Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380210001

Issued 10/14/99
Expires 04/14/00
Revenue Code 3157

FEES: $150.00

Establishment

FRANK ASHELFORD
T9N R5E SEC 13
TIMBERLINE ESTS-1ST BLK 2 LOT 2
5910 PINE KNOT DR

Permitee

JOE ASHELFORD
4253 NE #43 HWY
ADAMS NE 68301

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011077

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 5910 PINE KNOT DRIVE (no rural route) City _____ NE, Zip _____

Legal Description 13 9N 5E Timberline Estates 1st 2 2
(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 Frank A Shelford Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Joe Ashelford Company Name _____

Address ADAMS, NEBRASKA City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Larry Schwaab Firm Trucking Work Phone 489-7294

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 10/7/99 Date frwd 10/11/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-12-99 Date frwd 10-12-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/11/99 Date frwd 10/11/99 ACTION ☒ Approved ☐ Disapproved Signature _____

11/30/99 Need Drawing J.C.H.

Installation Final Written Approval

By Jerrold C. Hood, P.E., L.S.

Date DECEMBER 29, 1999

Business Office Use Only

Date Rec'd 10/06/99
Amt Paid 150.00
Rec'd By us ~~Cash~~/Check No. 2212

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

B

Lincoln-Lancaster County Health Department
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Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Blk 2
Lot 2
Pinelock Estates 1st Add.

System Location (Indicate correct number and street)

Address 5910 PINE KNOT DR. City NE, Zip
(no rural route)

Owner Address

Soil Type (SCS): Wymore Silty Clay Loam Percolation Rate: 60 min./inch

Date of Tests 7-22 to 7-23 Weather: Precipitation 72° Temperature

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	30	7-22	1:00	7-23	7:00	7-23	10:50	10½	7-23	11:30	30	¾	40
2	1							10¼				½	60
3	1							14				1	30
4	1							16½				1½	20
5	1							17				1	30
6								1¼				½	60
7								12½				¾	40

Sum of Percolation Rates: 280
Average of Rates: 40
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwarck
Phone: 489 7294
Address 8200 old cheney Rd.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks UTILIZE 60 MIN/IN

Signature of Reviewing Official John E Mesner Date 10-11-99

FORM 23-101 10-96

See 13 T9 - R 5

C

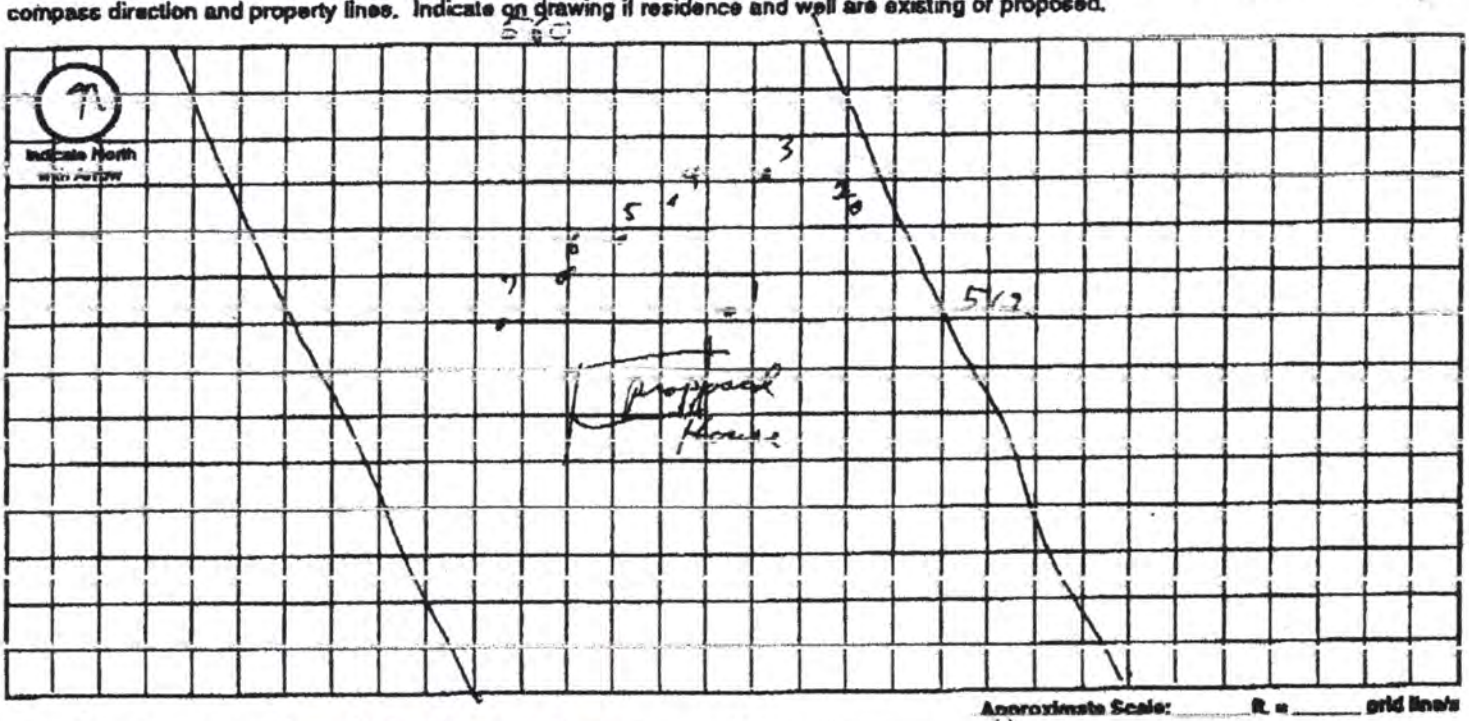
Lincoln-Lancaster County Health Department
Environmental Health Division
2140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 5910 PINE KNOT DR City _____ 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: Wymore Silty Clay Loam Land Slope: 6 %

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

Total Square Feet of Field Required: 990 sq. ft.

Type of Lateral: ☐ Tile (Joint) ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 247 ft. Number of Trenches _____ Trench Width 48"

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

Distance From	Private Well	Public Well	Surface Water	Ground Water	Treatment 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 Joe Stafford Date _____

Installer Larry Schwarck Date 7-23-99

FAX

DEC 2 1999

D

Permit Number:

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Sewage Disposal System

As Built Plans & Specifications

Date 11-30-99

System Location (Indicate correct number and street)

Address 5910 Pine Knot (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: _____ in.
2. Distance above basement floor: X in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 57 ft.
4. Number of clean-outs: 1
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: _____ 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

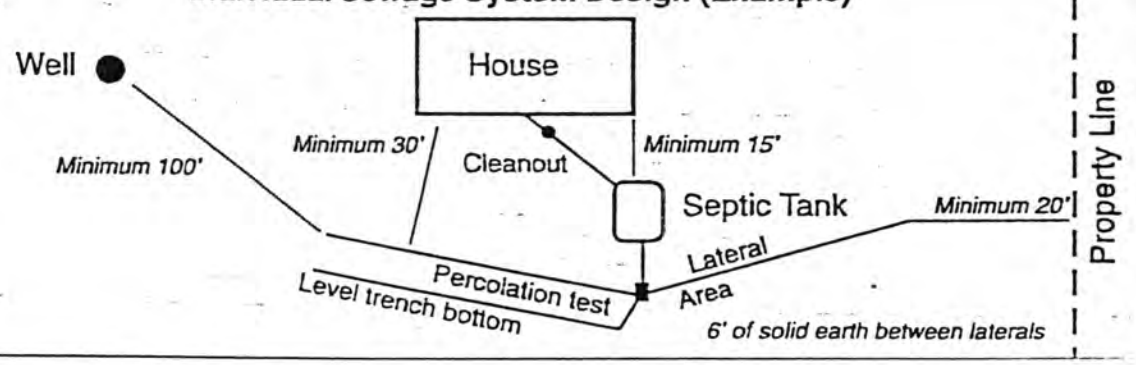
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 53 ft. 53 ft.
   254 53 ft. 53 ft., 42 ft.
3. Trench dimensions: Width 4 ft.
   Slope — in/100 ft.
   Average depth 30" in
4. Filter material: _____
   Depth of material _____ 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

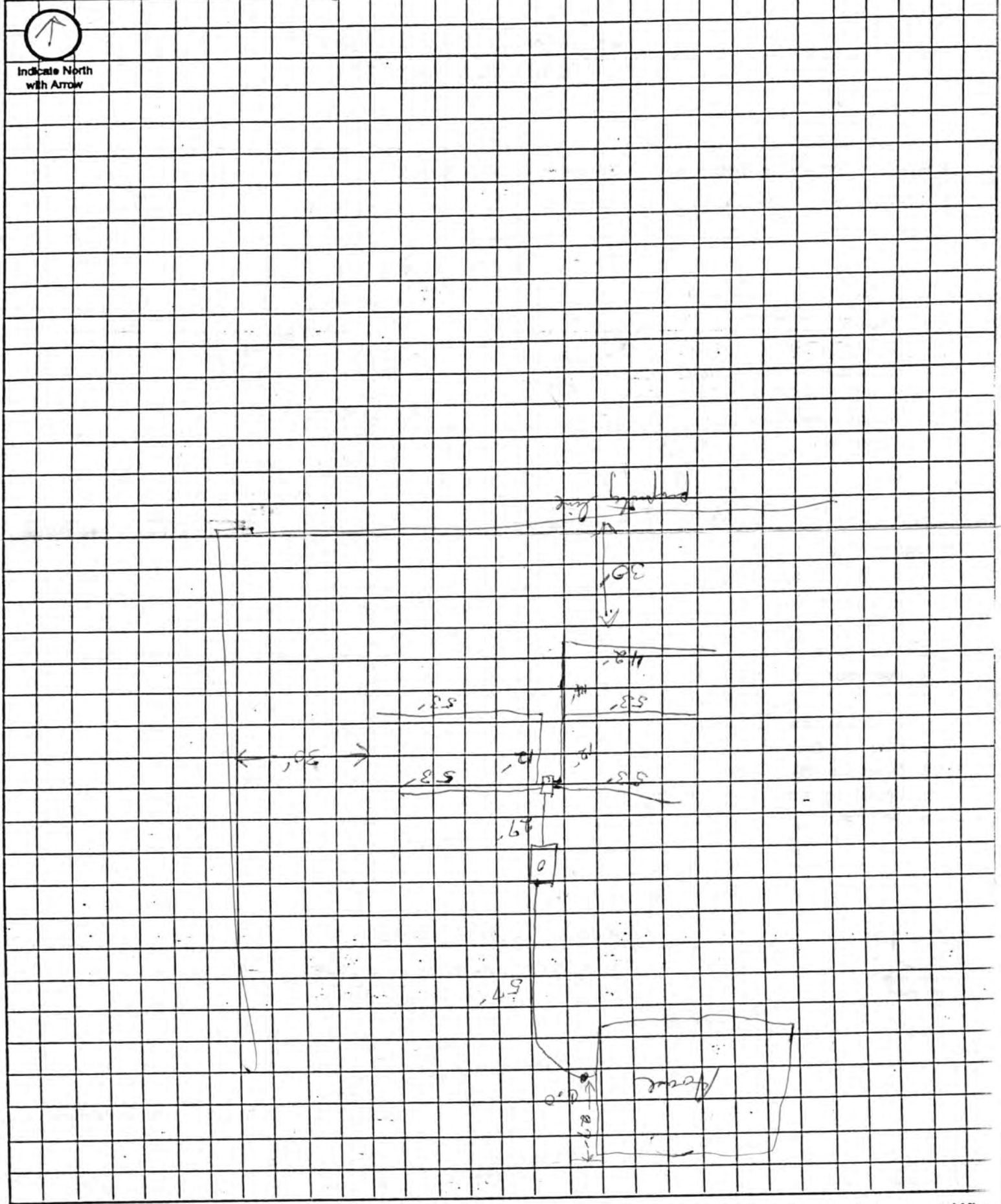
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

by Tony Schwarck 11-30-99
for Joe Ashelford



Approximate Scale: _____ ft. = _____ grid lin