Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380218001

Issued 05/01/00
Expires 11/01/00
Revenue Code 3157

Establishment

KIM & MICHELE WILLIAMSON
T9N R6E SEC 17
THE SOUTH FORTY BLK 6 LOT 1
6801 SW 39 CT

FEES: $150.00

TOTAL: $150.00

Permitee

KIM & MICHELE WILLIAMSON
4612 STOCKWELL ST
LINCOLN NE 68506

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013043

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

A

Permit Number: 003802180

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 6801 SW 39th Court (no rural route) City Lincoln NE, Zip

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

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Kim & Michele Williamson Signature

Address 4612 Stockwell City/State/Zip Lincoln ne. 68506

☐ Check if owner designed system Home Phone 488-7747 Work Phone 488-7747

C. Contractor

Name Kim Williamson Company Name Landmark Designs

Address 4612 Stockwell City/State/Zip Lincoln NE 68506

☐ Check if contractor designed system Work Phone 730-7760

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

Designer Name Larry Schwarck Firm Schwarck 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 4/27/00 Date frwd 4/27/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/27/00 Date frwd 4/27/00 ACTION ☑ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4-27-00 Date frwd 4-27-00 ACTION ☑ Approved ☐ Disapproved Signature

No well on-site at time of inspection

Installation Final Written Approval

By

Date 5/17/00

Business Office Use Only

Date Rec'd 04/27/00

Amt Paid 150.00

Rec'd By Cash/Check No. 1026

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

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. 003802180

PROPERTY WHERE SOIL TESTED: LOT 1 Block 6 THE SOUTH FORTY

Location: Township 9N ; Range 6E ; Section & ¼ Section 17.
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: _____ to _____. 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				
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	28	9/25	10:30	9/26	12:00	9/26	1:00	6	2:30	5½	30	½	60 MIN/IN
2	26	"	"	"	"	"	"	"	"	5¼	"	¾	40 MIN/IN
3	28	"	"	"	"	"	"	"	"	5¼	"	¾	40 MIN/IN
4	27	"	"	"	"	"	"	"	"	5 3/8	"	5/8	48 MIN/IN
5	26	"	"	"	"	"	"	"	"	5¼	"	¾	40 MIN/IN
6	28	"	"	"	"	"	"	"	"	5¼	"	¾	40 MIN/IN

Melvin F Gagnon
Signature of Person Conducting Test

Address 4810 W Claire Phone 797-2365

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM

Date: APRIL 27, 2000

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

Gerald C. Wood
Signature of Reviewing Official

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

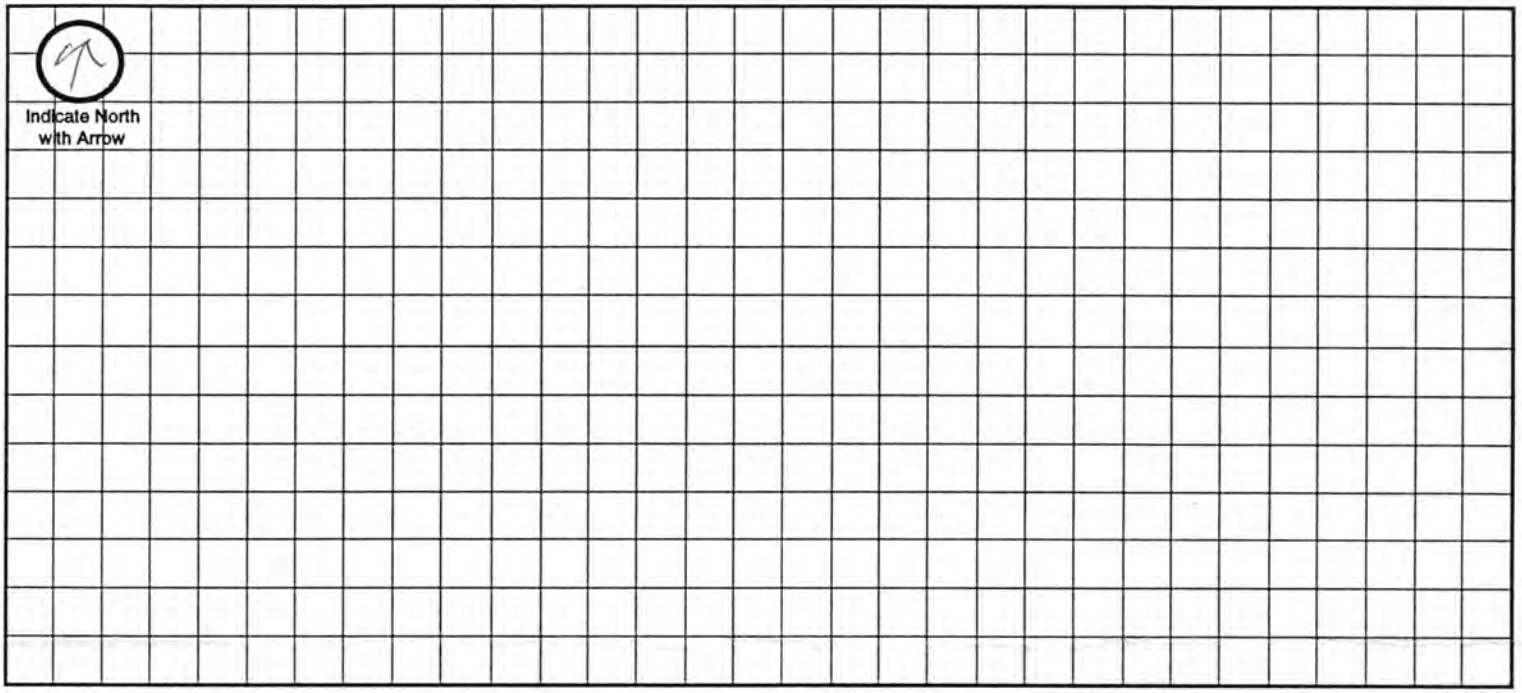
C

Permit Number: 00380218O

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) 6801 So W. 39 ct City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Wymore Land Slope: 2% %

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

Total Square Feet of Field Required: 5 sq. ft.

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

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

Total Length of Laterals 263 ft. Number of Trenches 3 Trench Width 4

3 bed House

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 4/26/00

X Installer Larry Schevrick Date 4-26-00

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:

Sewage Disposal System

As Built Plans & Specifications

Date 5-12-00

System Location (Indicate correct number and street)

Address 6801 SW 39th (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: 5' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 73' ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: 1250 precast
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: plastic 2 Drop box
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 12' ft.

D. Absorption Field

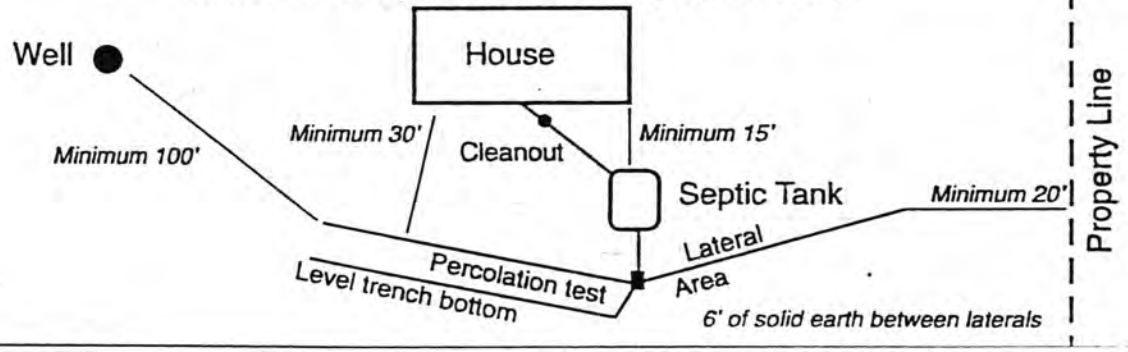
(Provide as-built drawings on back of this form)

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

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

Indicate North with Arrow

Individual Sewage System Design (Example)



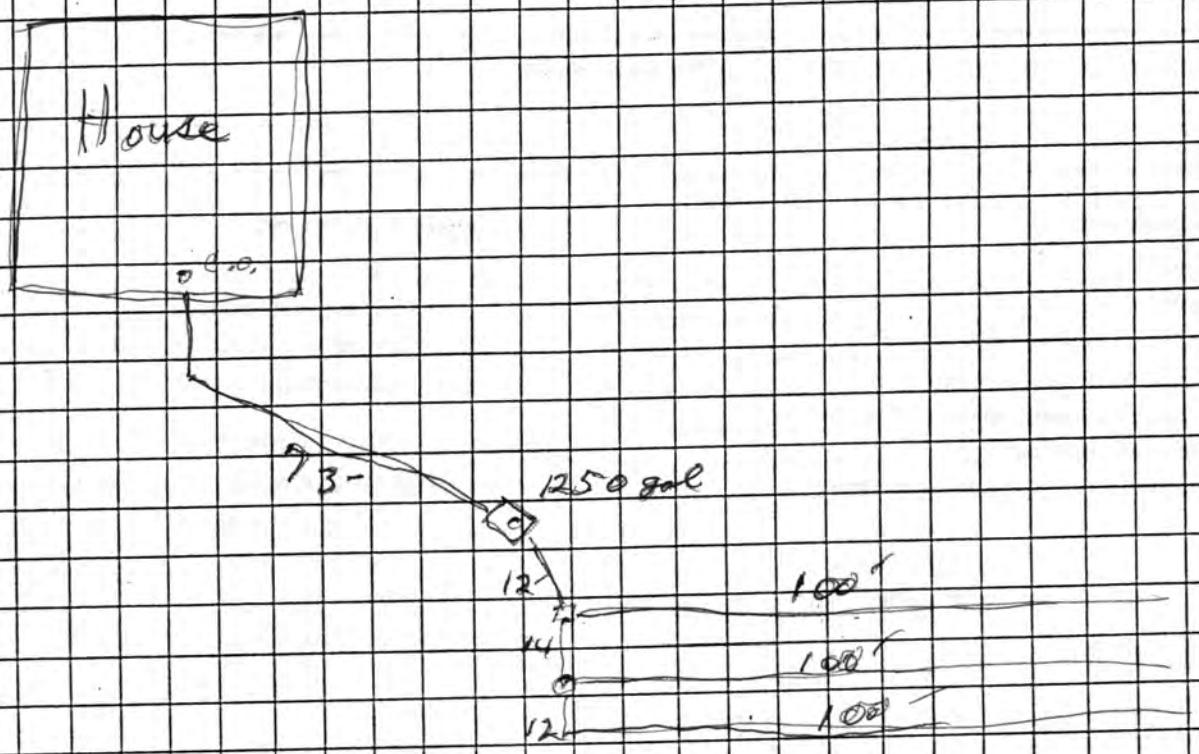
As Built Drawing

by Larry Schwarck for Kim Williamson

5-12-00

6801 SW 39th

Indicate North with Arrow



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