LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 98380179101

Permit
SEWAGE INSTALLATION
LAGOON OR OTHER

PAID

Issued 06/26/98
Expires 12/26/98
Revenue Code 3157

FEES: $150.00

Establishment
JEFF KREIFELS
T9N R6E SEC 16
SILVER BELL ESTS-1ST LOT 7
1401 SILVER BELL CT

TOTAL $150.00

Permittee
JEFF KREIFELS
7212 THURSTON ST
LINCOLN NE 68507-1064

Issued By Carol D. Health Director
Lincoln-Lancaster County Health Department

007742

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: 98380179 1

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System OR ☒ Lagoon OR ☒ 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 #1401 SILVER BELL COURT (no rural route) City LINCOLN NE, Zip 68512

Legal Description LOT 7 (1/4) 16 (1/4) (Section) 9N (Township) 6E (Range) SILVER BELL ESTATES (Subdivision) 1ST (Addition) 7 (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 JEFF KREIFELS Signature X _____

Address 7212 THURSTON City/State/Zip LINCOLN NE.

☐ Check if owner designed system Home Phone 466-8776 Work Phone 450-5822

C. Contractor

Name ACTION PLUMBING Company Name ACTION PLUMBING.

Address _____ City/State/Zip LINCOLN NE. 68512

☐ Check if contractor designed system Work Phone 450-5822

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

Designer Name JEFF KREIFELS / ACTION PLUMBING Firm _____ Work Phone 450-5822

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 6/25/98 Date frwd 6/25/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6.25.98 Date frwd 6.25.98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-25-98 Date frwd 6-25-98 ACTION ☒ Approved ☐ Disapproved Signature _____

9-29-98 rec'd line, tank & part labeled OK
9-29-98 rec'd drawing OK

Installation Final Written Approval

By _____

Date 9-21-99

Business Office Use Only

Date Rec'd 06/25/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 1004

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 _____ Addresss _____

Soil Type (SCS): _____ 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Poor percolation can go either lagoon or engineered system.

Signature of Reviewing Official Jerrold C. Hood P.E. H.D. Date JUNE 25, 1998

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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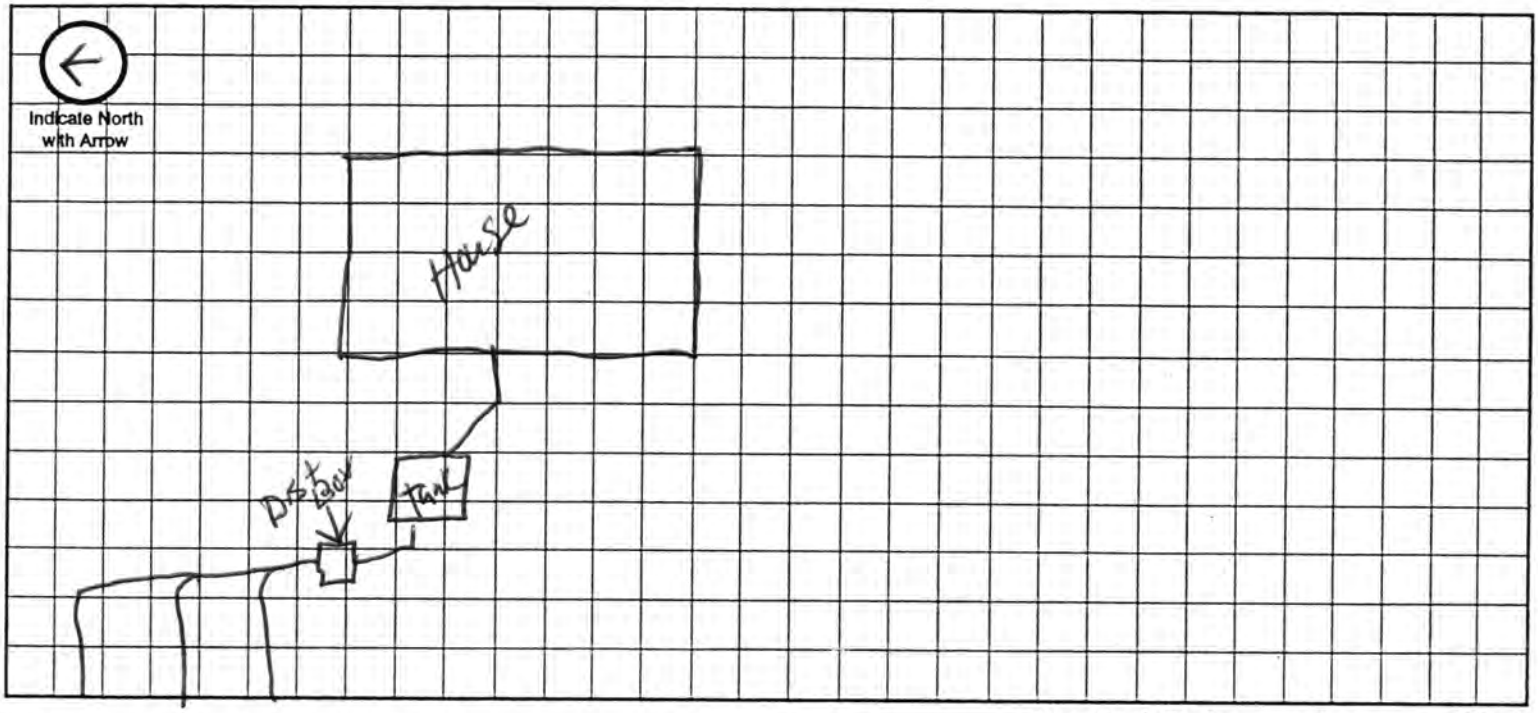
C

Permit Number: 98380179 1

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) LOT # 7 1401 SILVER BELL COURT City LINCOLN NE, Zip 68512

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: _____ 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 _____ ft. Number of Trenches _____ Trench Width _____

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 BULLER-MESTL CONST - Robert Buller Date 6/17/98

Installer _____ Date _____

FORM 23-102 10-96

98380179l

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 1401 W Silver Bell CRT City Lincoln NE, Zip NE
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: - in.
   or distance below basement floor: 15" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1 Cat House
5. Distances to: well or suction line 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: _____
2. Capacity: _____ 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: 12" in.
8. Distances to: Well or suction line 100' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10' ft.

D. Absorption Field

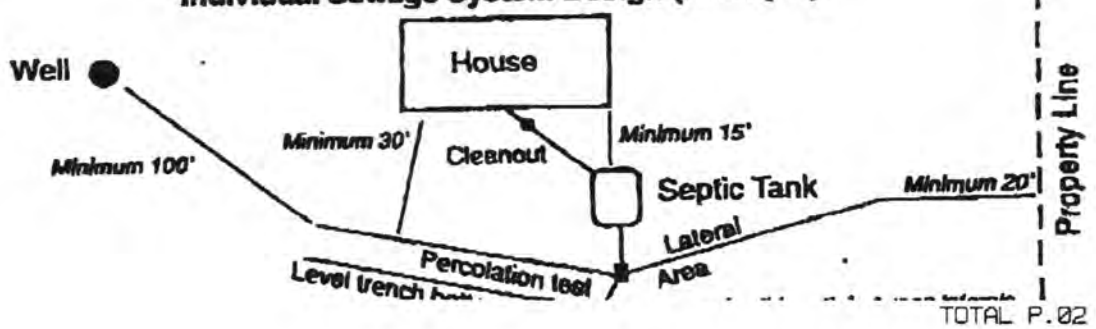
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Equalizer Distribution
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100' ft. _____ ft.
   _____ ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line 200 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



Jeff Kiciles

HEALTH DEPARTMENT

FAX 441-6206

1401 West Silver Bell CRT

s Built Drawing

