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. 98380190101

Issued 12/03/98
Expires 06/03/99
Revenue Code 3157

Establishment

BURT MUEHLING
T9N R6E SEC 16
SILVER BELLE EST-1ST BLK 1 LOT 8
1333 W SILVER BELL CT

FEES: $150.00

PAID

TOTAL $150.00

Permittee

BURT MUEHLING
5115 VALLEY FORGE RD
LINCOLN NE 68521-1170

Issued By Health Director
Lincoln-Lancaster County Health Department

008353

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: 98380/901

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 1333 W. Silver Bell Ct. (no rural route) City Lincoln NE, Zip NE

Legal Description: 1/4 16 Section 9N Township 6E Range Silver Bell Est. Subdivision 1st Addition Block 18 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Burt Muehling Signature Burt Muehling

Address 5115 Valley Forge Rd City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 438-5744 Work Phone 430-6795

C. Contractor

Name Burt Muehling Company Name Muehling Development

Address 5115 Valley Forge Rd City/State/Zip Lincoln, NE 68521

☐ Check if contractor designed system Work Phone 430-6795

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

Designer Name Larry Schwark Firm Schwark Trench 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 12/3/98 Date frwd 12/3/98	ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 12.3.98 Date frwd 12.3.98	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 12-3-98 Date frwd 12-3-98	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Paul Dittmann

Date 5-24-99

Business Office Use Only

Date Rec'd 12/03/98

Amt Paid 150.00

Rec'd By [illegible] ~~Cash~~/Check No. 2845

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

B

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1614
Phone: 402-441-8022

Permit Number: 98380901

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Lot 8 Silver Bell Add (no rural route) City Lincoln NE Zip

Owner Bert Muehling Address 4710 No 25 68521

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

Date of Tests 10-13 to 10-14-98 Weather: Precipitation — Temperature 62°

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	32"	10-13	4:30	10-14	7:45	10-15	10.15	17	10.15	10:45	30	1	
2								18				1 5/8	
3								20				1 1/2	
4								19 1/4				1 1/2	
5								20 1/4				1 1/4	
6								21				1	
7								18				1	
8								19 1/2				1	
9								17 1/2				1	

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwarck

Phone: 489-7294

Address 8200 Old Cheney Rd.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-95

C

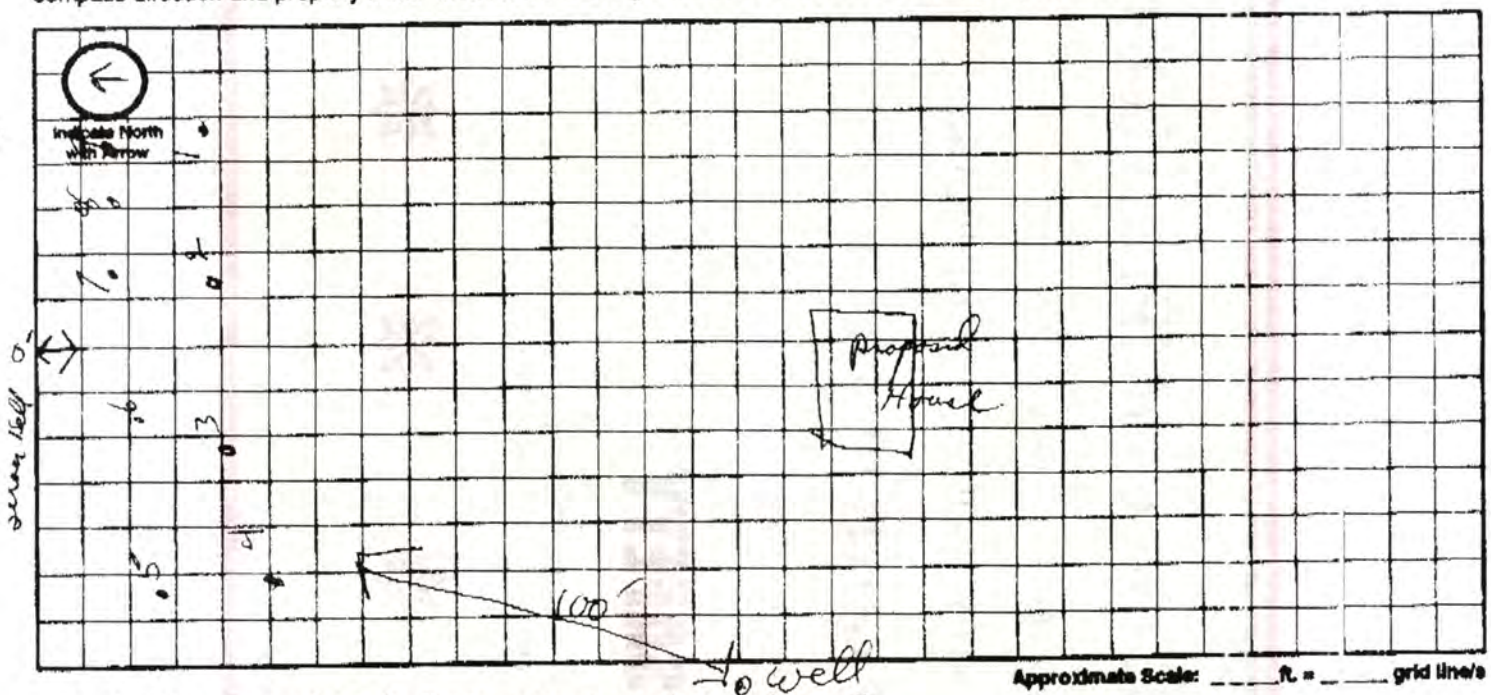
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 98380190I

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.



A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ 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: _____ Land Slope: 1% %

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 3 Trench Width 4

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

4 bed house

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 ☐	100 ☐	☒

E. Required Signatures

Home Building Contractor X Burt Muehlig Date 12-1-98

Installer Larry Schwarck Date 10-14-98

FORM 23-102 10-96

APR 2 2 1999

D

Permit Number:

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

Bert Muehling
Lot 8
Silver Bells

Sewage Disposal System

As Built Plans & Specifications

Date 4-19-99

System Location (Indicate correct number and street)

Address 1333 Silver Bells (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: 7' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 150 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete - Precast Co.
   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: 6" in.
8. Distances to: Well or suction line _____ 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: 10 ft.

D. Absorption Field

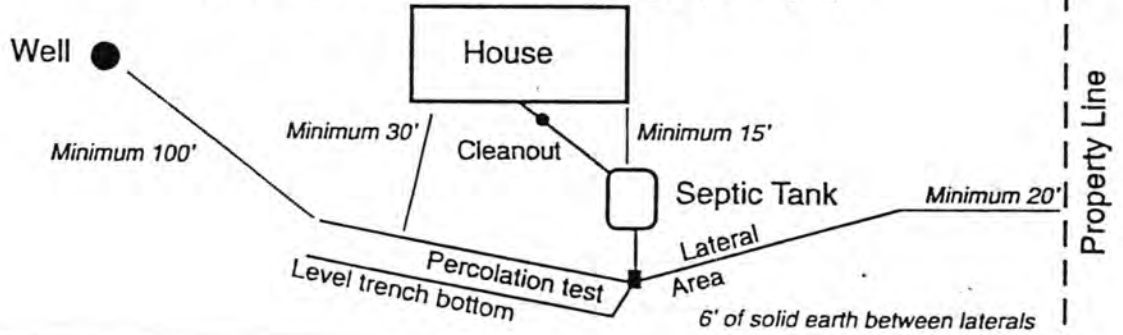
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 6
   Length of each line: 100 ft. 100 ft.
   80 ft. 55 ft., 55 ft. 445' total *455
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 30 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.

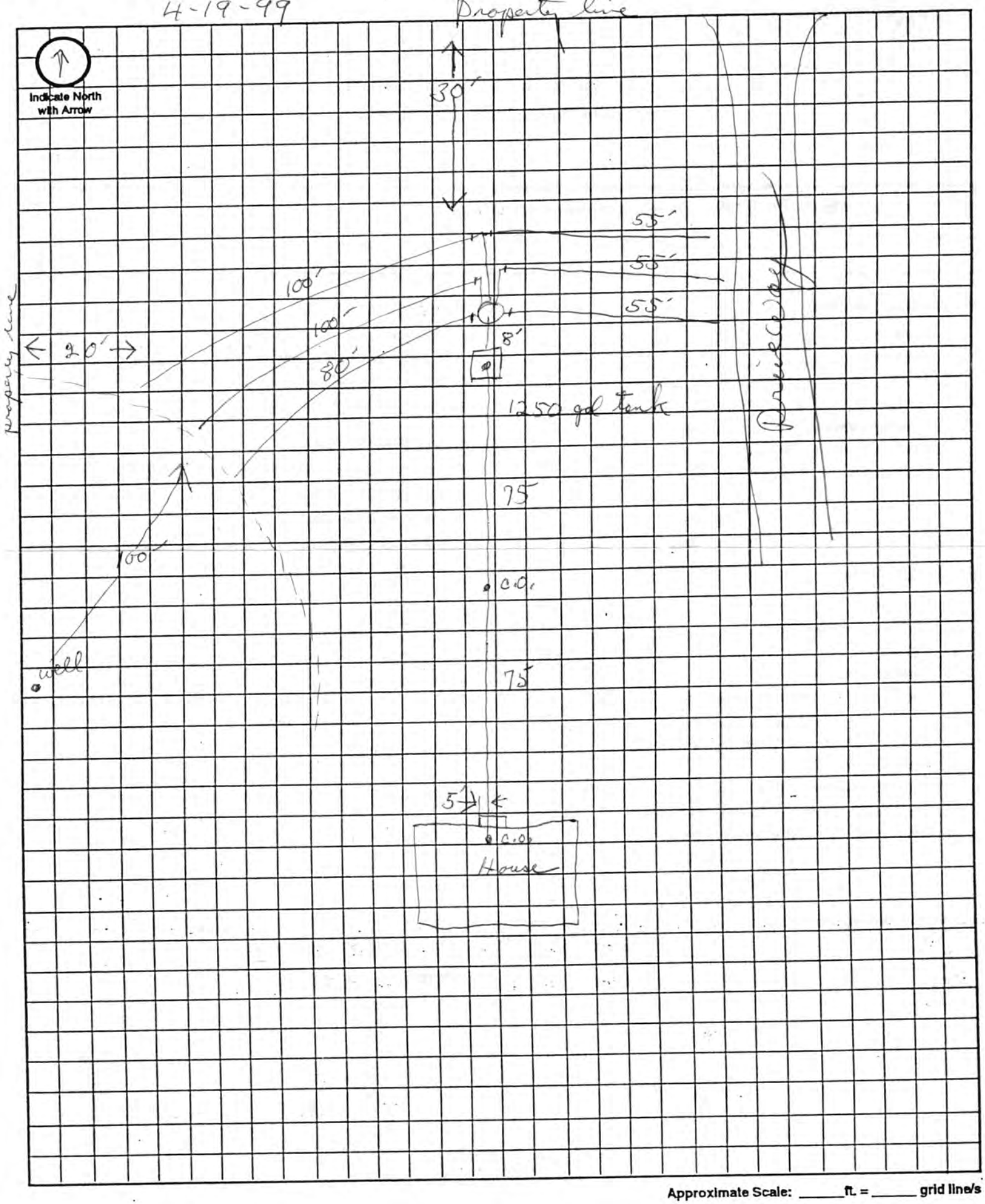
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwarck

4-19-99



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