Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC

Permit # 00380225101

Issued 10/12/00
Expires 04/12/01
Revenue Code 3157

Establishment

JASON K OLTMAN
T9N R5E SEC 22
LOT 164
8605 W DENTON RD--DENTON

FEES: $200.00

Permitee

JASON K OLTMAN
1900 PAWNEE ST
LINCOLN NE 68502

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013808

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

A

Permit Number: 00380225

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 8605 West Denton Rd. (no rural route) City Denton NE, Zip 68339

Legal Description 22 9 5 ____ ____ ____ 164
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 Jason Oltman Signature Jason K. Oltman

Address 1900 Pawnee St. City/State/Zip Lincoln, NE 68502

☐ Check if owner designed system Home Phone 423-4196 Work Phone 310-7247

C. Contractor

Name Jason Oltman Company Name _____

Address 1900 Pawnee St City/State/Zip Lincoln, NE 68502

☐ Check if contractor designed system Work Phone 310-7247

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

Designer Name Mel Wagner Firm Wagner Const Work Phone 432-5698

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 10/10/00 Date frwd 10/12/00	**ACTION** ☒ Approved ☐ Disapproved Signature Doug Arnold	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10.12.00 Date frwd 10.12.00	**ACTION** ☒ Approved ☐ Disapproved Signature TK	
3. **City or County Engineer**	Date rec'd 10/12/00 Date frwd 10/12/00	**ACTION** ☒ Approved ☐ Disapproved Signature Chase Baker	

Installation Final Written Approval

By Doug Arnold

Date 12/12/00

Business Office Use Only

Date Rec'd 10/10/00

Amt Paid 200.00

Rec'd By LS ~~Cash~~/Check No. 550

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: 00380225I

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8605 West Denton Rd (no rural route) City Denton NE, Zip 68339

Owner Jasen Oltman Addresss 1900 Pawnee St. Lincoln, NE 68502

Soil Type (SCS): SAND - SAND CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 10/7/00 to 10/5/00 Weather: Precipitation 0 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	30	10/7		10/5		10/5	2:30	6	10/5	2:30	30	5	6
2	32	"	"	"	"	"	"	"	"	"	"	4	8
3	31	"	"	"	"	"	"	"	"	"	"	2	15
4	30	"	"	"	"	"	"	"	"	"	"	1	30
5	32	"	"	"	"	"	"	"	"	"	"	7/8	34
6	32	"	"	"	"	"	"	"	"	"	"	7/8	34

Sum of Percolation Rates: Rates vary over-
Average of Rates: 20 minutes — lowest rate used
Rate Used for Calculation: 34

Person Conducting Percolation Tests

Name: Mel Wagner
Phone: 432-5695
Address 4510 W. Clare Ave
Lincoln NE. 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

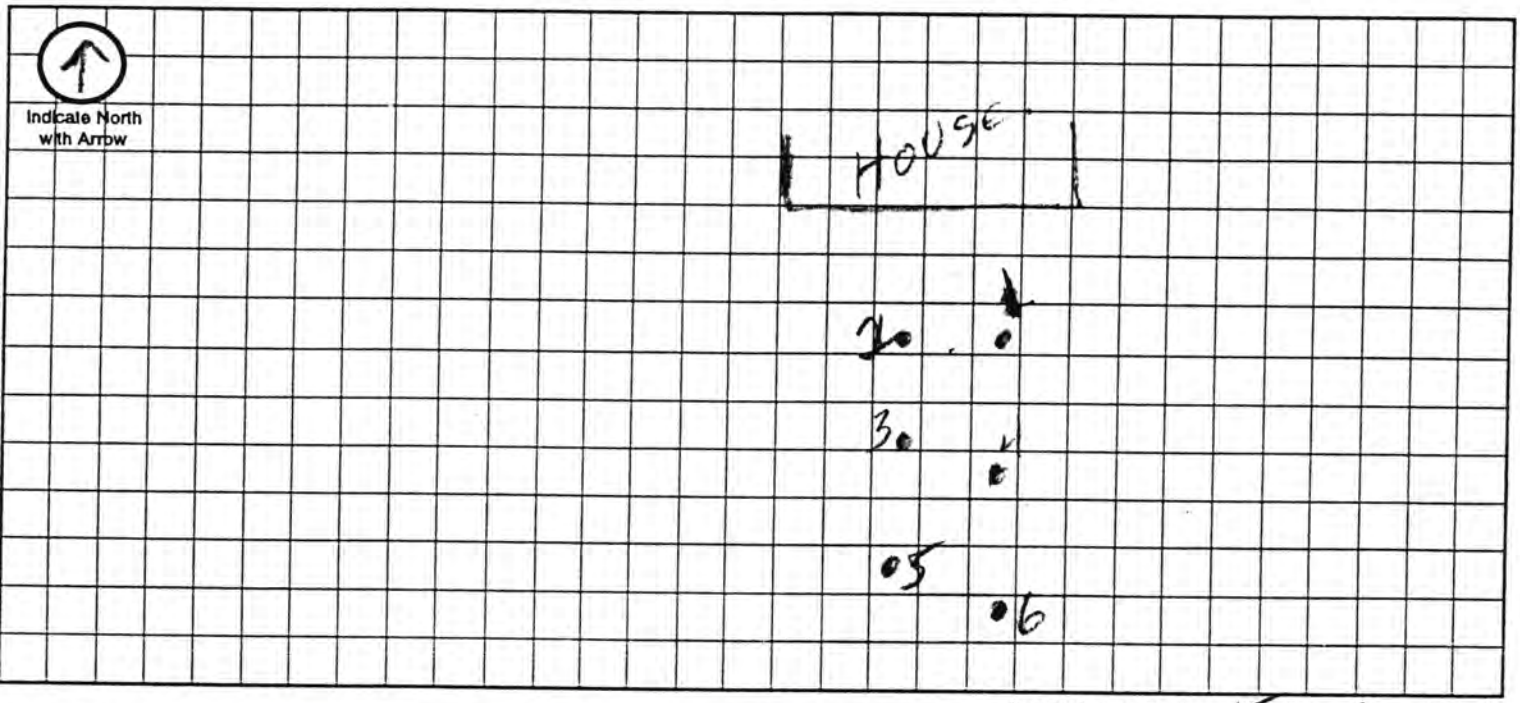
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380225C

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8605 West Denton Rd. City Denton NE, Zip 68339

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: 900 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 300 ft. Number of Trenches 3 Trench Width 36

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 Jason K. Oltman Date 10/10/00

Installer [signature] Date 10/9/00

JASON AITMAN

D

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

Permit Number: #00380225101

Sewage Disposal System
As Built Plans & Specifications

Date 12/8/00

System Location (indicate correct number and street)
Address 8605 W DENTON Rd (no rural route) City DENTON NE, Zip 68339

A. Building Sewer
1. Material: PVC.
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 22 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line OVER 100 ft.
   stream 1000+ ft.
   pressure line OVER 50 ft.
   property line OVER 20 ft.

B. Septic Tank
1. Material: CONCRET
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter NA in.
   Over outlet, diameter NA in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream 1000+ ft.
   Pressure line OVER 50 ft.
   Property line OVER 20 ft.

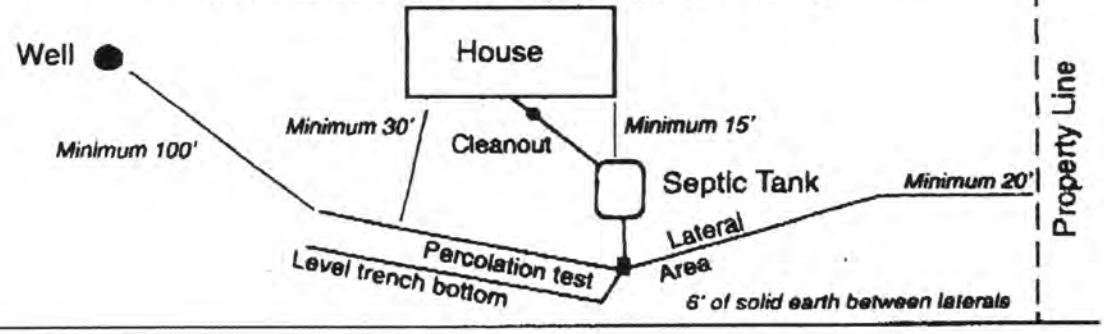
C. Distribution Box
1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 ft.

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: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. ft., ft.
3. Trench dimensions: Width 36" ft.
   Slope 2 in/100 ft.
   Average depth 24 in
4. Filter material: gravel
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream 1000+ ft.
   Pressure line OVER 50 ft.
   Property line OVER 20. ft.

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

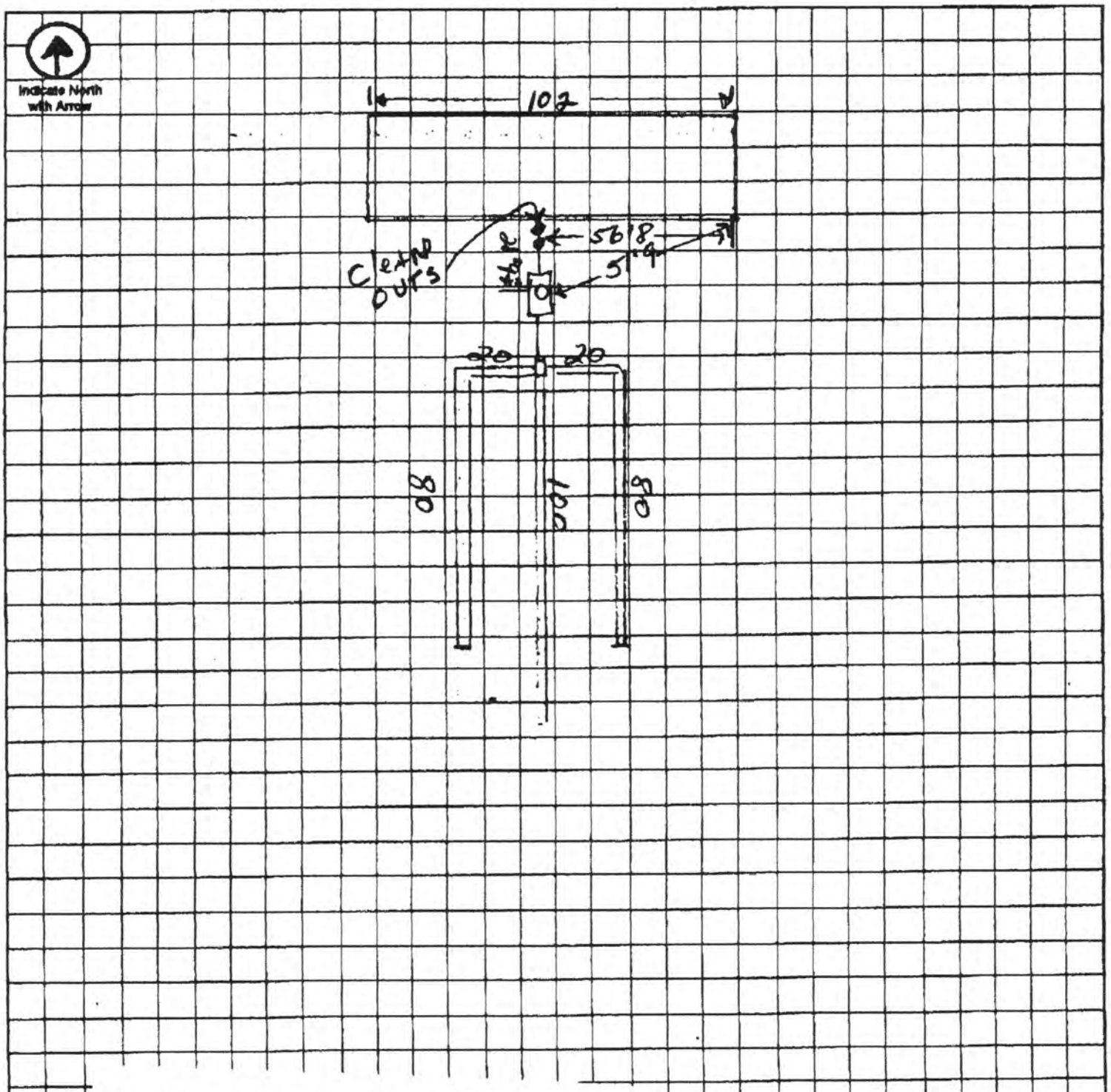
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-98

As Built Drawing



Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 2

To County Health	From Gagner Const
Co. Jerry Wood	Co. mtn
Dept.	Phone # 432-5698
Fax # 441-6206	Fax # 402-797-7475

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

A TRACT OF LAND LOCATED IN THE NORTHEAST QUARTER OF SECTION 22, TOWNSHIP 9 NORTH, RANGE 5 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA, DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF SAID NORTHEAST QUARTER; THENCE S 00°44'48" E (ASSUMED BEARING) ON THE EAST LINE OF SAID NORTHEAST QUARTER, 693.00 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING S 00°44'48" E ON THE EAST LINE OF SAID NORTHEAST QUARTER, 1944.49 FEET TO THE SOUTHEAST CORNER OF SAID NORTHEAST QUARTER; THENCE N 89°30'29" W ON THE SOUTH LINE OF SAID NORTHEAST QUARTER, 597.00 FEET; THENCE N 07°28'14" E, 1904.47 FEET; THENCE N 81°04'25" E, 328.00 FEET TO THE POINT OF BEGINNING.

Title Software by Automated Real Estate Services, Inc. 1-800-330-1295