LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

ermit

SEWAGE INSTALLATION
LAGOON

No. 99380193801

Issued 02/26/99
Expires 08/26/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

MIKE WRIGHT
T9N R6E SEC 15
LARSEN 2ND ADDN BLK 1 LOT 1
950 GAILYN CIR

Permittee

MIKE WRIGHT
1930 BOSTON CIR
LINCOLN NE 68521

Issued By Health Director
Lincoln-Lancaster County Health Department

008772

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: 9938 & 938

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 950 GAILYN CIRCLE (no rural route) City LINCOLN NE, Zip 68523

Legal Description 15 9N 6E LABSON 2ND ADD. 1 1
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 MIKE WRIGHT Signature _____

Address 1930 BOSTON CIRCLE City/State/Zip LINCOLN, NE 68521

☐ Check if owner designed system Home Phone 438-2380 Work Phone 441-8360

C. Contractor

Name ROB CHAMPOUX Company Name PRAIRIE HOME BUILDERS

Address P.O. BOX 84891 City/State/Zip LINCOLN, NE 68501

☒ Check if contractor designed system Work Phone 730-7302

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 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 2-25-99 Date frwd 2-25-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-8-99 Date frwd 3-8-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/8/99 Date frwd 3/8/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

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

Date JULY 14, 1999

Business Office Use Only

Date Rec'd 02/25/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 8746

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: 993801938

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 950 GAILYN CIRCLE (no rural route) City LINCOLN NE, Zip 68523

Owner MIKE WRIGHT Address 1930 BOSTON CIRCLE LINCOLN, NE 68521

Soil Type (SCS): Clay Percolation Rate: .007 min./inch

Date of Tests 2-13-99 to 2-14-99 Weather: Precipitation -0- Temperature 55° F

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"	2/13	11:00	2-14	11:00	2/14	11:00	6"	2/14	12:00	60	1/8	480
2	36"	"	"	"	"			6"		12:00	60	1/8	480
(3)	36"	"	"	"	"			6"		12:00	60	1/4	240
4	36"	"	"	"	"			6"		12:05	60	1/8	480
5	36"	"	"	"	"			6"		12:05	60	1/8	480
6	36"	"	"	"	"			6"		12:05	60	1/8	480

Sum of Percolation Rates: 2640
Average of Rates: 440
Rate Used for Calculation: 480

Person Conducting Percolation Tests

Name: Phil Malloy
Phone: 438-3349
Address RT. 6 Box 52 Lincoln

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks LAGOON WILL BE CONSTRUCTED

Signature of Reviewing Official John E Miner Date 2-25-99

FORM 23-101 10-96

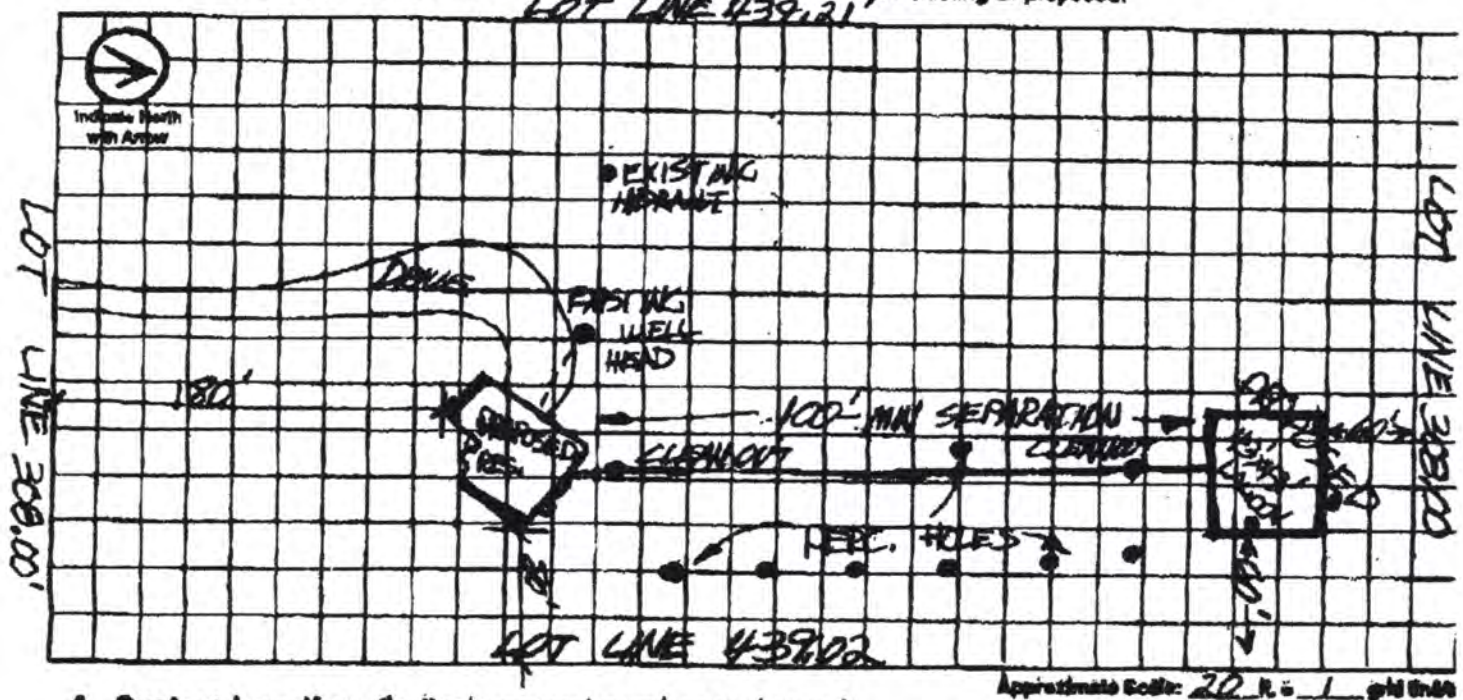
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street - Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 950 GAILYN CR. City LINCOLN 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 480 (min. per inch) Soil Type: CLAY Land Slope 1% %

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	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 ☒	600 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor Bob Champagne Date 2-24-99

Installer Larry Schwarck Date 3-2 99

TOTAL P.02

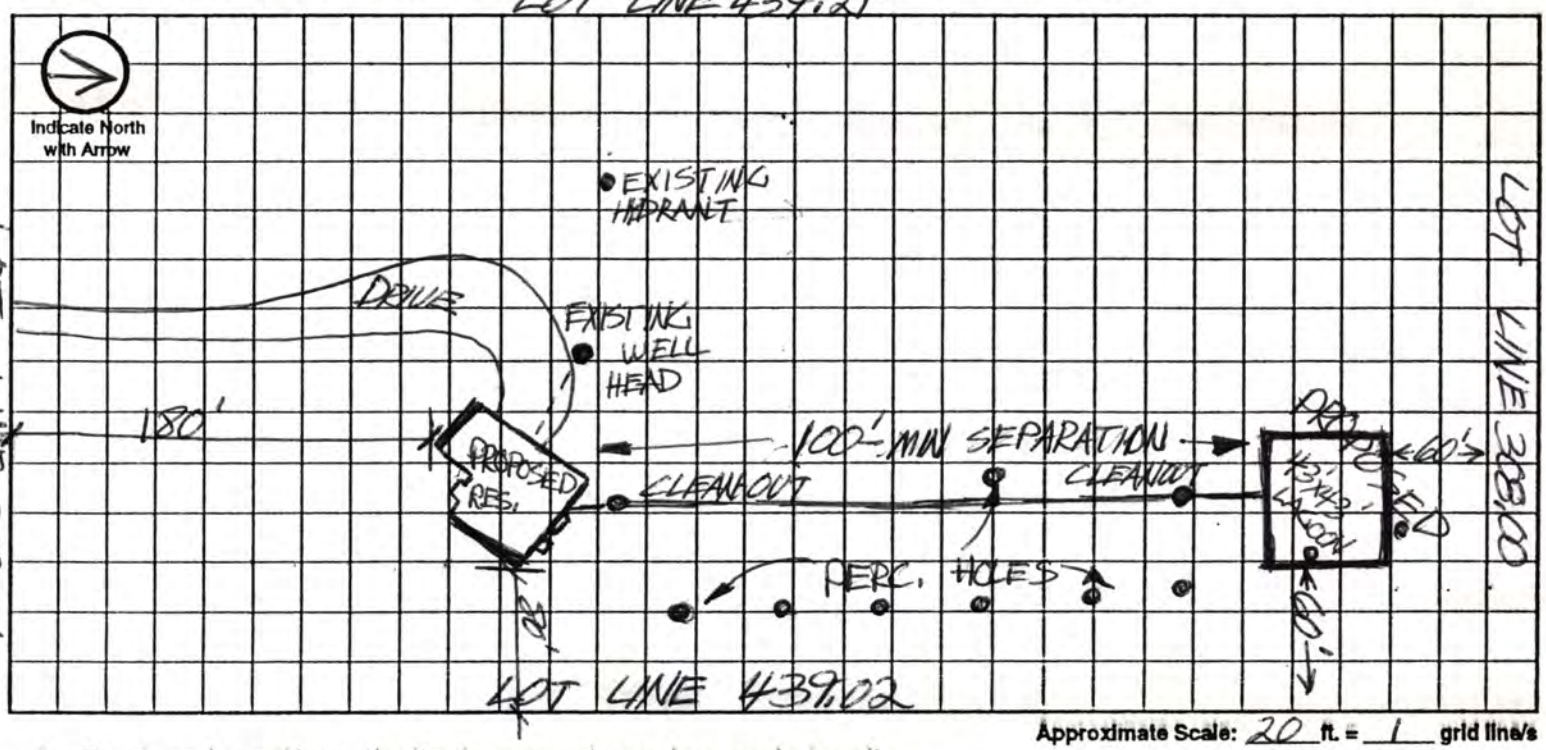
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 950 GAILYN CR. City LINCOLN 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 480 (min. per inch) Soil Type: CLAY Land Slope: 1% %

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	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 Rob Champson Date 2-24-98

Installer _____ Date _____

FORM 23-102 10-96

JUL 14 1999

D

Permit Number: 99380193B

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

Sewage Disposal System

As Built Plans & Specifications

Date 7-12-99

System Location (Indicate correct number and street)

Address 950 Coffey Cr. (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: Class 160.
   Diameter: 4 in.
2. Distance above basement floor: ~~16"~~ in.
   or distance below basement floor: Logan 16" in.
3. Distance between dwelling and septic tank: 158' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

9' to Lift Station

B. Septic Tank

1. Material: Logan
   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

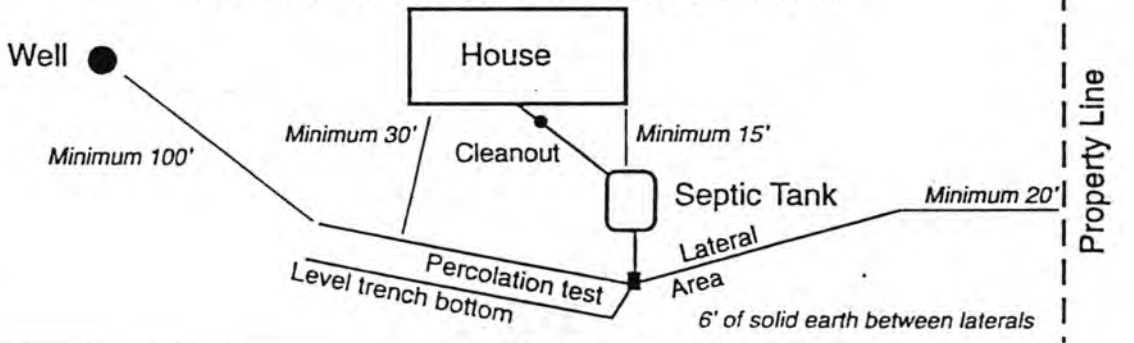
(Provide as-built drawings on back of this form)

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.

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

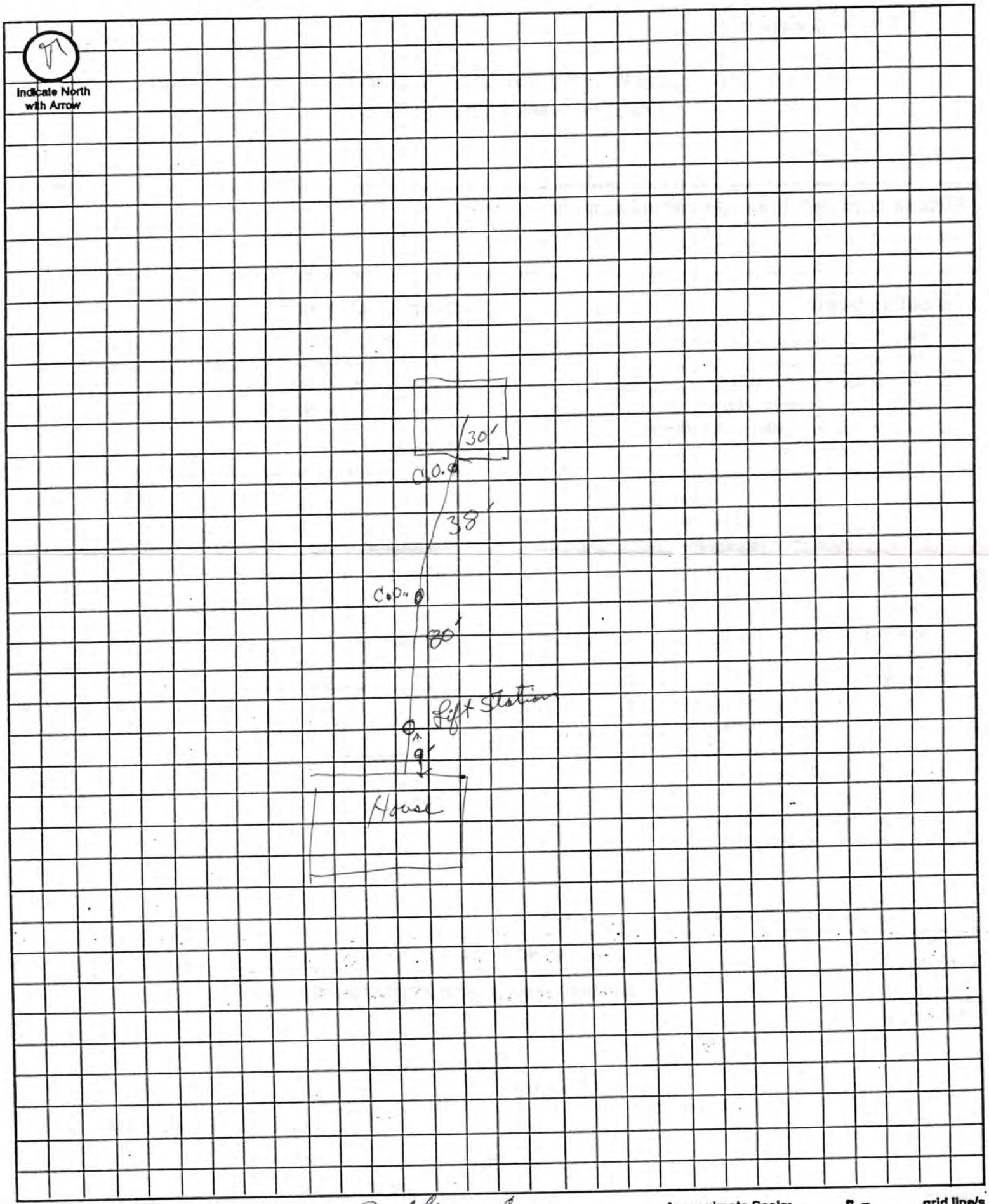
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwarck 7-12-99



Approximate Scale: _____ ft. = _____ grid line/s