LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98390059301

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-RELOCATE LATERALS

Issued 08/27/98
Expires 02/27/99
Revenue Code 3157

Establishment
JEFF EMANUEL
T9N R6E SEC 16
SILVER BELLE ESTS LOT 1
5801 SW 12 ST

FEES: $50.00

PAID

TOTAL $50.00

Permittee
JEFF EMANUEL
5801 SW 12 ST
LINCOLN NE 68523-9364

Issued By Health Director
Lincoln-Lancaster County Health Department

008069

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.

RELOCATE LATERALS ONLY ☑ 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 5801 S.W. 12th (no rural route) City Lincoln NE, Zip NE 685

Legal Description 1/4 1/4 Section 16 Township 9N Range 6E Subdivision SILVER BELLE ESTATES Addition Block 1 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Geoff Emanuel Signature _____

Address 5801 S.W. 12th City/State/Zip Lincoln, NE 685

☐ Check if owner designed system Home Phone 484-8243 Work Phone 499-8734

C. Contractor

Name N/A 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 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 8/27/98 Date frwd 8/27/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

10/26 From tank OK, dist box + field OK P.D. Need drawing

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 08/27/98

Amt Paid 50.00

Rec'd By _____ Cash/~~Check~~ No. CASH

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 5801 SW 12th (no rural route) City Lincoln NE, Zip ~~NE~~ 68523

Owner Jeff Emanuel Addresss 5801 SW 12th Lincoln NE 68523

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

Date of Tests 8-26 ~~8-20~~ to 8-27 ~~8-21~~ Weather: Precipitation Humid / Rain on Every Temperature 80°

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	8/26	9:30am	8/27	9:30am	8/27	12:00pm	6	8/27	12:30pm	30	2¾	40
2	31	8/26	9:30am	8/27	9:30am	8/27	12:00pm	6	8/27	12:30pm	30	1.5	20
3	28	8/26	10:00am	8/27	10:00am	8/27	10:30am	6	8/27	10:30am	30	2	15
4	29	8/26	10:00 ~~am~~	8/27	10:00am	8/27	10:30am	6	8/27	10:30am	30	1.25	24
5	30	8/26	10:00 ~~am~~	8/27	10:00am	8/27	10:30am	6	8/27	10:30am	30	2	15
6	32	8/26	10:00am	8/27	10:00am	8/27	10:30am	6	8/27	10:30am	30	2.5	12
								~~6~~					

Person Conducting Percolation Tests

Name: Jeff Emanuel
Phone: (402) 499-8734
Address 5801 SW 12th Lincoln 68523

Sum of Percolation Rates: ~~40~~
Average of Rates: _____
Rate Used for Calculation: 40 MIN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date AUGUST 27, 1998

FORM 23-101 10-96

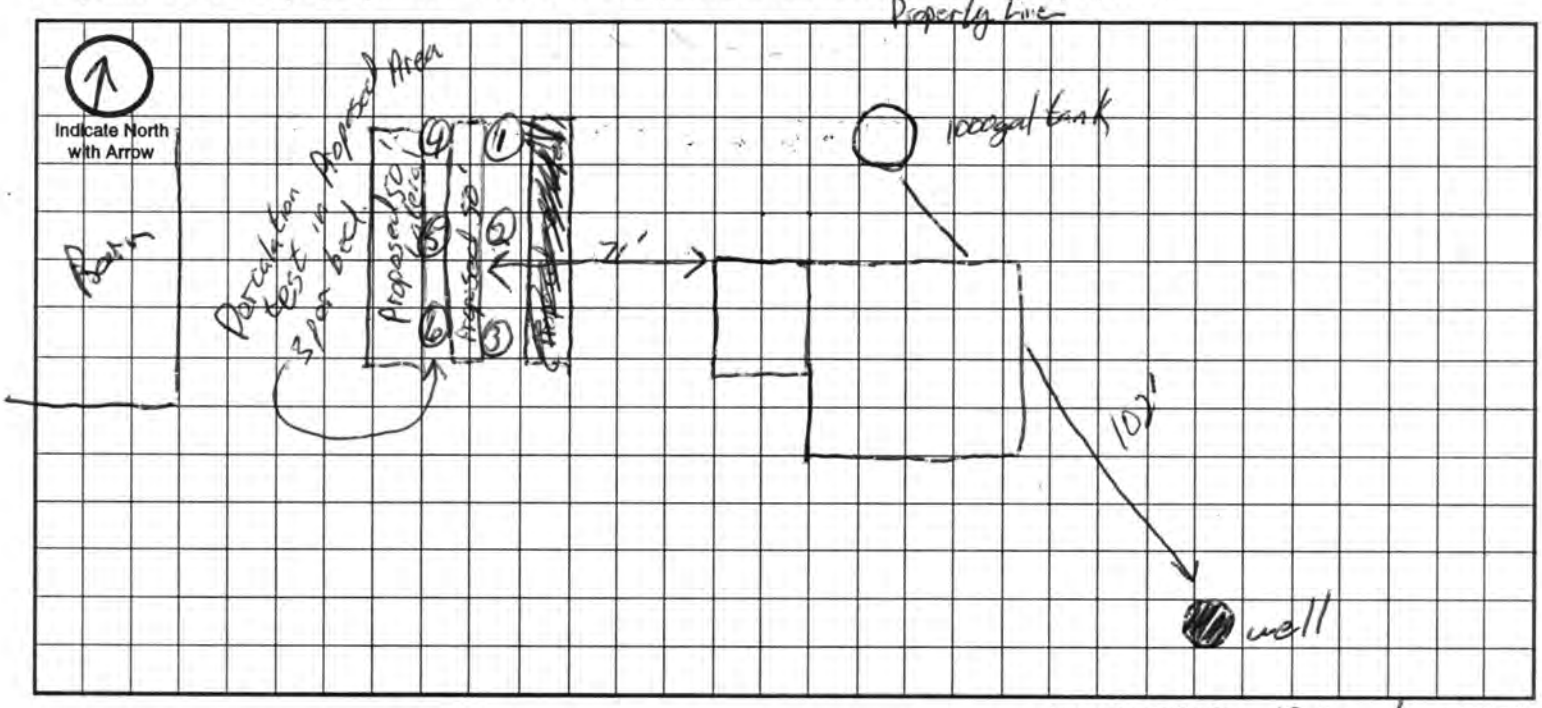
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5801 SW 17th 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 574 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 143 ft. Number of Trenches _____ 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 _____ Date _____

Installer _____ Date 9/27/98

FORM 23-102 10-96

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

SEP 24 1999 **D**

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

9-6-16

Date 8-10-99

System Location (Indicate correct number and street)

Address 5801 SW 17th (no rural route) City Lincoln, NE NE, Zip 68523

A. Building Sewer

1. Material: Plastic
   Diameter: 4 in.
2. Distance above basement floor: 144 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 85 ft.
   stream N/A ft.
   pressure line 70 ft.
   property line 20 ft.

B. Septic Tank

1. Material: Concrete
   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 3 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 13 in.
8. Distances to: Well or suction line 105 ft.
   Stream N/A ft.
   Pressure line 65 ft.
   Property line 20 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 231 ft.

D. Absorption Field

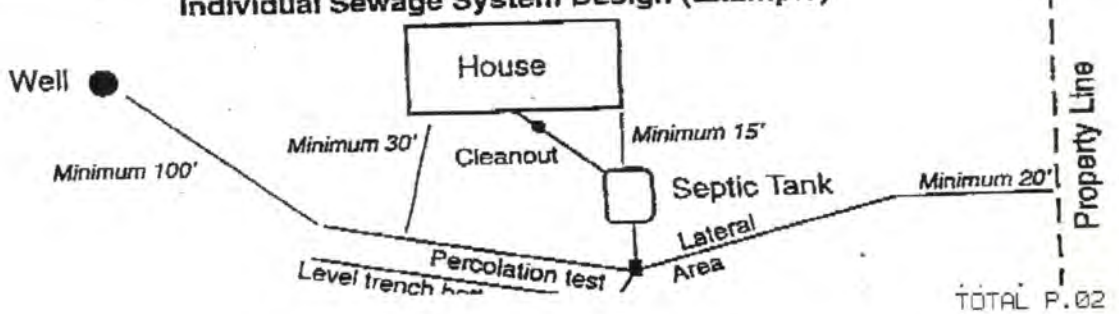
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 12
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 74.92 ft. 74.92 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material ~~30~~ 20 in.
5. Distances to: Well or suction line 246 ft.
   Stream N/A ft.
   Pressure line 65 ft.
   Property line 27 ft.

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

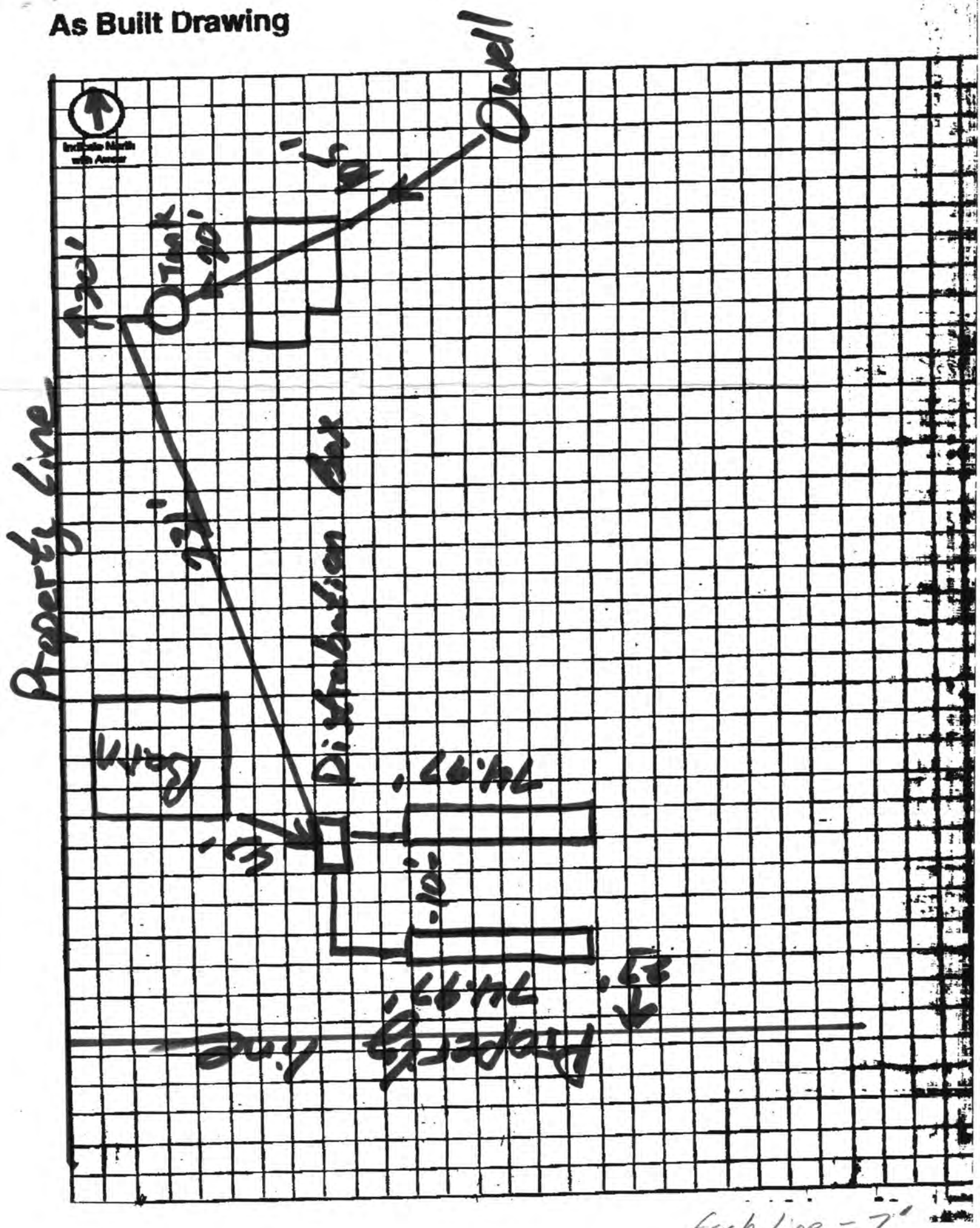
Indicate North with Arrow

Individual Sewage System Design (Example)



TOTAL P.02

As Built Drawing



Van
105'
House
20'
garage
concrete
10'
121'
Detached garage
10'
10'
Proposed locations
Wood Barn
60'
⊗ = Percolation tests