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. 97380159801

Issued 06/27/97
Expires 12/27/97
Revenue Code 18754

Establishment

DEVIN HAITH
T9N R6E SEC 15
LARSEN BLK 1 LOT ~~1~~ 2
901 GAILYN CIRCLE

FEES: $150.00

Permittee

DEVIN HAITH
BOX23006
BOX 23006
LINCOLN NE 68523

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4913

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 901 Gailyn Cir. (no rural route) City Lincoln NE, Zip 68523

Legal Description 1/4 1/4 15 Section T9N Township 6E Range Larsen 1st Add'n 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 Devin Haith Signature Devin Haith

Address po Box 23006 City/State/Zip Lincoln NE 68523

☐ Check if owner designed system Home Phone 489-1717 Work Phone 450-6721

C. Contractor

Name _____ 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 _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify MORTON BUILDING

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 6/24/97 Date frwd 6/24/97 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/24/97 Date frwd 6/24/97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-24-97 Date frwd 6-24-97 **ACTION** ☒ Approved ☐ Disapproved Signature _____

7/2/97 Need drawing 1/26/98 Drawing submitted.

Installation Final Written Approval

By _____

Date 1-26-98

Business Office Use Only 3238

Date Rec'd 06/24/97
Amt Paid 150 ck
Rec'd By _____ Cash/Check No. 1257

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 901 Gailyn Cir. (no rural route) City Lincoln NE, Zip 68523

Owner Devin Haith Addresss PO Box 23006 Lincoln NB 68542

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

Date of Tests 6/20 to 6/21 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	6/20	8:00	6/20	12:00	6/21	1:00	25	6/21	1:30	30	7/8	37 MIN/IN
2	30	6/20	8:00	6/20	12:00	6/21	1:00	25	6/21	1:30	30	1 1/4	24 MIN/IN
3	30	6/20	8:00	6/20	12:00	6/21	1:00	25	6/21	1:30	30	1 1/2	20 MIN/IN
4	30	6/20	8:00	6/20	12:00	6/21	1:00	25	6/21	1:30	30	1	30 MIN/IN
5	30	6/20	8:00	6/20	12:00	6/21	1:00	25	6/21	1:30	30	1 1/8	27 MIN/IN
6	30	6/20	8:00	6/20	12:00	6/21	1:00	25	6/21	1:30	30	1	30 MIN/IN

Person Conducting Percolation Tests

Name: Devin Haith

Phone: 750-6721

Address PO Box 23006 Lincoln NE 68523

Sum of Percolation Rates: _____

Average of Rates: 28 MIN/IN

Rate Used for Calculation: 28 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

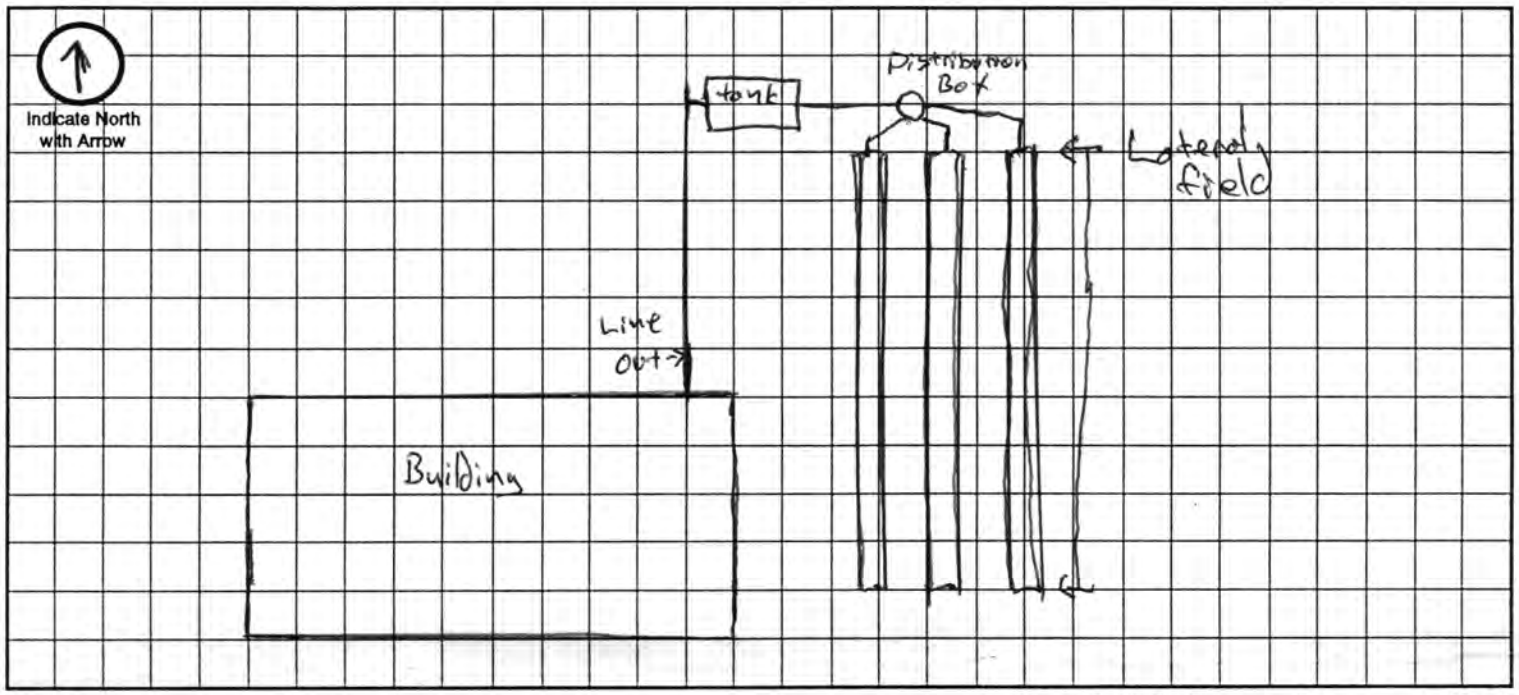
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 901 Gailyn Cir City Lincoln NE NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM 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 1500 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

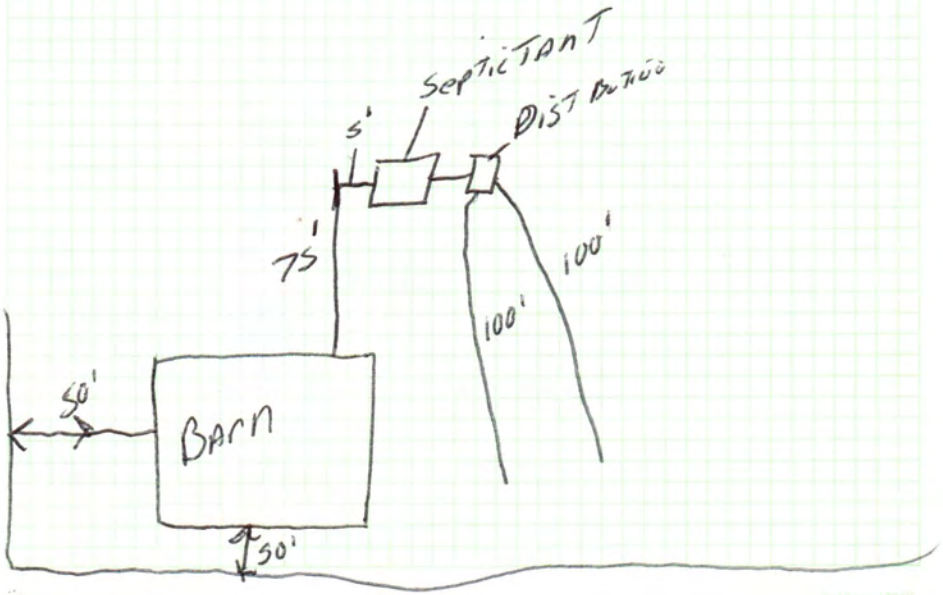
Home Building Contractor Dennis Hunt Date _____

Installer Jay Plank Date _____

FORM 23-102 10-96

+ WELL
>100 ft

Proposed House



JUL 14 1997

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 15 T. 9 R. 6 Block ____ Lot ____ Addition 901 GAILYN CIRCLE

Owner DEVIN HAITH Address 4940 S. 56TH, LINCOLN, NE 68516

LOG OF WELL	
Depth ft. --to--	Description
0- 10	TAN CLAY
10- 15	DARK BRN CLAY
15- 30	RED CLAY & SANDY RED CLAY
30- 65	CRS SAND & GRAVEL & CLAY
65- 75	BLUE SHALE
75-100	MED TO MED FINE TAN SS
100-110	CRS ORANGE/BRN SS
110-122	VERY CRS LIGHT BRN SS
122-126	RED & LIGHT BLUE/GRN SHALE
126----	LIMESTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 122'
Date Completed 4/28/97

Casing: Length, Ft. 112' ; Dia. In. 4"
Wall Thickness, Inc. .173 ; type PVC

Screen: Length, Ft. 10' Dia. In. 4"
Type PVC WOP , slot Size .030

Drop Pipe: Length, Ft. 60' Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 37' , Pumping 40' EST

Yield: 100 ggm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller _____ (Signed)

P. O. BOX 308
Address Hickman, Nebraska 68372-0308

REMARKS _____

Date 11 JULY 1997

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☐

FORM 23-A