LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380187701

Issued 11/02/98
Expires 05/02/99
Revenue Code 3157

Establishment
THOMAS ZIMMER
T8N R5E SEC 25
KICKING BIRD LOT 3
5940 KIOWA

FEES: $150.00

PAID

TOTAL $150.00

Permittee
THOMAS ZIMMER
6406 S 28 ST
LINCOLN NE 68516-4600

Issued By Health Director
Lincoln-Lancaster County Health Department

008249

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 98380187 7

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 5940 KIOWA (no rural route) City _____ NE, Zip _____

Legal Description 25 T8 5E KICKING BIRD ~~ADD~~ 3
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 THOMAS ZIMMER Signature _____

Address 6406 So 28th City/State/Zip LINCOLN NE 68516

☐ Check if owner designed system Home Phone 423-7546 Work Phone _____

C. Contractor

Name _____ Company Name CAMEROH HOMES

Address 6201 SO. 57th City/State/Zip LINCOLN NE 68516

☐ Check if contractor designed system Work Phone 421-3003

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

Designer Name LARRY SCHWARK 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** Date rec'd 10/27/98 Date frwd 10/30/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/29/98 Date frwd 10/30/98 **ACTION** ☒ Approved ☐ Disapproved Signature Dale Nolte
3. **City or County Engineer** Date rec'd 10/30/98 Date frwd 10/30/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

10/30/98 ~~Need drawing/ e.k.~~

Installation Final Written Approval

By Jerrold C. Hood

Date MAY 17, 1999

Business Office Use Only
Date Rec'd 10/23/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 019267

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: 98380187 7

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5940 Havana (no rural route) City Lincoln NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM confirmed 10/30/98 Percolation Rate: 60 min./inch

Date of Tests 10-21 to 10-22 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	10-21	3:00	10-22	8:00	10-22	10:30	19 3/4	10-22	11:00	30	1/2	
2								19 1/4				1/2	
3								17 1/2				1/2	
4								19				3/4	
5								18 1/4				1/2	
6								20 1/4				1/2	

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwaeth
Phone: 489/7294
Address 8200 old Cheney

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date October 30, 1998

FORM 23-101 10-96

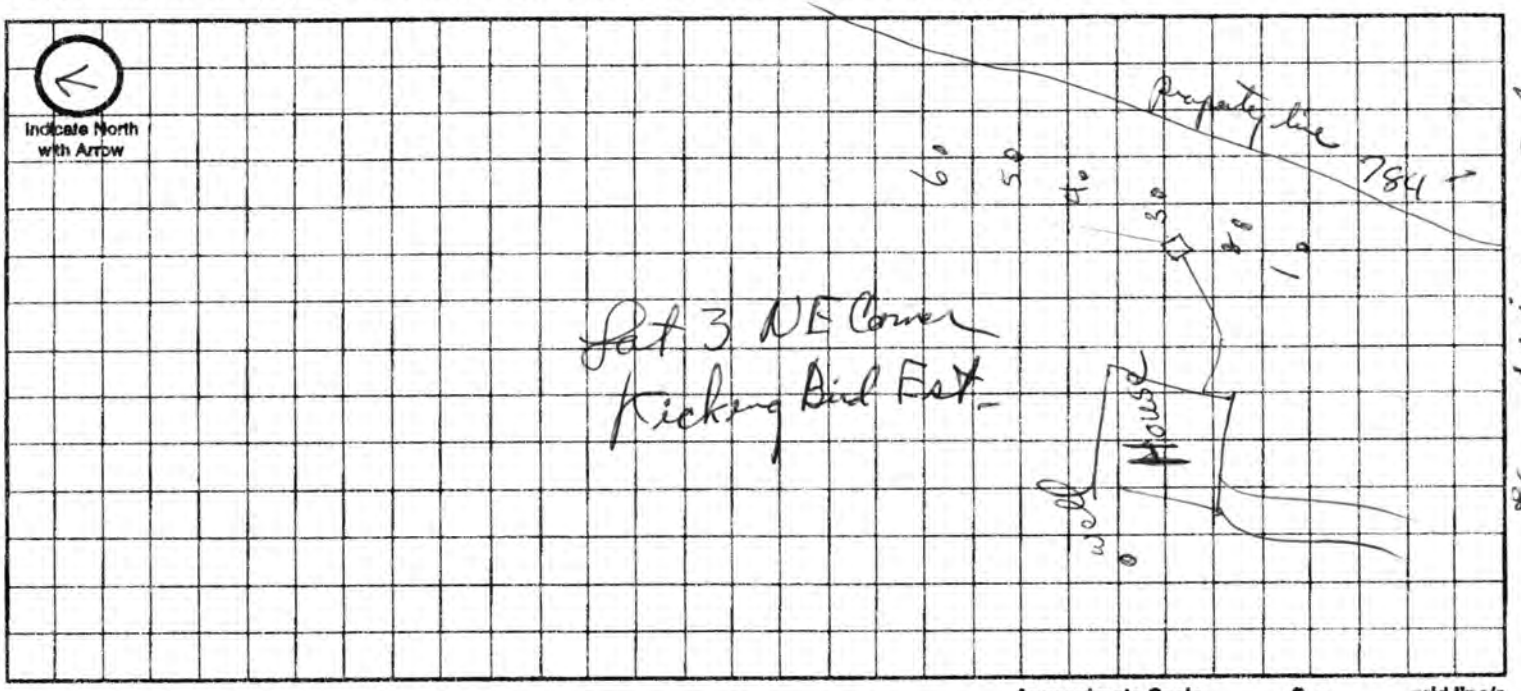
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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C

Permit Number: 98380187 7

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) 5940 Kiowa City Lincoln 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: _____ Land Slope: _____ %

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

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

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 247 ft. Number of Trenches 3 Trench Width 4

3 bed

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

X Home Building Contractor Cameron Haynes W.B. Callingsworth Date 10-30-98

Installer Larry Schiefarek Date 10-22-98

FORM 23-102 10-96

NOV 3 1998

D

Permit Number: 98801877

Lincoln-Lancaster County Health Department
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Sewage Disposal System

As Built Plans & Specifications

Date 10-30-98

System Location (Indicate correct number and street)

Address 5940 Kiowa (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: 16 in.
3. Distance between dwelling and septic tank: 46 ft.
4. Number of clean-outs: 1 inside house
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 _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12" in.
8. Distances to: Well or suction line 100' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12' ft.

D. Absorption Field

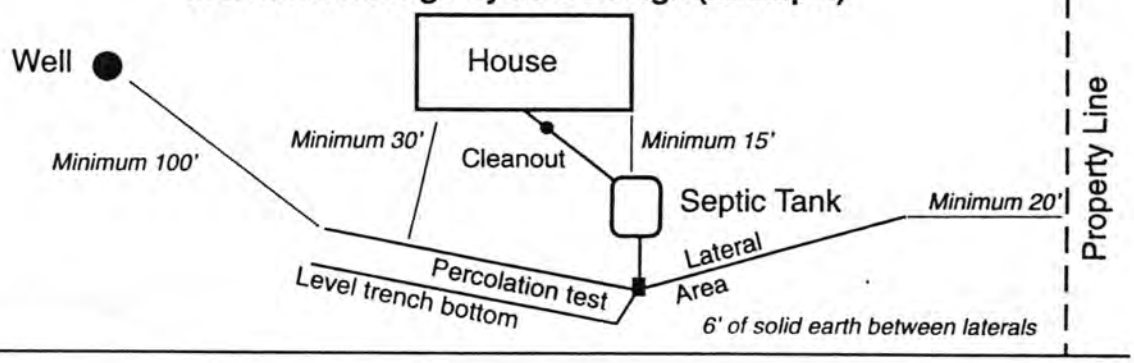
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   48' ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope — in/100 ft.
   Average depth 34" - 24" in
4. Filter material: Road Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line 120' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 30' ft.

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

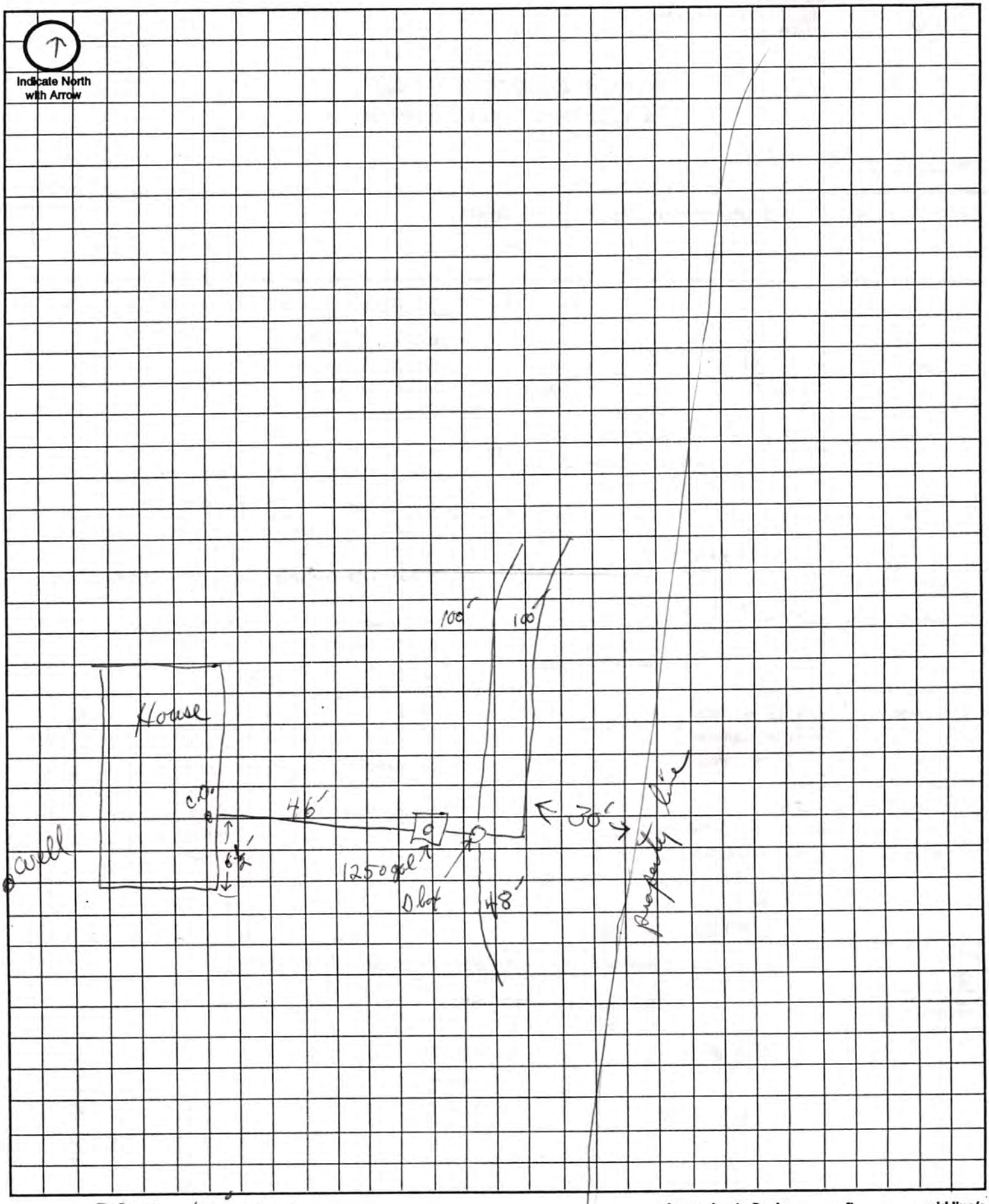
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwarck



5940 Kiowa

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