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. 98380182801

Issued 08/21/98
Expires 02/21/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
DOUGLAS A CLARK
T9N R6E SEC 17
SOUTH FORTY BLK 6 LOT 2
6933 SW 39 ST CT

TOTAL $150.00

Permittee
DOUGLAS A CLARK
4721 S 67 ST
LINCOLN NE 68516

Issued By Health Director
Lincoln-Lancaster County Health Department

007987

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

B.L. Bump. Holly Worcester. 904-3871 Larry Hood, 441-8029 6:00

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 6933 S.W. 39th St Ct. (no rural route) City LINCOLN NE, Zip 68523

Legal Description 17 (1/4) 9N (1/4) 6E (Section, Township, Range) SOUTH FORTY (Subdivision) 6 (Addition) 2 (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 DOUGLAS A. CLARK Signature DOUGLAS A. CLARK

Address 4721 S. 67th St City/State/Zip LINCOLN, NE. 68510

☐ Check if owner designed system Home Phone _____ Work Phone 467-1171

C. Contractor

Name ~~MELVIN GAGNER~~ Company Name Brester Const. ~~GAGNER CONST CO.~~

Address ~~4810 WEST CLARE AVE~~ City/State/Zip LINCOLN, NE. 68523

☐ Check if contractor designed system Work Phone 797-2365 CELL PH 432-5698

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

~~BRESTER CONST.~~

Designer Name Melvin Gagner Firm GAGNER CONST. Work Phone 423-2337

4810 W CLARE AVE LINCOLN NE. 68523

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 8/3/98 Date frwd 8/4/98	ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 8-4-98 Date frwd 8-4-98	ACTION ☐ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 8-4-98 Date frwd 8-4-98	ACTION ☒ Approved ☐ Disapproved Signature _____	

~~10/20/98 Needs Drawing J.C.H.~~

Installation Final Written Approval

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

Date OCTOBER 21, 1998

Business Office Use Only

Date Rec'd 8/4/98

Amt Paid 150.00

Rec'd By CW Cash/Check No. 1480

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. _____

PROPERTY WHERE SOIL TESTED: The South Forty Block 6 Lot 2

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6/20/96 to 6/21/96. Weather: Precip. 0 Temp. 79.

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	6/20	5PM	6/21	3 PM	6/21	3:00	6	4:30	5½	30	½	60 MIN/IN
2	24	"	"	"	"	"	"	"	"	5⅜	"	⅝	48 MIN/IN
3	24	"	"	"	"	"	"	"	"	5½	"	½	60 MIN/IN
4	30	"	"	"	"	"	"	"	"	5¼	"	¾	40 MIN/IN
5	30	"	"	"	"	"	"	"	"	5⅜	"	⅝	48 MIN/IN
6	30	"	"	"	"	"	"	"	"	5½	"	½	60 MIN/IN

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

Melvin F Dagnes
Signature of Person Conducting Test

Address 4810 W" Claire Phone 797-2365
Lincoln 68523

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Marshbury Silty Clay Loam
Date: August 4, 1996

Approved Percolation Rate (a)
A. 5'3 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

Lincoln-Lancaster County Health Department
Environmental Health Division
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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) 6933 SW 39th St 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 53 (min. per inch) Soil Type: SHARPSBURG Land Slope: _____ %

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

Total Square Feet of Field Required: 938 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 _____ 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 MELVIN GAGNER / OWNER: DAVE CLARK / BREITER CONST Date 6-3-98

Installer _____ Date _____

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 _____

System Location (Indicate correct number and street)

Address 6933 SW 39th (no rural route) City LINCOLN NE, Zip 68523

A. Building Sewer

1. Material: PLASTIC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 2 in.
3. Distance between dwelling and septic tank: 68 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line OVER 100 ft.
   property line OVER 20 ft.

B. Septic Tank

1. Material: CEMENT
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 3 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line OVER 200 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 68'6" ft.

D. Absorption Field

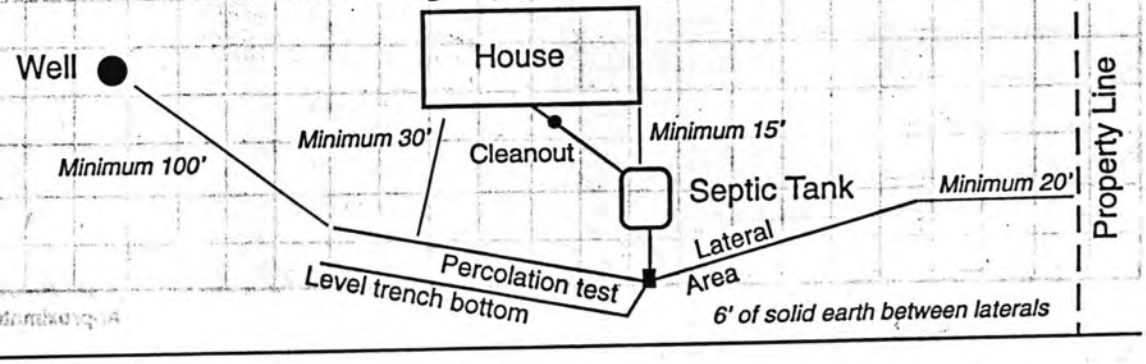
(Provide as-built drawings on back of this form)

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: 100 ft. 100 ft.
   100 ft. _____ ft. _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 4 in/100 ft.
   Average depth 20 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 OVER 20 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

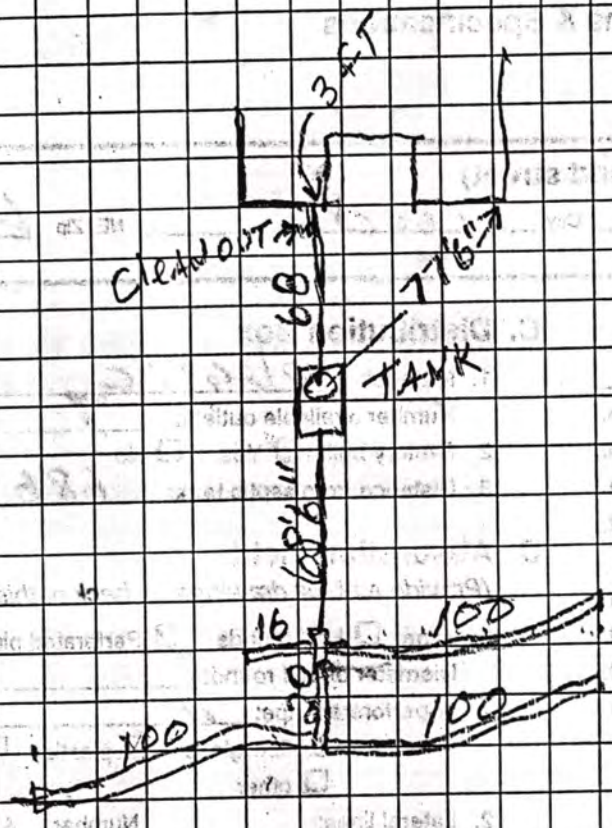


FORM 23-103 10-96

As Built Drawing

6933 SW 39th

Indicate North with Arrow



Approximate Scale: _____ ft. = _____ grid lines