# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 99380194601

Issued 03/19/99
Expires 09/19/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

NEMAHA NURSERY
T9N R6E SEC 3
ALSO LOTS 74&162 LOT 7,3,
430 W PIONEERS BLVD

Permittee

NEMAHA NURSERY
BOX06385
BOX 06385
LINCOLN NE 68506-0385

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008992

**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: 9938 01946

# 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 430 West Pioneers (no rural route) City Lincoln NE, Zip 68522

Legal Description 3 T9N R6E
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 Nemaha Nursery Signature _____ V.P

Address PO Box 6385 City/State/Zip Lincoln NE 68506

☑ Check if owner designed system Home Phone 434-5488 Fax Work Phone 499-8734 Mobile

### C. Contractor

Name Nemaha Nursery Company Name _____

Address PO Box 6385 City/State/Zip Lincoln, NE 68522

☐ Check if contractor designed system Work Phone 434-5488

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

Designer Name Same as above (self) Firm _____ Work Phone _____

### E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 2 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 3-10-99 Date frwd 3/19/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

3-26-99 rec'd, need drawing

## Installation Final Written Approval

By _____

Date 9-27-99

***Business Office Use Only***

Date Rec'd 03/15/99
Amt Paid 150 ⁰⁰
Rec'd By _____ ~~Cash~~/Check No. 1453

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

B

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

Permit Number: 99380194G

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

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

Address 430 West Pioneers (no rural route) City Lincoln NE, Zip 68522

Owner Nemaha Nursery Address ~~[illegible]~~ P.O. Box 6485 Lincoln NE 68506

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

Date of Tests _____ to _____ Weather: Precipitation _____ 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 | 3/5 | 9:00 AM | 3/6 | 9:00 AM | 3/6 | 10:00 AM | 6 | 3/6 | 10:30 | 30 | 3/4 | 40 |
| 2 | 31 | 3/5 | 9:00 AM | 3/6 | 9:00 AM | 3/6 | 10:00 AM | 6 | 3/6 | 10:30 | 30 | 1 | 30 |
| 3 | 28 | 3/5 | 9:00 AM | 3/6 | 9:00 AM | 3/6 | 10:00 AM | 6 | 3/6 | 10:30 | 30 | 1 1/8 | 27 |
| 4 | 29 | 3/5 | 9:00 AM | 3/6 | 9:00 AM | 3/6 | 10:00 AM | 6 | 3/6 | 10:30 | 30 | 1 1/8 | 27 |
| 5 | 30 | 3/5 | 9:00 AM | 3/6 | 9:00 AM | 3/6 | 10:00 AM | 6 | 3/6 | 10:30 | 30 | 3/4 | 40 |
| 6 | 29 | 3/5 | 9:00 AM | 3/6 | 9:00 AM | 3/6 | 10:00 AM | 6 | 3/6 | 10:30 | 30 | 1.25 | 24 |
| | | | | | | | | | | | | | 188 2/3 |
| | | | | | | | | | | | | | 6/188 |
| | | | | | | | | | | | | | (31) |
| | | | | | | | | | | | | | MIX |

Sum of Percolation Rates: 188

Average of Rates: 31

Rate Used for Calculation: 31

**Person Conducting Percolation Tests**

Name: Jeff Emanuel

Phone: 499-8334

Address _____

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks O/K FOR SEPTIC SYSTEM REPAIR/REPLACEMENT OF LATERALS

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

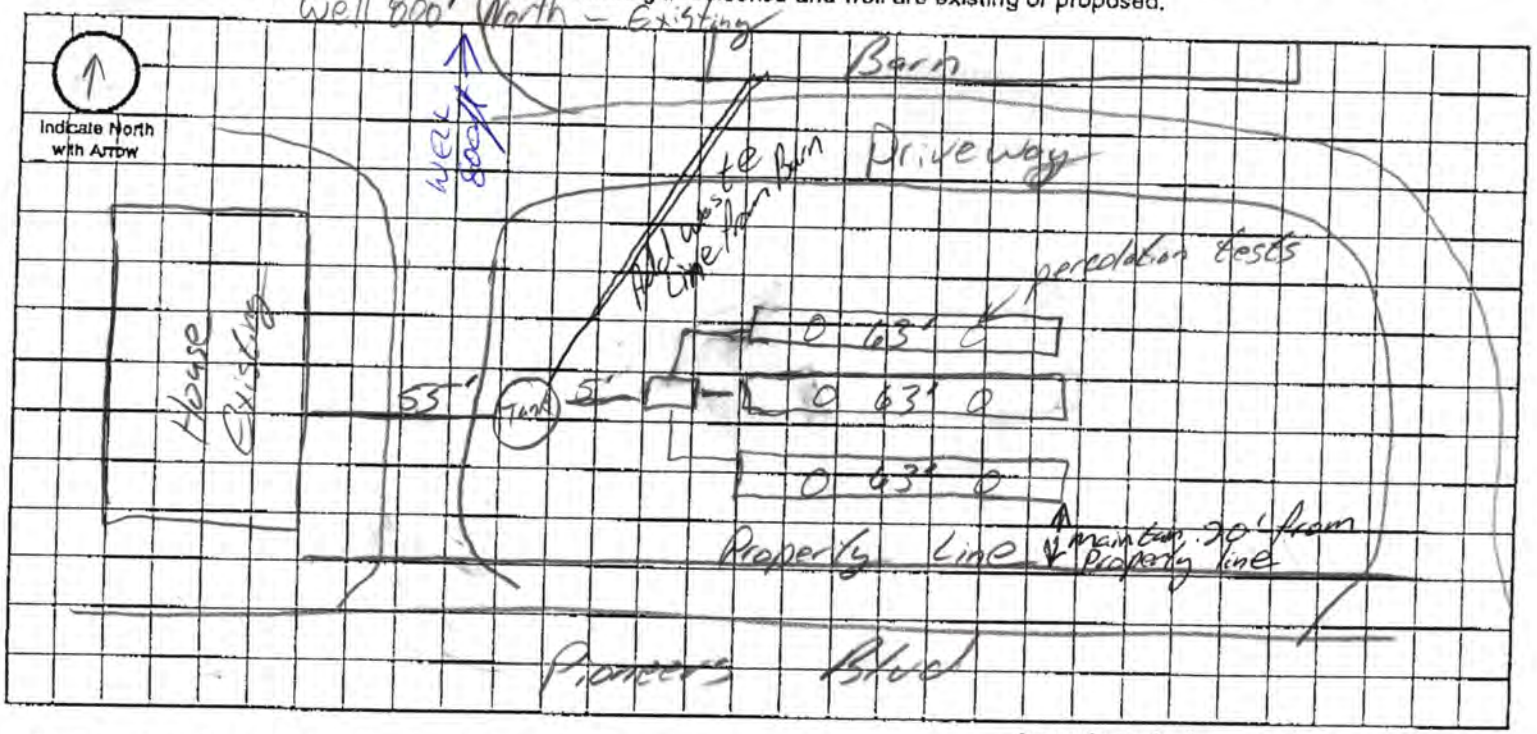
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 99380 1946

# 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) 430 West Pioneers City Lincoln NE, Zip 68522

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Existing 1000 gal

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 31 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 508 sq. ft. Only 508ft is required for 2 Bedroom - We will install 762ft because we are adding a bathroom in barn

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 177 ft. 188ft to be installed Number of Trenches 2 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 REPAIR TO EXISTING HOME SYSTEM Date _____

Installer Neemaha Nursery Date 3-10-99

SEP 24 1999

D

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

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date 9-15-99

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

Address 430 West Pioneers Blvd (no rural route) City Lincoln NE NE, Zip 68522

## A. Building Sewer

1. Material: Plastic
   Diameter: 4 in.
2. Distance above basement floor: 28 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 42.5 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line Over 600 ft.
   stream N/A ft.
   pressure line 20 ft.
   property line 76 ft.

## B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 30 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 27 in.
8. Distances to: Well or suction line Over 600 ft.
   Stream N/A ft.
   Pressure line 26 ft.
   Property line 76 ft.

## C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 29 ft.

## D. Absorption Field

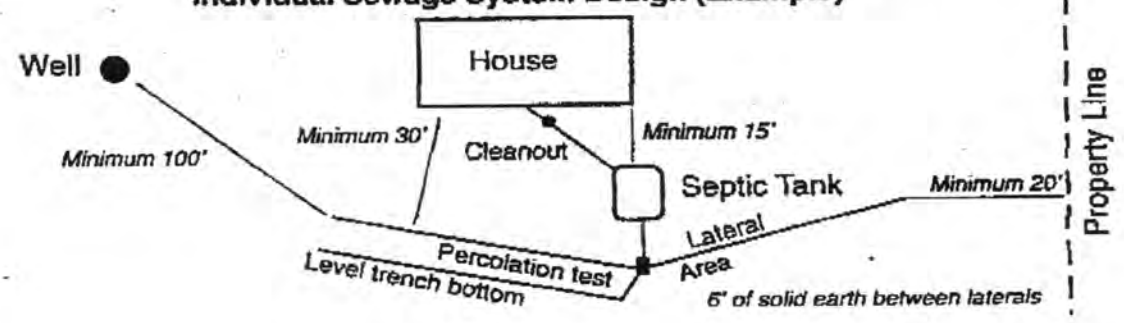
*(Provide as-built drawings on back of this form)*

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 1'
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 66.64 ft. 66.64 ft.
   _____ ft. 58.31 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line Over 600 ft.
   Stream N/A ft.
   Pressure line 55 ft.
   Property line 60 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

