 13410

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

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B

Permit Number: 06380375

LOT 2
Windhoek

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

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

Date of Tests 1/13 to 1/14/06 Weather: Precipitation _____ Temperature _____

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	24	1/13	5/00	1/14	6/45	1/14	8/45	19 7/8	1/14	9/15	30	5/8	48
2			"		A			20 1/2		A		5/8	48
3								22 1/4				3/4	40
4								19 1/2				1	30
5								20				7/8	34
6								18 3/8				3/4	40

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

Person Conducting Percolation Tests

Name: Brad Southwick C1178
Phone: 430-7606
Address 17201 So 72nd
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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C

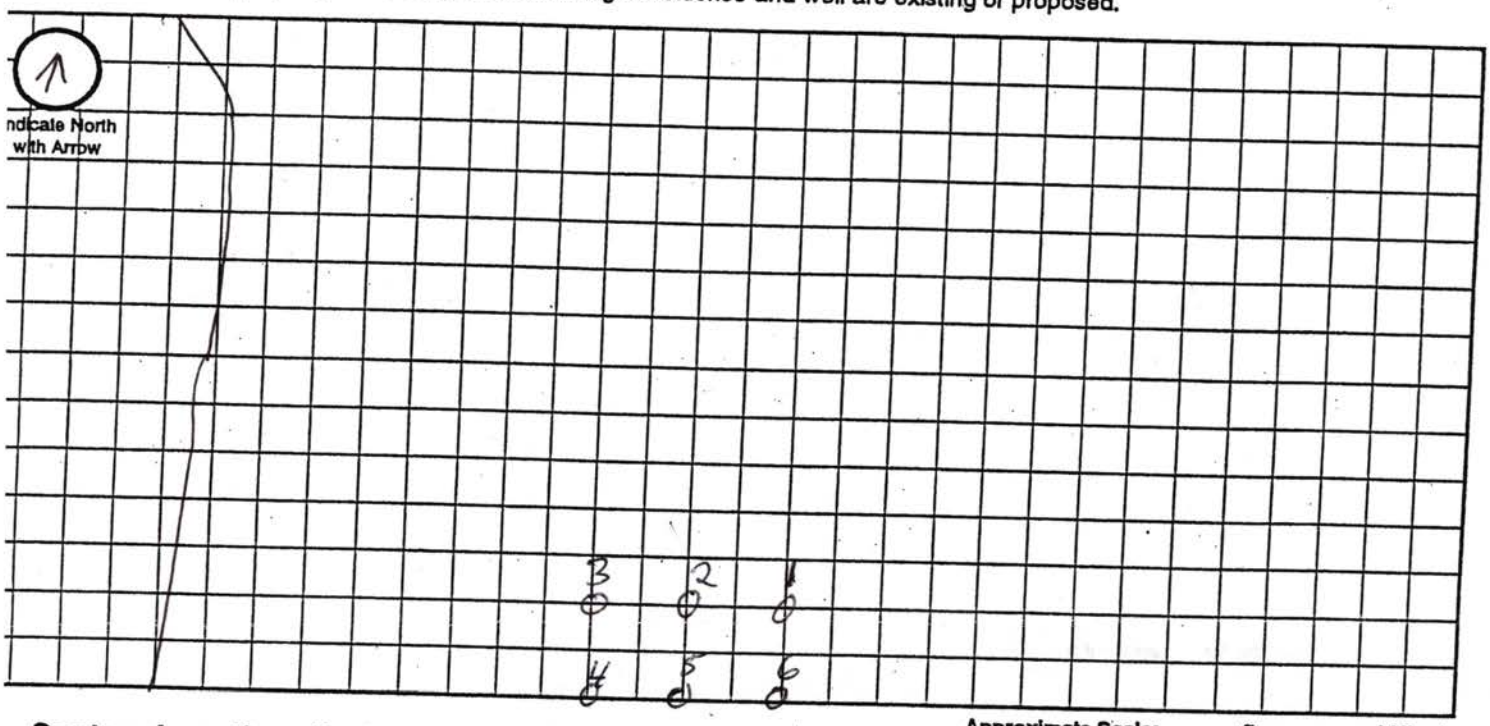
Permit Number: 063803175

Sewage Disposal System

Preliminary Plan Specifications

LOT 2

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

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

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

rcolation Rate 40 (min. per inch) Soil Type: SUC Land Slope: _____ %

pe of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: _____ sq. ft.

pe of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

al Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
ield (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

ıe Building Contractor _____ Date 4-7-06

ıller _____ Date 1-14-06

23-102 10-95

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 2223 S 116th (no rural route) City Walton NE, Zip 68461

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: 8 in.
   or distance below basement floor: 3" in.
3. Distance between dwelling and septic tank: 175 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1750 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 4" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 9
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

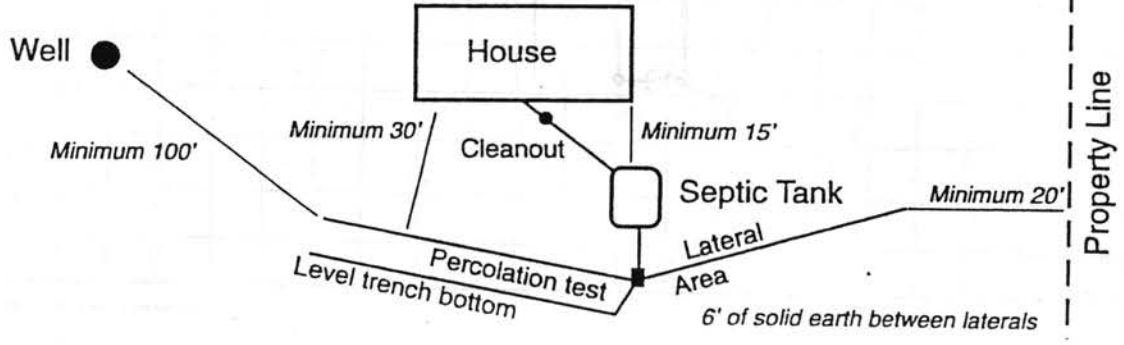
(Provide as-built drawings on back of this form)

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

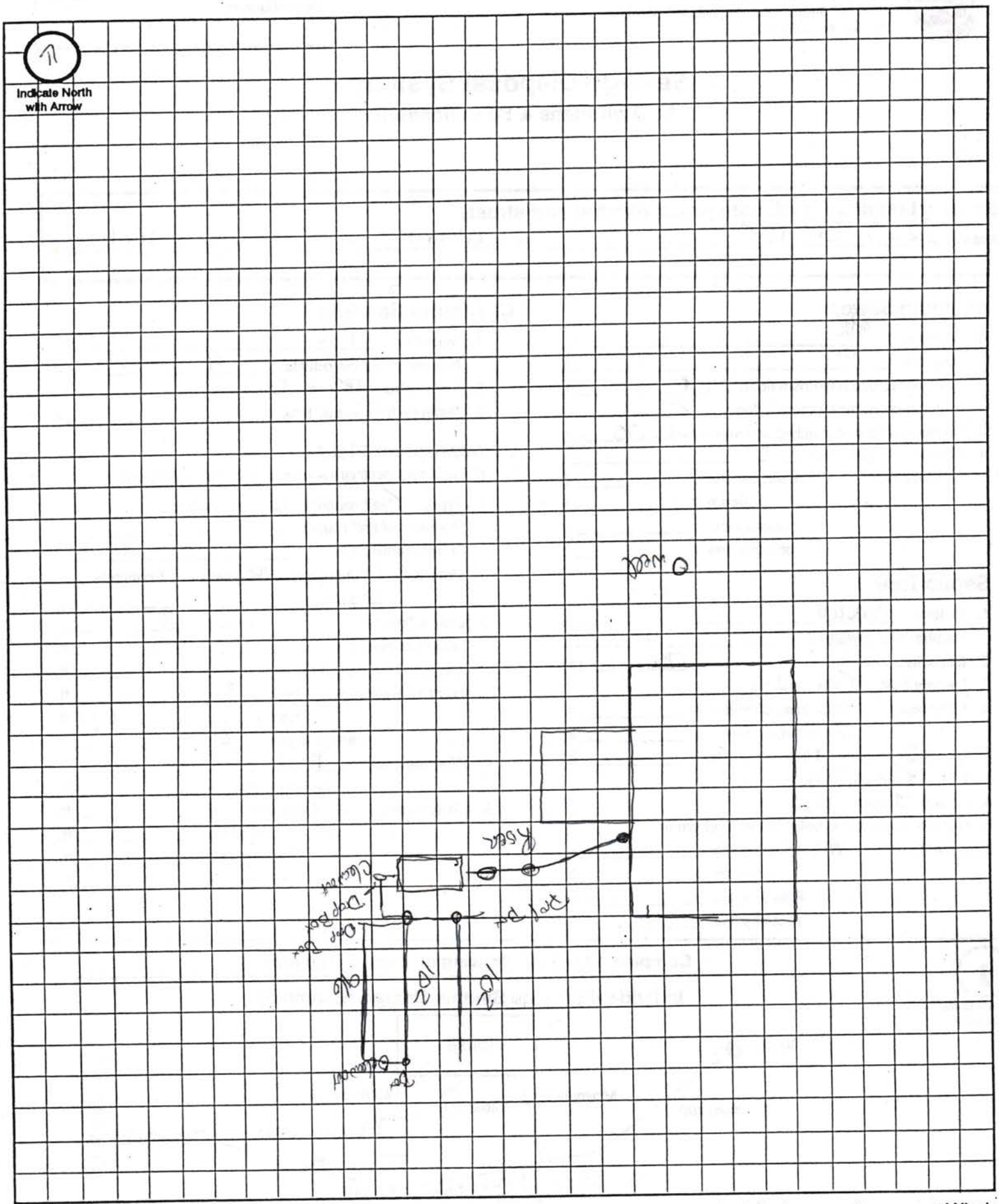
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: ft. = grid line/s