Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380205501

Issued 08/10/99
Expires 02/10/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Establishment

RON BAILEY
T9N R6E SEC 17
SOUTH FORTY BLK 4 LOT 5
6900 SW 37 ST

Permitee

RON BAILEY
6900 SW 37 ST
LINCOLN NE 68522

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010838

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 6900 SW 37th (no rural route) City Lincoln NE, Zip 68516

Legal Description 17 9N 6E Southfork, 4 5
1/4 1/4 Section Township Range Subdivision Addition 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 Ron Bailey Signature Ron Bailey

Address 6900 SW 37th City/State/Zip Lincoln Nebr

☐ Check if owner designed system Home Phone 423-~~1345~~ 8352 Work Phone 430-6670

C. Contractor

Name Kent Ap Thorpe Company Name Ap Thorpe Const

Address 2925 Raleigh City/State/Zip Lincoln Ne. 68516

☐ Check if contractor designed system Work Phone 430-9011

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400

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 8-4-99 Date frwd 8-5-99 ACTION ☒ Approved ☐ Disapproved Signature Ken Mynatt
2. Supt. Bldg. Insp. or Village Clerk Date rec'd 8/4/99 Date frwd 8/4/99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. City or County Engineer Date rec'd 8-5-99 Date frwd 8-5-99 ACTION ☒ Approved ☐ Disapproved Signature _____

10/8/99 Coming out too deep/Jca
10/13/99 Moved out farther/J.C.H.

Installation Final Written Approval

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

Date OCTOBER 14, 1999

Business Office Use Only
Date Rec'd 08/04/99
Amt Paid 150 ⁰⁰
Rec'd By _____ Cash/Check No. 09492

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

Also well

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 4 Lot 5 The South Fourty

Location: Township _____; Range _____; Section & ¼ Section _____.
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 ☐.
Dates of Tests: Aug 30/96 to Sep 1. 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		Elapsed	Water	
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.)	Time (Min.)	Level Drop (in.)	Percolation Rates (Min./in.)
1	24	Aug 30	4:30	Sep 1	3:45	Sep 1	4:00	6	4:30	5 3/8	30	5/8	48 mpi
2	"	"	"	"	"	"	"	"	"	5 1/4	"	3/4	40
3	"	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48
4	"	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48
5	"	"	"	"	"	"	"	"	"	5 1/4	"	3/4	40
6	"	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48
7	"	"	"	"	"	"	"	"	"	5 1/4	"	3/4	40
													312

Melvin F Lapp
Signature of Person Conducting Test

Address 4810 West Claire Phone 432-5698

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wymore & Kennebec Soil

Date: _____

Approved Percolation Rate (a)
A. 45. min./inch
B. _____ min./inch
C. _____ min./inch

Ron Majewski
Signature of Reviewing Official

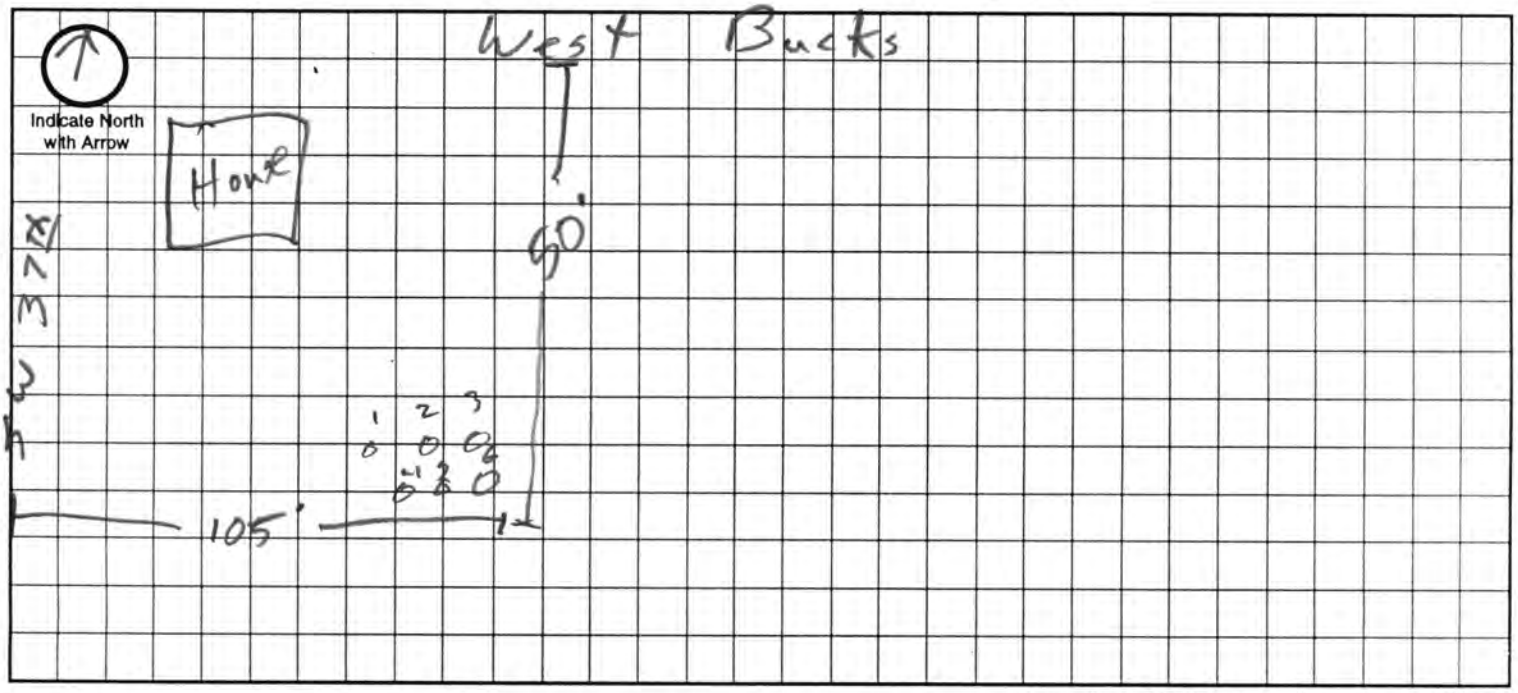
Lincoln-Lancaster County Health Department
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C

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6900 SW 37th City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

410 ft lateral feet 3 ft wide exceeds requirements
45 mpi = 4bdrm = 400 sq ft

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

Percolation Rate 48 (min. per inch) Soil Type: _____ Land Slope: 2 %

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

Total Square Feet of Field Required: 1221 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 5 Number of Distribution Laterals per Bed 1

Total Length of Laterals 410 ft. Number of Trenches 3 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 _____ Date 8-4-99

Installer _____ Date 8-4-99

FORM 23-102 10-96

Attn Jerry

D

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

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 10-12-99

System Location (Indicate correct number and street)
Address 6900 SW 37th (no rural route) City Lincoln NE, Zip

A. Building Sewer
1. Material: PVC CL 160
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 90 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 50+ ft.
   stream 10+ ft.
   pressure line 3+ ft.
   property line 20+ ft.

B. Septic Tank
1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 48 in.
8. Distances to: Well or suction line 50+ ft.
   Stream 25+ ft.
   Pressure line 25+ ft.
   Property line 20+ ft.

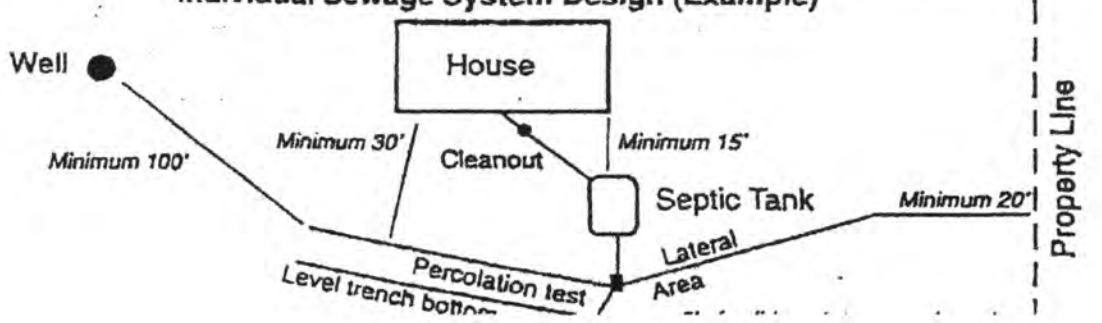
C. Distribution Box — Drop Boxes (3)
1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 20' - 29' - 38' ft.

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. 100 ft.
   100 ft. 30 ft., 80 ft.
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 48 in
4. Filter material: Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 50+ ft.
   Pressure line 30+ ft.
   Property line 20+ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



ıs Built Drawing

