Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

CHRIS BOWMAN
T9N R5E SEC 24 QTR NE
YANKEE LAKE ACRES BLK 2 LOT 3
5800 W YANKEE LAKE RD

Permitee

CHRIS BOWMAN
801 W JENNIFER DR
LINCOLN NE 68521-4351

Permit # 00380215001

Issued 03/02/00
Expires 09/02/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

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MAR 1 2000

A

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

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 5800 W. YANKEE LAKE RD (no rural route) City LINCOLN NE, Zip 68339

Legal Description NE (1/4) 24 (1/4) 9N (Section) 5E (Township) YANKEE LAKE ACRES (Range) (Subdivision) 2 (Addition) 3 (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 CHRIS & DEBRA BOWMAN Signature _____

Address 801 W. Jennifer Dr. City/State/Zip _____

☐ Check if owner designed system Home Phone ~~423-0120~~ 435-1123 Work Phone 423-0120

C. Contractor

Name MANZITTO BROS Company Name _____

Address 3341 PIONEERS BLVD City/State/Zip LINCOLN / NE / 68506

☐ Check if contractor designed system Work Phone 402-483-2302

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

Designer Name SCHUNCK TRENCHING Firm _____ Work Phone _____

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 3/1/00 Date frwd 3/2/00 **ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/2/00 Date frwd 3/2/00 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/2/00 Date frwd 3/2/00 **ACTION** ☒ Approved ☐ Disapproved Signature _____

8/2/00 two laterals & tank installed
8/3/00 3rd lateral installed Need drawing

Installation Final Written Approval

By _____

Date 8/14/00

Business Office Use Only 3014

Date Rec'd 3/1/00
Amt Paid 150.00
Rec'd By CW Cash/Check No. 027252

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

Lincoln-Lancaster County Health Department
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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 Yankee Lake Rd (no rural route) City _____ NE, Zip _____

Owner Manjits Bros Addresss _____

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

Date of Tests 3-26 to 3-27-00 Weather: Precipitation — Temperature 60

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	3-26	9:40	3-27	7:00	3-27	10:30	19½	3-27	11:00	30	½	
2								22		11:00		½	
3								20¼				½	
4								23¼				½	
5								18½				½	
6								19				½	

Person Conducting Percolation Tests

Name: Larry Schwarck
Phone: 489-7294
Address 8200 Old Cheney Rd

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 22-101 10-96

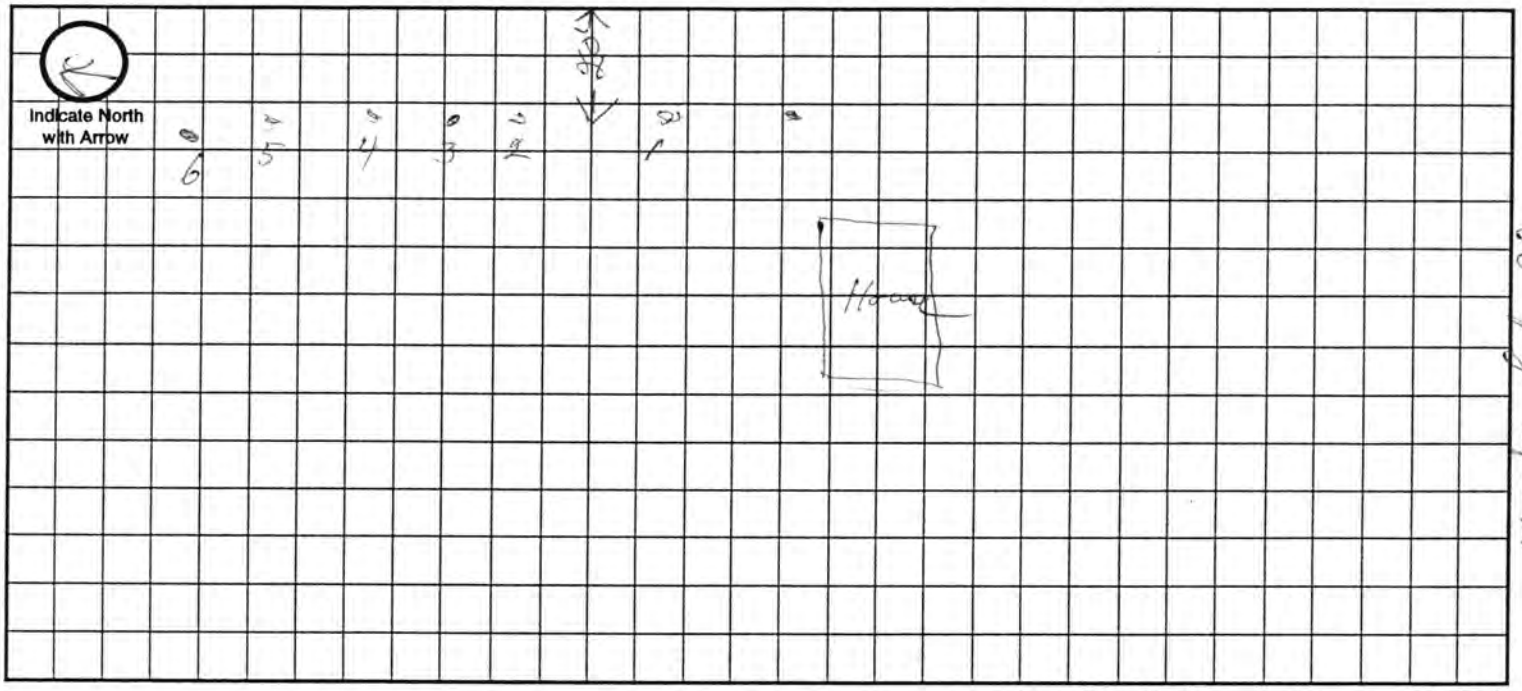
Lincoln-Lancaster County Health Department
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C

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) Yankee Lake Rd 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 Land Slope: _____ %

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

Total Square Feet of Field Required: ~~1400~~ 1050 sq. ft. DS 3-bd as per Bed Sourbeer

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

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

Total Length of Laterals 350 ft. Number of Trenches _____ Trench Width 4'

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 3-28

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-4-00

System Location (Indicate correct number and street)

Address 5800 Yankee Lake Rd. (no rural route) City Denton NE, Zip 68339

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and septic tank 62 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line > 50 ft.
   stream > 50 ft.
   pressure line > 35 ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6X9 in.
   Over outlet, diameter 6X9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 7 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line > 35 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6' ft.

D. Absorption Field

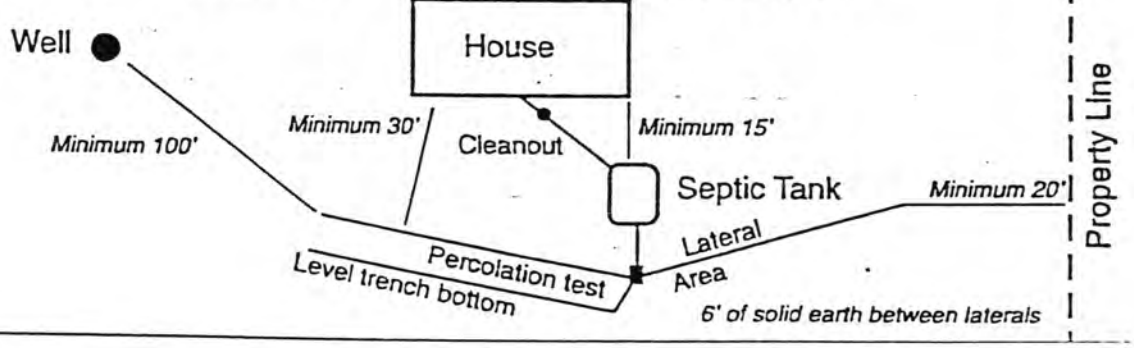
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 100 ft. 91 3/3 ft.
   83 3/3 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4.6 in/100 ft.
   Average depth 33 in
4. Filter material: Road Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line > 35 ft.
   Property line > 20 ft.

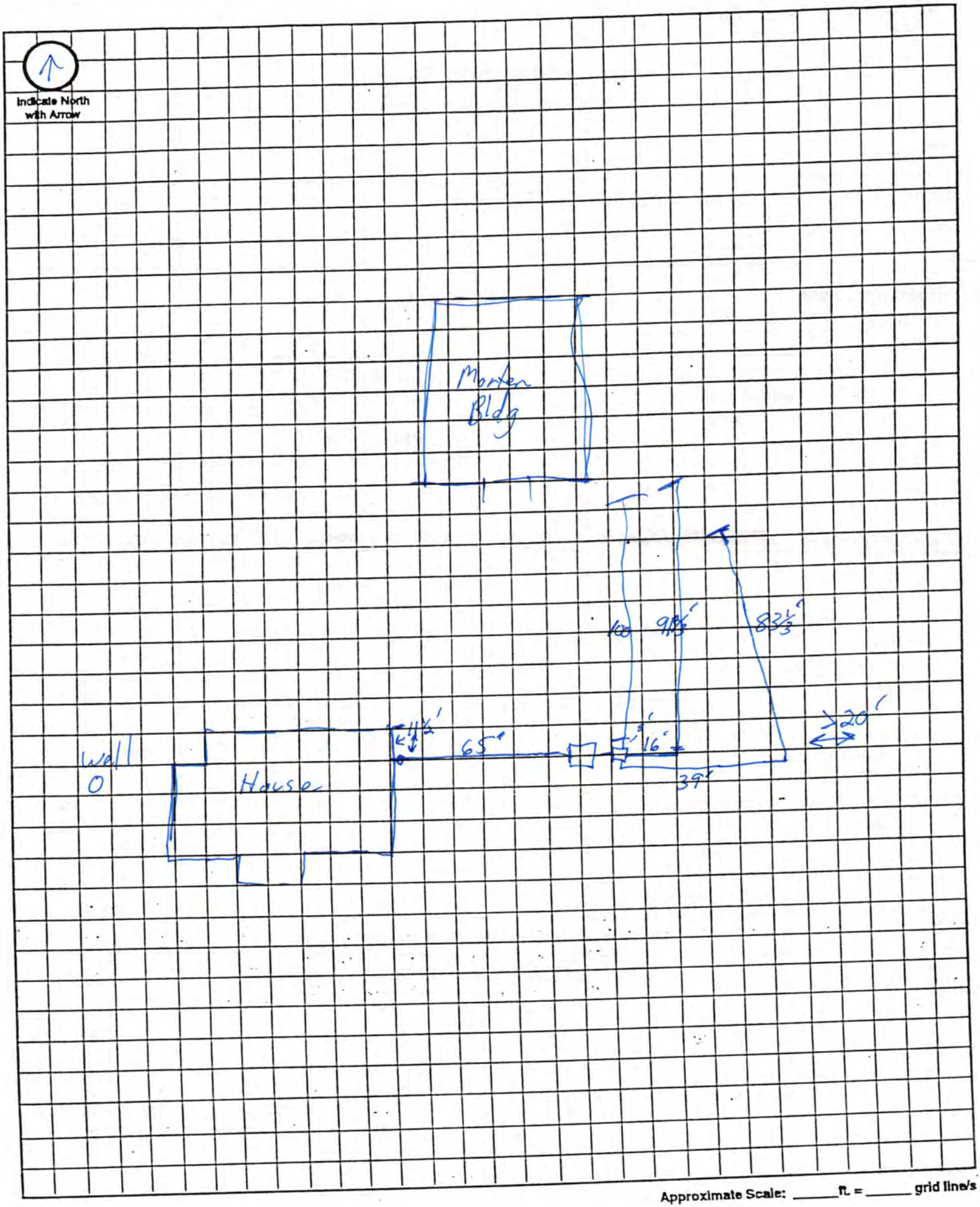
Scale North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



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