Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005899

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380293401

Issued 12/03/04
Expires 06/03/05
Revenue Code 3157

Establishment: PAUL CUNNINGHAM
T9N R6E SEC 4
STOCKWELL LOT 2

FEES: $200.00

Permittee: PAUL CUNNINGHAM
1541 W GARFIELD CIR
LINCOLN NE 68522-9150

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380293401

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 SW 16TH & STOCKWELL

A. System Location (Indicate correct number and street)

Address 3747 SW 16 (no rural route) City _____ NE, Zip _____

Legal Description _____ 4 (1/4) 9N (1/4) 6E (Section) STOCKWELL (Township) (Range) (Subdivision) (Addition) 2 (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 PAUL CUNNINGHAM Signature ★ Ryn Paul C

Address 1541 W GARFIELD CIR City/State/Zip LINCOLN NE 68522

☐ Check if owner designed system Home Phone _____ Work Phone 525 4800

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7801 LEIGHTON City/State/Zip LINCOLN NE 68507

☑ Check if contractor designed system Work Phone 560 1208

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

Designer Name Jeremy Williams, P.E. Firm Design Associates of Lincoln, Inc. Work Phone 402-474-3000

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 10/5/04 Date frwd 12/3/04	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 12/3 Date frwd 12/3	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 12-3-04 Date frwd 12-3-04	**ACTION** ☑ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Doug Smith

Date 3/16/05

Business Office Use Only

Date Rec'd 12-3-04
Amt Paid 200.00
Rec'd By CW Cash/Check No. 7234

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: 043802934

SW 16TH + STOCKWELL

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner PAUL CUNNINGHAM Addresss _____

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

Date of Tests 9/30/04 to 10/1/04 Weather: Precipitation ⊘ Temperature 70°

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	24	9/30	8AM	10/1	8AM	10/1	11:30AM	6	10/1	NOON	30	2 3/4	11
2	24	9/30	8AM	10/1	8AM	10/1	11:30AM	6	10/1	NOON	30	2 3/4	11
3	24	9/30	8AM	10/1	8AM	10/1	11:30AM	6	10/1	NOON	30	2	15
4	25	9/30	8AM	10/1	8AM	10/1	11:30AM	6	10/1	NOON	30	4	8
5	24	9/30	8AM	10/1	8AM	10/1	11:30AM	6	10/1	NOON	30	3	10
6	24	9/30	8AM	10/1	8AM	10/1	11:30AM	6	10/1	NOON	30	2½	13

Person Conducting Percolation Tests

Name: DAN KROESE
Phone: 560 1208
Address 7801 LEIGHTON
LNK NE 68507

Sum of Percolation Rates: 68
Average of Rates: 11.33
Rate Used for Calculation: 12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

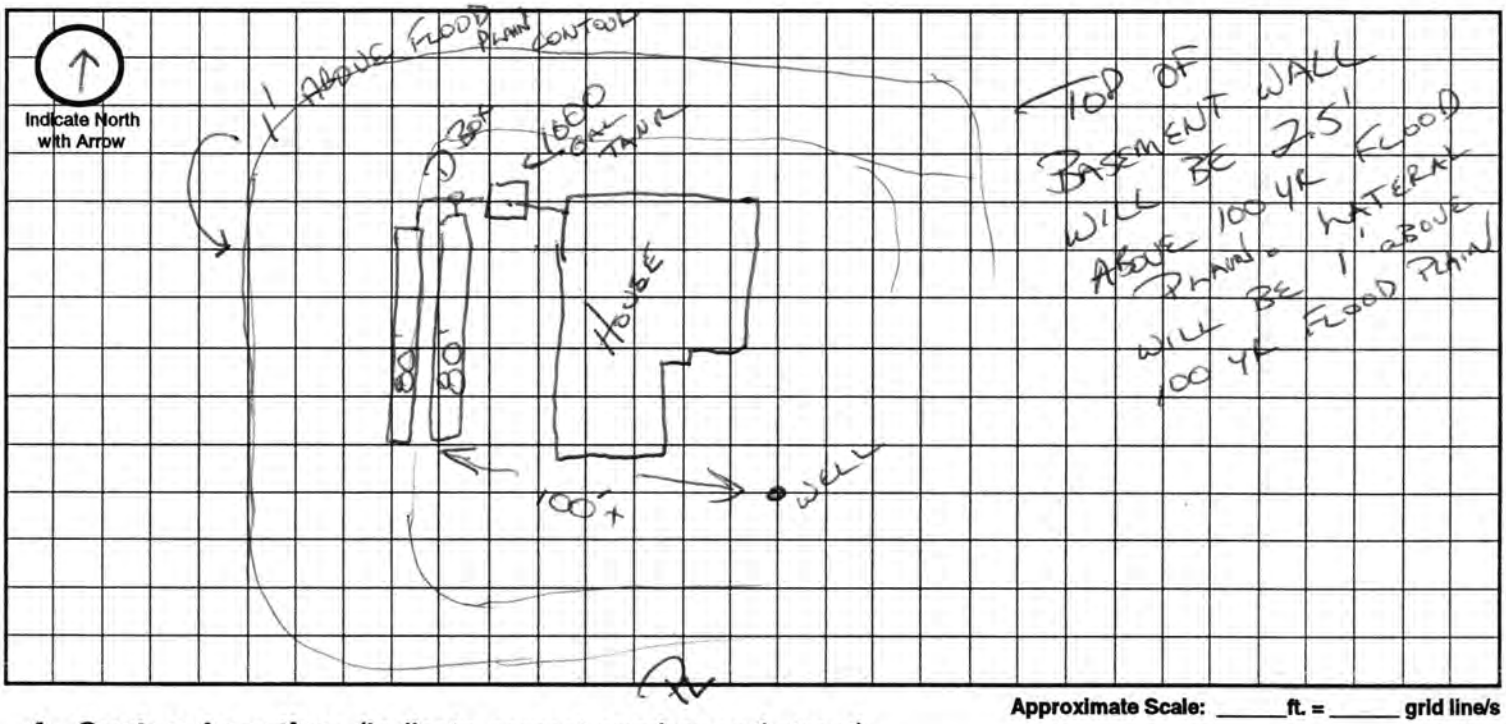
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 04380293 4

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) _____ 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 12 (min. per inch) Soil Type: SANDY LOAM Land Slope: 0 %

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

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATOR (HI CAP)

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 160 ft. 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 * R. Paul Cunningham Date 9/30/04

Installer _____ Date 10/4/04

FORM 23-102 10-96

ATTN Doug Smith

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 3/15/05

System Location (Indicate correct number and street)
Address 3747 SW 16TH (no rural route) City LINCOLN NE, Zip

A. Building Sewer
1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: 72 in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank 16 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line 100+ ft.
   stream 40 ft.
   pressure line 100+ ft.
   property line 50 ft.

B. Septic Tank
1. Material: CONC
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 40 ft.
   Pressure line 100+ ft.
   Property line 50 ft.

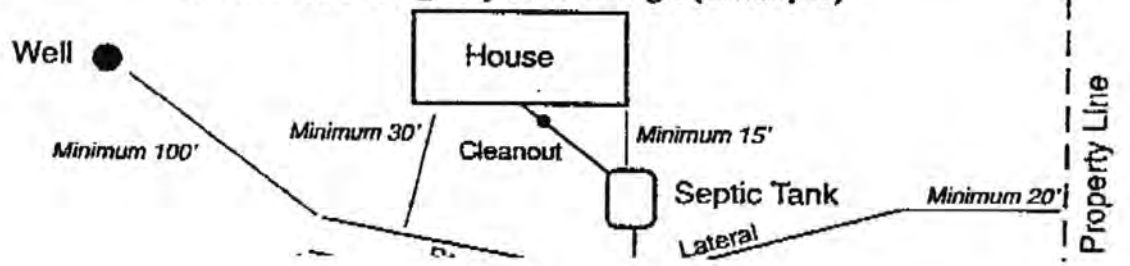
C. Distribution Box
1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 11 ft.

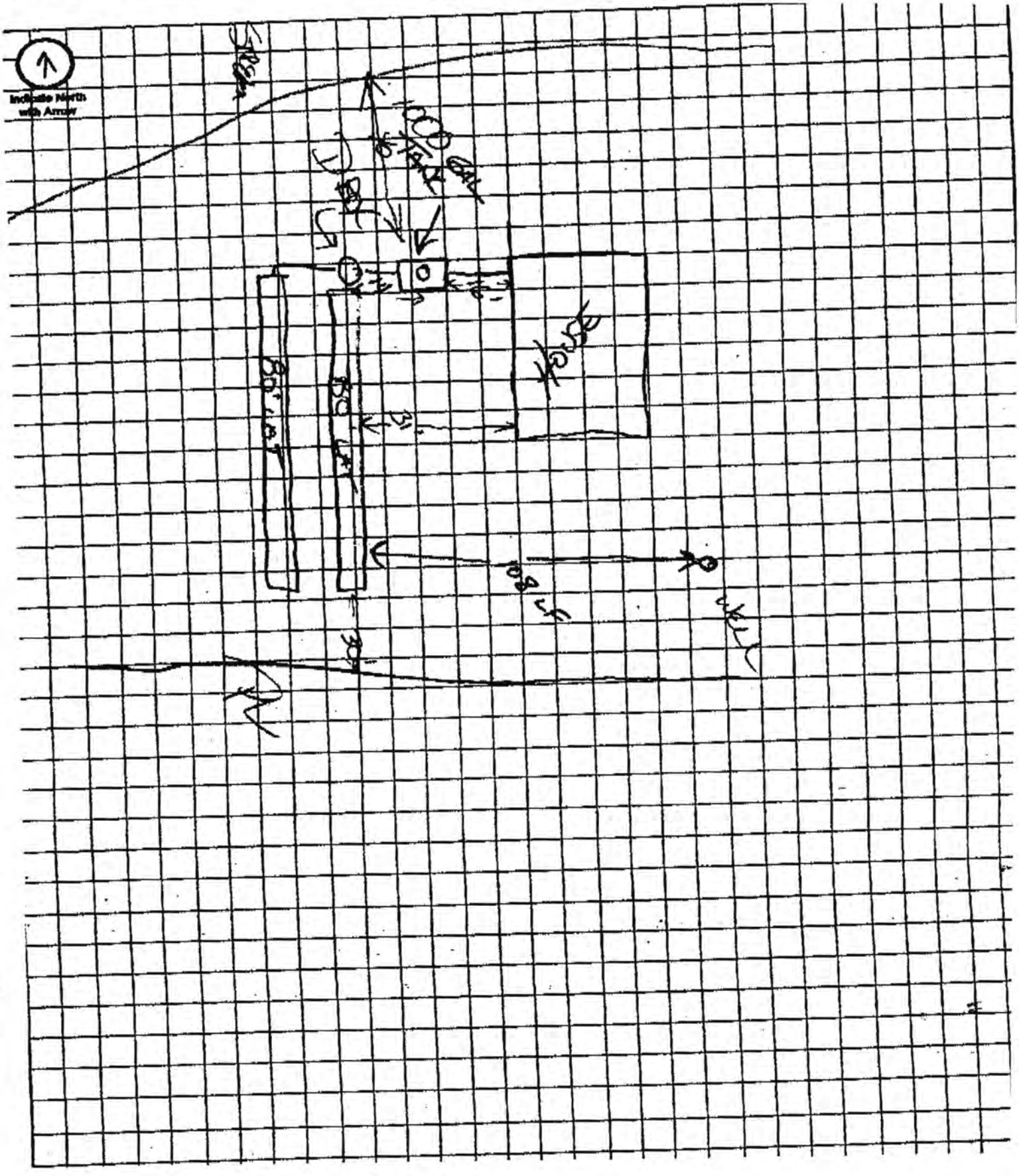
D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR HI-CAP
2. Lateral lines: Number 2
   Length of each line: 80 ft. 80 ft.
   ____ ft. ____ ft. ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 3.5 in
4. Filter material: GRAVEL-LESS
   Depth of material N/A in.
5. Distances to: Well or suction line 100 ft.
   Stream 40 ft.
   Pressure line 100 ft.
   Property line 30 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)




Indicate North with Arrow
Street
100' East
Existing Pole
Existing Pole
80' East
Existing Pole
108 Ft
Well
30'

540 W. INDUSTRIAL LAKE DR.
SUITE 1 · LINCOLN, NE 68528
(402) 476–3020
(402) 476–3138 FAX

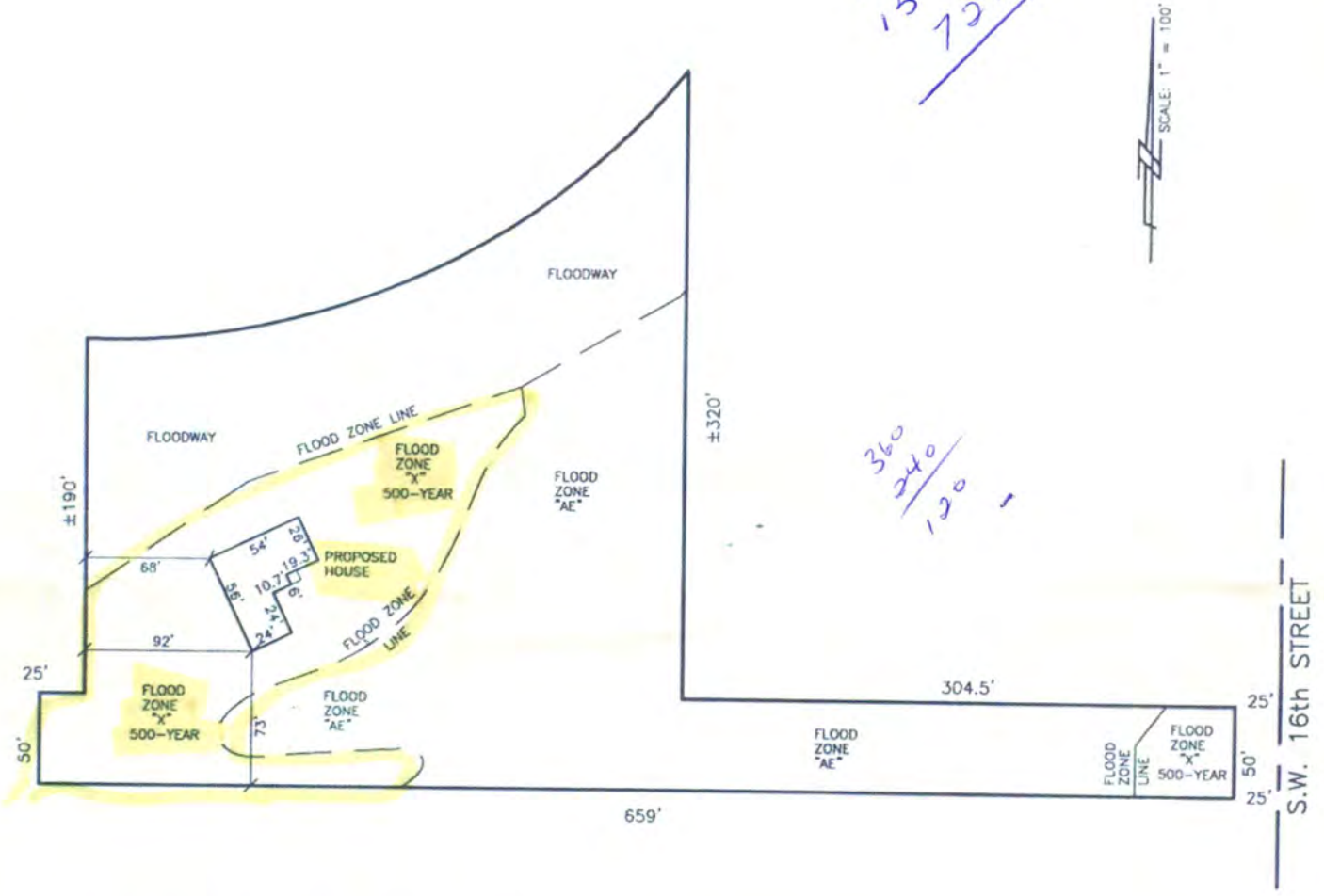
K&M inc.
Land Surveying

JOHN SMITH

PROJECT # 0408164
DATE: B/P: FILE

3747 S.W. 16th STREET

IMPROVEMENT LOCATION REPORT



Subject property apparently falls within the confines of Zone " X,AE&FW " as determined by the FEMA–FIA Flood Rate Map community 315273, panel 0315 E, revised 9/21/01.

LEGAL DESCRIPTION: ALL OF LOT 2, STOCKWELL ADDITION, LYING So. OF HAINES BRANCH & HALF OF ADJACENT VACATED MARSH ST. & ALL OF VACATED W. STOCKWELL ST. LYING WEST OF S.W. 16th STREET, LANCASTER COUNTY, NEBRASKA

SURVEYOR'S CERTIFICATE

The undersigned does hereby certify that the IMPROVEMENT LOCATION REPORT is a representation of the conditions that were found at the time on the property as described in the legal description and that the report does not constitute a boundary survey and is subject to any inaccuracies that a subsequent boundary survey may disclose. This report should not be used to establish any fence, structure, or other improvements. The report is based on plat and or deed information and verified as shown. The report represents only visible building improvements. This report does not guarantee ownership.

Billy Joe Kerr

NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

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