Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380201101

Issued 06/14/99
Expires 12/14/99
Revenue Code 3157

FEES: $150.00

Establishment

TERRY ANDREWS
T9N R6E SEC 16
SILVER BELL ESTS LOT 5
1440 W SILVER BELL CT

TOTAL: $150.00

Permitee

TERRY ANDREWS
5740 S 32 ST
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010560

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 1440 W. Silver Bell Ct (no rural route) City Lincoln NE, Zip 68523

Legal Description NE (1/4) 1/4 16 (Section) 9N (Township) 6E (Range) Silver Bell Estates (Subdivision) 1st (Addition) 5 (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 Terry & Debbe Andrews Signature Debbe Andrews & Terry D. Andrews

Address 5740 S 32nd St City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 421-7696 Work Phone 423-2382

C. Contractor

Name Excavating Inc Company Name _____

Address 6667 NW 48th St City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 470-3100

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

Designer Name John Studnicka Firm Excavating 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 6-9-99 Date frwd 6-9-99 **ACTION** ☒ Approved ☐ Disapproved Signature Ron Magnuson
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-14-99 Date frwd 6-14-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-14-99 Date frwd 6-14-99 **ACTION** ☐ Approved ☒ Disapproved Signature B E Michaelson

~~8/23/99 ABOUT 50' OF SEWER, I.C.A.~~

Installation Final Written Approval

By Jerrold C. Nook

Date SEPTEMBER 24, 1999

Business Office Use Only

Date Rec'd 06/09/99

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 4635

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

B

Permit Number:

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

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1440 WEST SILVERBELL CT. (no rural route) City LINCOLN NE, Zip 68523

Owner TERRY ANDREWS Address 5740 S. 37

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

Date of Tests _____ to _____ 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	30	4/9	10:30 AM	4/10	10:30 AM	4/10	1:00 PM	6	4/10	1:30	30	1	30
2	30	4/9	10:30	4/10	10:30	4/10	1:00	6	4/10	1:30	30	7/8	34
3	28	4/9	10:30	4/10	10:30	4/10	1:00	6	4/10	1:30	30	1 1/4	27
4	31	4/9	10:30	4/10	10:30	4/10	1:00	6	4/10	1:30	30	1 1/8	27
5	30	4/9	10:30	4/10	10:30	4/10	1:00	6	4/10	1:30	30	1	30
6	28	4/9	10:30	4/10	10:30	4/10	1:00	6	4/10	1:30	30	3/4	40

Sum of Percolation Rates: 144

Average of Rates: 31.33

Rate Used for Calculation: _____

191' Lateral

Person Conducting Percolation Tests

Name: John Stahmer

Phone: _____

Address: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

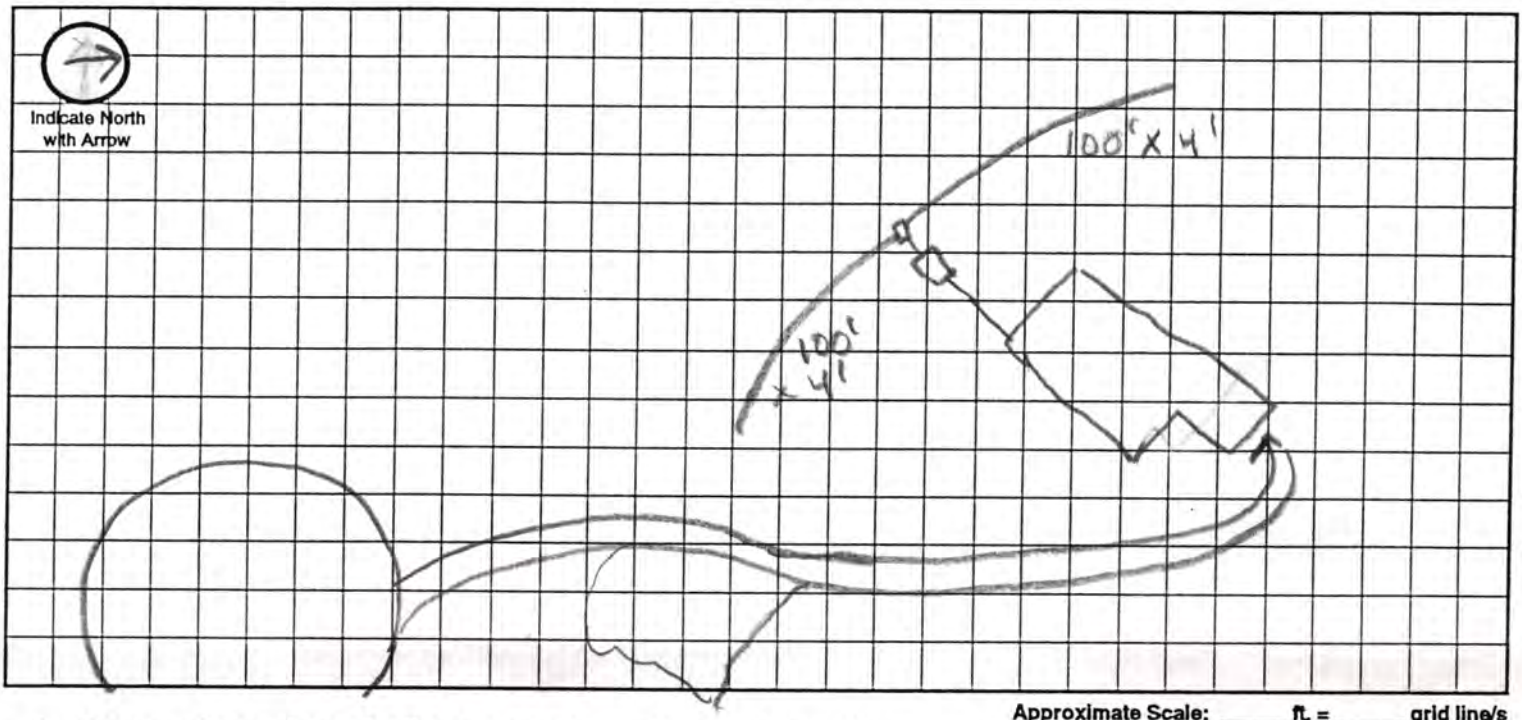
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 1440 W. Silver Bell ct. 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 31 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 800 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 200 ft. Number of Trenches 2 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 Bill Kuhn Date 6/9/99

Installer John Strohmeyer Date 6/18/99

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9/24/99

System Location (Indicate correct number and street)

Address 1440 West Silver Bellct, City Lincoln NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: Class 160 P.V.C.
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 106 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100' ft.
   stream N/A ft.
   pressure line 100'+ ft.
   property line 100'+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
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: 20 in.
8. Distances to: Well or suction line 100'+ ft.
   Stream 100'+ ft.
   Pressure line 100'+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9' ft.

D. Absorption Field

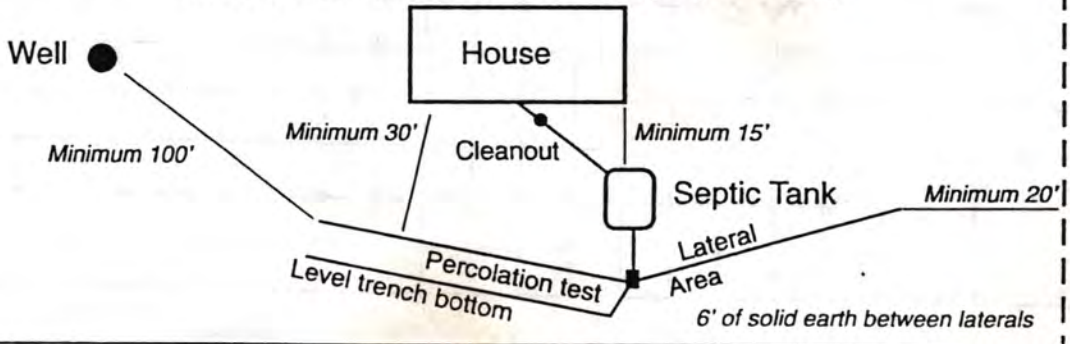
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 14"
   or perforated pipe: _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2" in/100 ft.
   Average depth 30 in
4. Filter material: Rd Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100'+ ft.
   Stream 100'+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

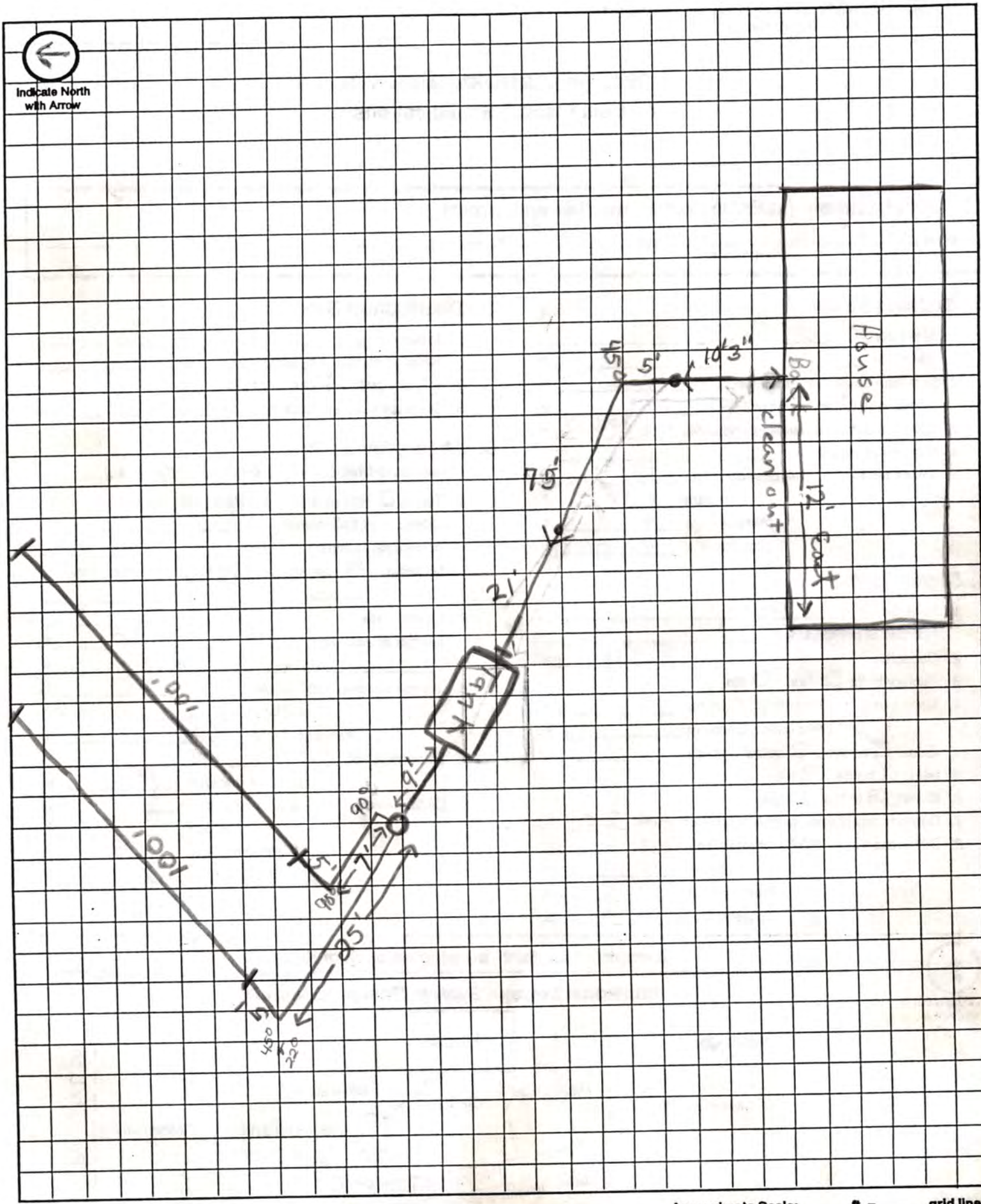
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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