LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380177201

Issued 06/04/98
Expires 12/04/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment
DUANE M SMID
T9N R6E SEC 17 QTR SW
THE SOUTH FORTY BLK 4 LOT 4
6901 SW 34 CT

Permittee
DUANE M SMID
4300 BROWNING ST
LINCOLN NE 68516

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007600

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 6901 SW 34th Court (no rural route) City Lincoln NE, Zip 68523

Legal Description NE of the SW (1/4 1/4) 17 (Section) 9N (Township) 6E (Range) The South Forty (Subdivision) - (Addition) 4 (Block) 4 (Lot)

Geographical Location (if known): Longitude — Latitude —

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

B. Owner

Name Duane M. Smid Signature Duane M Smid

Address 4300 Browning Street City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 402-423-6997 Work Phone 402-436-1556

C. Contractor

Name Melvin Wagner Company Name WAGNER CONST

Address 4810 W CLAIRE AVE. City/State/Zip LINCOLN NE 68523

☐ Check if contractor designed system Work Phone 432-5698

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 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 6/3/98 Date frwd 6/4/98	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 6.4.98 Date frwd 6.4.98	ACTION ☒ Approved ☐ Disapproved Signature TL	
3. City or County Engineer	Date rec'd 6-4-98 Date frwd 6-4-98	ACTION ☒ Approved ☐ Disapproved Signature	

~~6/3/98 Sewer & Tank 6/3/98 Need Drawing~~

Installation Final Written Approval

By Jerrold C. Wood

Date SEPTEMBER 10, 1998

Business Office Use Only

Date Rec'd 06/03/98

Amt Paid 150.00

Rec'd By m Cash/Check No. 6341

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 6901 SW 34th Court (no rural route) City Lincoln NE, Zip 68523

Owner Duane M. Smid Addresss 4300 Browning Street

Soil Type (SCS): Silty Clay loam (WYMORE) Percolation Rate: _____ min./inch

Date of Tests August 31, '96 to Sept. 1, '96 Weather: Precipitation 0 Temperature 88°

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				
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	24	Aug 31	2:00	Sept. 1	3:00	Sept 1	3:00	6	3:30	5 1/2	30	1/2	60 MIN/IN
2	"	"	"	"	"	"	"	"	"	5 1/2	"	1/2	60 MIN/IN
3	"	"	"	"	"	"	"	"	"	5 1/4	"	3/4	40 MIN/IN
4	"	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48 MIN/IN
5	"	"	"	"	"	"	"	"	"	5 1/2	"	1/2	60 MIN/IN
6	"	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48 MIN/IN
7	"	"	"	"	"	"	"	"	"	5 1/4	"	3/4	40 MIN/IN

Person Conducting Percolation Tests

Name: Melvin Gagner

Phone: 432-5698

Address 4810 West Claire

Sum of Percolation Rates: _____

Average of Rates: 51

Rate Used for Calculation: 51

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
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

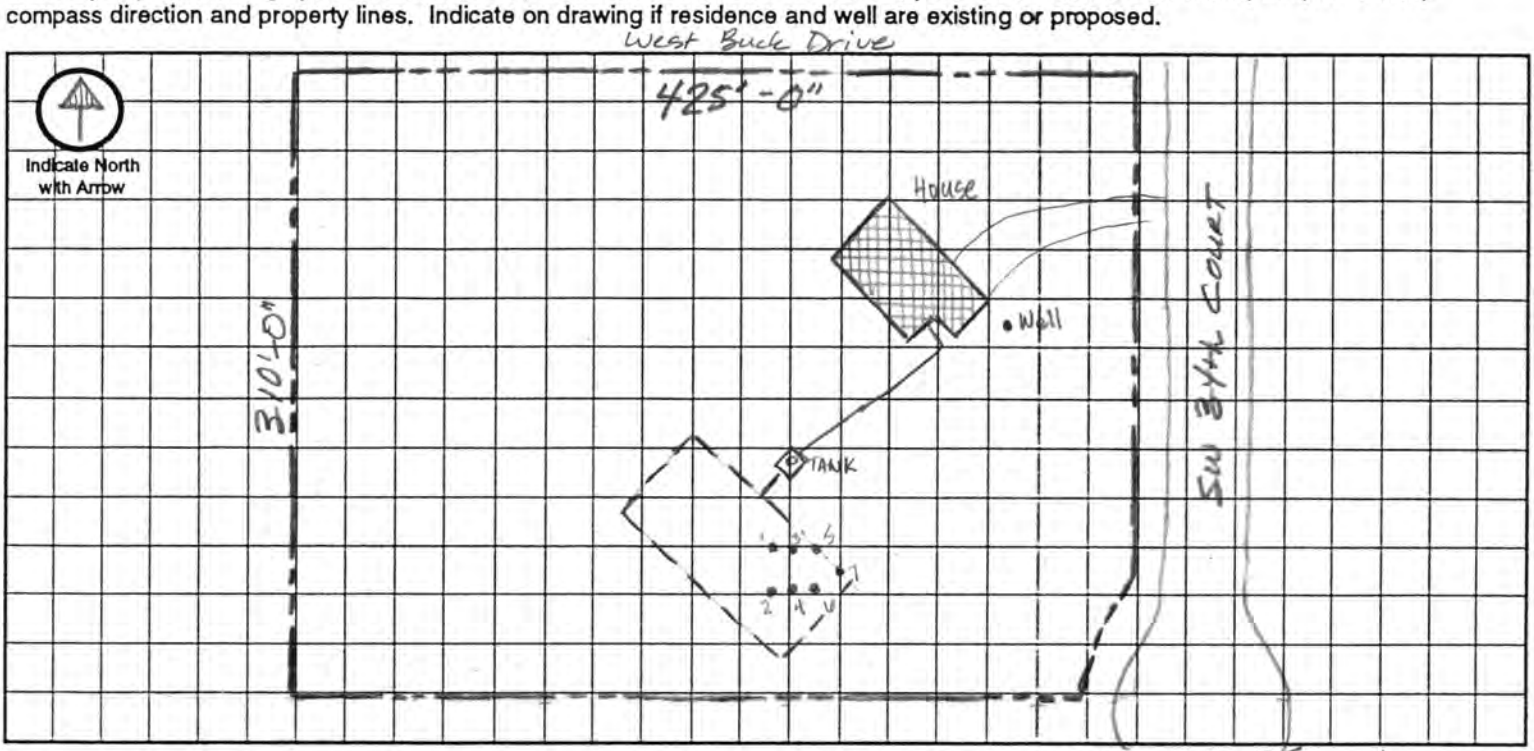
C

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6901 SW 34th Court City Lincoln NE, Zip 68528

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 51 (min. per inch) Soil Type: WYMORE Silty Clay loam Land Slope: 4 %

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

Total Square Feet of Field Required: 929 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 310 ft. Number of Trenches 4 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 Duane M. Smid Date 6-2-98

Installer Melvin L. Logan Date 2 JUNE 98

FORM 23-102 10-96

AUG 21 1998

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 6901 SW 34th St. Cir. (no rural route) City LINCOLN NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 58 ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line 107 ft.
   stream NA ft.
   pressure line _____ ft.
   property line 80 ft.

B. Septic Tank

1. Material: CONCRET
   Number of compartments: 1
2. Capacity: 1000 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: 24 in.
8. Distances to: Well or suction line 107 ft.
   Stream NA ft.
   Pressure line _____ ft.
   Property line 80 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 23 ft.

D. Absorption Field

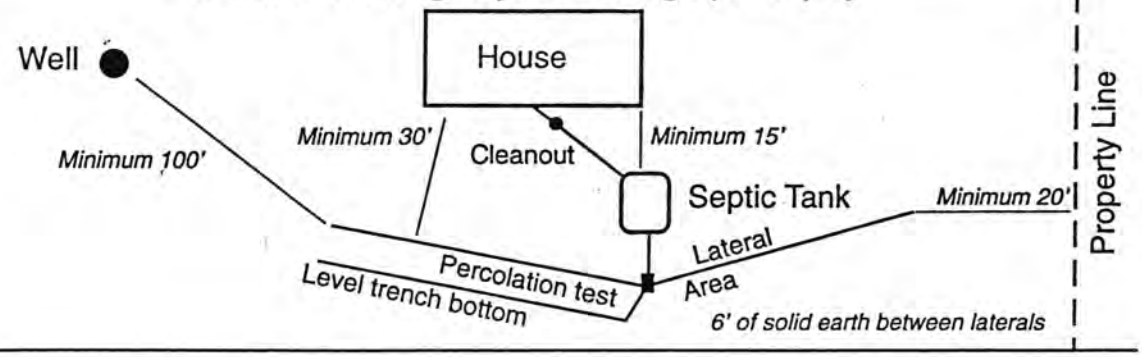
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 88 ft.
   80 ft. 77 ft., 100 ft.
3. Trench dimensions: Width 3 ft.
   Slope 4 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line 133 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 25 ft.

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

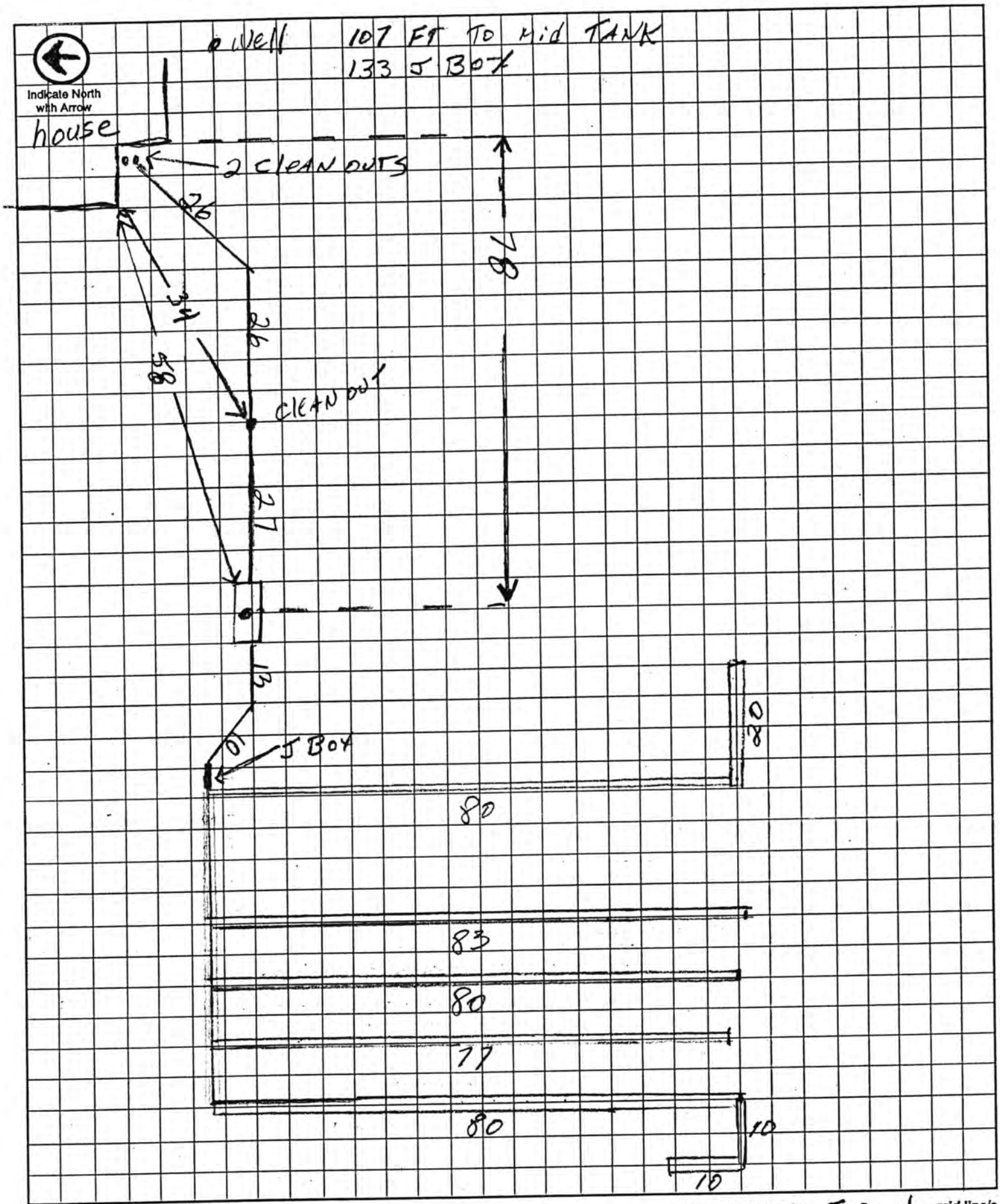
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 5 ft. = 1 grid line/s