Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

GCC LICENSE CORP
T9N R6E SEC 13 QTR SE
LOT 168IT
401 W CALVERT ST

Permittee

GCC LICENSE CORP % REZAK CONSTRUCTION
140 N 1 ST STE A
LINCOLN NE 68508

Permit # 01380231701

Issued 05/18/01
Expires 11/18/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015707

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

A

Permit Number: 01380231?

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 401 W. CALVERT ST. (no rural route) City LINCOLN NE, Zip 68512

Legal Description SE 13 9N 6E Pt. of 168
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 GGG LICENSE CORP. Signature _____

Address 2001 NW SAMMAMISH City/State/Zip ISSAQUAH, WA 98027

☐ Check if owner designed system Home Phone _____ Work Phone 434-2424

C. Contractor

Name MIKE POLZAK Company Name POLZAK CONST.

Address 140 N. 1ST ST. SUITE A City/State/Zip LINCOLN, NE 68508

☐ Check if contractor designed system Work Phone 477-8844

D. N/A Engineer/Installer ☐ Check and complete if engineer designed system SED-4267

Designer/INSTALLER Name DAVE VOGT Firm VOGT EXCAVATING Work Phone 994-3595

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify 1-RESTROOM FOR 1-EMPLOYEE

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 5/17/01 Date frwd 5/18/01	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 5/18/01 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 5-18-01 Date frwd 5-18-01	**ACTION** ☒ Approved ☐ Disapproved Signature Dennis Bartels	

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date OCTOBER 26, 2001

Business Office Use Only

Date Rec'd 5-18-01
Amt Paid 200.00
Rec'd By TW Cash/Check No. 1688

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:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 401 W Calvert (no rural route) City Lincoln NE, Zip

Owner Western Workers Address

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

Date of Tests 10-7-01 to 10-8-01 Weather: Precipitation None 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	10-7	8:30	10-8	9:40	10-8	9:40	6	10-8	10:10	30	1/2	60
2	30	10-7	8:30	10-8	9:40	10-8	9:40	6	10-8	10:10	30	3/4	40
3	30	10-7	8:30	10-8	9:40	10-8	9:40	6	10-8	10:10	30	3/4	40
4	30	10-7	8:30	10-8	9:40	10-8	9:40	6	10-8	10:10	30	5/8	48
5	30	10-7	8:30	10-8	9:40	10-8	9:40	6	10-8	10:10	30	5/8	48
6	30	10-7	8:30	10-8	9:40	10-8	9:40	6	10-8	10:10	30	1/2	60

Sum of Percolation Rates: 296
Average of Rates: 49.33
Rate Used for Calculation: 49

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 560-4267
Address: P.O. Box 181
Elmwood, NE 68349

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Date

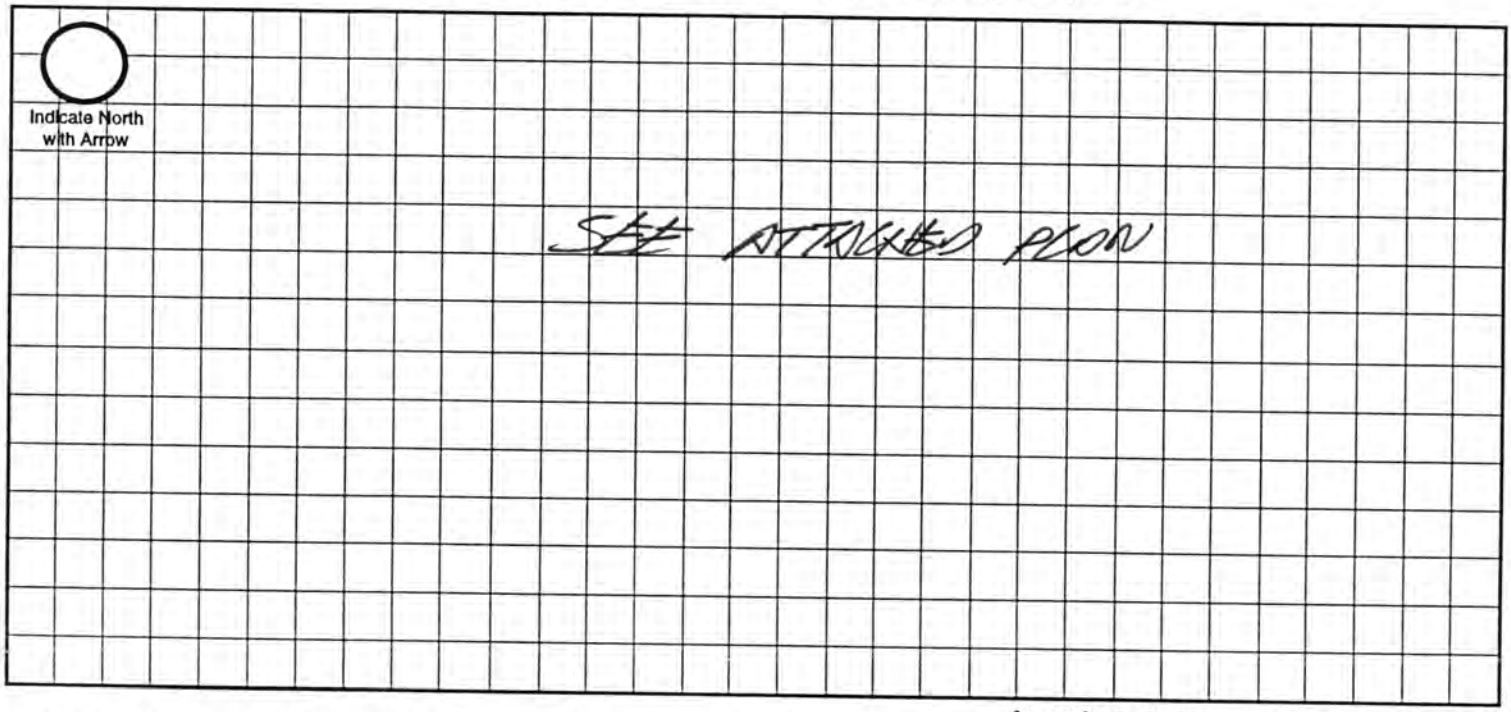
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802317

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) 401 W. CROSBY ST City LINCOLN NE, Zip 68512

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other N/A

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

N/A

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

Capacity of Septic Tank _____ 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

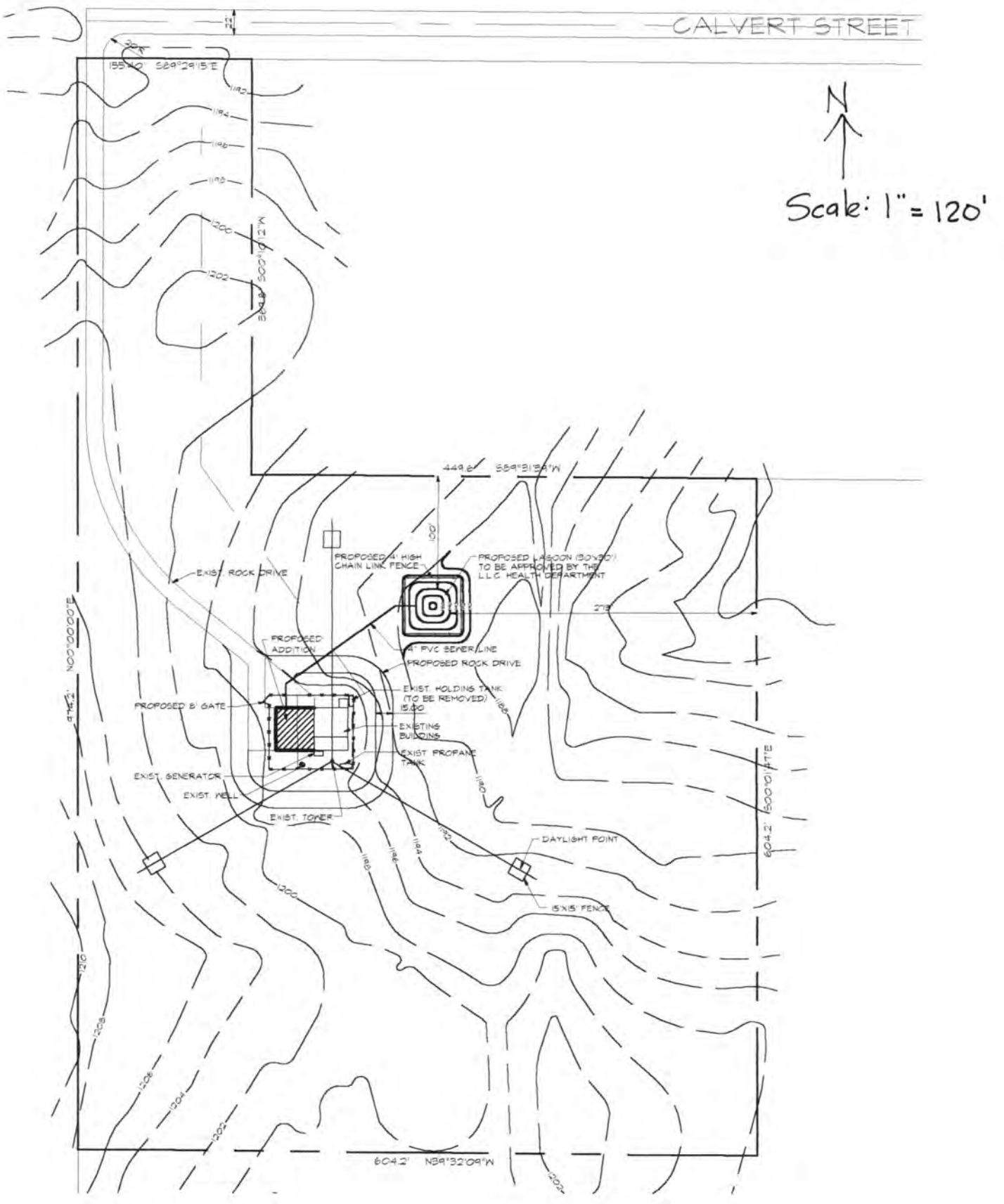
Distance From	Private Well	Public Well N/A	Surface Water N/A	Gound Water N/A	Pressure Water Lines N/A	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒ N/A	500 ☐	50 ☐	NA ☒	25 ☐	20 ☒ N/A	15 ☐ N/A	25 ☐ N/A	☐ N/A
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☒ N/A	30 ☐ N/A	40 ☐ N/A	☐ N/A
Lagoon (ft)	100 ☒	500 ☐	50 ☐	N/A ☒	30 ☐	50 ☒	100 ☒	200 ☒	☒

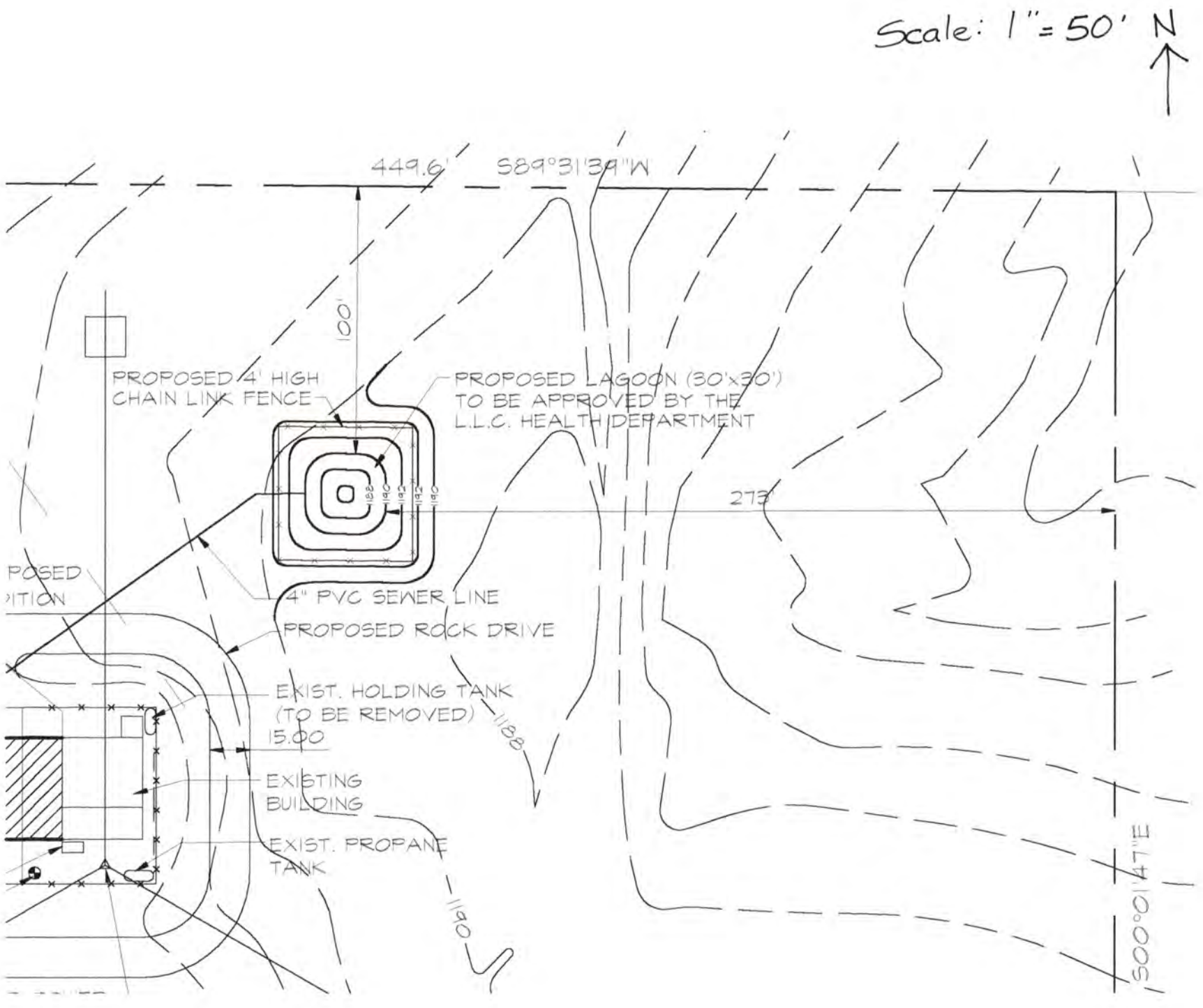
E. Required Signatures

Home Building Contractor _____ Date 5/16/01

Installer _____ Date 5-16-01

FORM 23-102 10-96


CALVERT STREET
30'
155.40' S89°29'15"E
N
Scale: 1" = 120'
1192
1194
1196
1198
1200
1202
364.8' S00°01'21"W
449.8' S89°31'39"W
PROPOSED 4' HIGH CHAIN LINK FENCE
PROPOSED LAGOON (80'x80') TO BE APPROVED BY THE L.L.C. HEALTH DEPARTMENT
EXIST. ROCK DRIVE
PROPOSED ADDITION
4" PVC SEWER LINE
PROPOSED ROCK DRIVE
EXIST. HOLDING TANK (TO BE REMOVED) 15.00
PROPOSED 6' GATE
EXISTING BUILDING
EXIST. PROPANE TANK
EXIST. GENERATOR
EXIST. WELL
EXIST. TOWER
DAYLIGHT POINT
15'X15' FENCE
376.2' N00°00'00"E
604.2' S00°01'21"E
604.2' N89°32'09"W
1180
1188
1190
1192
1194
1196
1198
1200
1202
1204
1206
1208
1210


Scale: 1" = 50'
N
449.6'
S89°31'39"W
100'
PROPOSED 4' HIGH CHAIN LINK FENCE
PROPOSED LAGOON (30'x30') TO BE APPROVED BY THE L.L.C. HEALTH DEPARTMENT
188
190
192
190
273'
4" PVC SEWER LINE
PROPOSED ROCK DRIVE
EXIST. HOLDING TANK (TO BE REMOVED)
15.00
1188
EXISTING BUILDING
EXIST. PROPANE TANK
1190
S00°01'47"E

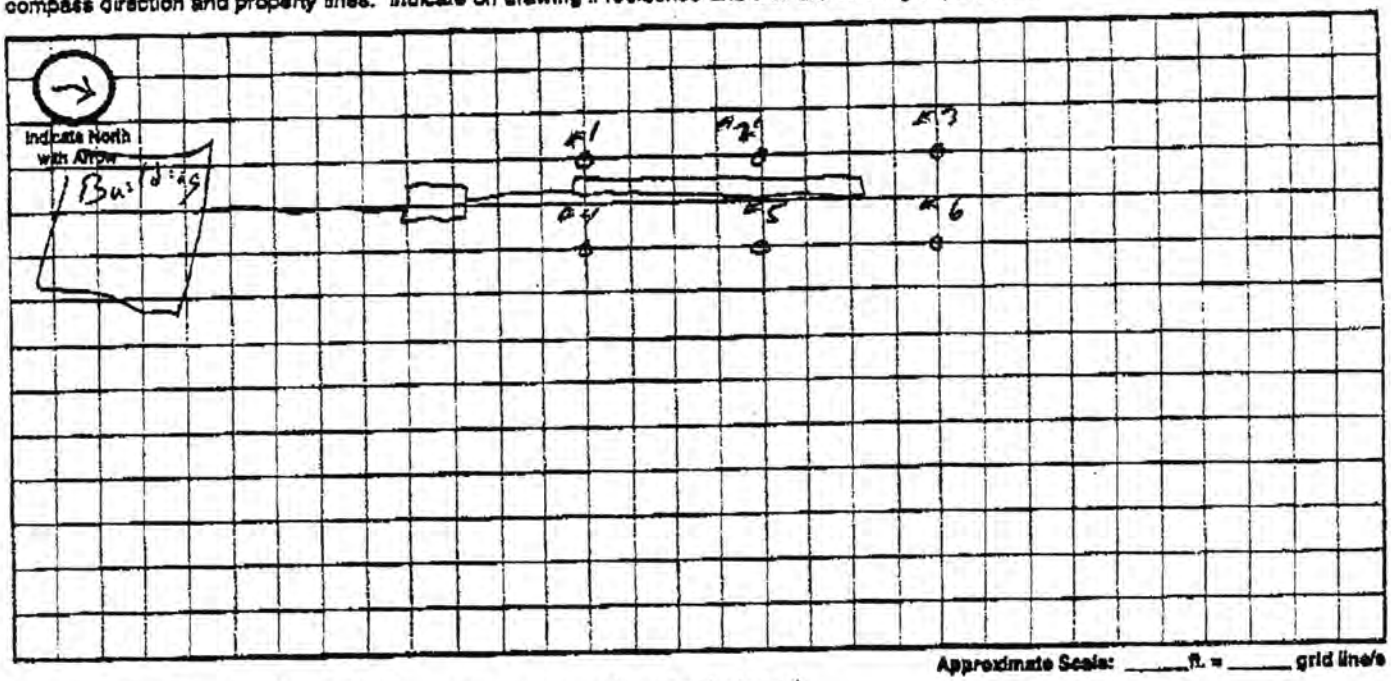
C

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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) 401 W Calvert City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 49 (min. per inch) Soil Type: _____ Land Slope: 3 %

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

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

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

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

Total Length of Laterals 24 ft. Number of Trenches 1 Trench Width 2"

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 _____ Date 10-16-01

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10-26-01

System Location (Indicate correct number and street)

Address 401 W Calvert (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 48 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 2
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16" in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☒ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: NA
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ____ ft.

D. Absorption Field

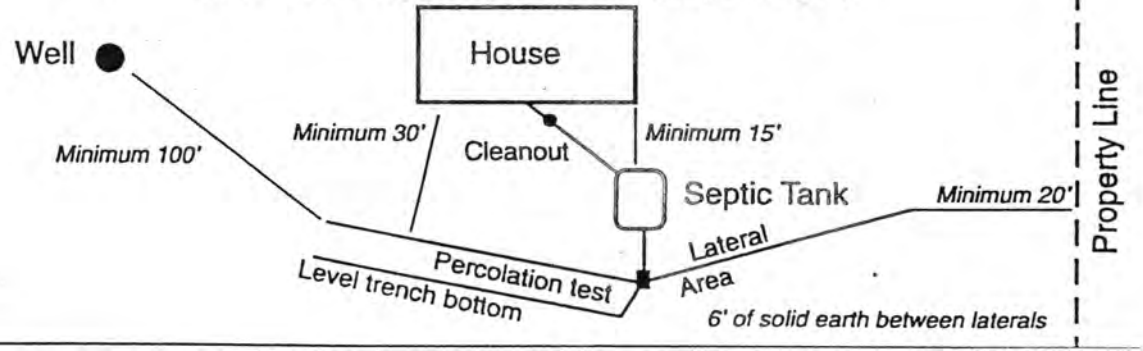
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 1
   Length of each line: 24' ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 2 ft.
   Slope 1" in/100 ft.
   Average depth 44 in
4. Filter material: Dirt
   Depth of material ____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

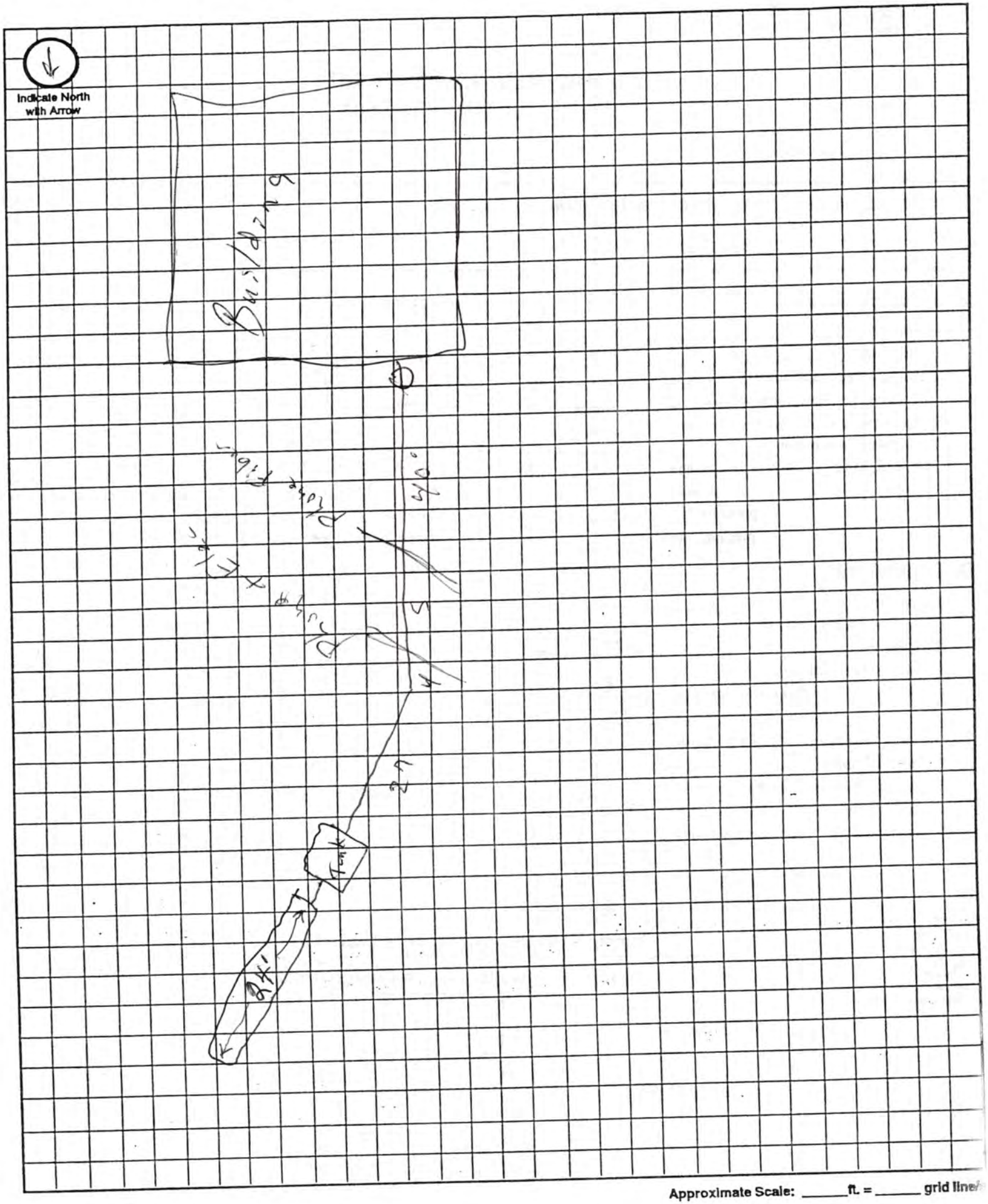
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid lines