LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 97380154601

SEWAGE INSTALLATION

Issued 03/14/97
Expires 09/14/97
Revenue Code 18754

Establishment

THOMAS FLACKMAN
T9N R6E SEC 15
LARSON 2ND ADDITION LOT 6
955 GAILYN CIRCLE

FEES: $150.00

TOTAL $150.00

Permittee

THOMAS FLACKMAN
3210 ORWELL ST
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

3395

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: 9738015 46

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 955 Gailyn Circle (no rural route) City Lincoln NE, Zip

Legal Description SW (1/4) 15 (1/4) 9 (Section) 6E (Township) Wayson (Range) 2nd (Subdivision) 6 (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 Thomas L. Flockman Signature Thomas L. Flockman

Address 3210 Orwell City/State/Zip Lincoln NE 68516

☑ Check if owner designed system Home Phone 423-9095 Work Phone

C. Contractor

Name Owner 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 None Firm Work Phone

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 3-13-97 Date frwd 3-13-97 **ACTION** ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-18-97 Date frwd 3-18-97 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3-18-97 Date frwd 3-18-97 **ACTION** ☒ Approved ☐ Disapproved Signature

6/6/97 Get water temp data tank + sewer only

Installation Final Written Approval

By Jerrold C. Hood

Date JUNE 9, 1997

Business Office Use Only 3182

Date Rec'd 3/13/97

Amt Paid 150 ~~00~~

Rec'd By Cash/Check No. 739

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 955 GAILYN CIR (no rural route) City LINCOLN NE, Zip

Owner TOM FLOCKMAN Addresss

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

Date of Tests 5/17 to 5/18 Weather: Precipitation D 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	30	5/17	16:35	5/18	14:20	5/18	14:20	6	5/18	14:50	30	1	
2	32	"	"	"	"	"	"	"	"	"	"	5/8	
3	28	"	"	"	"	"	"	"	"	"	"	3/4	
4	30	"	"	"	"	"	"	"	"	"	"	3/4	
5	32	"	"	"	"	"	"	"	"	"	"	5/8	
6	30	"	"	"	"	"	"	"	"	"	"	1 1/2	

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 48

Person Conducting Percolation Tests

Name: MELVIN GAGNER

Phone: 432-5698

Address 4810 W" CLAIRE AVE. LINCOLN NE.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S Date JUNE 5, 1997

FORM 23-101 10-96

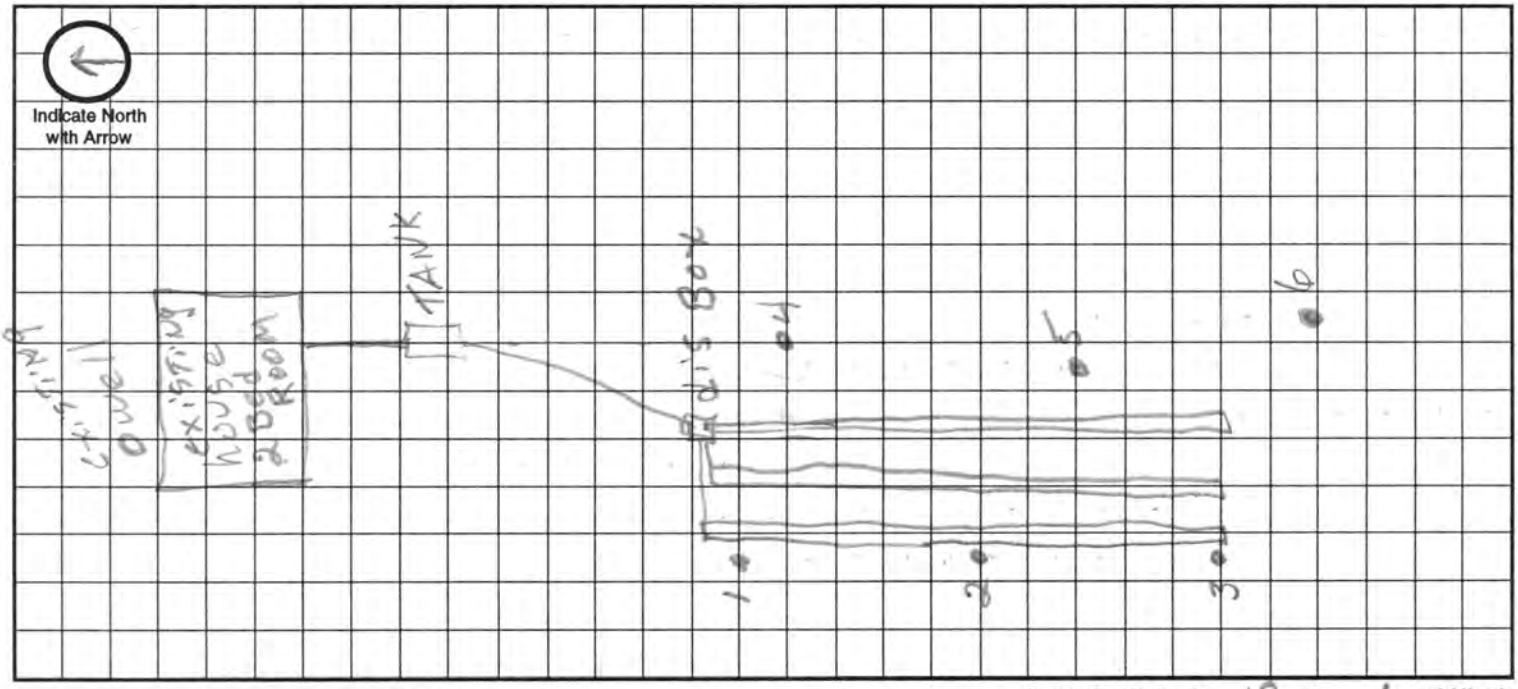
Lincoln-Lancaster County Health Department
Environmental Health Division
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C

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 955 Gailyn Cir City Lincoln NE, Zip 5 June 97

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: silty clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 600 sq. ft.

Type of Lateral: ☐ Half-Moon ☒ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals 204 ft. Number of Trenches 3 Trench Width 3 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 ☒	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 Thomas L. Hackman Date _____

Installer Melvin F. Wagner Date _____

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date June 97

System Location (Indicate correct number and street)

Address 955 GAILYN (no rural route) City LINCOLN NE, Zip 685

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 84 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line ____ ft.
   stream NA ft.
   pressure line NA ft.
   property line 40 ft.

B. Septic Tank

1. Material: CONCRET
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter NA in.
   Over outlet, diameter NA in.
   Riser: ☐ above ☒ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 34 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 25 ft.
   Property line 40 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 130 ft.

D. Absorption Field

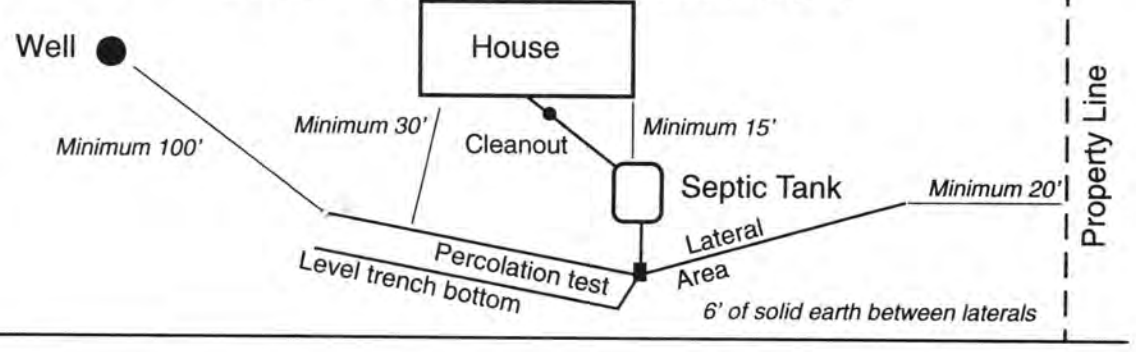
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 4 in/100 ft.
   Average depth 34 in
4. Filter material: GRAVEL
   Depth of material 16 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 30 ft.
   Property line OVER 20 ft.

Indicate North with Arrow

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

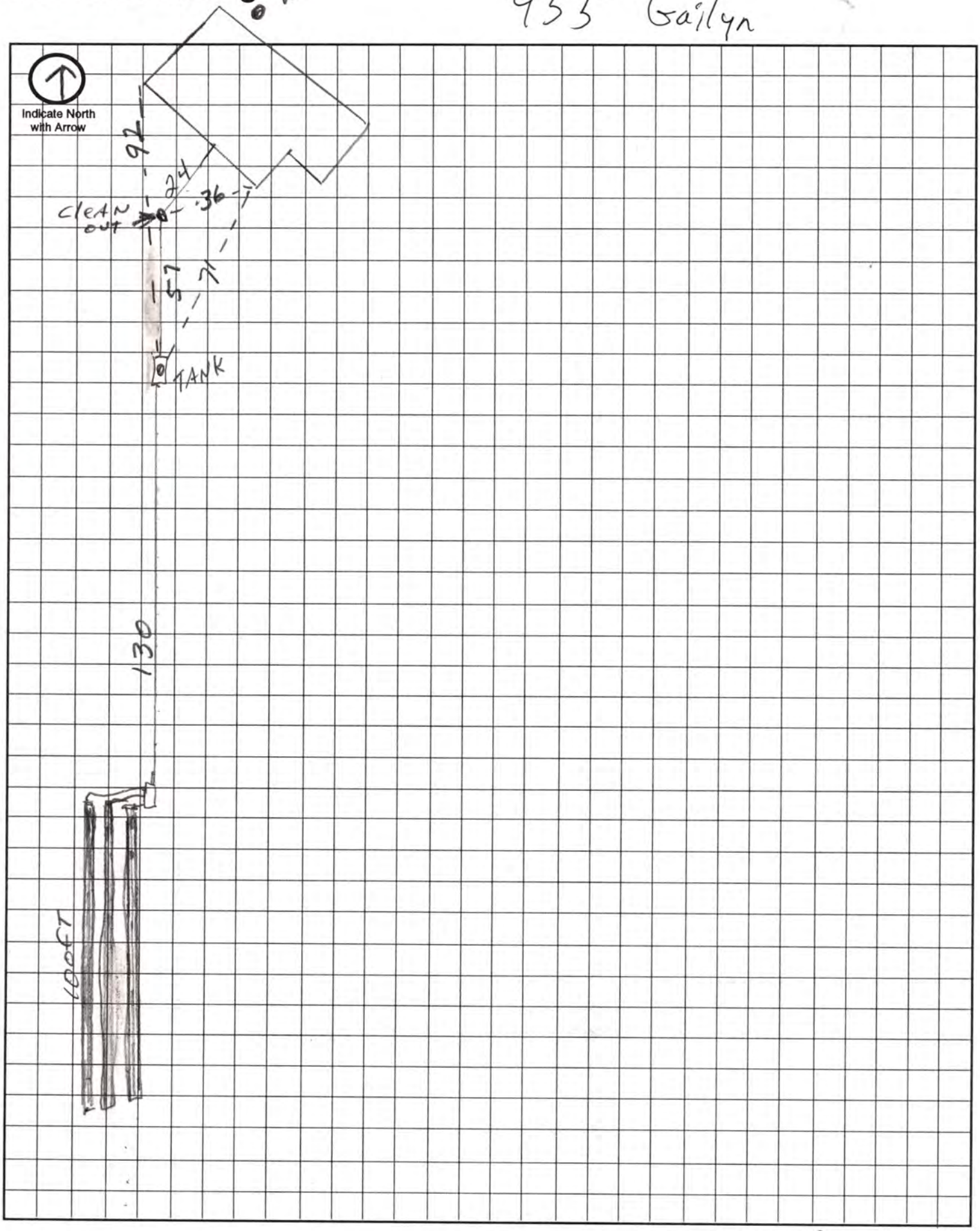
Individual Sewage System Design (Example)



As Built Drawing

well

955 Gailyn



Approximate Scale: 10 ft. = 1 grid line/s