LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380165901

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 09/17/97
Expires 03/17/98
Revenue Code 18754

Establishment

RANDY ADAMS
T9N R6E SEC 4
4045 SW 12 STREET

FEES: $150.00

Permittee

RANDY ADAMS
4701 BRIARPARK DR
APT 53
LINCOLN NE 00685-2100

5249

TOTAL $150.00

Issued By M. Jane Ford
Health Director

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:

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 4045 SW 12th (no rural route) City Lincoln NE, Zip 68522

Legal Description 4 9N 6E – see Attached
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 Randy Adams Signature _____

Address 4701 Briarpark #53 City/State/Zip Lincoln 68521

☒ Check if owner designed system Home Phone 420-6456 Work Phone 432-5899

C. Contractor

Name CHERRY HILL Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 4 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 9/9/97 Date frwd 9/10/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/10/97 Date frwd 9/10/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-10-97 Date frwd 9-10-97 ACTION ☒ Approved ☐ Disapproved Signature _____

12/9/97 J.C.H. Need drawing

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 9/09/97
Amt Paid 150.00
Rec'd By ls ~~Cash~~/Check No. 6595

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4045 SW 12th (no rural route) City Lincoln NE, Zip 68522

Owner Richard Adams Addresss 301 P suite 20 Lincoln 68508

Soil Type (SCS): CRETE SILT LOAM + CRETE SILTY CLAY LOAM Percolation Rate: 56 min./inch

Date of Tests 8-31 to 9-1 Weather: Precipitation None Temperature 80

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	36	9-3	11 Am	9-4	10 Am	9-4	2 pm	12	9-4	2:30	30	1 1/4	37.5
2	36	9-3	11 Am	9-4	10 Am	9-4	2 pm	12	9-4	2:30	30	1 7/8	56.25 *
3	36	9-3	11 Am	9-4	10 Am	9-4	2 pm	12	9-4	2:30	30	1	30
4	36	9-3	11 Am	9-4	10 Am	9-4	2 pm	12	9-4	2:30	30	1 7/8	48.75
5	36	9-3	11 Am	9-4	10 Am	9-4	2 pm	12	9-4	2:30	30	1	30
6	36	9-3	11 Am	9-4	10 Am	9-4	2 pm	12	9-4	2:30	30	1 1/8	33.75
7	36	9-3	11 Am	9-4	10 Am	9-4	2 pm	12	9-4	2:30	30	1 1/4	37.5
8	36	9-3	11 Am	9-4	10 Am	9-4	2 pm	12	9-4	2:30	30	1 3/8	41.25
9	36	9-3	11 Am	9-4	10 Am	9-4	2 pm	12	9-4	2:30	30	1 3/8	41.25
10	36	9-3	11 Am	9-4	10 Am	9-4	2 pm	12	9-4	2:30	30	1 1/4	37.5

Sum of Percolation Rates: 393.75

Average of Rates: 39.38

Rate Used for Calculation: * 56

Person Conducting Percolation Tests

Name: Richard Adams

Phone: 432-5899

Address 301 P suite 20
Lincoln 68508

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date SEPTEMBER 9, 1997

FORM 23-101 10-96

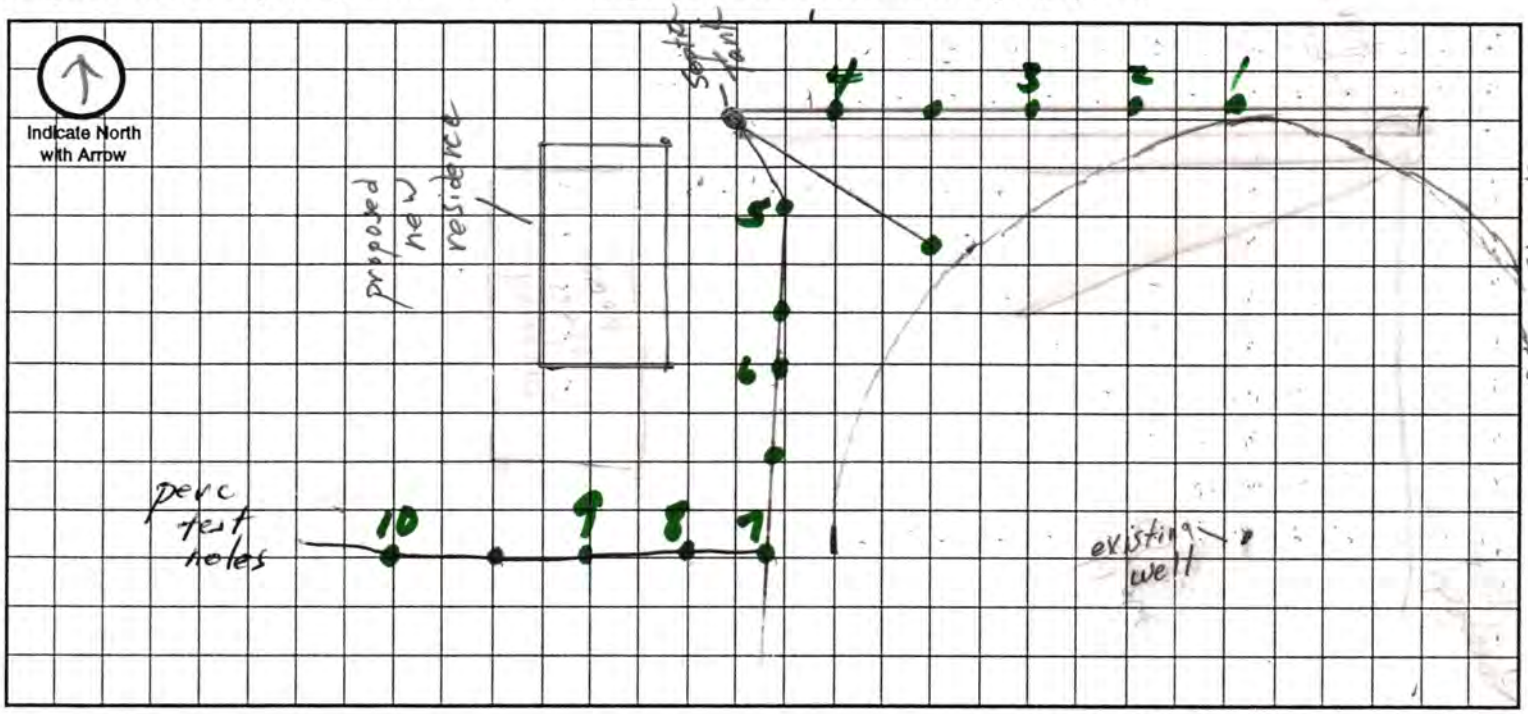
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C

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: 12 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 4045 S. W. 12th City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 56 (min. per inch) Soil Type: CRETE SILT LOAM & CRETE SILTY CLAY LOAM Land Slope: %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1271 sq. ft.

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 318 ft. Number of Trenches 4 Trench Width 4 FT.

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 ☐ N/A	50 ☐ N/A	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☐
Field (ft)	100 ☐	500 ☐ N/A	50 ☐ N/A	4 ☑	30 ☐	20 ☐	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

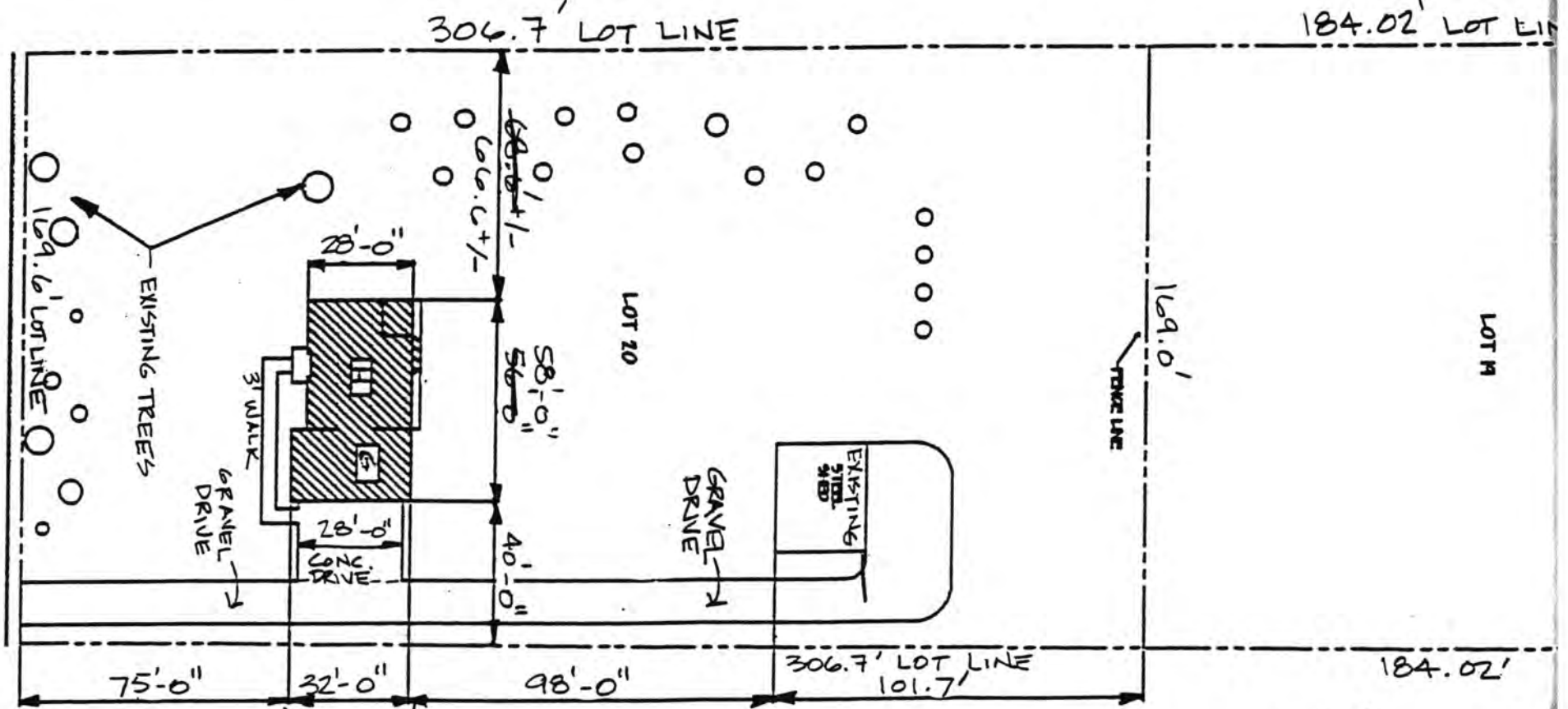
Home Building Contractor Francis Jean Rentfro Chevy Hill Date 9-5-97

Installer Richard Adams — Adams Lafayette Date 9-2-97

FORM 23-102 10-96

LEGAL DESCRIPTION:

LOT 20 EXCEPT THE NORTH 440 FEET THEREOF AND INCLUDING THE EAST 3/5 OF LOT 19 EXCEPT THE NORTH 440 FEET THEREOF, STOCKWELL, LINCOLN, LANCASTER COUNTY, NEBRASKA.



4045 S.W. 12TH STREET

163A | 32 | 65

360 ft

this wat

Come up n