Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

CALVIN PETERSON
T9N R5E SEC 3 QTR NE
LOT 65
NE 1/4

Permitee

CALVIN PETERSON
4410 S 49 ST
LINCOLN NE 68516

Permit # 99380201901

Issued 06/21/99
Expires 12/21/99
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010603

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 3201 SW 89 (no rural route) City Lincoln NE, Zip

Legal Description 3 9N 5E NE 3-9-5 65 S.T.
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 Calvin Petersen Signature X

Address 4410 So 49 City/State/Zip 68516

☐ Check if owner designed system Home Phone 488-7595 Work Phone

C. Contractor

Name Larry Sokevack Company Name Larry Sokevack Inc

Address 8200 old Cheney City/State/Zip 68516

☐ Check if contractor designed system Work Phone 489-7294

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 6/18/99 Date frwd 6/21/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/21/99 Date frwd 6/21/99 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 06/21/99 Date frwd ACTION ☒ Approved ☐ Disapproved Signature

6/21/99 ~~Sewer only~~ D.C.H. Revised C.H.

Installation Final Written Approval NEED DRAWING

By Jerrold C. Hood

Date June 25, 1999

Business Office Use Only

Date Rec'd 06/21/99
Amt Paid 150
Rec'd By Cash/Check No. 2076

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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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 3201 SW 89 (no rural route) City Lincoln NE, Zip

Owner Calvin Peterson Address

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

Date of Tests 6-3 to 6-4 99 Weather: Precipitation 70° Trace Temperature 70°

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	6-3	4:00	6-4	7:30	6-4	11:00	13	6-4	11:30	30	~~3~~ 1/2	
2	1							13 3/4				3/4	
3								9				1/2	
4								8				1/2	
5								8				3/4	
6								9 1/2				2	
7								15 1/2				1 1/2	

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 60 mpi

Person Conducting Percolation Tests

Name: Larry Schwarzott

Phone: 489-7294

Address 8200 old Cheney

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Wymore Soil

Signature of Reviewing Official Lon Mayard Date 6-18-99

FORM 23-101 10-96

C

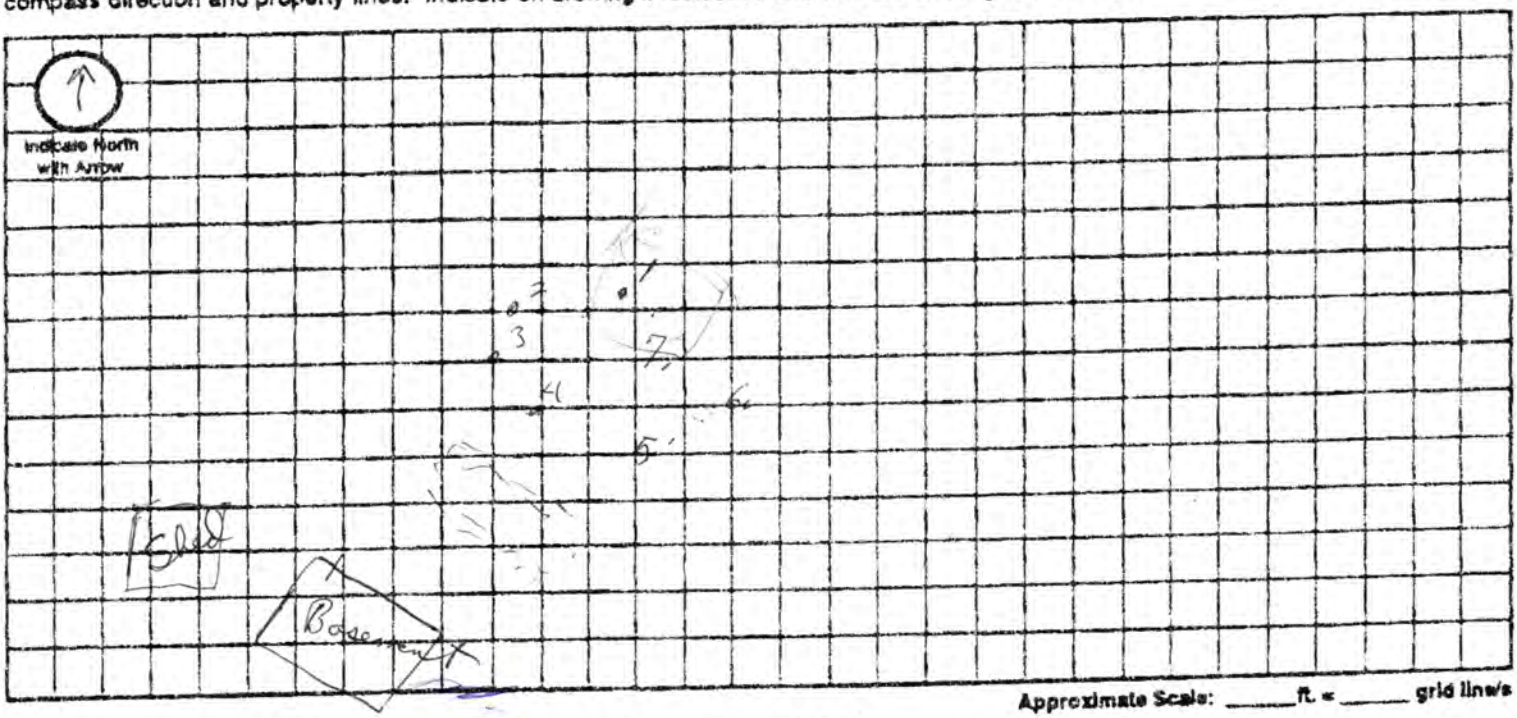
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Permit Number:

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) 3201 SW 89 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 850 ft. Number of Trenches 4 Trench Width 4

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 Larry Schwaych + Calvin Petersen Date 6-4-99

Installer Larry Schwaych Date 6-4-99

FORM 23-102 10-98

JUN 2 3 1999

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 6-21-99

System Location (Indicate correct number and street)

Address ~~4440 So 49~~ 3201 SW 89th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 15 in.
3. Distance between dwelling and septic tank: 127 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: 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: 8" in.
8. Distances to: Well or suction line _____ 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: 47' ft.

D. Absorption Field

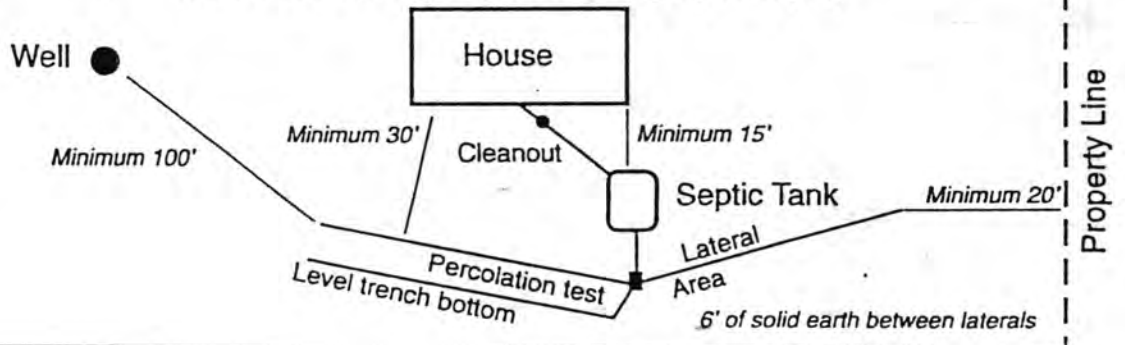
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15 Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 85 ft. 68 ft.
   60 ft. 60 ft., 56 ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 28" in
4. Filter material: Road Gravel
   Depth of material 15 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

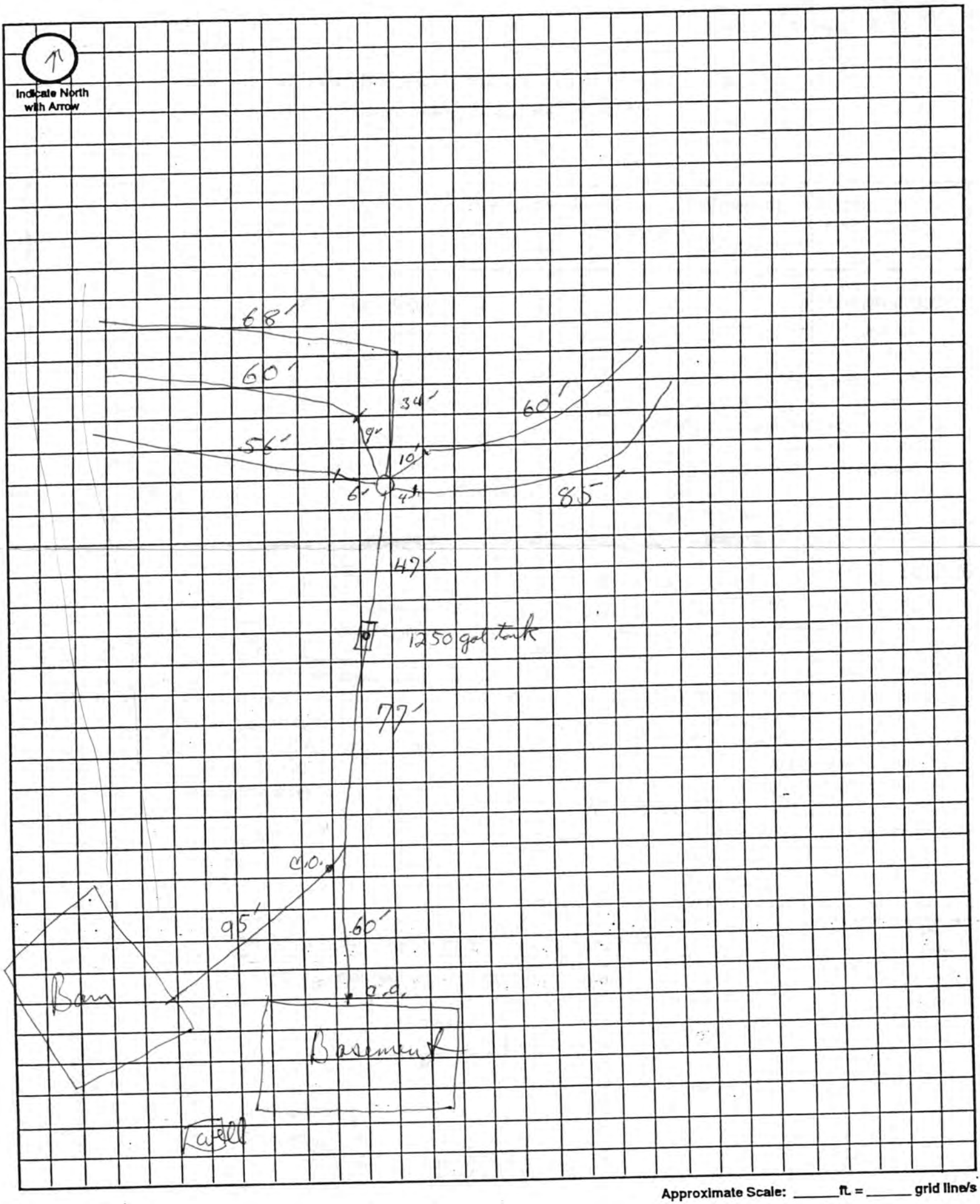
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwarck 6-21-99



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