LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380177001

Issued 06/02/98
Expires 12/02/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment

ROBERT & SHERI GARRATT
T9N R6E SEC 16 QTR NE
SILVER BELLE EST-1ST LOT 3
1330 W SILVER BELL CT

TOTAL $150.00

Permittee

ROBERT & SHERI GARRATT
524 SAILSIDE DR
LINCOLN NE 68528-1432

Issued By Health Director
Lincoln-Lancaster County Health Department

007431

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 1330 W. Silver Bell Court (no rural route) City Lincoln NE, Zip

Legal Description NE 1/4 of NE 1/4 Section 16 T9N R6E SILVER BELLE/ST 3
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 Robert Garratt Signature

Address 524 Sailside Dr. City/State/Zip Lincoln NE 68528

☐ Check if owner designed system Home Phone 402/474-2192 Work Phone

C. Contractor

Name Self 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 John Stahmer Firm Work Phone

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 6/2/98 Date frwd 6/2/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6.2.98 Date frwd 6.2.98 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 6-2-98 Date frwd 6-2-98 **ACTION** ☒ Approved ☐ Disapproved Signature

10/8/98 L.C.H. Need another 90' of lateral.

Installation Final Written Approval

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

Date JANUARY 7, 1999

Business Office Use Only

Date Rec'd 06/02/98
Amt Paid 150.00
Rec'd By ~~Cash~~/Check No. 9480

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 1330 W Silver Bell Crt. (no rural route) City Lincoln NE, Zip 685

Owner Robert Garrett Addresss 524 Sailside Dr. Lincoln NE. 68528

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

Date of Tests 5/27 to 5/28 Weather: Precipitation Dry Temperature 75°

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	24	5/27	10:00	5/28	10:00	5/28	2:00	6	5/28	2:30	30	3/4	40
2	30	5/27	10:00	5/28	10:00	5/28	2:05	6	5/28	2:35	30	11/16	44
3	24	5/27	10:00	5/28	10:00	5/28	2:10	6	5/28	2:40	30	13/16	37
4	24	5/27	10:00	5/28	10:00	5/28	2:15	6	5/28	2:45	30	5/8	48
5	24	5/27	10:00	5/28	10:00	5/28	2:20	6	5/28	2:50	30	3/4	40
6	24	5/27	10:00	5/28	10:00	5/28	2:25	6	5/28	2:55	30	13/16	37

Person Conducting Percolation Tests

Name: John Stallings

Phone: 430-6023

Address 6667 N.W. 48th Lincoln NE. 68524

Sum of Percolation Rates: _____

Average of Rates: 41

Rate Used for Calculation: 41

4 Bed - 290' Lateral

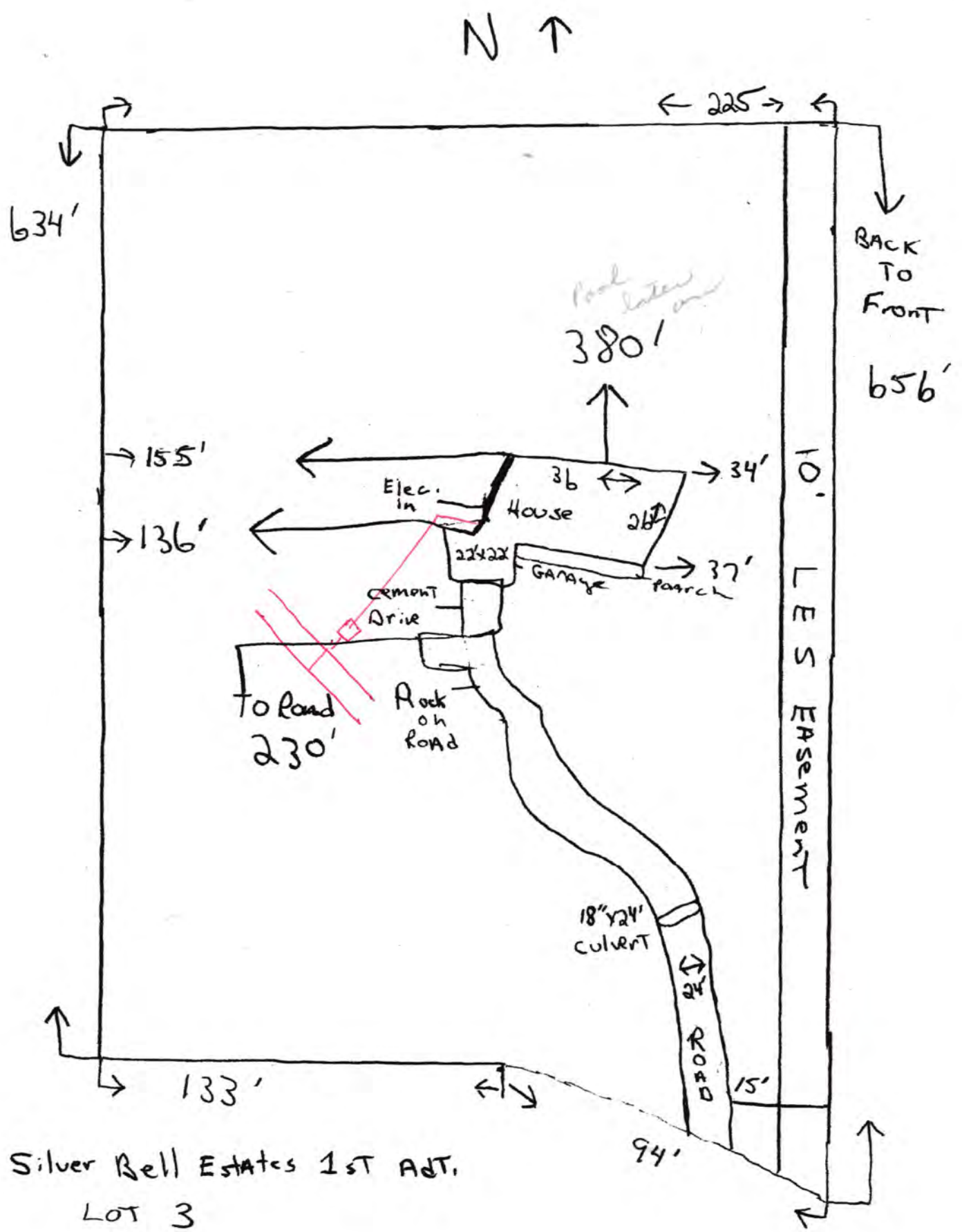
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 2, 1998

FORM 23-101 10-96



street name is
Silver Bell court

Rob. Harrett

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

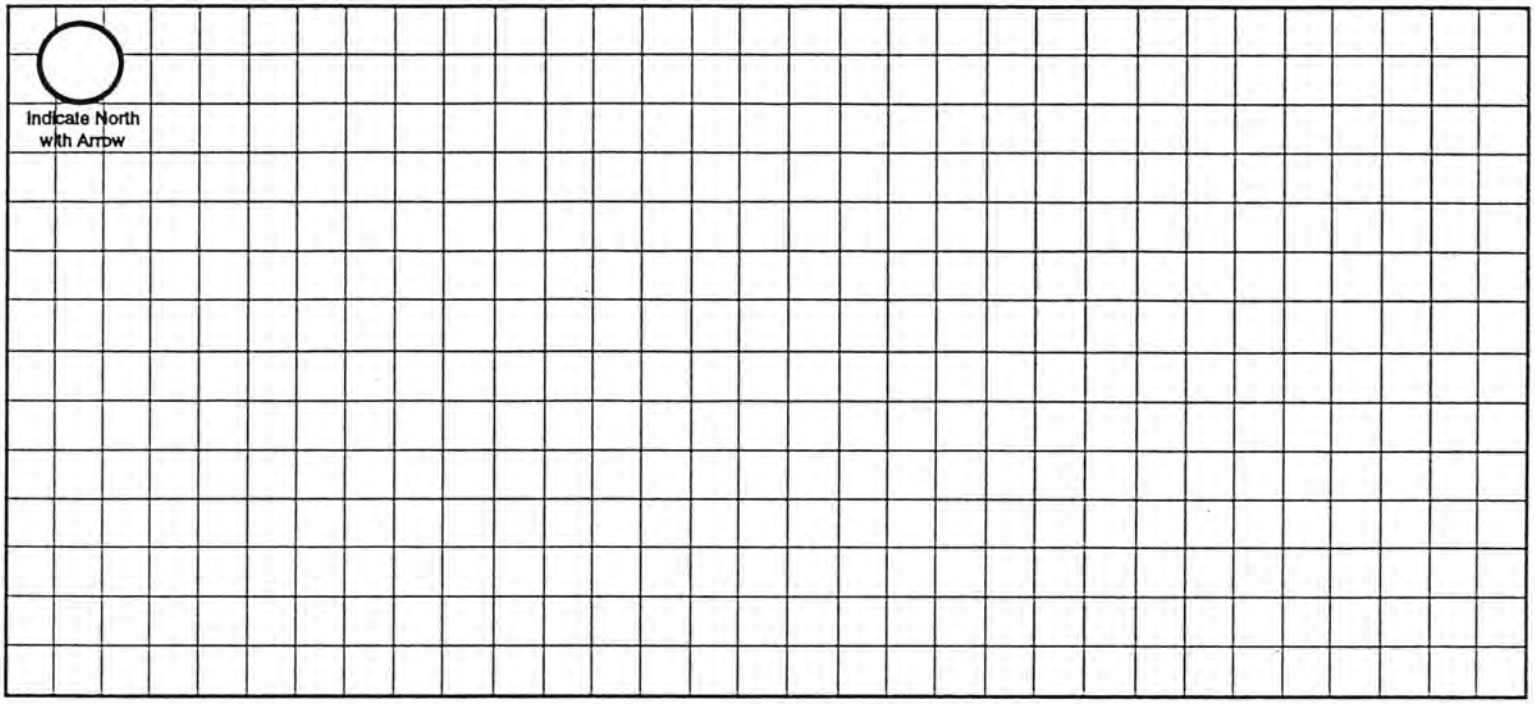
C

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) 1330 W. Silver Bell Crt, 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 41 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1161 sq. ft.

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

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

Total Length of Laterals 290 ft. Number of Trenches 3 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 John L Stahmer Date _____

FORM 23-102 10-96

JAN 7 1999

D

Permit Number:

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

Rob Garret

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 1330 W. Silver Bell Ct City Lincoln NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 98 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 90 ft.
   stream N.A. ft.
   pressure line 80 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 6 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 100+ ft.
   Stream N.A. ft.
   Pressure line 100+ ft.
   Property line 80+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 12 ft.

D. Absorption Field

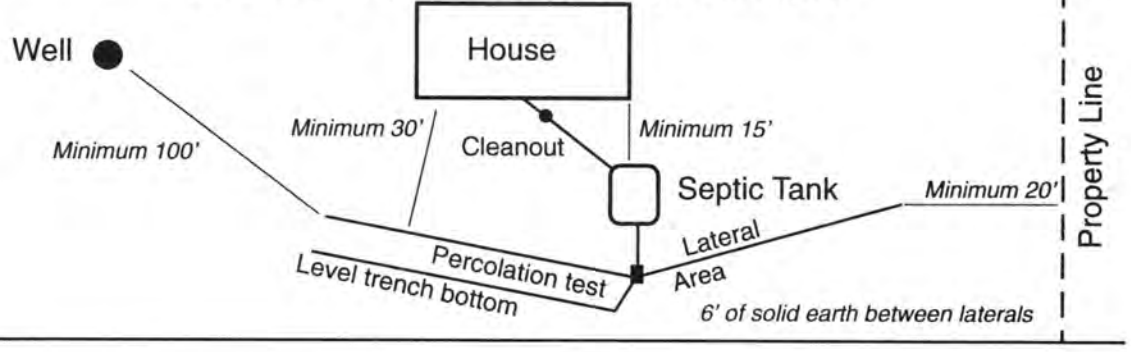
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: infiltrates on ground
   or perforated pipe: _____
   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 4 ft.
   Slope 0-2" in/100 ft.
   Average depth 22 in
4. Filter material: gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream N.A. ft.
   Pressure line 100+ ft.
   Property line 23+ ft.

Indicate North with Arrow

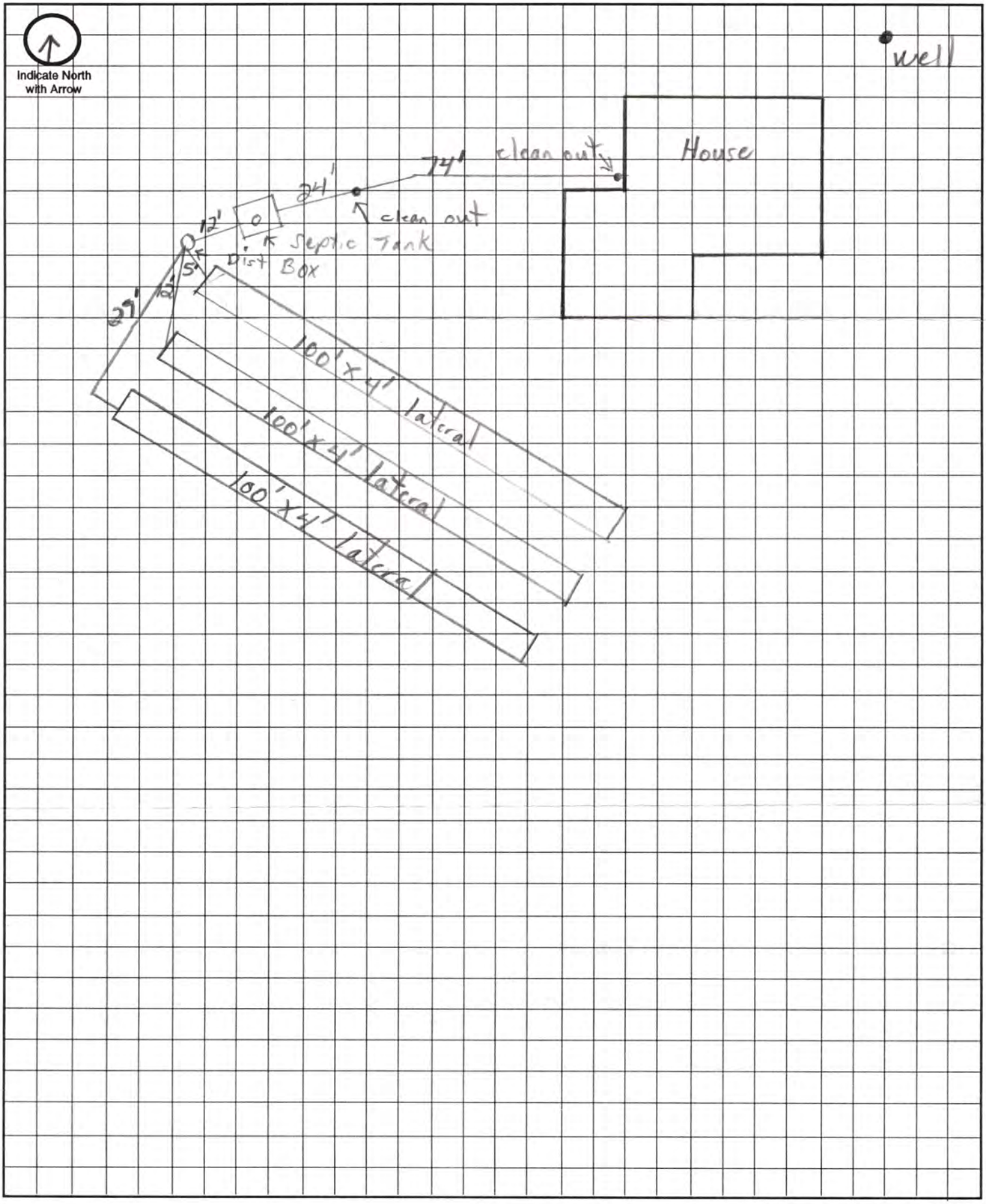
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s