Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380252401

Issued 08/23/02
Expires 02/23/03
Revenue Code 3157

Establishment

PETER & LAURIE HOWE
T10N R8E SEC 31
WINDHOEK-3RD ADDN BLK 1 LOT 1
11500 SECRETARIAT DR

FEES: $200.00

TOTAL: $200.00

Permittee

PETER & LAURIE HOWE
6830 MARCUS RD
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002849

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

A

Permit Number: 02380252401

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 11500 SECRETARIAT DR. (no rural route) City _____ NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 31 Section 10N Township 8E Range Windhoek Subdivision 3rd Addition 1 Block 1 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Dr Peter + Laurie Howe Signature Laurie Howe

Address 6830 Marcus Rd City/State/Zip Lincoln, NE. 68516

☐ Check if owner designed system Home Phone 423-8477 Work Phone _____

C. Contractor

Name Steve Hall Company Name Hall Construction

Address 16550 So 120th City/State/Zip Bennet, NE. 68317

☐ Check if contractor designed system Work Phone 402-432-5201 (Cell #)

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

Designer Name Clint Presnell Firm Wellmann Plumbing Inc. Work Phone 402-434-2400

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 8/23/02 Date frwd 8/26/02 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-26-02 Date frwd 8-26-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-26-02 Date frwd 8-26-02 ACTION ☑ Approved ☐ Disapproved Signature Chris Bak

11/13/02 J.C.H.
11/12/02 too far between lot 1 and clearouts, need drawing J.C.H.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 08/23/02
Amt Paid 200.00
Rec'd By LC Cash/Check No. 6434

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

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

B

Permit Number: 0238025 24

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Sect 31-10N-8E
Windhoek 3rd Addition Blk 1 Lot 1

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

Soil Type (SCS): Wymore? SHARPSBURG SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 8-15-02 to 8-16-02 Weather: Precipitation Dry! Temperature 85°

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	8-15	9am	8-16	9am	8/6	12pm	6"	8-16	4pm	30	5/8"	48
2	"	"	"	"	"	"	"	"	"	"	30	5/8"	48
3	"	"	"	"	"	"	"	"	"	"	30	7/8"	34
4	"	"	"	"	"	"	"	"	"	"	30	1/2"	60
5	"	"	"	"	"	"	"	"	"	"	30	1/2"	60
6	"	"	"	"	"	"	"	"	"	"	30	1/2"	60

Person Conducting Percolation Tests

Name: Clint Presnell
Phone: 434-2400
Address 3130 S. 6th St. Suite 100
Wellmann Plumbing Inc.

Sum of Percolation Rates: 310
Average of Rates: 51.6
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

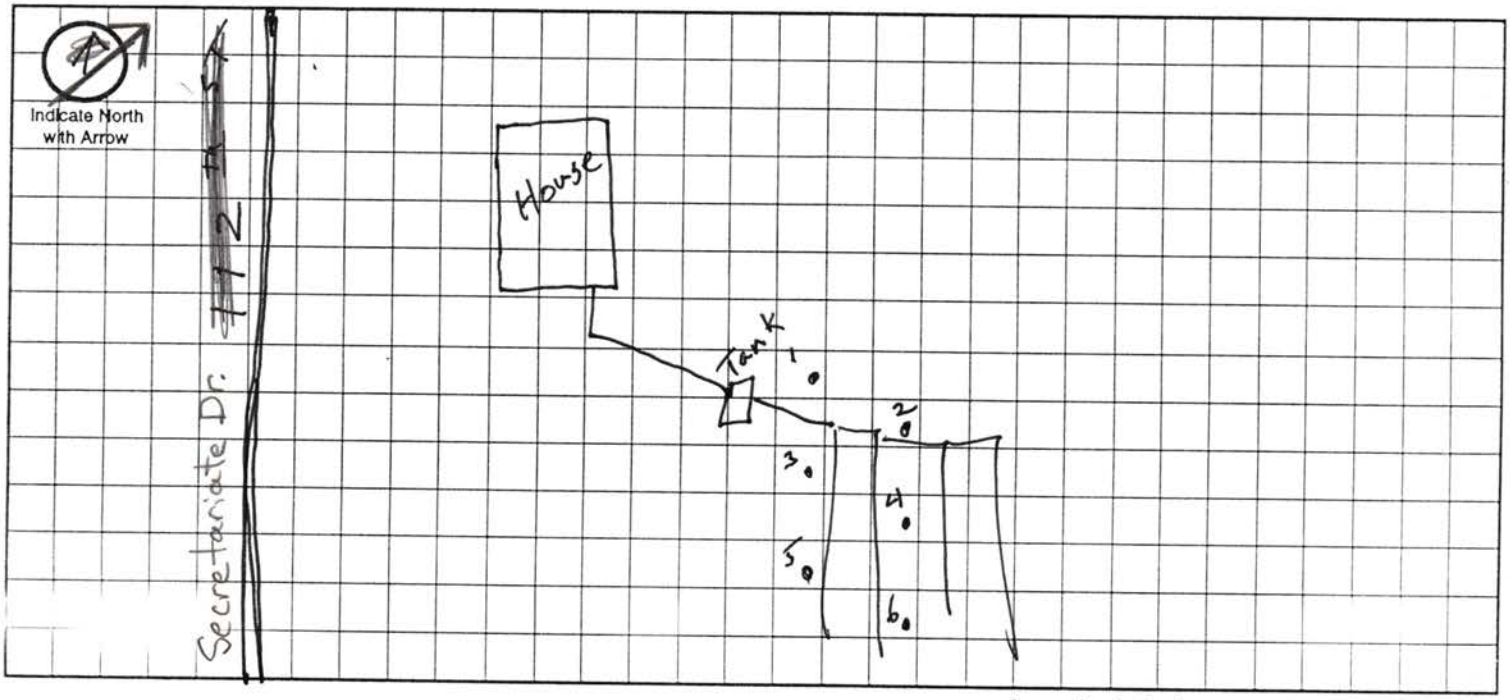
Lincoln-Lancaster County Health Department
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C

Permit Number: 023802524

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) Sect 31-10N-8E Windhoek 3rd Addition ~~City~~ Blk 1 Lot 1 NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 2 % %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other Infil Trator

Total Square Feet of Field Required: 1760 sq. ft.

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

Capacity of Septic Tank ~~1500~~ 1750 gals Number of Absorption Beds: 5 Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~440~~ 525 ft. Number of Trenches 6 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 Steve Hall Date 8-21-02

Installer Clint Pressnell Date 8-20-02

FORM 23-102 10-96