LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 98380179301

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 06/29/98
Expires 12/29/98
Revenue Code 3157

PAID

FEES: $150.00

Establishment
MUEHLING HOMES
T9N R6E SEC 16
SILVER BELLE ESTS LOT 4
1400 W SILVER BELL CT

TOTAL $150.00

Permittee
MUEHLING HOMES
4710 N 25 ST
LINCOLN NE 68521

Issued By Health Director
Lincoln-Lancaster County Health Department

007743

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 1400 W. Silver Bell Ct (no rural route) City Lincoln NE, Zip NE

Legal Description 16 (1/4) 9N (1/4) 6E (Section, Township, Range) Silver Bell Estates (Subdivision) LOT 4 (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 Muehling Homes Inc Signature Muehling Homes by Rob Jones

Address 4710 N. 25th City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 438-1249 Work Phone 432-6061

C. Contractor

Name Schwark Trenching Company Name _____

Address 8200 Old Cheney Rd City/State/Zip Lincoln NE

☐ Check if contractor designed system Work Phone 489-72-94

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

Designer Name Schwark Trenching Firm _____ Work Phone 489-7294

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 6/29/98 Date frwd 6/29/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/27/98 Date frwd 6/29/98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-29-98 Date frwd 6-29-98 ACTION ☒ Approved ☐ Disapproved Signature _____

~~8/17/98 Need drawing J.C.K.~~

Installation Final Written Approval

By Jerrold C. Hood

Date AUGUST 17, 1998

Business Office Use Only

Date Rec'd 06/29/98

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 002481

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector Also WC11

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)

X Address 1400 Silver Bells Ct (no rural route) City Lincoln NE, Zip

X Owner Muehling Homes Inc Address 4710 No 25th

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 5-21 to 5-22-98 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	28	5-21	11:20	5-22	11:55	5-22	2:25	18½	5-22	2:55	30	½	
2								8¾				½	
3								19¼				5/8	
4								15¼				5/8	
5								11				1⅛	
6								6¼				½	
7								15				5/8	

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwarek
Phone: 489-7294
Address 8200 old Cheney Rd.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 29, 1998

FORM 23-101 10-96

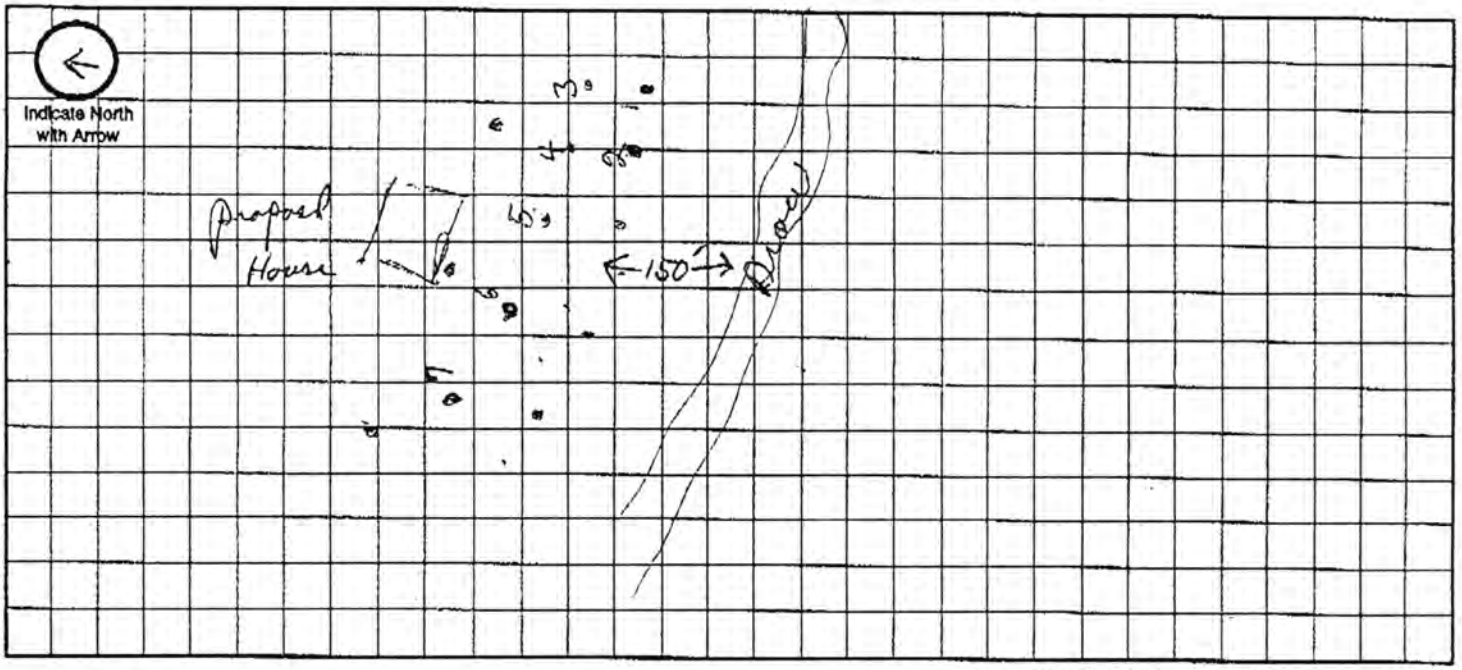
Lincoln-Lancaster County Health Department
Environmental Health Division
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C

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) Silver Bells Ct Lot 4 City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: 3 %

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: Infiltrator

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 4 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

X Home Building Contractor "A" SHEET SIGNED Date _____

Installer Larry Schwarek Date 5-22-98

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:

Lot 4
Silver Bell Ct.

Sewage Disposal System
As Built Plans & Specifications

Date 8-17-98

System Location (Indicate correct number and street)

Address _____ City Lincoln NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: 5' 1" in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 78 ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1250 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: 8" in.
8. Distances to: Well or suction line 85 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 18' ft.

D. Absorption Field

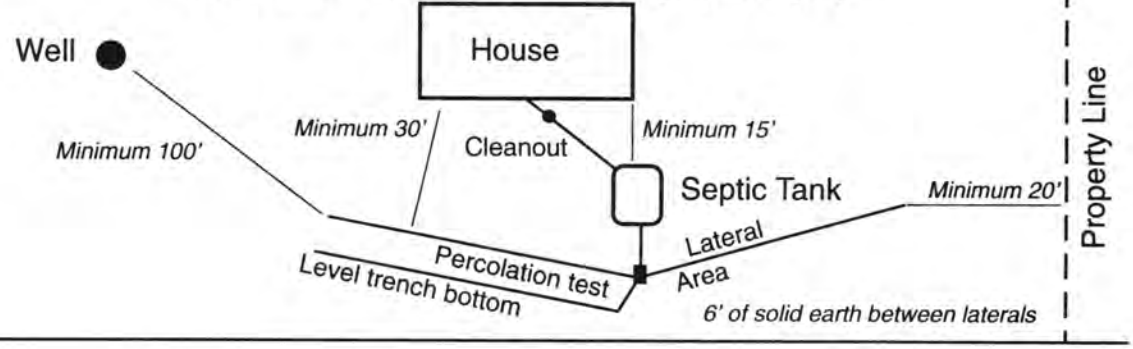
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., 40 ft.
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20 ft.

Indicate North with Arrow

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

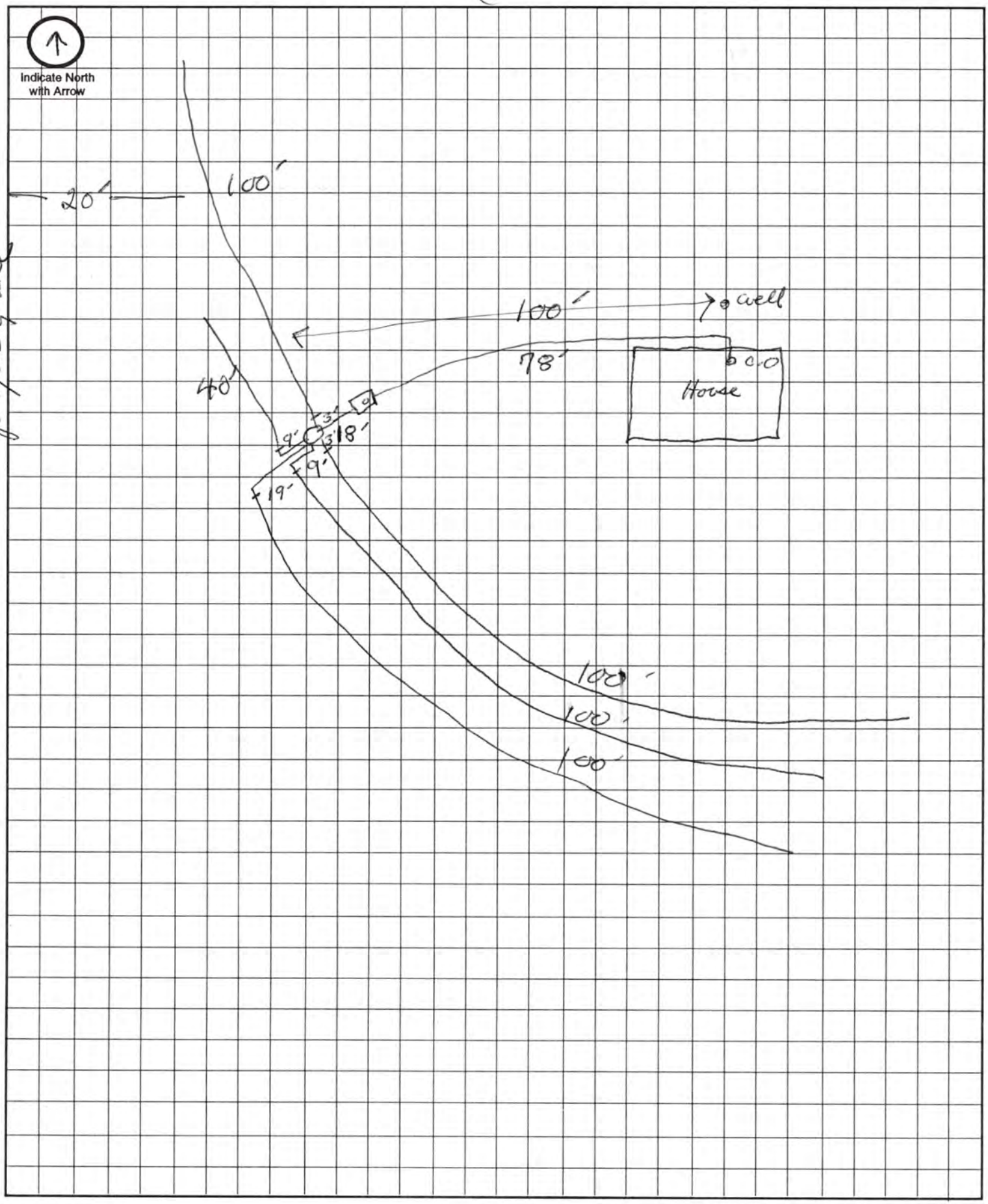
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

By Larry Schewack



Approximate Scale: _____ft. = _____ grid line/s