LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380176701

Issued 05/29/98
Expires 11/29/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment
TIM J ARKEBAUER
T9N R6E SEC 16 QTR NE
SILVER BELL ESTS LOT 6

TOTAL $150.00

Permittee
TIM J ARKEBAUER
1350 N 37 ST
LINCOLN NE 68503

Issued By Health Director
Lincoln-Lancaster County Health Department

007410

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

5500

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

A

Permit Number: 98380176?

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 N.A. Xst 1441 Silver Bell Ct (no rural route) City Lincoln NE, Zip 68522

Legal Description N.E of NE (1/4 1/4) 16 (Section) 9N (Township) 6E (Range) Silver Bell (Subdivision) (Addition) 6 (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 Tim Arkebauer Signature X Timothy J. Arkebauer

Address 1350 No. 37th City/State/Zip LNK Nebr. 68503

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Haynes Homes Company Name _____

Address 8130 Deroe ct City/State/Zip Lincoln, Nebr. 68506

☐ Check if contractor designed system Work Phone 440-5546

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

Designer Name John Stuehmer Firm Excavating Inc. Work Phone 430-6023

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 5/26/98 Date frwd 5/29/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/29/98 Date frwd 5/29/98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-29-98 Date frwd 5-29-98 ACTION ☒ Approved ☐ Disapproved Signature _____

9-18-98

Installation Final Written Approval

By Ron Maynard

Date 9-18-98

Business Office Use Only

Date Rec'd 5/26/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 9447

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

Owner Tim + Eileen Arkfeld Address 1350 No. 37th LNK (03)

Soil Type (SCS): silty clay loam Percolation Rate: _____ min./inch

Date of Tests 4/28/98 to 4/29/98 Weather: Precipitation wet Temperature 60°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	4/28	9:00	4/29	9:00	4/29	12:00	6	4/29	12:30	30	3/4	40
2	27	4/28	9:02	4/29	9:00	4/29	12:02	6	4/29	12:32	30	1/2	60
3	28	4/28	9:04	4/29	9:00	4/29	12:04	6	4/29	12:34	30	1/2	60
4	24	4/28	9:06	4/29	9:00	4/29	12:06	6	4/29	12:36	30	3/4	40
5	26	4/28	9:08	4/29	9:00	4/29	12:08	6	4/29	12:38	30	1/2	60
6	28	4/28	9:10	4/29	9:00	4/29	12:10	6	4/29	12:40	30	1/2	60

Person Conducting Percolation Tests

Name: John Studmyer
Phone: 430-6023
Address 6669 NW 48th

Sum of Percolation Rates: 320
Average of Rates: 53.34
Rate Used for Calculation: _____

313

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

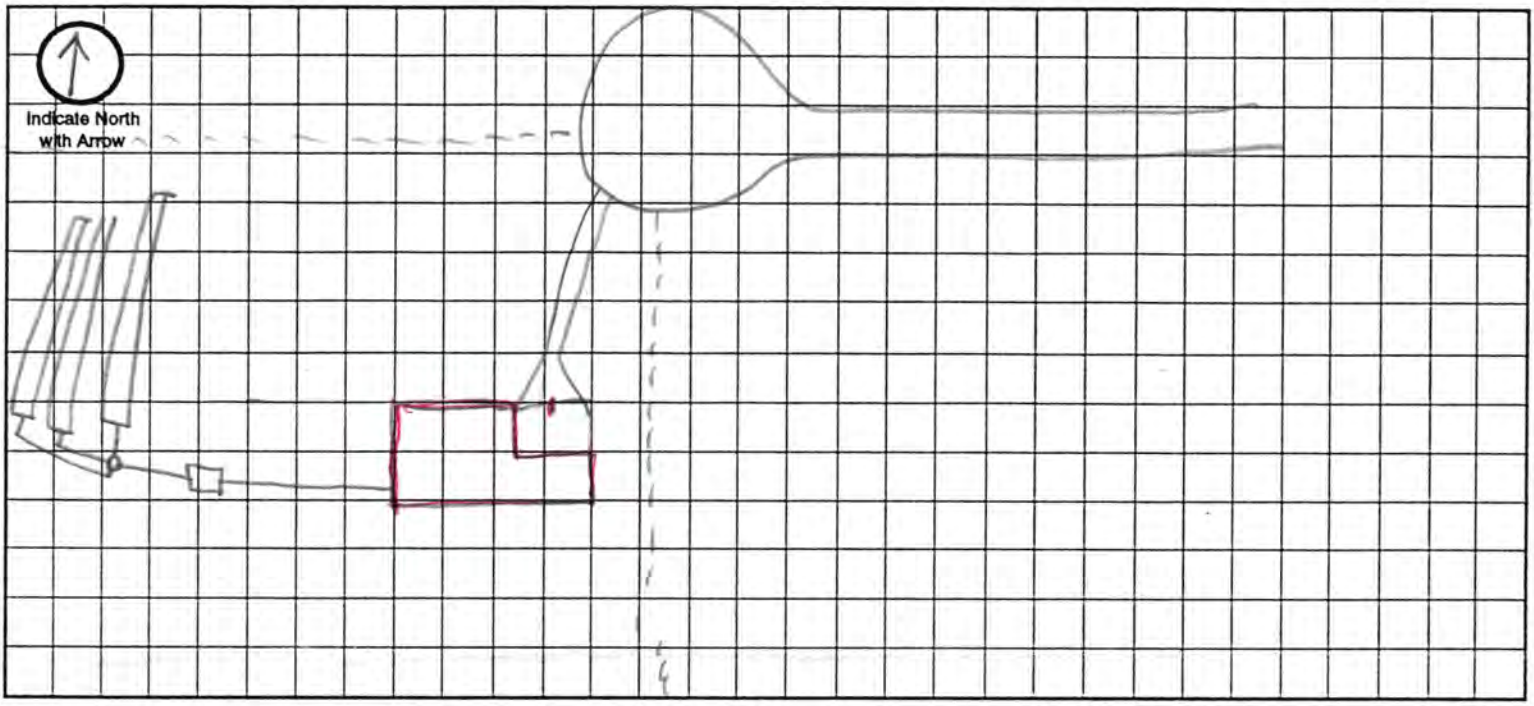
C

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) N.A. yet Silverbell Subdivision 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1250 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 313 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

Home Building Contractor _____ Date 5/22/98

Installer _____ Date _____

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:

Sewage Disposal System

As Built Plans & Specifications

Date 9-18-98

System Location (Indicate correct number and street)

Address 1441 w. Silver Bell ct (no rural route) City Lincoln NE, Zip

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: 37 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 + ft.
   stream NA 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 12 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line 100 + ft.
   Stream NA ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 4 ft.

D. Absorption Field

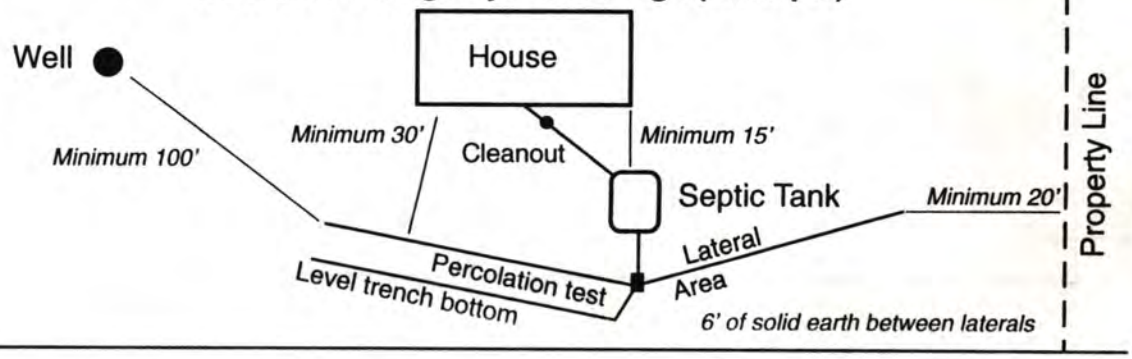
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: infiltrater directly
   or perforated pipe: on bed bottom
   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 1 in/100 ft.
   Average depth 20 in
4. Filter material: gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 130 ft.
   Stream NA ft.
   Pressure line 100 + ft.
   Property line 30 to 60 ft.

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

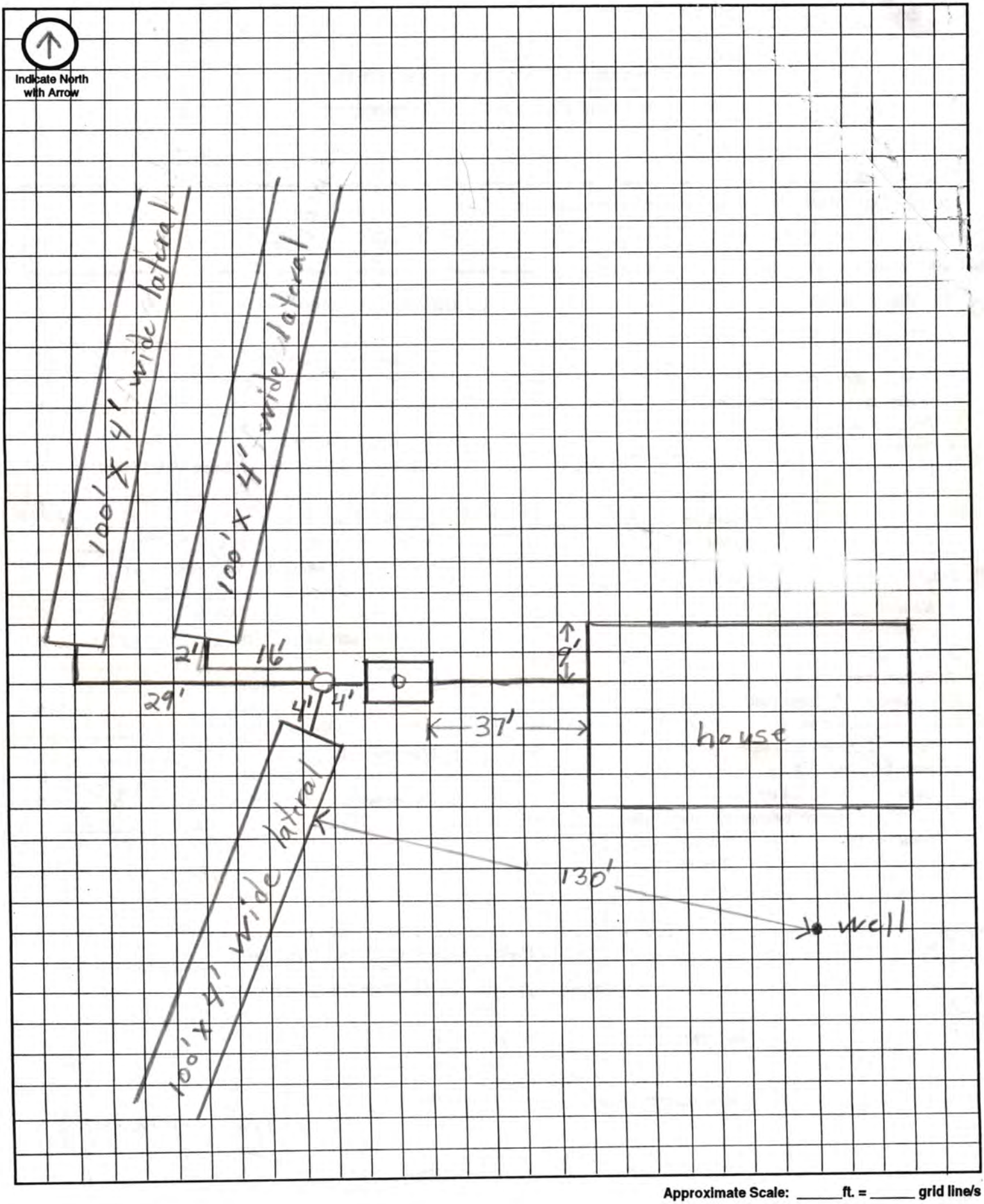
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s