Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

MICHAEL D JELINEK
T9N R6E SEC 17
SOUTH FORTY BLK 2 LOT 3
3600 W BUCKS DR

Permittee

MICHAEL D JELINEK
1820 PREAMBLE LN
LINCOLN NE 68521

Permit # 01380229201

Issued 03/20/01
Expires 09/20/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014564

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

A

Permit Number: 0138 02292

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 3600 West Bucks Drive (no rural route) City Lincoln NE, Zip 68523

Legal Description 1/4 17 1/4 Section 9N Township 6E Range The South Forty Subdivision Addition 2 Block 3 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

(B) Owner

Name Michael D. Jelinek Signature Michael D. Jelinek

Address 1820 Preamble Ln. City/State/Zip Lincoln Ne 68521

☐ Check if owner designed system Home Phone 476-3801 Work Phone 499-7132

C. Contractor

Name Stan Krause Company Name Dirt Works Plus Inc

Address 7324 Ballard City/State/Zip LNK NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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 3/20/01 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/20/01 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature MW
3. **City or County Engineer** Date rec'd 3/20/01 Date frwd 3/20/01 ACTION ☑ Approved ☐ Disapproved Signature Chase Baker

7/9/01 Partial. Use from house on 1/4. DS

Installation Final Written Approval

By Doug Jelinek

Date 7/24/01

Business Office Use Only

Date Rec'd 03/20/01
Amt Paid 200.00
Rec'd By MO ~~Cash~~/Check No. 1002

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

Lincoln-Lancaster County Health Department
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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 3100 W P.[illegible] (no rural route) City LINCOLN NE, Zip 68523

Owner MIKE JELINEK Addresss 1800 PEARMALE LINCOLN NE 68521

Soil Type (SCS): SANDY [illegible] Percolation Rate: _____ min./inch

Date of Tests 3-26 to 3-27 Weather: Precipitation [illegible] Temperature 40's 45°

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	27	3/26	8:10AM	3/27	8:35 AM	3/27	8:40 AM	6	3/27	10:40 AM	120	2 1/4	~~9~~ 13.3
2	26	3/26	8:20AM	3/27	8:50AM	3/27	7:00 AM	6	3/27	10:30 AM	210	1	30
3	30	3/26	8:30AM	3/27	8:55AM	3/27	8:00 AM	6	3/27	12:00 PM	240	1 1/4	24
4	27	3/26	8:40AM	3/27	8:30 AM	3/27	6:30 AM	6	3/27	12:30 PM	360	1 1/4	24
5	25	3/26	8:50AM	3/27	8:35AM	3/27	8:45AM	6	3/27	10:45 AM	180	1 1/8	~~24~~ 27
												1"	30
													123

Sum of Percolation Rates: 123

Average of Rates: 20.5 24.21

Rate Used for Calculation: [illegible]

Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 560-1033

Address 7300 BLUEWOOD LINCOLN NE 68507

1608

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

DIFT WORKS PLUS INC. 402-484-7020 07/18/01 02:38P P.002

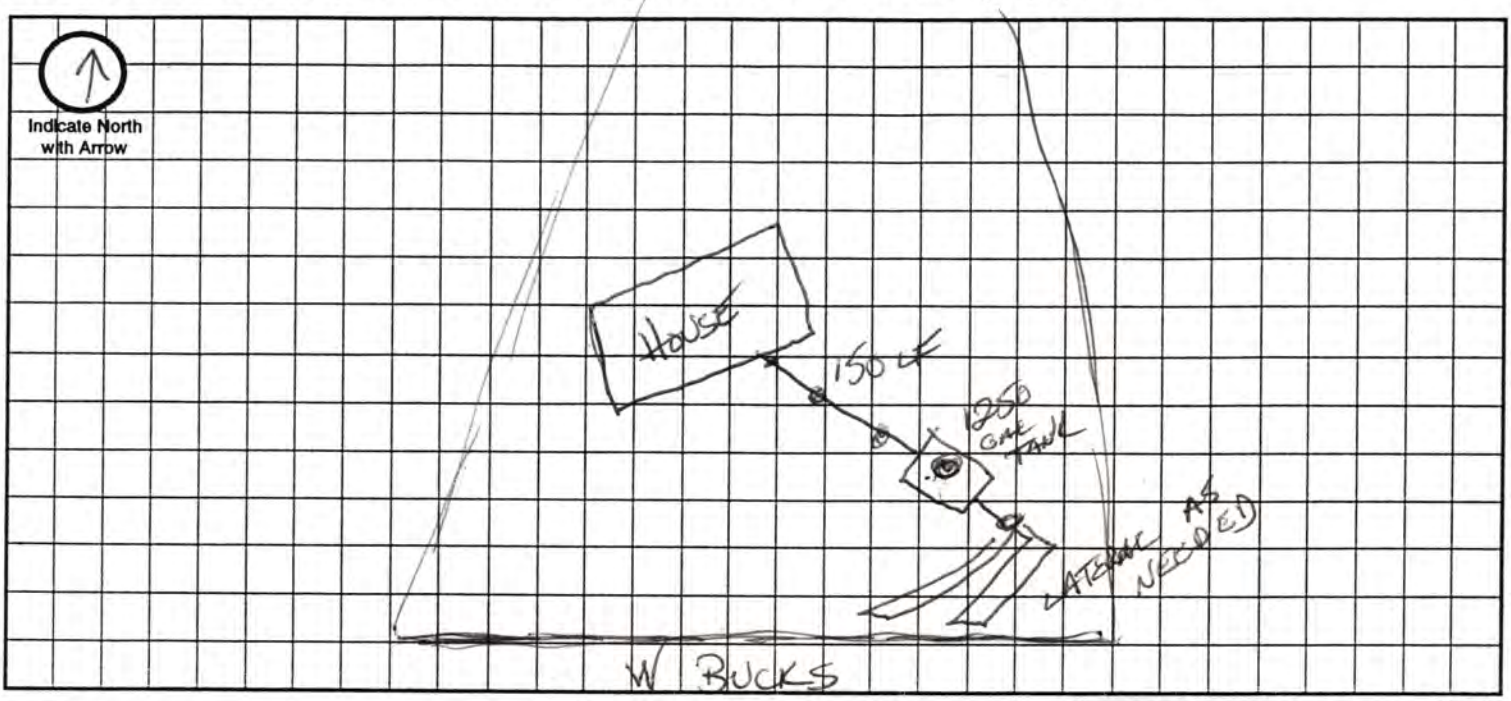
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802792

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) 3600 W Bucks City LNK 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1060 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: EQUALIZER

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ 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 Michael D Jelinek Date 3-17-01

Installer _____ Date 3-19-01

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-23-01 Mike Jelnick

System Location (Indicate correct number and street)

Address 3600 W Bucks (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Cs 160
   Diameter: 4 in.
2. Distance above basement floor: ~~___~~ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 182 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Conc
   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 6" 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 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Conc
   Number available outlets: _____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 9 ft.

D. Absorption Field

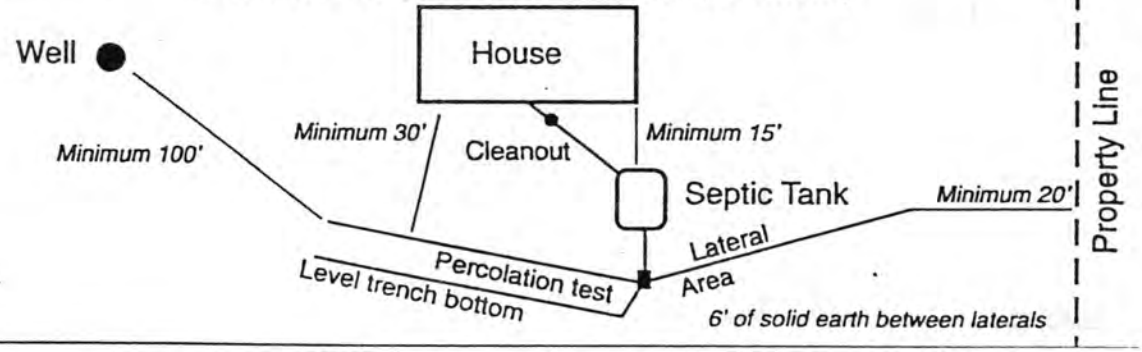
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other Equalizer - Hegi Cap.
2. Lateral lines: Number _____
   Length of each line: 102 ft. 102 ft.
   51 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3.5 ft.
   Slope 0 in/100 ft.
   Average depth 27" in
4. Filter material: GRAVEL - LESS
   Depth of material 0 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50 ft.

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

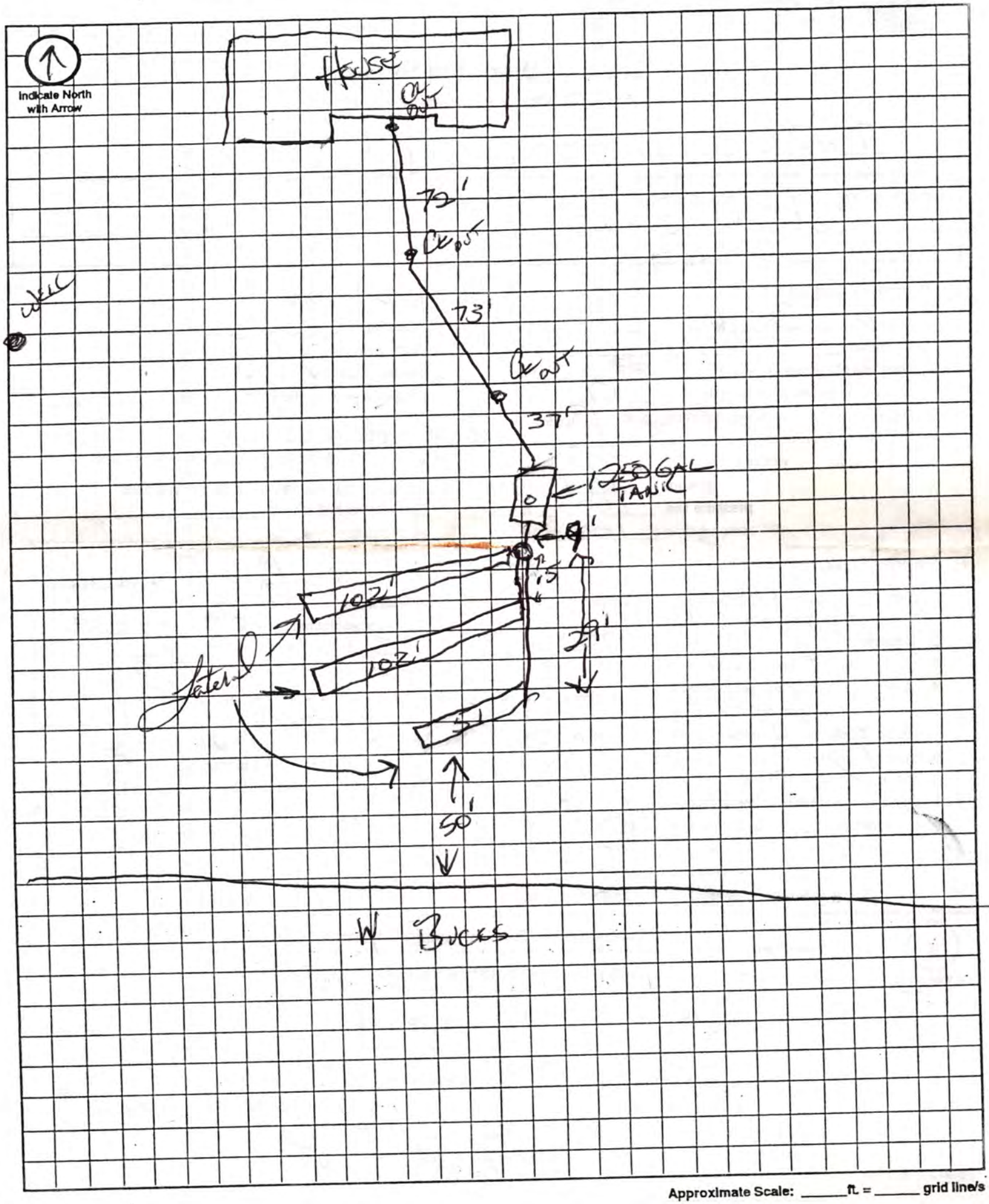
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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