LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380153701

Issued 02/13/97
Expires 07/13/97
Revenue Code 18754

Establishment

STEVE WILLIS
T9N R6E SEC 17
ROBERTS IRONWOOD EST BLK 1 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee

STEVE WILLIS
1948 HARRISON AVE
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

3177

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 6101 S.W. 36TH STREET (no rural route) City LINCOLN NE, Zip 68523

Legal Description 17 9N 6E ROBERTS IRONWOOD ESTATES 1 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 STEVE WILLIS Signature Steve Willis

Address 1948 HARRISON AVE City/State/Zip LINCOLN, NE 68502

☑ Check if owner designed system Home Phone 474-3585 420-5464 Work Phone 432-0470

C. Contractor

Name OWNER / SAME 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 Harold J Beamer Firm Capital City Trenching Work Phone 432-2494

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 2/12/97 Date frwd 2/13/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2-13-97 Date frwd 2-13-97 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2-13-97 Date frwd 2-13-97 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By 9-26-97

Date Paul D. Zimmerman

Business Office Use Only 3027

Date Rec'd 2/10/97
Amt Paid 150 cc
Rec'd By LS Cash/Check No. 5254

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 6101 SW 36th Street (no rural route) City Lincoln NE, Zip 68523

Owner Steven G. Willis Addresss

Soil Type (SCS): Clay Loam Percolation Rate: min./inch

Date of Tests 7-18 to 7-19-96 Weather: Precipitation 0 Temperature 90

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	36"	7-18	6:50P	7-19	8:15P	7-19	8:15P	6"	8:45P	6"	30min	0"	
2	36"	7-18	6:50P	7-19	8:15P	7-19	8:15P	6"	8:45P	6"	30min	0"	
3	36"	7-18	6:50P	7-19	8:15P	7-19	8:15P	6"	8:45P	5 7/8"	30min	1/8"	
4	36"	7-18	6:50P	7-19	8:15P	7-19	8:15P	6"	8:45P	5 7/8"	30min	1/8"	
5	36"	7-18	6:50P	7-19	8:15P	7-19	8:15P	6"	8:45P	6"	30min	0"	
6	36"	7-18	6:50P	7-19	8:15P	7-19	8:15P	6"	8:45P	6"	30min	0"	

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: B

Phone: 464-0638

Address 2700 Dan Ave
Lincoln, NE 68504

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

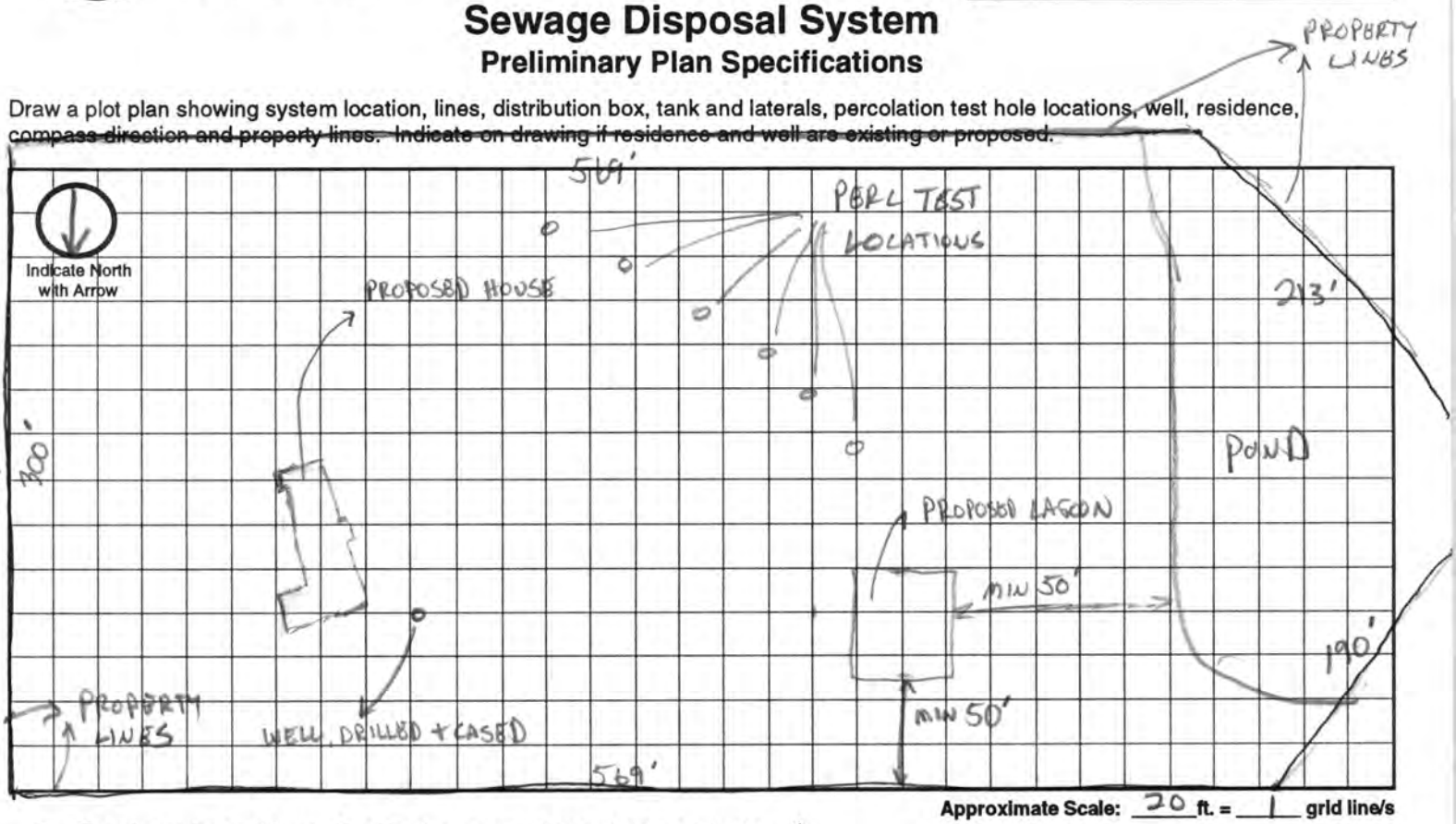
Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6101 S.W. 36TH City LINCOLN, NE 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 0 (min. per inch) Soil Type: CLAY LOAM Land Slope: ? %

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

Total Square Feet of Field Required: 1849 sq. ft. A (43') x A (43')

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 Stan Willis Date 2-10-97

* Installer Capital City Trenching by Harold Hasemann Date 2-12-97

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 2-10-97

System Location (Indicate correct number and street)

Address 6101 S.W. 36TH (no rural route) City LINCOLN NE, Zip 68523

A. Building Sewer

1. Material: P.V.C.
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: VARIOS W/GRADE in.
3. Distance between dwelling and septic tank: ≥100 ft.
4. Number of clean-outs: 1 EVERY 75'
5. Distances to: well or suction line APPROX 150 ft.
   stream APPROX 100 ft.
   pressure line 150' ft.
   property line 50 ft.

B. Septic Tank

1. Material: _____
   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 _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

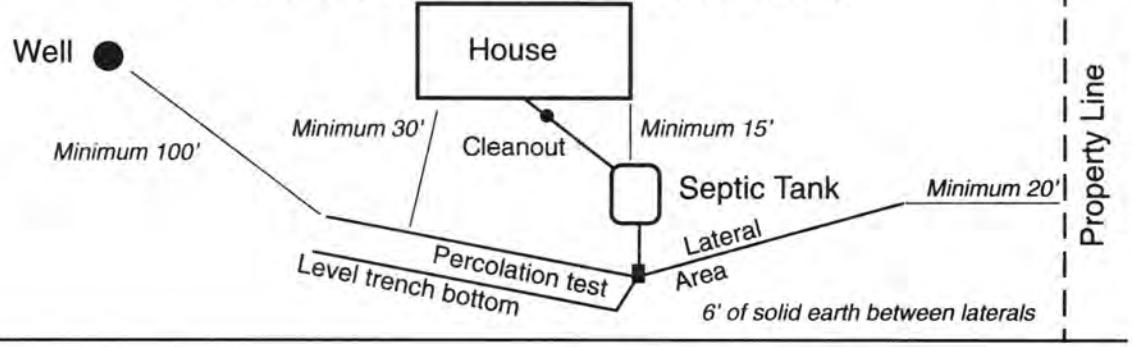
(Provide as-built drawings on back of this form)

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

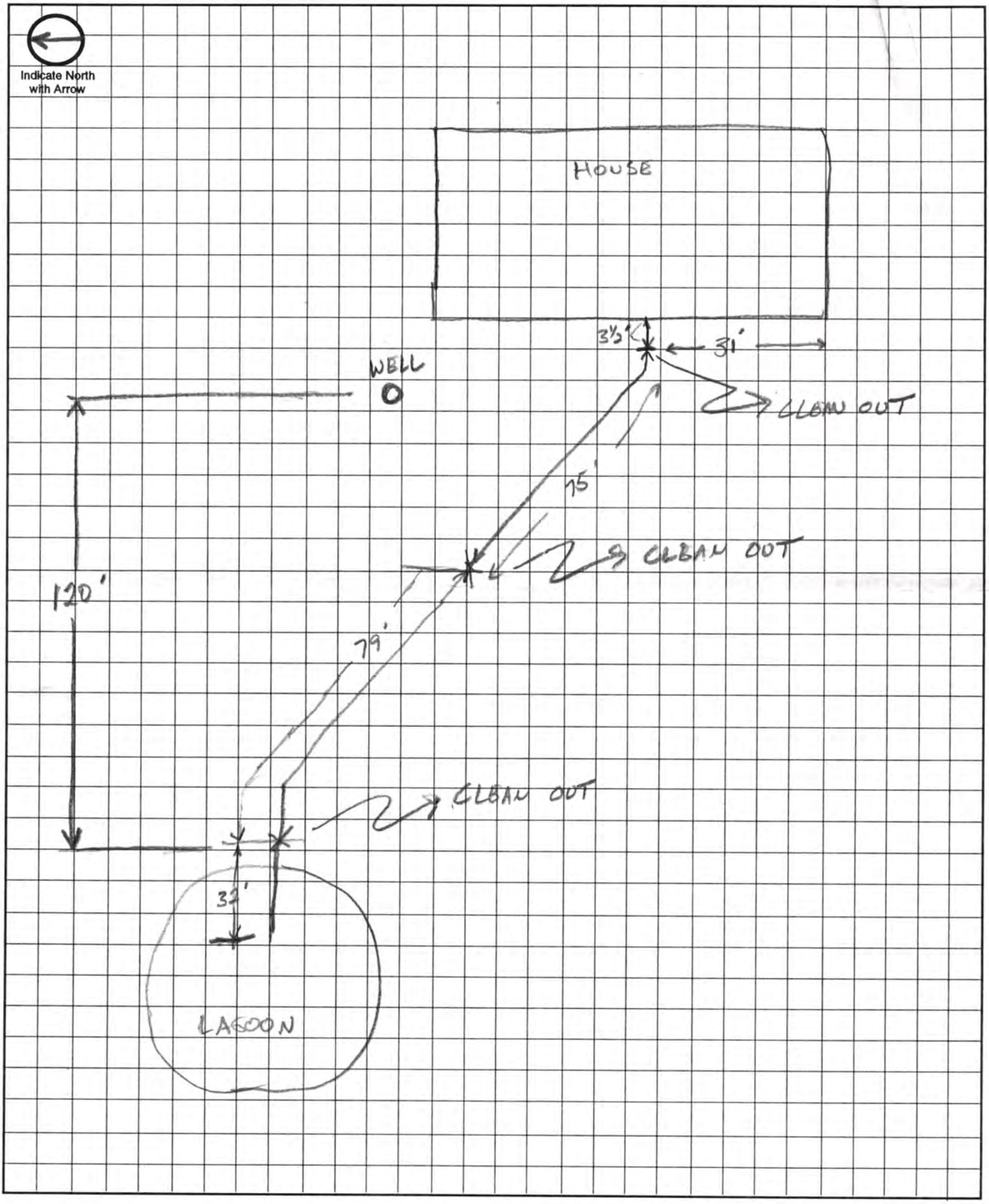
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s