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. 98380192001

Issued 12/23/98
Expires 06/23/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

DARIN E HUSS
T9N R6E SEC 18
ROLLING MEADOWS BLK 2 LOT 5
6901 SW 44 ST

Permittee

DARIN E HUSS
2519 S 11 ST
LINCOLN NE 68502-3508

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

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

008413

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 6901 South West 44th St (no rural route) City Lincoln NE, Zip Neb

Legal Description 1/4 18 1/4 Section 9N Township 6E Range Rolling Meadows Subdivision Addition 2 Block 5 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name DARIN E. HUSS Signature Darin E Huss

Address 2519 South 11th City/State/Zip Lincoln Neb. 68502

☐ Check if owner designed system Home Phone (402) 474-5883 Work Phone _____

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm _____ Work Phone _____

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 12-23-98 Date frwd 12-23-98 **ACTION** ☑ Approved ☐ Disapproved Signature Ron Maynard
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-24-98 Date frwd 12-24-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-24-98 Date frwd 12-24-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

7/23/99 Need more lateral with 2' wide trench. JGH

Installation Final Written Approval

By Ron Maynard

Date 7-29-99

Business Office Use Only

Date Rec'd 12/23/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 1758

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

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

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 6901 South West 44th St City Lincoln NE, Zip Neb.
(no rural route)

Owner DARin E. Huss Addresss 2519 South 11th Lincoln Neb. 68502

Soil Type (SCS): WYMORE SILTY CLAY LOAM. Percolation Rate: _____ min./inch

Date of Tests 15 Dec 98 to 16 Dec 98 Weather: Precipitation none Temperature 35°

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)
1	36	12-15	Ø900	12-16	Ø200	12-16	Ø200	12"	12/16	Ø234	30	3/8	34 MIN/IN
2	36	12-15	Ø900	12-16	Ø200	12-16	Ø200	12"	12/16	Ø234	30	3/4	40 MIN/IN
3	36	12-15	Ø900	12-16	Ø200	12-16	Ø200	12"	12/16	Ø234	30	1/2	60 MIN/IN
4	36	12-15	Ø900	12-16	Ø200	12-16	Ø200	12"	12/16	Ø234	30	3/4	40 MIN/IN
5	36	12-15	Ø900	12-16	Ø200	12-16	Ø200	12"	12/16	Ø234	30	1/2	60 MIN/IN
6	36	12-15	Ø900	12-16	Ø200	12-16	Ø200	12"	12/16	Ø234	30	3/4	40 MIN/IN
7	36	12-15	Ø900	12-16	Ø200	12-16	Ø200	12"	12/16	Ø234	30	5/8	48 MIN/IN

Person Conducting Percolation Tests

Name: DARin E Huss
Phone: (402) 474-5893
Address 2519 South 11th
Lincoln Neb 68502

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date DECEMBER 17, 1998

FORM 23-101 10-96

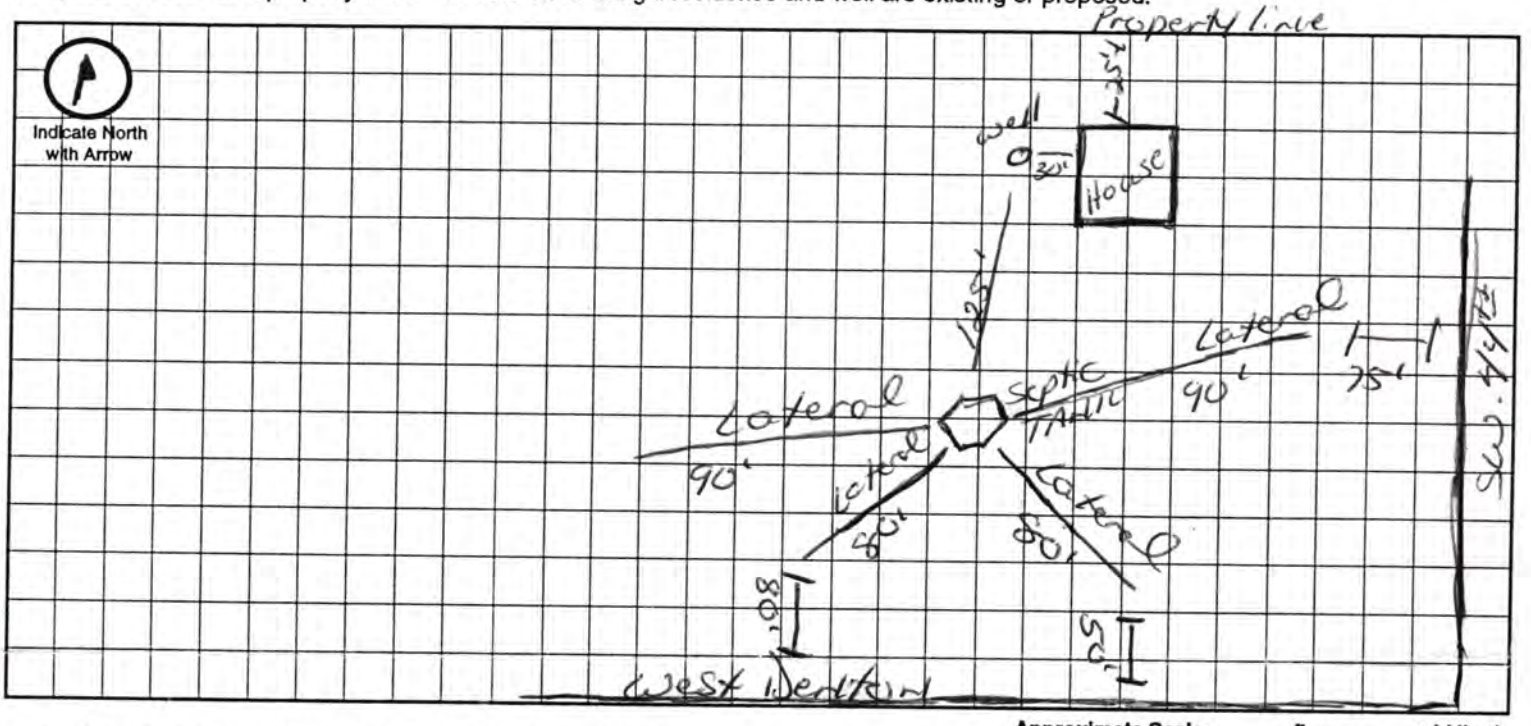
Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 6901 South West 44th St City Lincoln NE, Zip Neb

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

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

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

Total Square Feet of Field Required: 1320 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 330 ft. Number of Trenches 4 Trench Width 4

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 23 Dec. 98

Installer _____ Date 23 Dec. 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: BC 980105

Sewage Disposal System
As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 6901 South West 44th (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: N/A in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 93 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 85' ft.
   stream N/A ft.
   pressure line N/A ft.
   property line 1280 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter N/A in.
   Over outlet, diameter N/A in.
   Riser: ☒ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 145 ft.
   Stream N/A ft.
   Pressure line N/A ft.
   Property line 165 ft.

C. Distribution Box

1. Material: Concrete Pre-cast
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 45 ft.

D. Absorption Field

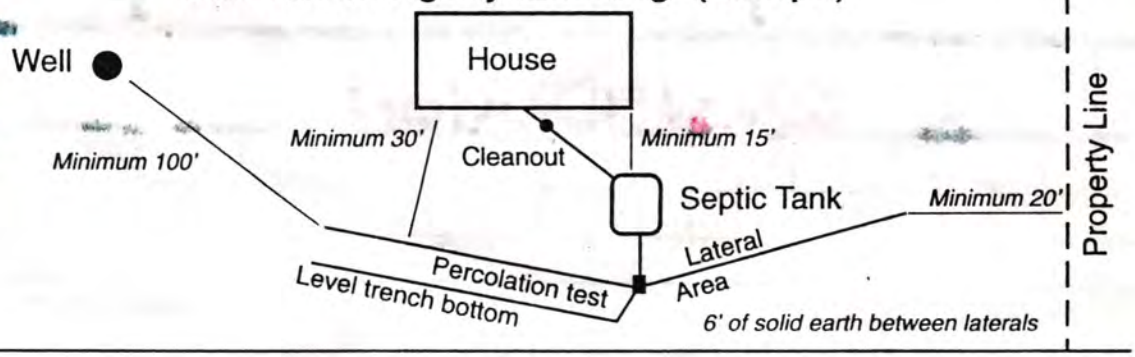
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe Infiltrator
   Diameter of half round: N/A
   or perforated pipe: N/A
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 83.3 ft. 83.3 ft.
   83.3 ft. 83.3 ft. _____ ft.
3. Trench dimensions: Width 2' ft.
   Slope 25" in/100 ft.
   Average depth 22" in
4. Filter material: Soil GRAVEL
   Depth of material 16 in.
5. Distances to: Well or suction line 125 ft.
   Stream N/A ft.
   Pressure line N/A ft.
   Property line 70 to 80 ft.

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

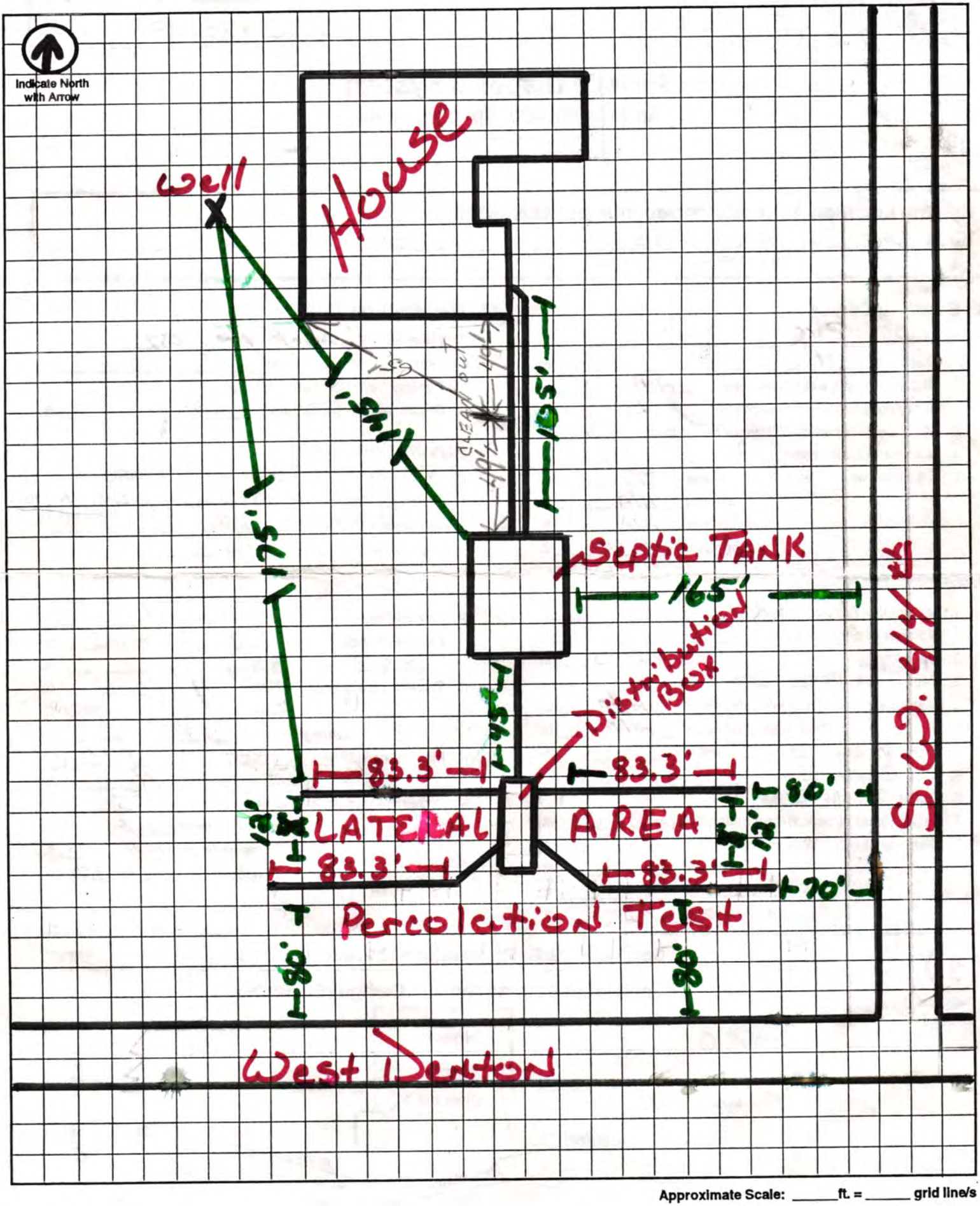
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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