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. 96380153001

Issued 12/19/96
Expires 06/19/97
Revenue Code 18754

Establishment

ANDY SHIPLEY
T9N R6E SEC 17
SOUTHFORTY BLK 3 LOT 1
6740 SW 34 STREET

FEES: $150.00

TOTAL $150.00

Permittee

ANDY SHIPLEY
BOX81042
BOX 81042
LINCOLN NE 68501

2904

Issued By M. Jane Ford
Health Director

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 6740 SW. 34th (no rural route) City Lincoln NE, Zip 68523

Legal Description 1/4 17 1/4 Section 9N Township 6E Range Southforty Subdivision 3 Addition 1 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 Andy Shipley Signature _____

Address P.O. Box 81042 City/State/Zip Lincoln NE 68501

☐ Check if owner designed system Home Phone 423-7634 Work Phone 466-3233

C. Contractor

Name Same As Above Company Name Installation By Wellmen Plbg.

Address _____ City/State/Zip _____

☒ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm Wellmen Plbg Work Phone 434-2400

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 12/18/96 Date frwd 12/18/96	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Nood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 12/18/96 Date frwd 12/18/96	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 12-18-96 Date frwd 12-18-96	ACTION ☒ Approved ☐ Disapproved Signature _____	

~~3/12/97 PARTIAL SEWER + TANK~~

Installation Final Written Approval

By Jerrold C. Nood

Date MARCH 21, 1997

Business Office Use Only 3028

Date Rec'd 12/18/96

Amt Paid 150.00 Also well

Rec'd By _____ Cash/Check No. 1610

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 6740 S.W. 34th (no rural route) City Lincoln NE, Zip

Owner Andy Shipley Addresss PO Box 81042 Lincoln

Soil Type (SCS): Loam / clay Wymore Silty Clay Loam Percolation Rate: 22 average min./inch

Date of Tests 12-16 to 12-17 Weather: Precipitation none Temperature 20°

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	40	12-16	2pm	12-17	330p	12-17	3 pm	5 3/4	12-17	7pm	30	1 1/2"	20
2	"	"	"	"	"	"	"	6 1/8	"	"	"	1 3/4"	21.8
3	"	"	"	"	"	"	"	5 3/4	"	"	"	1 3/4"	17.1
4	"	"	"	"	"	"	"	6 1/2	"	"	"	2 1/4"	13.3
5	"	"	"	"	"	"	"	5 7/8	"	"	"	1"	30
6	"	"	"	"	"	"	"	6	"	"	"	1"	30

Person Conducting Percolation Tests

Name: Clint Presnell

Phone: 402-430-6817

Address 3300 So 6th

Wellmann Plumbing

Sum of Percolation Rates: 132.2

Average of Rates: 22

Rate Used for Calculation: 30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

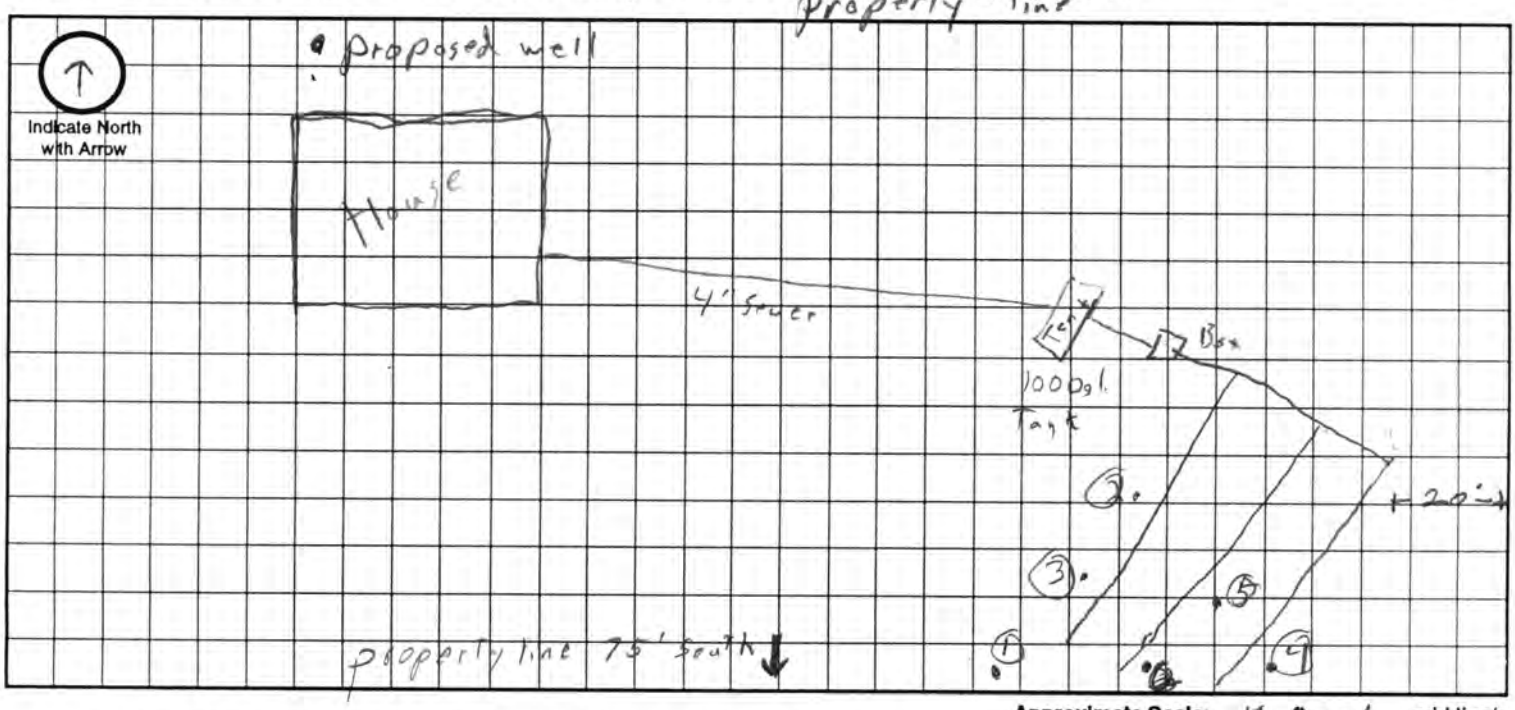
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C

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6740 S.W. 34th City Lincoln 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 30 (min. per inch) Soil Type: Wabash Silty Clay Loam Land Slope: 3-7 %

Type of Absorption System: ☑ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 900 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: Number of Distribution Laterals per Bed

Total Length of Laterals 100 ft. Number of Trenches 3 Trench Width 3'

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 Date 12-18-86

Installer Clint Gresnell Wellman Plumbing Date 12-18

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 3-21-97

System Location (Indicate correct number and street)

Address 2415 SW 34th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Sceduled 40
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 133 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line 25 ft ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1000 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: 18 in.
8. Distances to: Well or suction line 179 ft.
   Stream ____ ft.
   same as well Pressure line 179 ft.
   Property line 72 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 18 ft ft.

D. Absorption Field

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

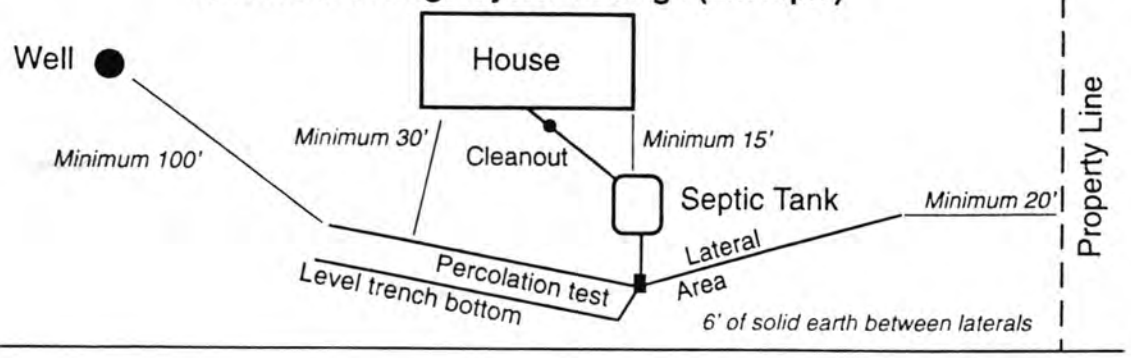
1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: —
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 40 in
4. Filter material: Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line 25ft ft.

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

Indicate North with Arrow

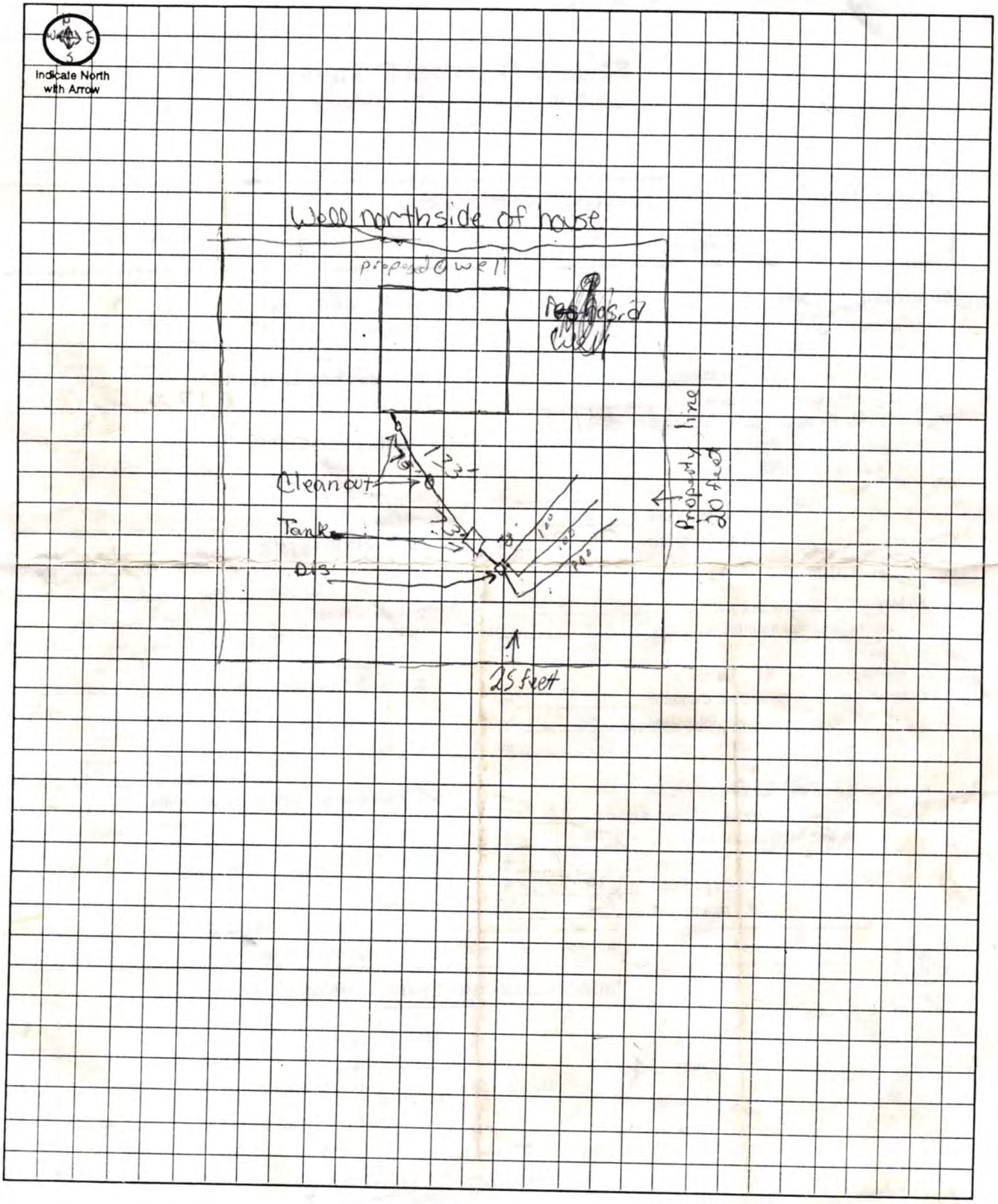
133
179

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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