LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380156901

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/14/97
Expires 10/14/97
Revenue Code 18754

Establishment

MIKE REZAC
T8N R7E SEC 4
WHITE ROCK ESTATES BLK 1 LOT 6
11700 S 55 STREET

FEES: $150.00

Permittee

MIKE REZAC
1830 W BURNHAM ST
LINCOLN NE 68522

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4391

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:

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 11,700 So. 55 (no rural route) City Lincoln NE, Zip

Legal Description 1/4 H 1/4 Section 8N Township 7E Range White Rock Estates. Subdivision Addition 1 Block 6 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Mike Rezac Signature M Rezac

Address 1830 W. Burnham City/State/Zip Lincoln Nebr 68522

☐ Check if owner designed system Home Phone 423-2212 Work Phone 430-5080

C. Contractor

Name John A Strohmyer Company Name Excavating Inc.

Address 6667 N.W. 48th City/State/Zip Lincoln, Nebr. 68524

☑ Check if contractor designed system Work Phone 470-3100

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 4 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 4/10/97 Date frwd 4/10/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/10/97 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4-10-97 Date frwd 4-10-97 ACTION ☒ Approved ☐ Disapproved Signature

7/11/97 by L.C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date July 11, 1997

Business Office Use Only

Date Rec'd 4/10/97 3202

Amt Paid $150.00

Rec'd By Cw Cash/Check No. 7975

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11700 So. 55th (no rural route) City Lincoln, Neb. NE, Zip

Owner Rezac const. Addresss 1830 W. Burnham 68522

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: min./inch

Date of Tests 4/8/97 to 4/9/97 Weather: Precipitation 0 Temperature 40°

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"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	7/8	34
2	26"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	1"	30
3	24"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	1⅛	27
4	28"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	1"	30
5	26"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	7/8	34
6	25"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	1¼	24
													179
													30

Person Conducting Percolation Tests

Name: John Strohmyer
Phone: 430-6023
Address 6667 N.W. 48th

Sum of Percolation Rates: 179
Average of Rates: 30
Rate Used for Calculation: 30 min/inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Ron Moyer Date 4-10-97

FORM 23-101 10-96

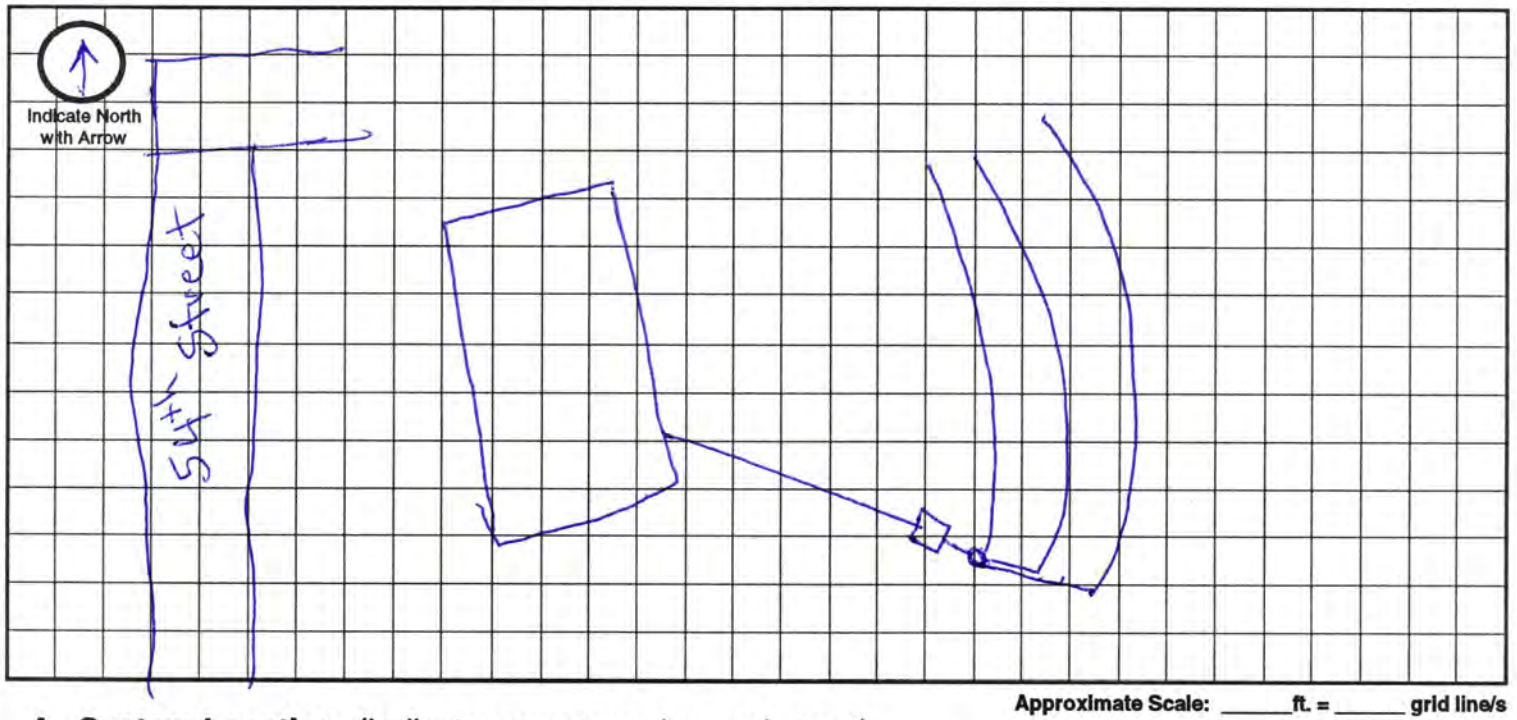
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 11700 So 55 City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: Wymore Silty clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

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

Total Length of Laterals 250 ft. Number of Trenches _____ 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 ☐	☐

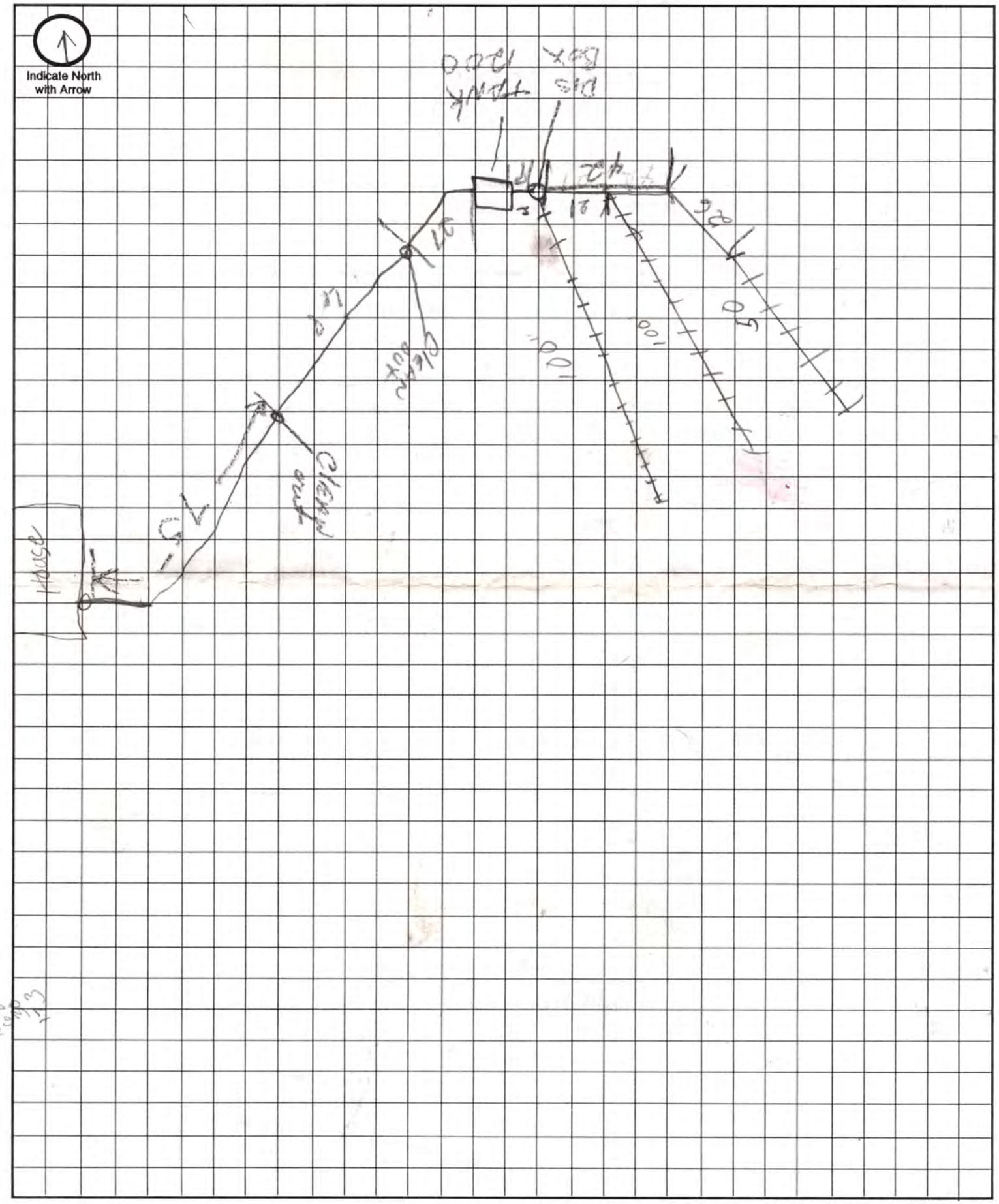
E. Required Signatures

Home Building Contractor Mike Vezos Date _____

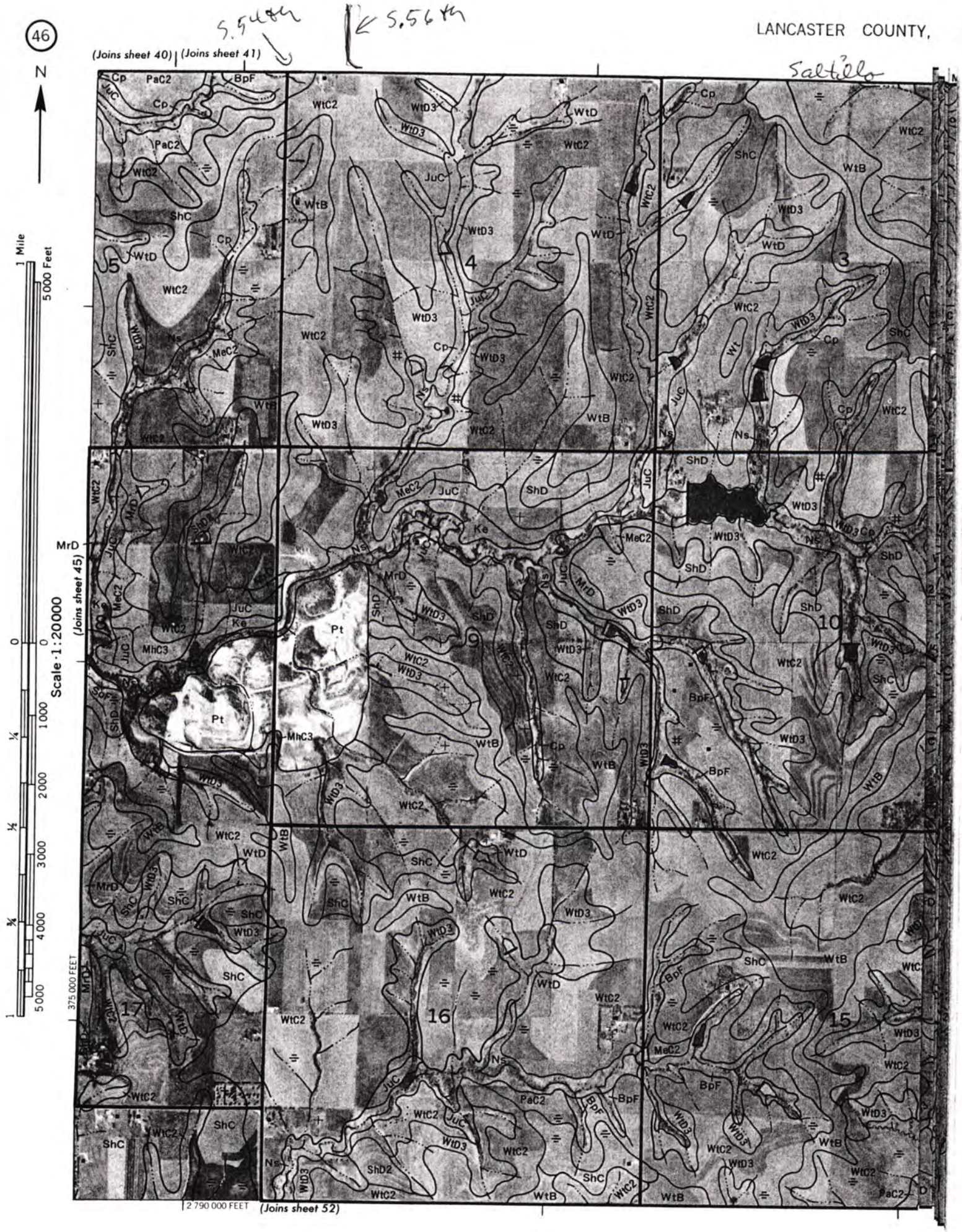
Installer John Strohmyer Date _____

FORM 23-102 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


(Joins sheet 40)
(Joins sheet 41)
N
Scale 1:20000
1 Mile
5000 Feet
(Joins sheet 45)
(Joins sheet 52)
375 000 FEET
2 790 000 FEET
Saltillo
Cp
PaC2
BpF
JuC
WtC2
WtD3
WtD
WtB
ShC
MeC2
Ns
Ke
Pt
MhC3
MrD
ShD
Wt
5
4
3
9
10
16
15
17

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 7-11-97

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 123 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line - ft.
   stream - ft.
   pressure line 50 ft.
   property line 25 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 4 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line - ft.
   Stream - ft.
   Pressure line 50 ft.
   Property line 25 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

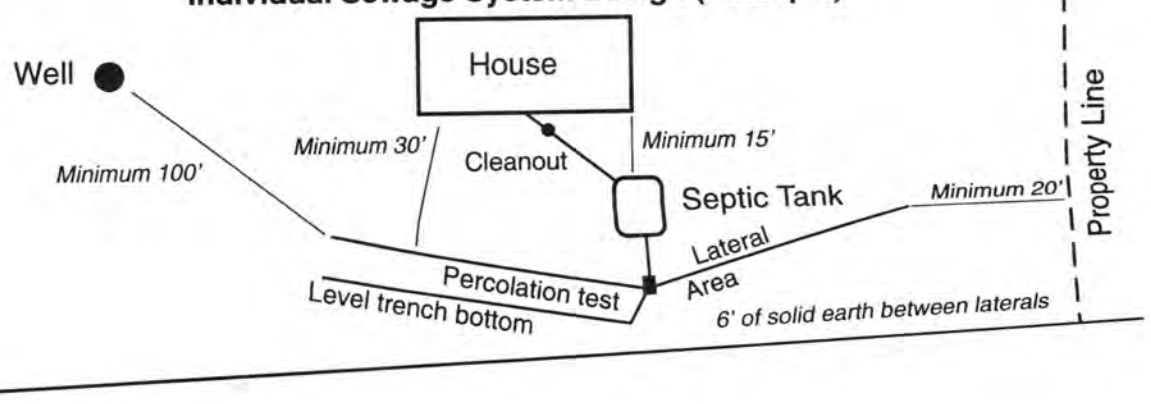
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   50 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth 23 in
4. Filter material: gravel
   Depth of material 17 in.
5. Distances to: Well or suction line - ft.
   Stream - ft.
   Pressure line 200 ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



M 23-103 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380156901

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/14/97
Expires 10/14/97
Revenue Code 18754

Establishment

MIKE REZAC
T8N R7E SEC 4
WHITE ROCK ESTATES BLK 1 LOT 6
11700 S 55 STREET

FEES: $150.00

Permittee

MIKE REZAC
1830 W BURNHAM ST
LINCOLN NE 68522

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4391

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:

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 11,700 So. 55 (no rural route) City Lincoln NE, Zip

Legal Description 1/4 H 1/4 Section 8N Township 7E Range White Rock Estates. Subdivision Addition 1 Block 6 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Mike Rezac Signature M Rezac

Address 1830 W. Burnham City/State/Zip Lincoln Nebr 68522

☐ Check if owner designed system Home Phone 423-2212 Work Phone 430-5080

C. Contractor

Name John A Strohmyer Company Name Excavating Inc.

Address 6667 N.W. 48th City/State/Zip Lincoln, Nebr. 68524

☑ Check if contractor designed system Work Phone 470-3100

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 4 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 4/10/97 Date frwd 4/10/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/10/97 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4-10-97 Date frwd 4-10-97 ACTION ☒ Approved ☐ Disapproved Signature

7/11/97 by L.C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date July 11, 1997

Business Office Use Only

Date Rec'd 4/10/97 3202

Amt Paid $150.00

Rec'd By Cw Cash/Check No. 7975

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11700 So. 55th (no rural route) City Lincoln, Neb. NE, Zip

Owner Rezac const. Addresss 1830 W. Burnham 68522

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: min./inch

Date of Tests 4/8/97 to 4/9/97 Weather: Precipitation 0 Temperature 40°

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"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	7/8	34
2	26"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	1"	30
3	24"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	1⅛	27
4	28"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	1"	30
5	26"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	7/8	34
6	25"	4/8	9:00	4/9	9:00	4/9	1:00	6	4/9	1:30	30	1¼	24
													179
													30

Person Conducting Percolation Tests

Name: John Strohmyer
Phone: 430-6023
Address 6667 N.W. 48th

Sum of Percolation Rates: 179
Average of Rates: 30
Rate Used for Calculation: 30 min/inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Ron Moyer Date 4-10-97

FORM 23-101 10-96

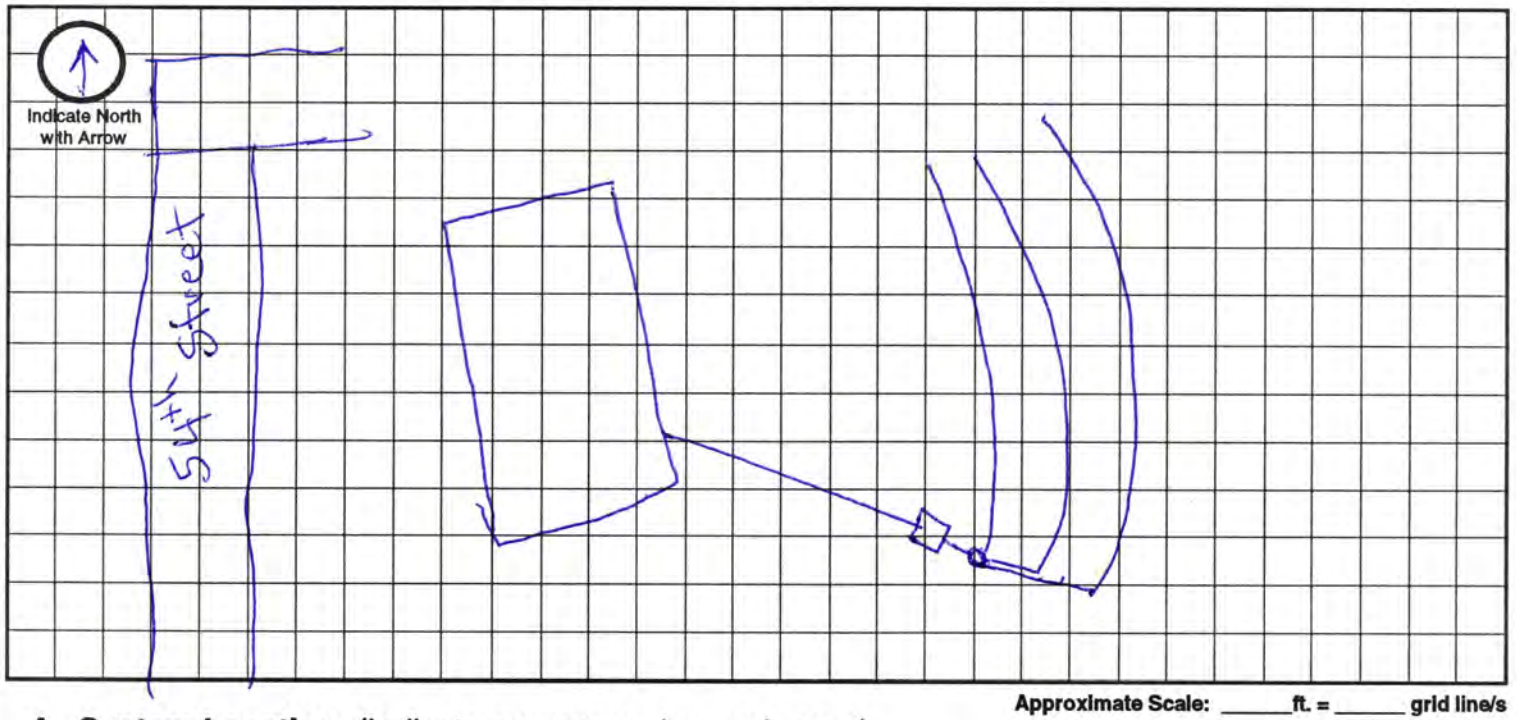
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 11700 So 55 City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: Wymore Silty clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

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

Total Length of Laterals 250 ft. Number of Trenches _____ 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 ☐	☐

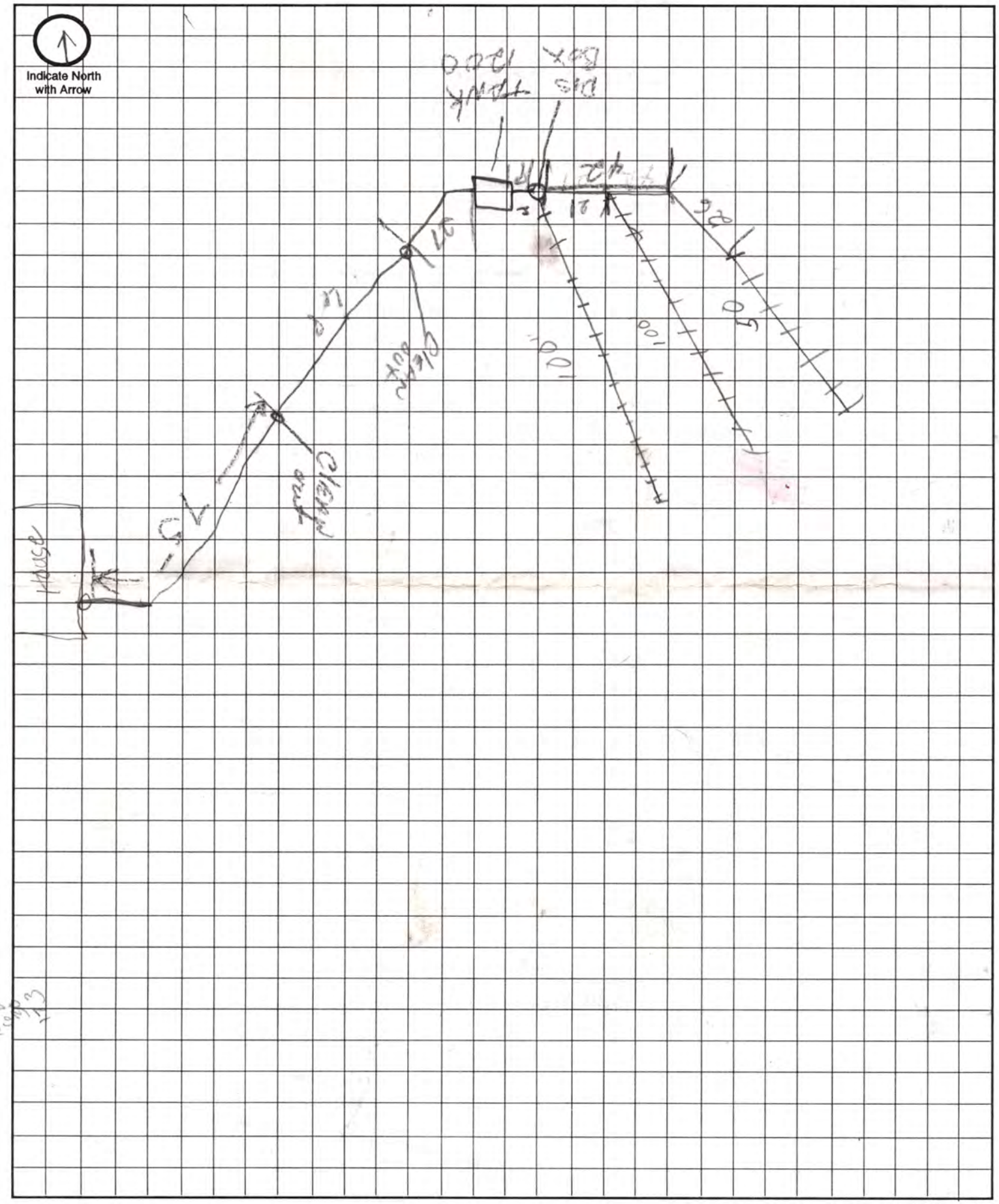
E. Required Signatures

Home Building Contractor Mike Vezos Date _____

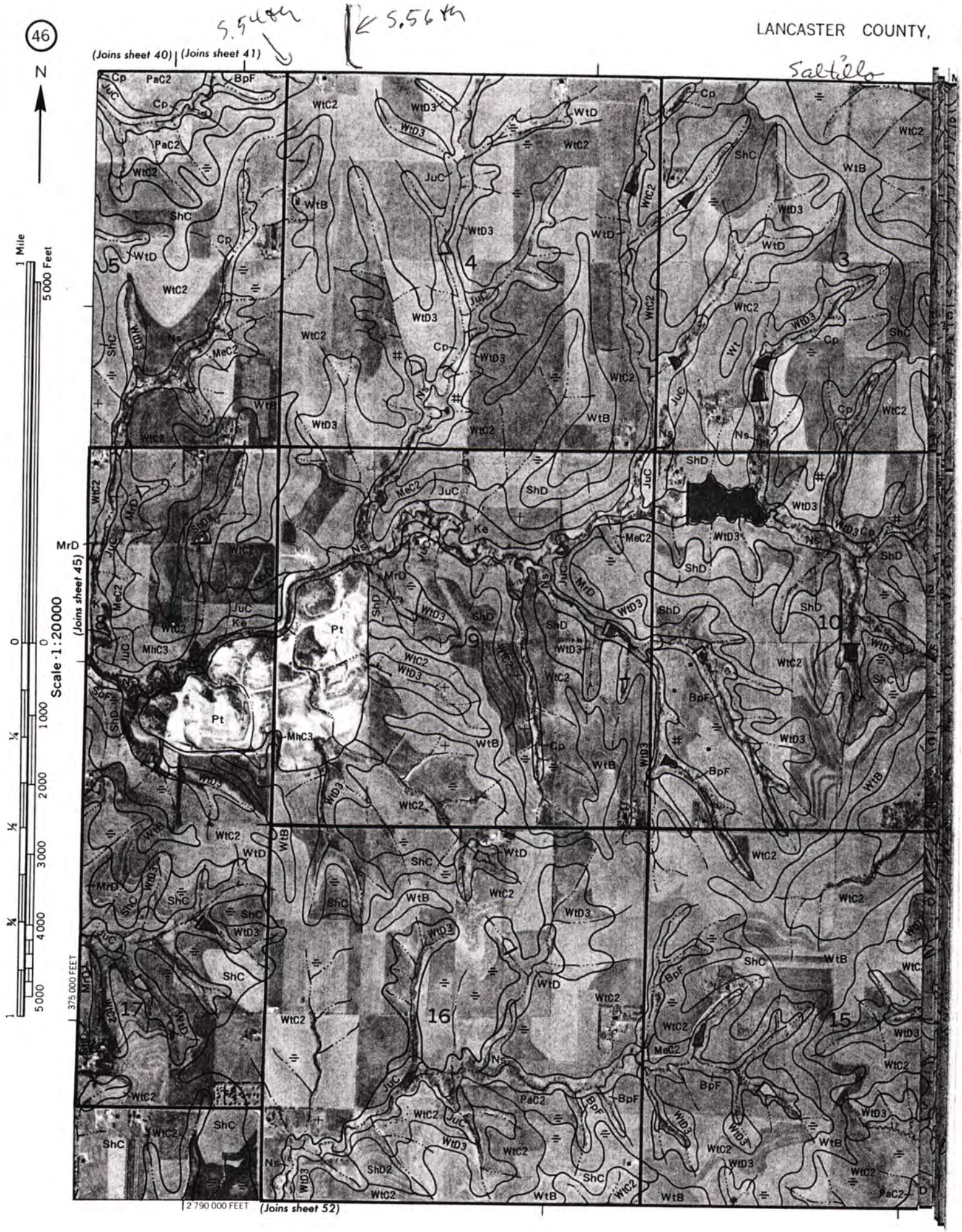
Installer John Strohmyer Date _____

FORM 23-102 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


(Joins sheet 40)
(Joins sheet 41)
N
Scale 1:20000
1 Mile
5000 Feet
(Joins sheet 45)
(Joins sheet 52)
375 000 FEET
2 790 000 FEET
Saltillo
Cp
PaC2
BpF
JuC
WtC2
WtD3
WtD
WtB
ShC
MeC2
Ns
Ke
Pt
MhC3
MrD
ShD
Wt
5
4
3
9
10
16
15
17

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 7-11-97

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 123 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line - ft.
   stream - ft.
   pressure line 50 ft.
   property line 25 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 4 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line - ft.
   Stream - ft.
   Pressure line 50 ft.
   Property line 25 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

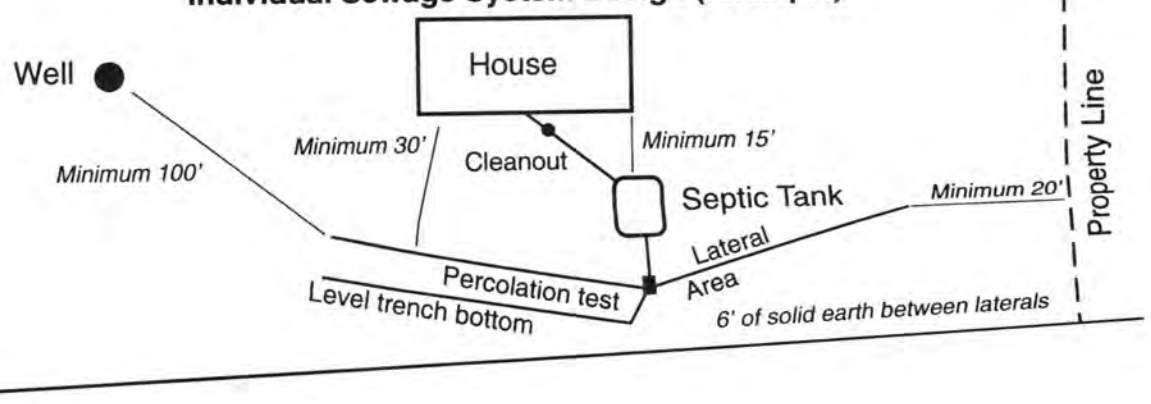
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   50 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth 23 in
4. Filter material: gravel
   Depth of material 17 in.
5. Distances to: Well or suction line - ft.
   Stream - ft.
   Pressure line 200 ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



M 23-103 10-96