LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit No. 97380161501

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 07/14/97
Expires 01/14/98
Revenue Code 18754

Establishment

BRETT ROBINSON
T9N R6E SEC 17
THE SOUTH FORTY BLK 2 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee

BRETT ROBINSON
5400 TAMARISK CT
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

5020

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.

225

☑ 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 3700 W. BUCKS DR. (no rural route) City Lincoln NE, Zip

Legal Description 1/4 17 1/4 Section 9N Township 6E Range The South forty Subdivision Addition 2 Block 2 Lot

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Brett & Susan Robinson Signature

Address 5400 Tamarisk Ct. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 420-6158 Work Phone 434-7177

C. Contractor

Name Rallis Construction Company Name Rallis Construction (John Rallis)

Address 6712 Hickory Crest CT. City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone 430-6838 (Larry Schwarch Trenching)

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

Designer Name 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 7/11/97 Date frwd 7/11/97	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7-11-97 Date frwd 7-11-97	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 7-11-97 Date frwd 7-11-97	**ACTION** ☒ Approved ☐ Disapproved Signature	

9/15/97 ~~Need drawing + route natural~~

Installation Final Written Approval ~~Maintenance~~

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

Date AUGUST 17, 1998

Business Office Use Only

Date Rec'd 7/11/97
Amt Paid 150 ck
Rec'd By Cash/Check No. 5862

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

Also LWI1

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: BLOCK 2 LOT 2 The SOUTH FORTY

Location: Township 9N ; Range 6E ; Section & ¼ Section 17.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . WYMORE

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: _____

Address: _____

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				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	9/27	10:00	9/28	11:00	9/28	11:00	6	11:30	5 1/4	30	3/4	40 MIN/IN
2	28	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48 MIN/IN
3	30	"	"	"	"	"	"	"	"	5 1/4	"	3/4	40 MIN/IN
4	31	"	"	"	"	"	"	"	"	5 1/4	"	3/4	40 MIN/IN
5	30	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48 MIN/IN
6	28	"	"	"	"	"	"	"	"	5 1/2	"	1/2	60 MIN/IN
7	28	"	"	"	"	"	"	"	"	5 1/2	"	1/2	60 MIN/IN

John F Ragan
Signature of Person Conducting Test

Address 4810 West Clare Phone 797-2365

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM

Date: _____

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

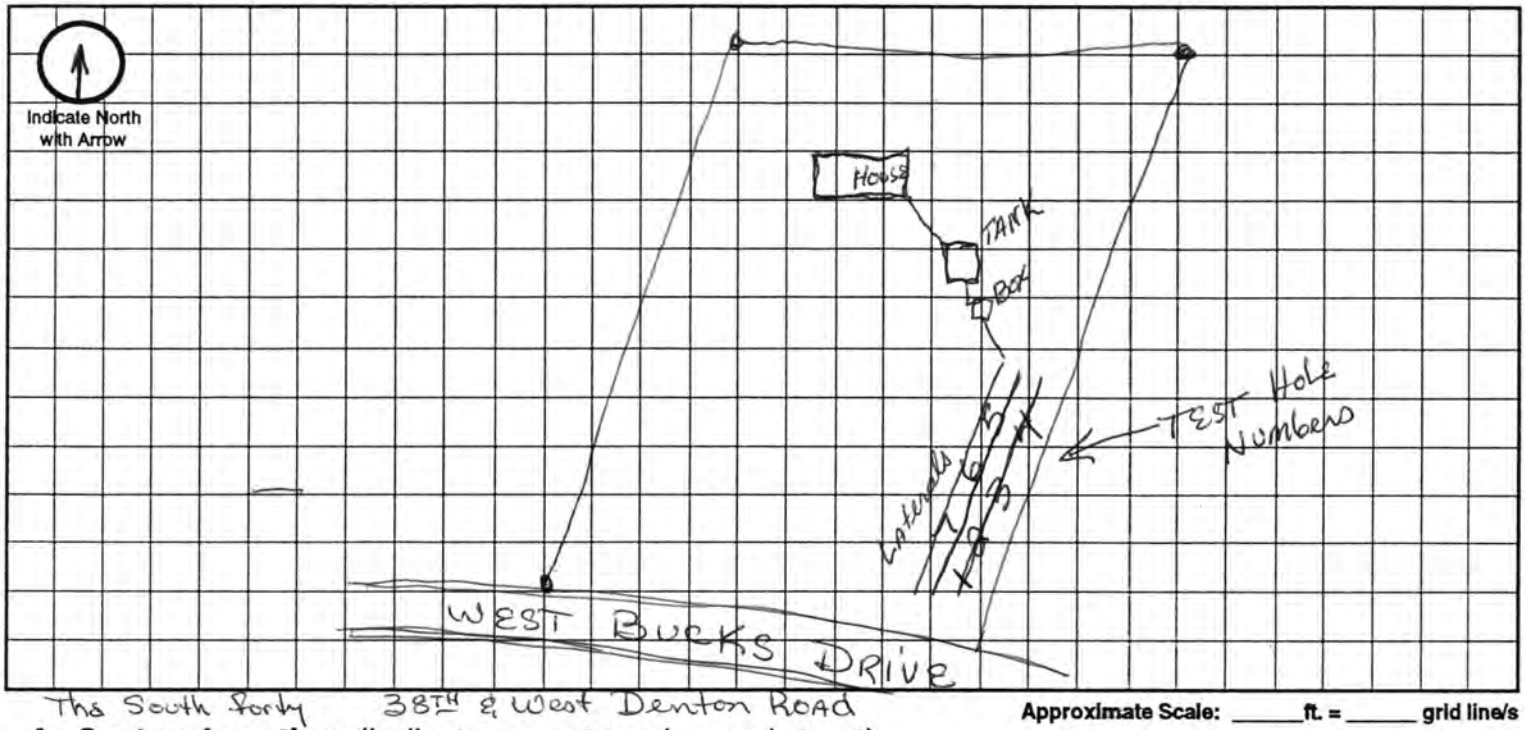
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ 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 48 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1222 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 407 ft. Number of Trenches 5 Trench Width 36"

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 Ballis Construction Date 7-11-97

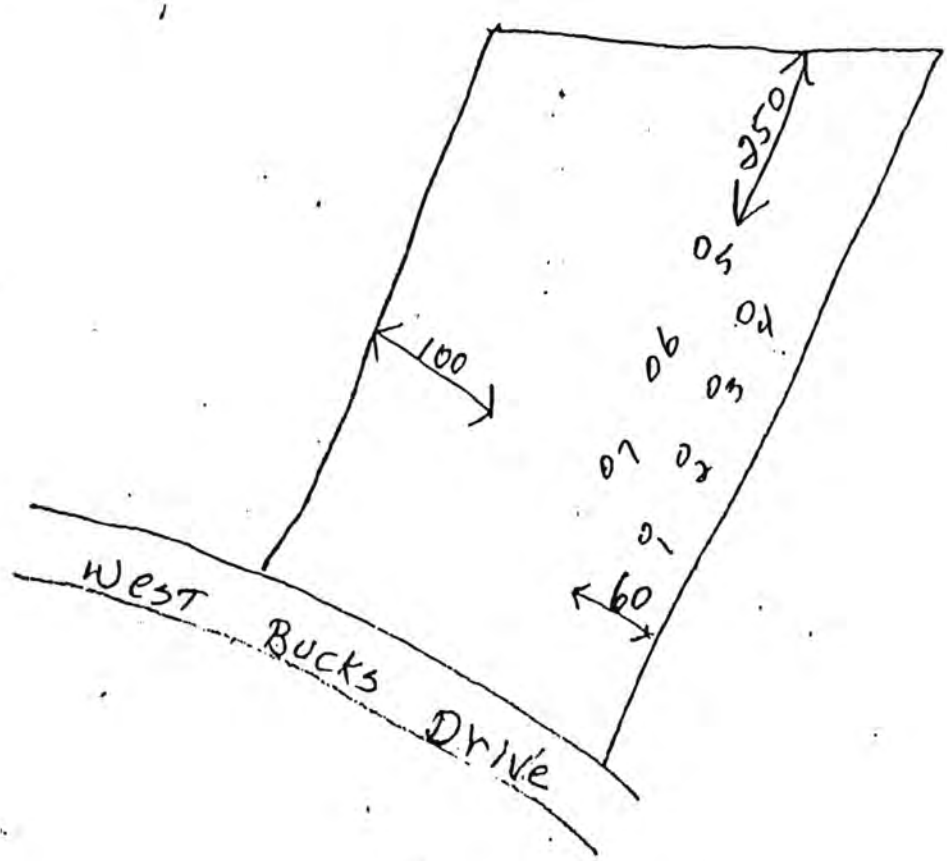
Installer LARRY Schwank Trenching Date 7-11-97

FORM 23-102 10-96

FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) City Ordinance No. 9150 ☐ County Resolution No. 2832 ☐	LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT Division of Environmental Health 3140 N Street Lincoln NE 68510 (402)-441-8022 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.

Block 2 LOT 2 the SOUTH FORTY



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement

1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 407 ft.
3. With a Trench Width of 3 in.
4. Total Area of Lateral needed 1222 sq.ft.

_____

Signature of Reviewing Official

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

SEP 19 1997 **D**

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9-15-97

System Location (Indicate correct number and street)

Address 3700 W Bucks Rd (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 167 in.
3. Distance between dwelling and septic tank: 16 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: 1250 Precast
   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: 12 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: 11 ft.

D. Absorption Field

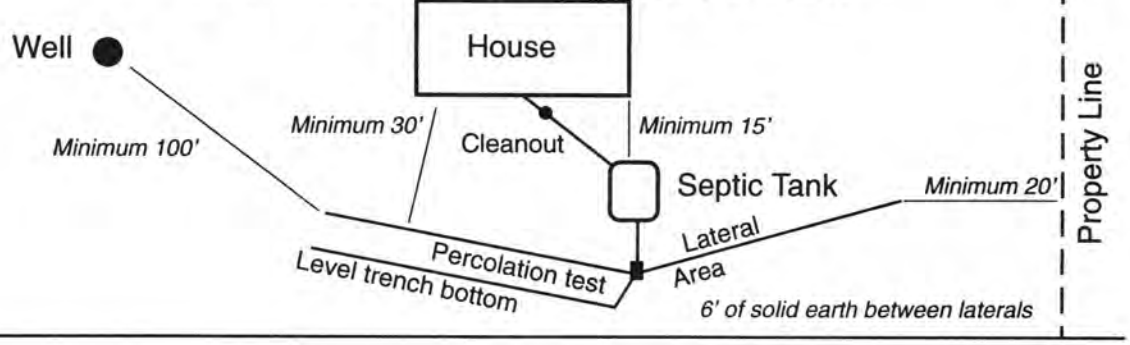
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 102 ft. 102 ft.
   102 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 5 in/100 ft.
   Average depth 38 in
4. Filter material: Road Gravel
   Depth of material ____ in.
5. Distances to: Well or suction line 120 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

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

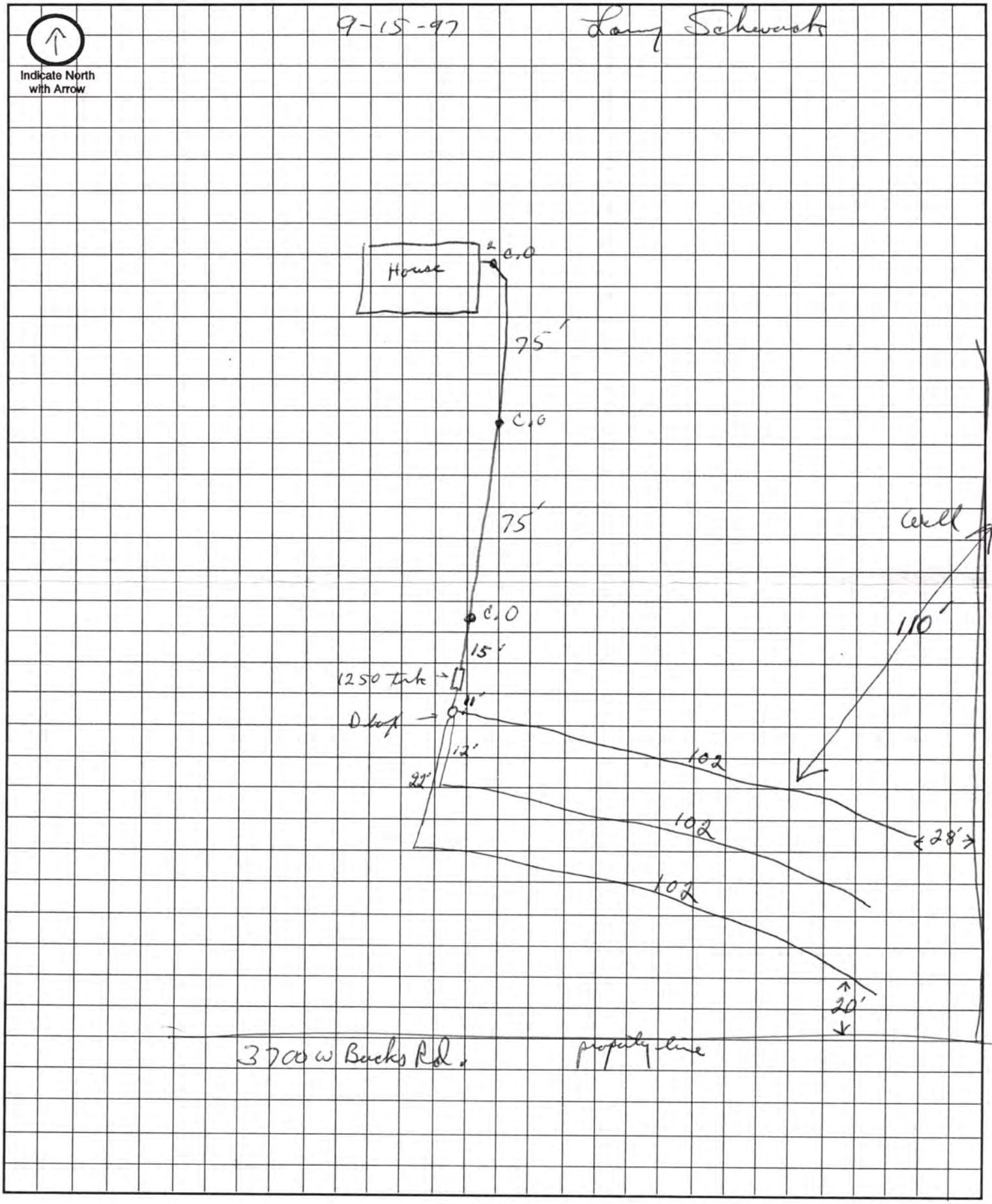
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s