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

PAID

No. 98380185701

Issued 09/28/98
Expires 03/28/99
Revenue Code 3157

FEES: $150.00

Establishment

RANDY & ANNETTE REISS
T9N R6E SEC 17
SOUTH FORTY BLK 5 LOT 2
3737 W. BUCKS DR., LINCOLN NE

TOTAL $150.00

Permittee

RANDY & ANNETTE REISS
13505 WESTWOOD LN
OMAHA NE 68144-3546

Issued By Health Director
Lincoln-Lancaster County Health Department

008161

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: 98380857

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 3737 W. Bucks Dr (no rural route) City Lincoln NE, Zip 68523

Legal Description 1/4 17 1/4 Section 9N Township 6E Range Subdivision South Forty Addition 5 Block 2 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner Michael Kinning - "Kinning/Sydow" Const Co # 421-1334

Name Randy + Annette Reiss Signature Randy Reiss

Address 13505 Westwood Lane City/State/Zip Omaha NE 68144

☐ Check if owner designed system Home Phone 402 333-3998 Work Phone _____

C. Contractor

Name Melvin Gagner Company Name Gagner Construction

Address 4610 W. Claire City/State/Zip Lincoln NE 68502

☑ Check if contractor designed system Work Phone 432-5698

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

Designer Name Melvin Gagner 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 9-22-98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature John E Miner
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-24-98 Date frwd 9-24-98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9/24/98 Date frwd 9/24/98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Gerald C. Hood

Date NOVEMBER 18, 1998

Business Office Use Only

Date Rec'd 09/23/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 1454

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. 9838 01857

PROPERTY WHERE SOIL TESTED: Block 5 LOT 2 The SOUTH FORTY

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 Aug 31. Weather: Precip. 0 Temp. 85'.

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				
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.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	24	8/30	4:00PM	9/31	3:00PM	9/31	3:00	6'	3:30	5½	30	½	60
2	"	"	"	"	"	"	"	6	"	5⅜	"	⅝	48
3	"	"	"	"	"	"	"	6	"	5½	"	½	60
4	"	"	"	"	"	"	"	6	"	5⅜	"	⅝	48
5	"	"	"	"	"	"	"	6	"	5¼	"	¾	40
6	"	"	"	"	"	"	"	6	"	5⅜	"	⅝	48

Melvin F. Wagner
Signature of Person Conducting Test

Address 4810 West Claire Phone 432-5698

Sum of Percolation Rates: 304
Average of Rates: 50.6
Mean of Rates: 50

(Do not write below this line)

REVIEWING ACTION

Remarks: ~~Waiver~~ Reviewed by Ron M.
Soil Type (SCS): Wymore Clay Wf C2
Date: 9-22-98

Approved Percolation Rate (a)
A. 50. min./inch
B._____min./inch
C._____min./inch

John S. Mann
Signature of Reviewing Official

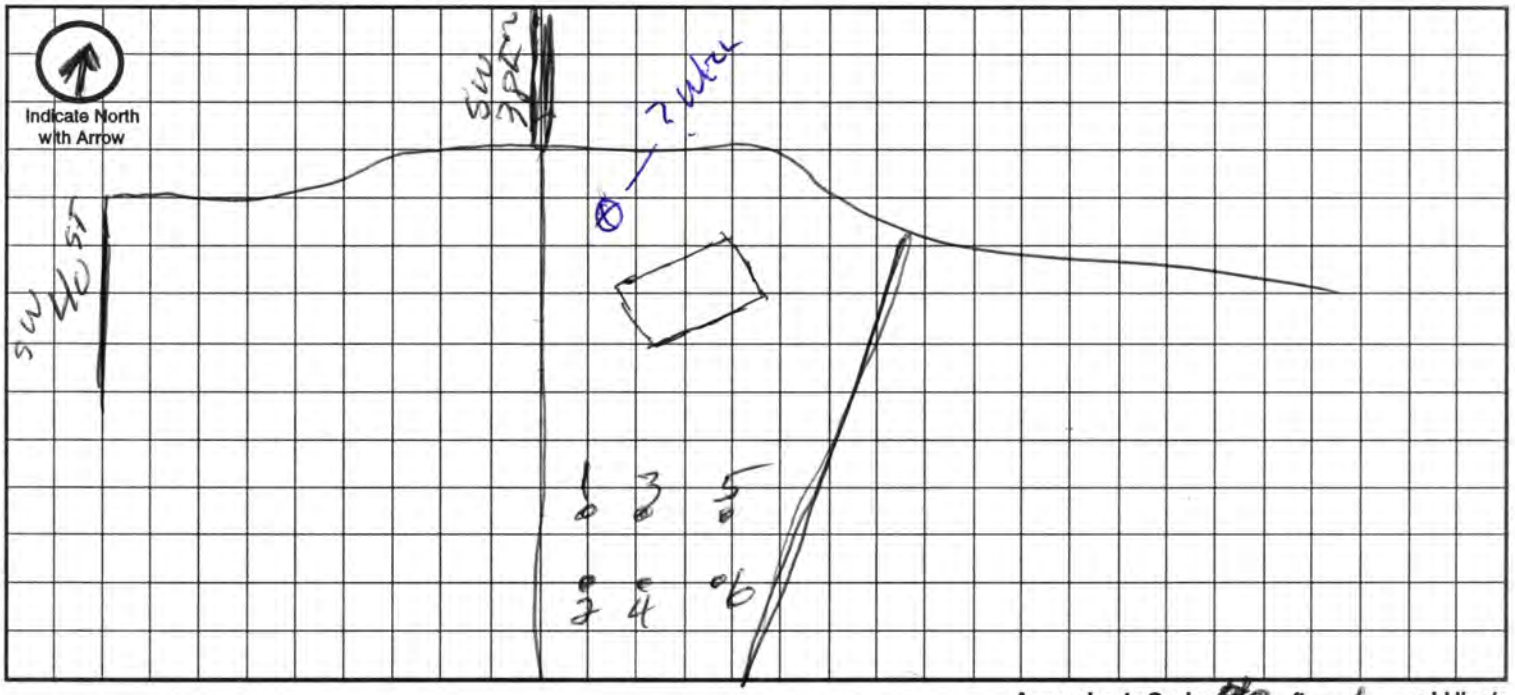
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98 3801857

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) 3737 W. Bucks Dr. 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 50 (min. per inch) Soil Type: Wtoz Wymore silty clay loam Land Slope: 5 %

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: 0 Number of Distribution Laterals per Bed _____

Total Length of Laterals 308 ft. Number of Trenches 3 Trench Width 3ft MAX

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 C Kinning Date 9/22/98

Installer Melvin Wagner Date 9/22/98

FORM 23-102 10-96

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

D

Permit Number: 98380185 7

Sewage Disposal System

As Built Plans & Specifications

Date 18 NOV 98

System Location (Indicate correct number and street)

Address 3737 BUCKS RD (no rural route) City LINCOLN NE, Zip 68523

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 55 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line NA ft.
   property line OVER 50 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 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 OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line OVER 50 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 25 ft.

D. Absorption Field

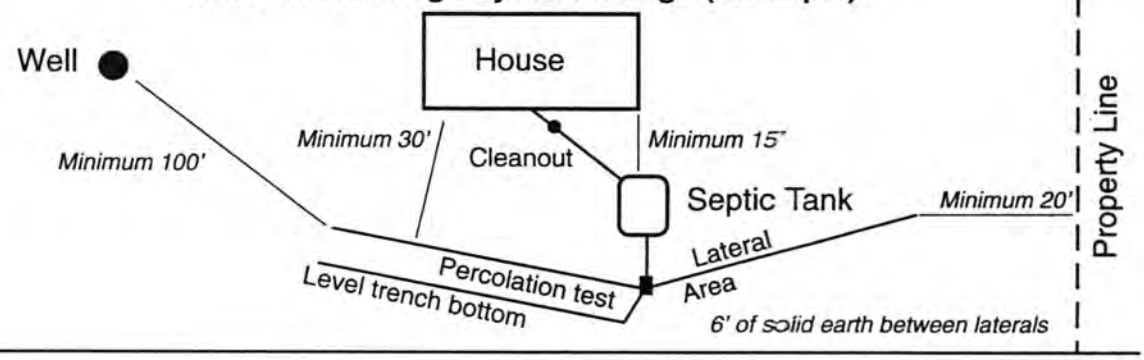
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 90 ft. 90 ft.
   70 ft. 70 ft., _____ ft.
3. Trench dimensions: Width 36 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 OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line 25 ft.

Indicate North with Arrow

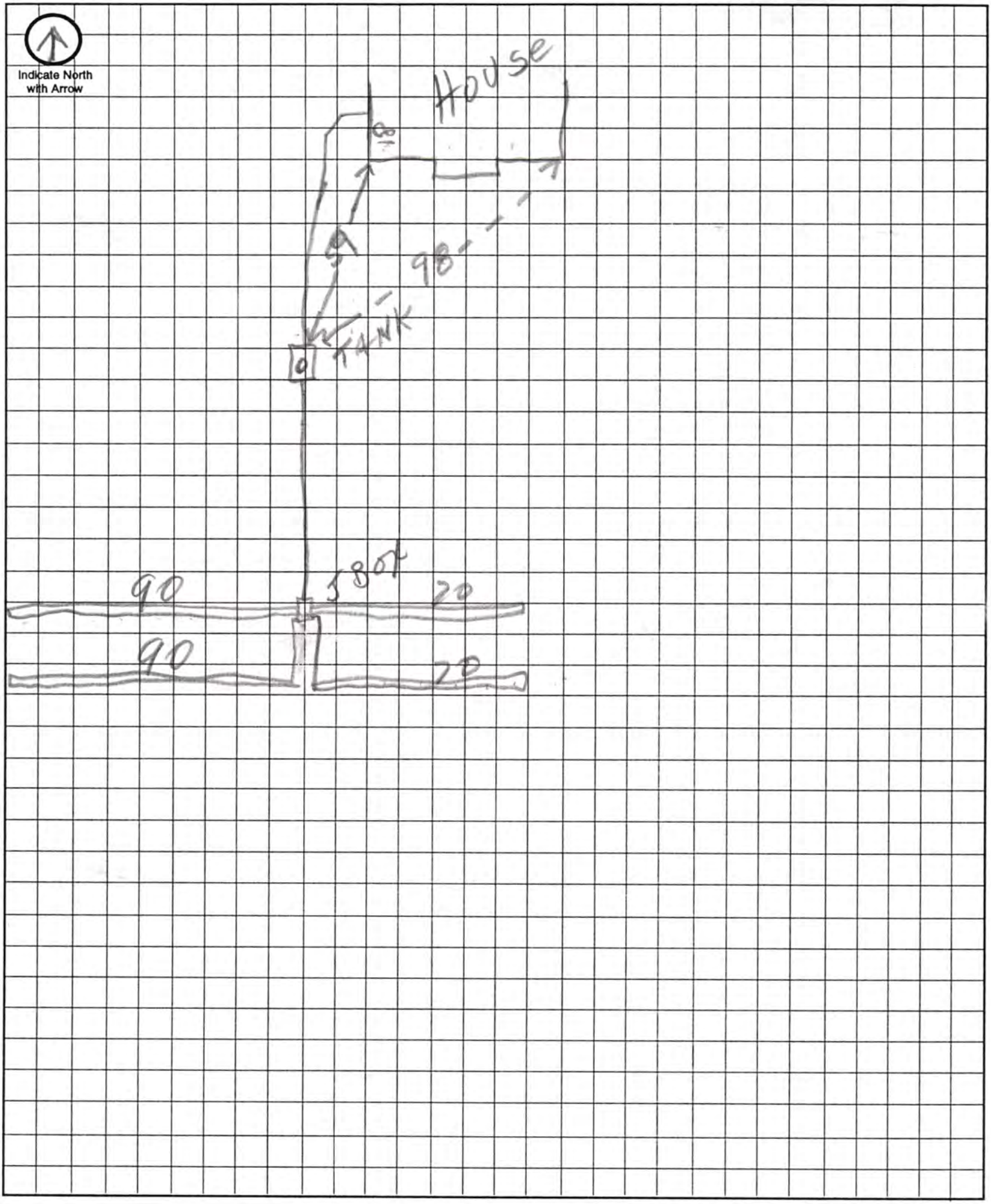
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s