# Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-3000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380258301

Issued 01/06/02
Expires 01/06/03
Revenue Code 3157

Establishment
JIM ZILLY
T9N R5E SEC 26
WINDSOR RIDGE WEST BLK 1 LOT 6

FEES: $200.00

Permittee
JIM ZILLY
3040 KIPLING ST
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003222

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

**A**

Permit Number: 03380258301

# 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 8800 Southwest 81ST Ct (no rural route) City Denton Ne NE, Zip 68339

Legal Description 24 9N 5E Windsor Ridge West 1 6
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 Jim Zilly Signature _____

Address _____ City/State/Zip _____

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

### C. Contractor

Name Jim Kinney Company Name Kinney Homes

Address 6410 Cannondale Ct City/State/Zip Lincoln Ne 68516

☒ Check if contractor designed system Work Phone 560 4488

### 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 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 1/6/03 Date frwd 1/7/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1.7.03 Date frwd 1.7.03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1-7-03 Date frwd 1-7-03 ACTION ☒ Approved ☐ Disapproved Signature _____

### Installation Final Written Approval

Tank + line need drawing, field notes prepared

By Doug Smith

Date 10/30/03

***Business Office Use Only***

Date Rec'd 01/06/03

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 2021

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

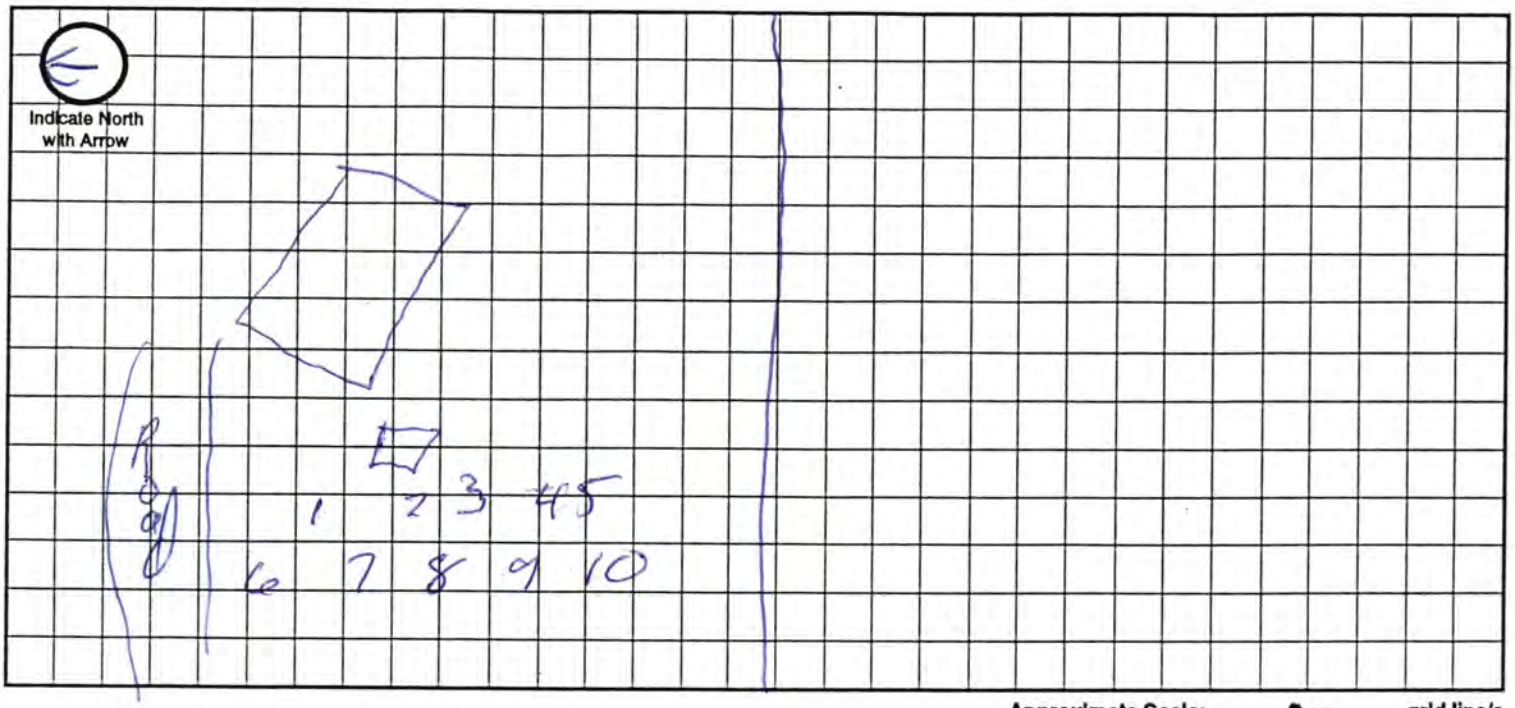
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 03802583

# 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) 8800 South West 81st ct City Raitor 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 50 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

Type of Lateral: ☐ Half-Moon ☐ 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 _____ 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 _____ Date _____

Installer Owner Date _____

FORM 23-102 10-96

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

**B**

Permit Number: 03380258 3

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 8800 SouthWest 81st CT (no rural route) City Denton Ne NE, Zip 68339

Owner Jim Zilly Addresss

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 50 min./inch

Date of Tests 1-5-03 to Weather: Precipitation -0- Temperature 50°

### 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 | 35 | 1-4-03 | 9:30 | 1-5-03 | 7:30 | 1-5-03 | 7:00 | 15 | | | 30 | 1/2 | 60MIN/IN |
| 2 | 42 | | | | | | | 16 | | | 30 | 3/4 | 40MIN/IN |
| 3 | 36 | | | | | | | 18 | | | 30 | 3/4 | 40MIN/IN |
| 4 | 34 | | | | | | | 15 | | | 30 | 1/2 | 60MIN/IN |
| 5 | 38 | | | | | | | 17 | | | 30 | 1/2 | 60MIN/IN |
| 6 | 42 | | | | | | | 18 1/2 | | | 30 | 3/4 | 40MIN/IN |
| 7 | 44 | | | | | | | 22 | | | 30 | 1/2 | 60MIN/IN |
| 8 | 37 | | | | | | | 21 | | | 30 | 3/4 | 40MIN/IN |
| 9 | 39 | | | | | | | 20 | | | 30 | 1/2 | 60MIN/IN |
| 10 | 40 | | | | | | | 24 | | | 30 | 3/4 | 40MIN/IN |

### Person Conducting Percolation Tests

Name: Tim Kinney

Phone: 560 4488

Address 6410 Canandale ct Lincoln Ne 68516

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 50

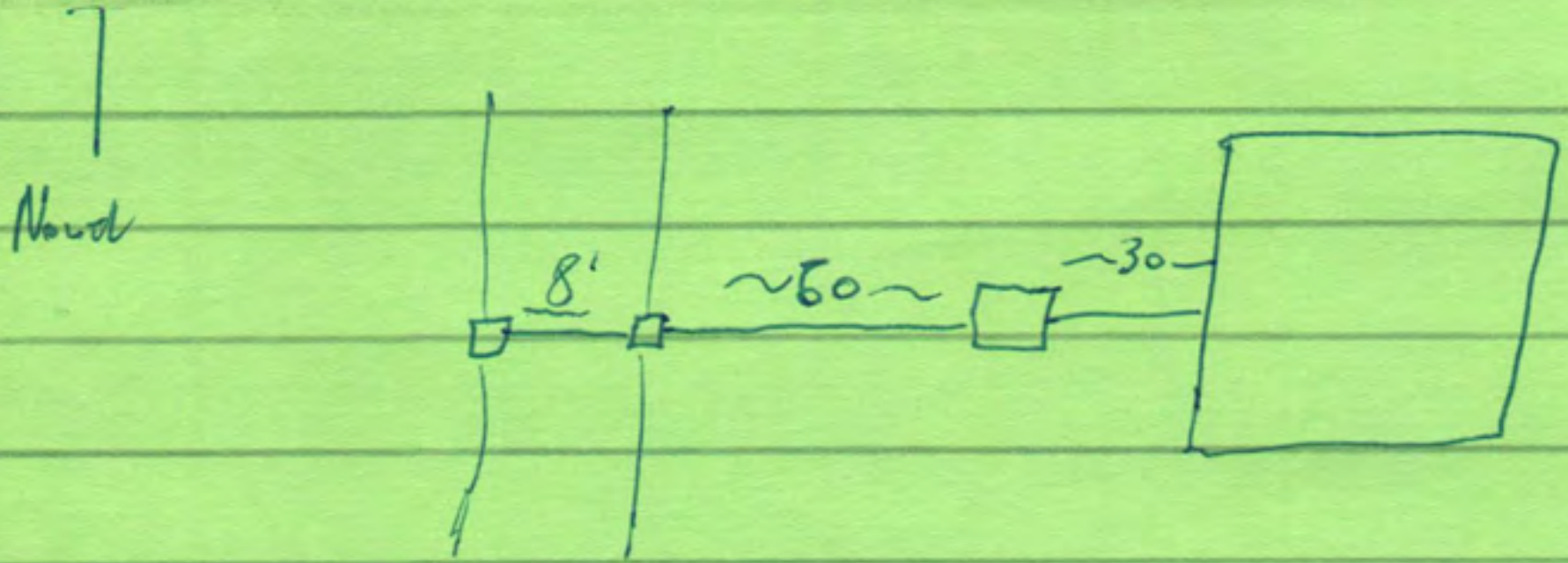
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### Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96


North
8'
~60~
~30~