LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 96380152201

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 12/02/96
Expires 06/02/97
Revenue Code 18754

Establishment

DAVE PIERCE
T8N R7E SEC 4
WHITEROCK ESTATES BLK 2 LOT 1
5501 WHITROCK LANE

FEES: $150.00

TOTAL $150.00

Permittee

DAVE PIERCE
5501 WHITEROCK LN
LINCOLN NE 68500

2849

Issued By M. Jane Ford
Health Director

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 5501 Whiterock Lane (no rural route) City Lincoln NE, Zip

Legal Description NW 1/4 4 1/4 Section 8N Township 7E Range Whiterock Estates Subdivision (Block 2 Lot 1) 2 Addition 1 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 Pierce, DAVE & DIANE Signature G Howell

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Integrity Bld. Company Name G Howell

Address 925 S.W 2ND City/State/Zip LINCOLN

☐ Check if contractor designed system Work Phone ~~466~~ 438-3334

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

Designer Name Larry Schwarck Firm Schwarck trenching Work Phone 489-7294

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 11-21-96 Date frwd 11/22/96	**ACTION** ☒ Approved ☐ Disapproved Signature John E Munn	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd Date frwd	**ACTION** ☒ Approved ☐ Disapproved Signature Gail G. Ahlschwede	
3. **City or County Engineer**	Date rec'd 11-22-96 Date frwd 11-22-96	**ACTION** ☒ Approved ☐ Disapproved Signature Donna D Daniels	

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date DECEMBER 17, 1996

Business Office Use Only 3054

Date Rec'd 11/21/96

Amt Paid 150 ck

Rec'd By LO Cash/Check No. 1168

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

12/12/96 Sewer, tank, & distribution box J.C.H. 12/13/96 J.C.H. Need Drawing

Lincoln-Lancaster County Health Department
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B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

Integrity Bldg. 438-3334

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5501 white rock Lane (no rural route) City Lincoln NE, Zip 685

Owner _____ Addresss _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 53 min./inch

Date of Tests 11-19 to 11-20-96 Weather: Precipitation trace Temperature 35°

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	72"	11-19	10:00	11-20	7:15	11-20	10:45	10 3/4	11-20	10:45	30	11 1/2	3/4 45
2	43							8				8 1/2	1/2 60
3	30							12 1/8				12 5/8	1/2 60
4	74							13				13 1/2	1/2 60
5	58							14 1/2				15 1/4	3/4 45
6	30							15 1/2				16	1/2 60

Sum of Percolation Rates: 320 min

Average of Rates: 53/inch

Rate Used for Calculation: 53

Person Conducting Percolation Tests

Name: Larry Schwarck

Phone: 489-7294

Address 8200 old Cheney Rd

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date NOVEMBER 11, 1996

FORM 23-101 10-96

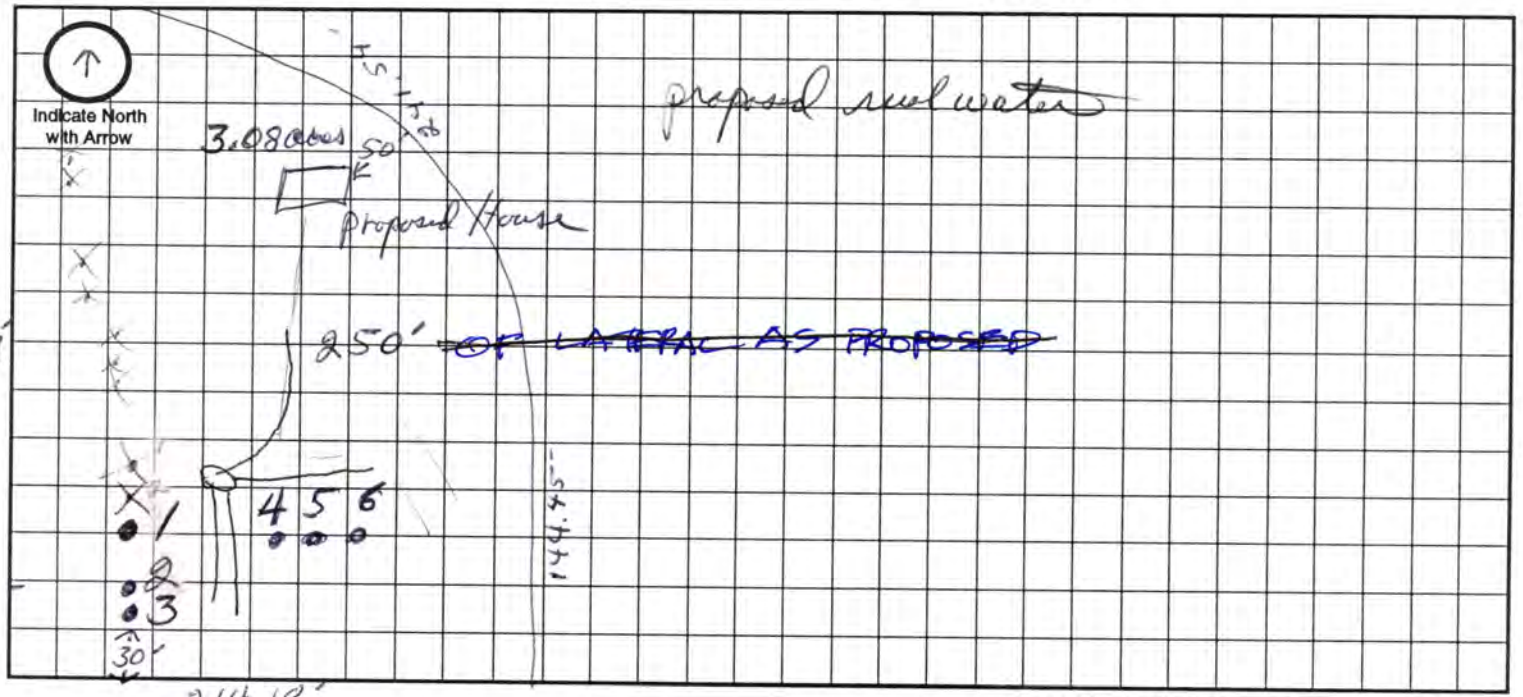
Lincoln-Lancaster County Health Department
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C

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) 5501 Whiterock Lane 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 53 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: 2 % %

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

Total Square Feet of Field Required: 1250 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals ~~417~~ 417 ft. Number of Trenches 3 Trench Width 3

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 ☒	☒

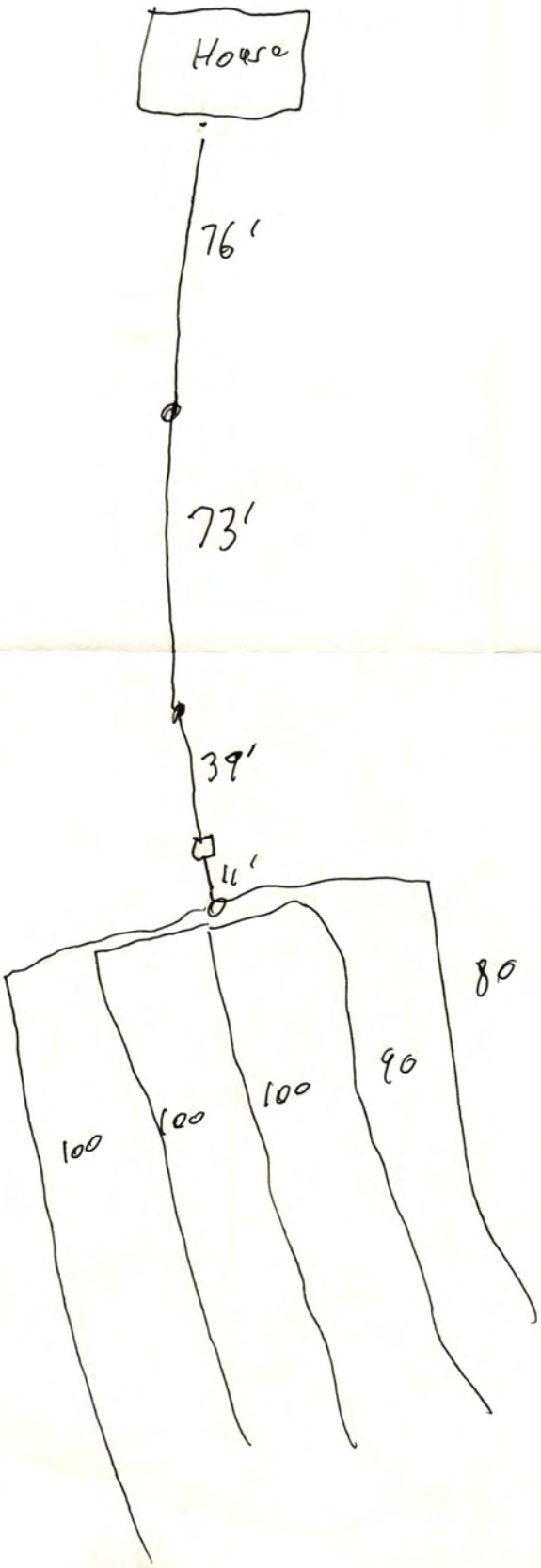
E. Required Signatures

Home Building Contractor _____ Date _____

Installer Larry Schwarck Date 11-20-96

FORM 23-102 10-96

5501 Whitevock



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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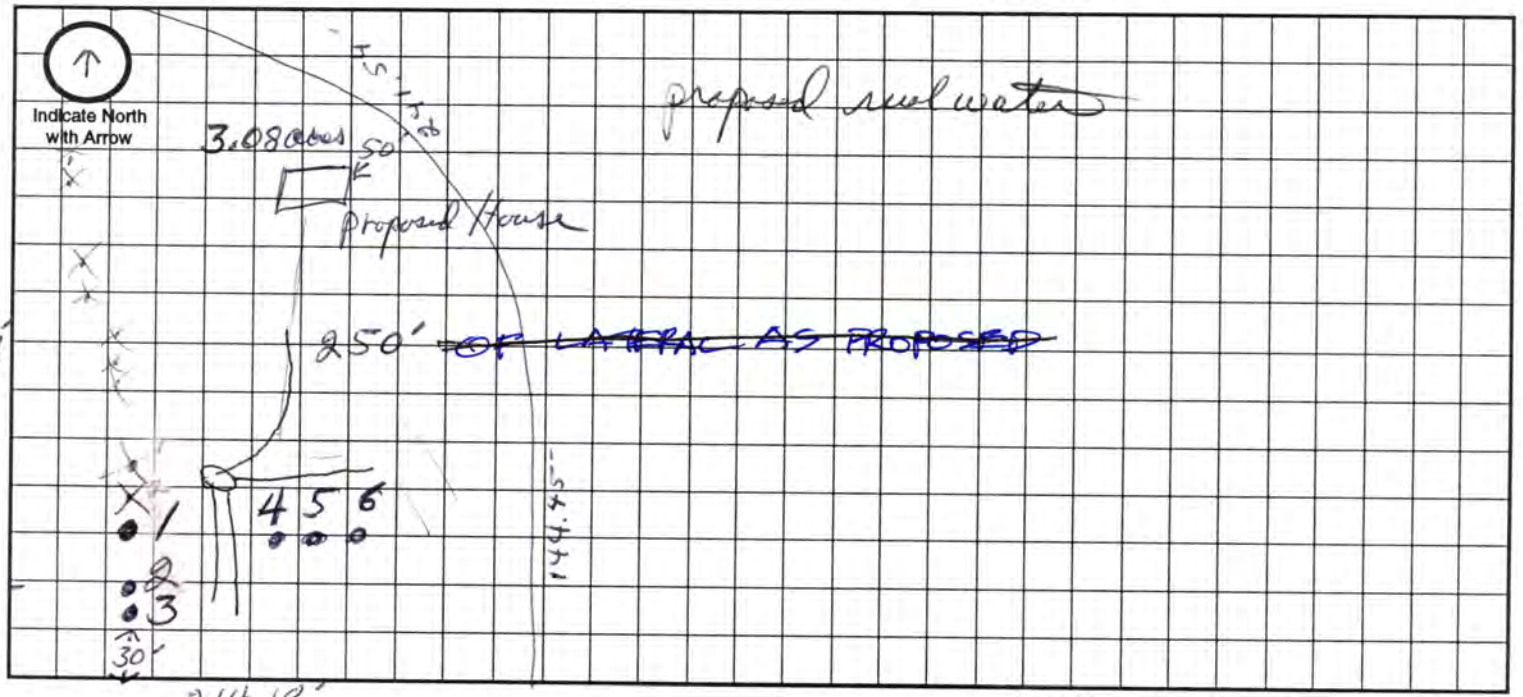
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Installer Larry Schwarck Date 11-20-96

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5501 Whitevock

