LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380177601

Issued 06/16/98
Expires 12/16/98
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

BRENT & CHRISTINE BOLTE
T9N R5E SEC 3 QTR NE
LOT 64IT
3475 SW 89 ST

Permittee

BRENT & CHRISTINE BOLTE
5200 MADALYN RD
LINCOLN NE 68516-5336

Issued By Health Director
Lincoln-Lancaster County Health Department

007620

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 3475 SW 89th (no rural route) City Lincoln NE, Zip 68532

Legal Description NE 3 9N 5E 64 Lot
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 Breuta Christine Bolte Signature Breuta Christine Bolte

Address 5200 Madalyn Rd City/State/Zip Lincoln NE 68516

☒ Check if owner designed system Home Phone 402-420-1762 Work Phone 402-467-7659

C. Contractor Dan Kubr

Name Kubr Construction Company Name Kubr Construction

Address Route 1 Box 138 City/State/Zip Roca NE 68430

☐ Check if contractor designed system Work Phone 423-3045 560 2124

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

Designer Name _____ Firm H.L. Mahlback Const. Work Phone 785-3515

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 6/16/98 Date frwd 6/16/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Nood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-16-98 Date frwd 6-16-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/16/98 Date frwd 6/16/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

8/7/98 L.C.H. Need fence, drainage etc

Installation Final Written Approval

By Jerrold C. Nood

Date NOVEMBER 25, 1998

Business Office Use Only

Date Rec'd 06/16/98

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 5213

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 3475 SW 89th City Lincoln NE, Zip 68532

(no rural route)

Owner Brent & Christine Bolte Addresss 5200 Madalyn Rd 68516

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

Date of Tests 5-30-98 to 5-31-98 Weather: Precipitation NONE → TRACE Temperature 65-70
6-6-98 6-7-98

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)
B	36	5-30	800	5-31	800	5-31	8:00	15 3/8	5-31	1200	30	1/16	480
C	36							19 3/8				1/4	120
D	36							17 1/2				1/4	120
E	36							17				1/8	240
F	36							16 5/8				1/4	120
G	36	↓	↓	↓	↓	↓	↓	18	↓	↓	↓	1/8	240
H	36	6-6	900	6-7	900	6-7	900	11 5/8	6-7	1:00pm		5/8	48
I	36							9 1/16				7/16	68.6
J	36							11 1/4				3/8	80
K	36	↓	↓	↓	↓	↓	↓	13 3/8	↓	↓	↓	9/16	53.3

1st Test

2nd Test

Sum of Percolation Rates: 1569.9
Average of Rates: 156.99
Rate Used for Calculation: 156.99

Person Conducting Percolation Tests

Name: Brent Bolte
Phone: 402-420-1762
Address 5200 Madalyn
Lincoln NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks TOO SLOW FOR CONVENTIONAL SYSTEM.

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 16, 1998

FORM 23-101 10-96

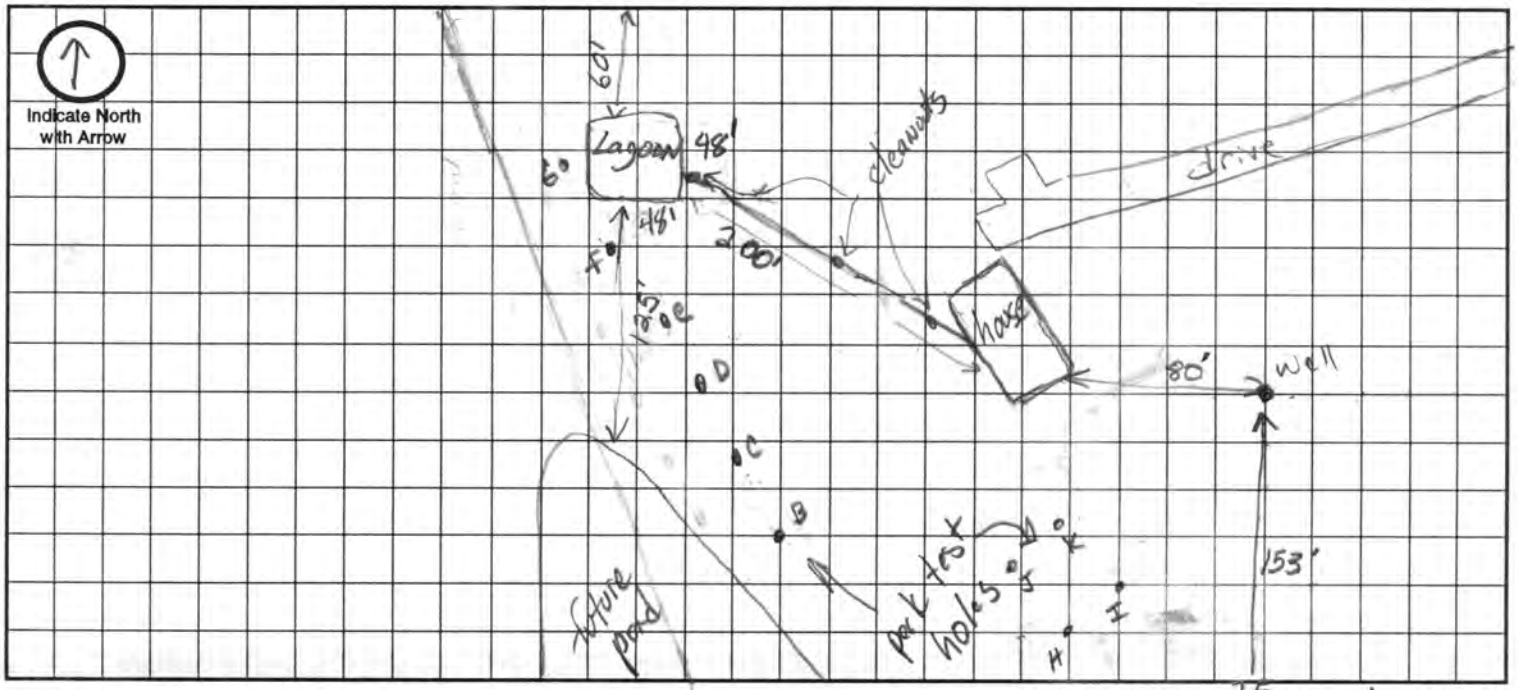
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3475 SW 89th City LINCOLN NE, Zip 68532

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: _____ 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: _____

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 Vantage Point Homes Date 6-15-98

Installer N.T. Muhlbach Constr. Date 6-15-98

FORM 23-102 10-96

Done

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

ATT: Jerry Hood
from Brent Bolte
467-7659

Date 10-27-98

System Location (Indicate correct number and street)

Address 3475 SW 89 (no rural route) City Lincoln NE, Zip 68532

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: NA ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 300 ft.
   stream 2500 ft.
   pressure line 200 ft.
   property line 60 ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

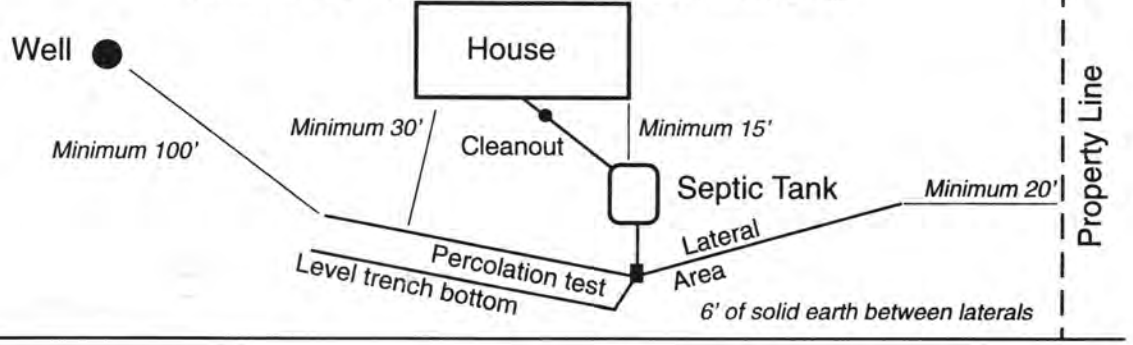
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

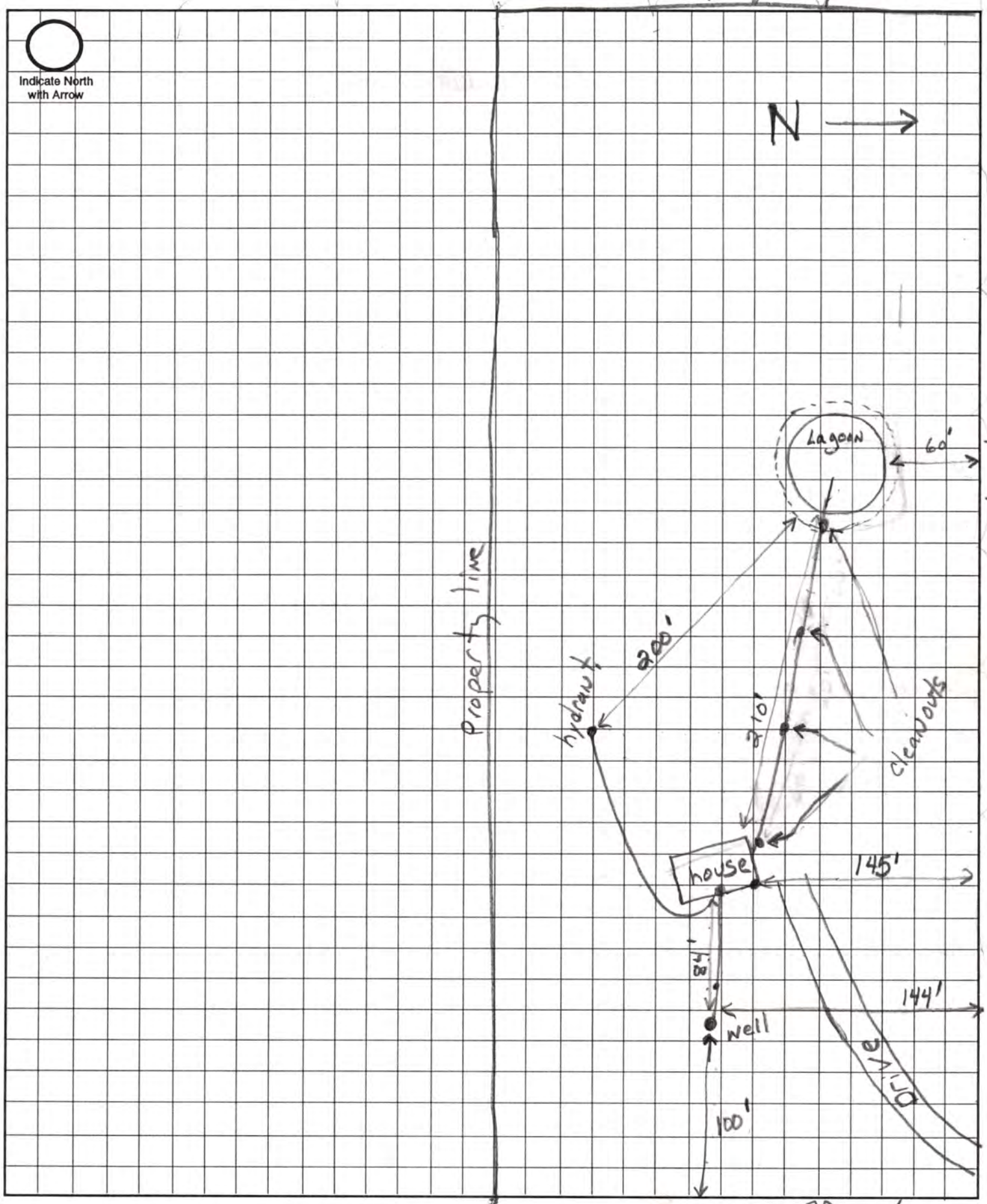
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 20 ft. = 1 grid line/s