Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000499

(402) 441-8000

Permit SEWAGE INSTALLATION-REPRINT
SEPTIC SYSTEM

Permit # 02380257901

Issued 12/23/02
Expires 06/23/03
Revenue Code 3157

Establishment ROGER SMID
T9N R6E SEC 17
SOUTH FORTY BLK 4 LOT 6
6930 SW 37 ST

FEES: $200.00

Permittee ROGER SMID
7021 HELEN WITT DR
APT 902
LINCOLN NE 68512

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 023802579 AA

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 09-17-304-006-000

A. System Location (Indicate correct number and street)

Address 6930 SW 37th (no rural route) City Lincoln NE, Zip 68523

Legal Description LCR 4968 — 1/4 — 1/4 — Section 17 — Township 9N — Range 6E — The South Forty — Subdivision — Block 4 — Lot 6

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Roger Smid Signature Roger Smid

Address 7021 Helen Witt Dr #202 City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-420-1129 Work Phone 402-441-3523

C. Contractor

Name Paul Meints Const. Company Name Meints Construction

Address 2791 E Aspen Rd City/State/Zip Cortland, NE 68331

☐ Check if contractor designed system Work Phone 798-7607

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

Designer Name Melvin J Dagner Firm Dagner Const Work Phone 402-432-5698

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 12/23/02 Date frwd 12/23/02	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 12/24/02 Date frwd 12/24/02	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 12-24-02 Date frwd 12-24-02	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By _____

Date 6/2/03

Business Office Use Only

Date Rec'd 12-23-02
Amt Paid 200.00
Rec'd By CW Cash/Check No. 3360

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 6930 SW 37th Str. Rural (no rural route) City Denton / Lincoln NE, Zip 68523

Owner Roger W. Smid Addresss 7021 Helen Witt Dr #902 Lincoln, NE 68512

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

Date of Tests 2-17-97 to 2-18-97 Weather: Precipitation 0 Temperature Fair

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)
7	28-32"	2-17	9:00	2-18	9:30	2-18	10:00	6	2-18	10:30	30	3/4	40
8	28-32"	"	"	"	"	"	"	"	"	"	"	5/8	48
9	28-32"	"	"	"	"	"	"	"	"	"	"	1/2	60
10	"	"	"	"	"	"	"	"	"	"	"	5/8	48
11	"	"	"	"	"	"	"	"	"	"	"	3/4	40
12	"	"	"	"	"	"	"	"	"	"	"	3/4	40

Person Conducting Percolation Tests

Name: Melvin Gragner

Phone: 432-5698 / 797-2365

Address West Claire Avenue 4810
Lincoln, NE 68523

Sum of Percolation Rates: 276

Average of Rates: 46

Rate Used for Calculation: 46

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

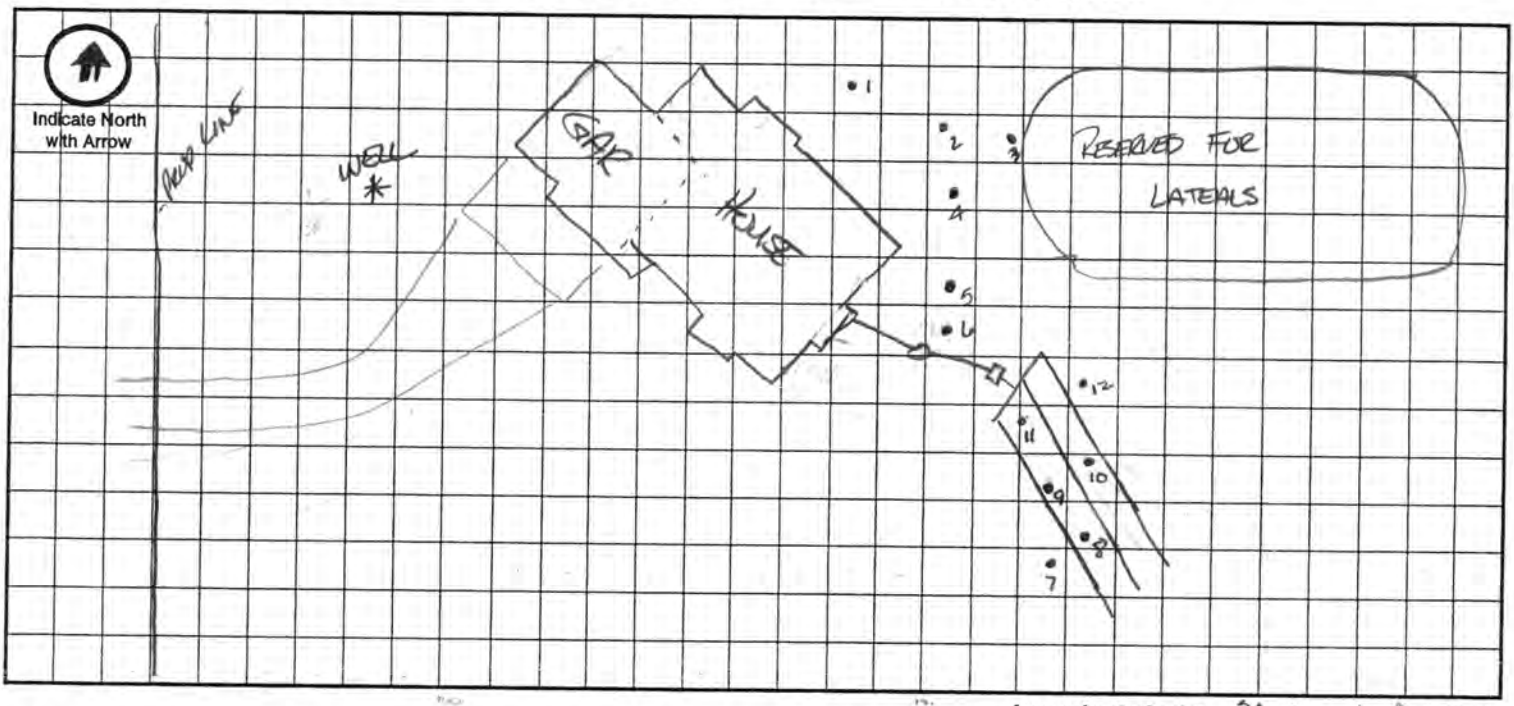
Lincoln-Lancaster County Health Department
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C

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6930 SW 37th Street City Lincoln/Denton 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 46 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 990 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 _____ 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 Paul Mentz Date _____

Installer Melvin F Gagner Date 17 Dec 02

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6/1/03

System Location (Indicate correct number and street)

Address 6930 SW 37th (no rural route) City DENTON NE, Zip 68339

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 1 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: _____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 12 in.
   Riser: ☒ above ☐ below grade 0 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 30 ft.
   Property line OVER 20 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 39 ft.

D. Absorption Field

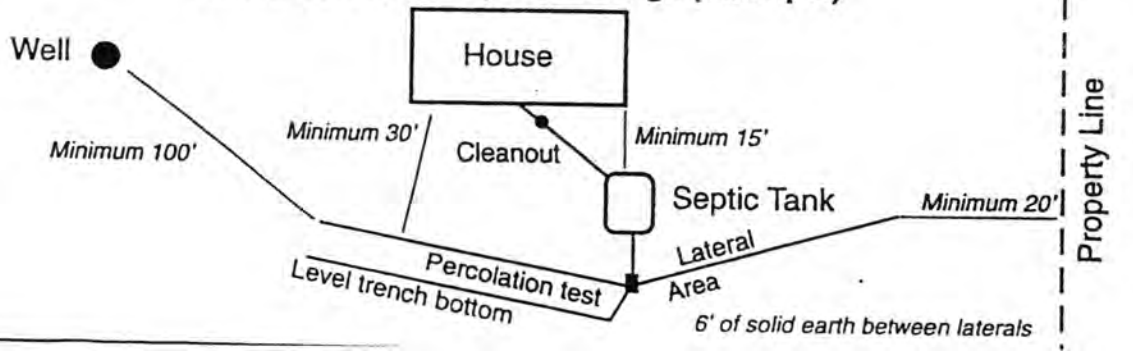
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR
2. Lateral lines: Number _____
   Length of each line: 150 ft. 112 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 30 ft.
   Property line OVER 20 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

