LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380182001

Issued 08/12/98
Expires 02/12/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
LARRY FRAHM
T9N R6E SEC 15
LARSEN'S -1ST ADD BLK 2 LOT 2
6830 SW 9 ST

Permittee
LARRY FRAHM
7318 S 30 ST
LINCOLN NE 68516-4873

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007949

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 6830 S.W. 9th (no rural route) City Lincoln NE, Zip 68523

Legal Description 15 9N 6E Larsens 1st Addition 2 2
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 Larry & Linda Frahm Signature Linda Frahm

Address 7385 30th City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 421-8268 Work Phone 466-8311 ext 8691

C. Contractor

Name Mike Kinning Company Name Kinning/Sydow

Address 5401 Rebel Dr. City/State/Zip Lincoln Ne 68516

☐ Check if contractor designed system Work Phone 421-1334

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 43424100

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 8/11/98 Date frwd 8/11/98	**ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 8-11-98 Date frwd 8-11-98	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 8-11-98 Date frwd 8-11-98	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

10/27/98 Need fences, etc.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 08/11/98 F
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 18424

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 W. Denton Rd. & S.W. 9th (no rural route) City _____ NE, Zip _____

Owner Larry & Linda Frahm Address _____

Soil Type (SCS): Rocky Clay Percolation Rate: 250 min/inch

Date of Tests 7/20/98 to 7/21/98 Weather: Precipitation None Temperature 95-100

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)
DH-1	37"	7/20	5:00	7/21	3:35	7/21	3:35	2.06	7/21	4:05	30	0.12	250
DH-2	38"	7/20	5:03	7/21	3:38	7/21	3:38	2.01	7/21	4:08	30	0.00	
DH-3	38"	7/20	5:06	7/21	3:41	7/21	3:41	2.06	7/21	4:11	30	0.00	
DH-4	41"	7/20	5:09	7/21	3:44	7/21	3:44	2.25	7/21	4:14	30	0.12	250
DH-5	36"	7/20	5:12	7/21	3:47	7/21	3:47	1.82	7/21	4:17	30	0.12	250
DH-6	38"	7/20	5:15	7/21	3:50	7/21	3:50	2.25	7/21	4:20	30	0.00	
DH-7	120"	Drilled to monitor groundwater - none encountered.											

Sum of Percolation Rates: 750

Average of Rates: 250

Rate Used for Calculation: 250

Person Conducting Percolation Tests

Name: Geotechnical Services Inc. (R.Colton)

Phone: 466-8154

Address 4817 N. 56th Ste 27
Lincoln NE 68504

GSI #26L157

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

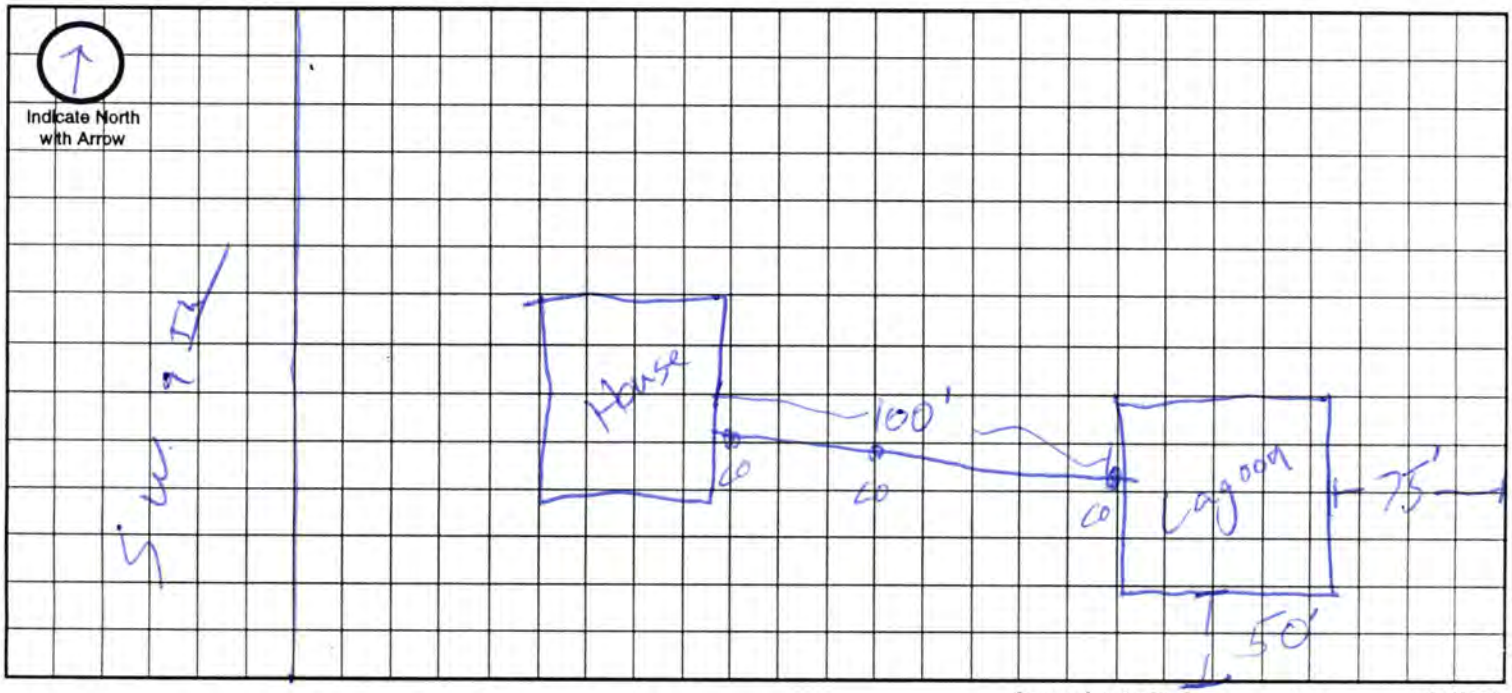
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 6890 S.W. 9th City Lincoln NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

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

Percolation Rate 250 (min. per inch) Soil Type: Rocky Clay Land Slope: 2% %

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

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	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 Mary Lynning Date 8-11-98

Installer [illegible] Date 8-11-98

FORM 23-102 10-96

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 10/22/98

System Location (Indicate correct number and street)

Address 6830 SW 9th (no rural route) City Lincoln NE, Zip 68

A. Building Sewer

1. Material: Sch 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee
6. Outlet: ❑ baffle ❑ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ❑ Yes ❑ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

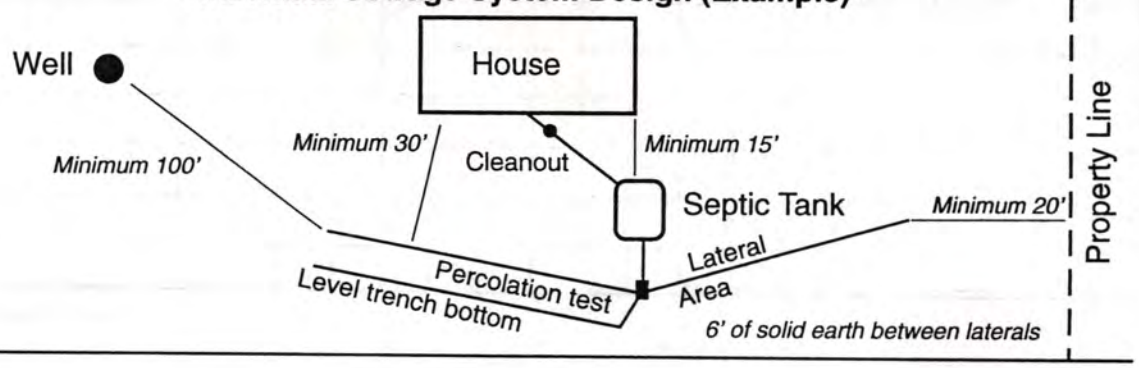
(Provide as-built drawings on back of this form)

1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

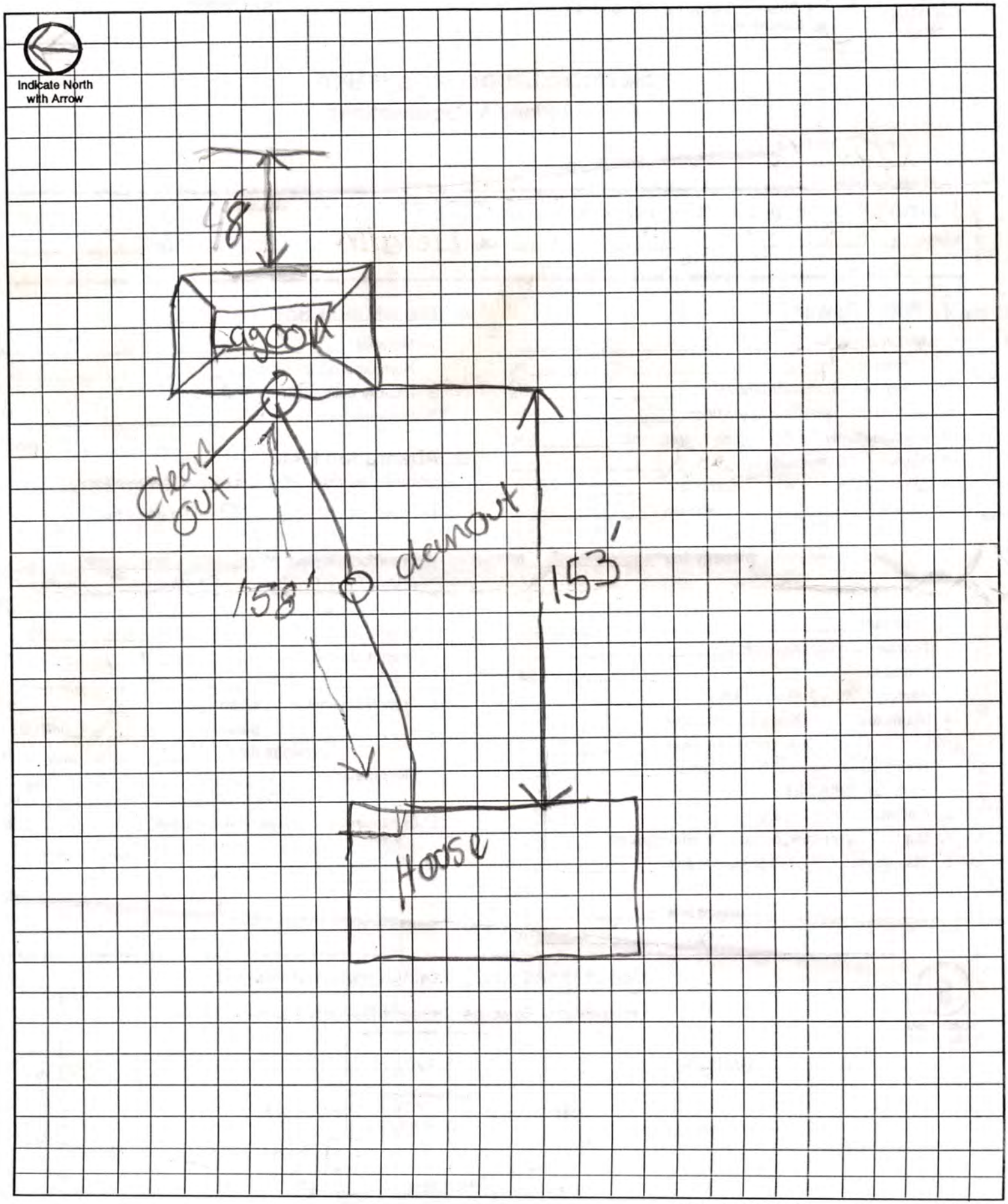
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s