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. 97380169401

Issued 12/04/97
Expires 06/04/98
Revenue Code 3157

FEES: $150.00

Establishment

TERRY CHARF
T9N R6E SEC 18
BLK 3 LOT 1
6700 SW 45 ST

TOTAL $150.00

Permittee

TERRY CHARF
5432 SUGARBERRY CT
LINCOLN NE 68516-1646

Gregg Wright MD

Issued By M. Jane Ford
Health Director

5526

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:

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 6700 SW 45th (no rural route) City Lincoln Ne NE, Zip

Legal Description 1/4 18 1/4 Section 9N Township 6E Range Rolling Meadows Subdivision 3 Addition 1 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 Terry Charf Signature Terry Charf

Address 5432 Sugarberry City/State/Zip Lincoln Ne 68516

☐ Check if owner designed system Home Phone 423-0070 Work Phone 423-0070

C. Contractor Kent

Name Heidtbrink Excating Company Name Heidtbrink Construction Excavating

Address 1601 No 98 City/State/Zip Lincoln, Ne 68505

☐ Check if contractor designed system Work Phone 483-1601 430-1269

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

Designer Name Firm Same 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 12/4/97 Date frwd 12/4/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-4-97 Date frwd 12-4-97 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 12-4-97 Date frwd 12-4-97 ACTION ☒ Approved ☐ Disapproved Signature A D Mytham

5/13/98 C.H. Need drawing

Installation Final Written Approval

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

Date APRIL 9, 1999

Business Office Use Only

Date Rec'd 12/04/97

Amt Paid 150.00

Rec'd By LS Cash/Check No. 1041

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

(Revd. 9-18-97)

B

...ncaster County Health Department
...mental Health Division
...0 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

GAGNER CONST. CO. INC.
4810 W. CLAIRE AVE.
LINCOLN, NE 68523
PH. 797-2365 FAX 797-7475

PLEASE PRINT OR TYPE

LOT 1 Block 3 Rolling H. 7/5

System Location (Indicate correct number and street)

Address _____ City LINCOLN NE, Zip [illegible]
(no rural route)

Owner LAWS Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 9/5 to 9/9 Weather: Precipitation 0 Temperature 80

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				
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	30	9/8	6:30	9/9	6:40	9/9	6:40	6	9/9	7:10	30	5/8	
2	28	"	11 PM	"	PM	"	"	6	"	"	"	7/8	
3	30	"	"	"	"	"	"	6	"	"	"	7/8	
4	29	"	"	"	"	"	"	6	"	"	"	5/8	
5	30	"	"	"	"	"	"	6	"	"	"	1/2	
6	30	"	"	"	"	"	"	6	"	"	"	3/4	

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

Person Conducting Percolation Tests

Name: Melvin Gagner
Phone: 797-2365
Address 4810 "W" Claire
Lincoln NE 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

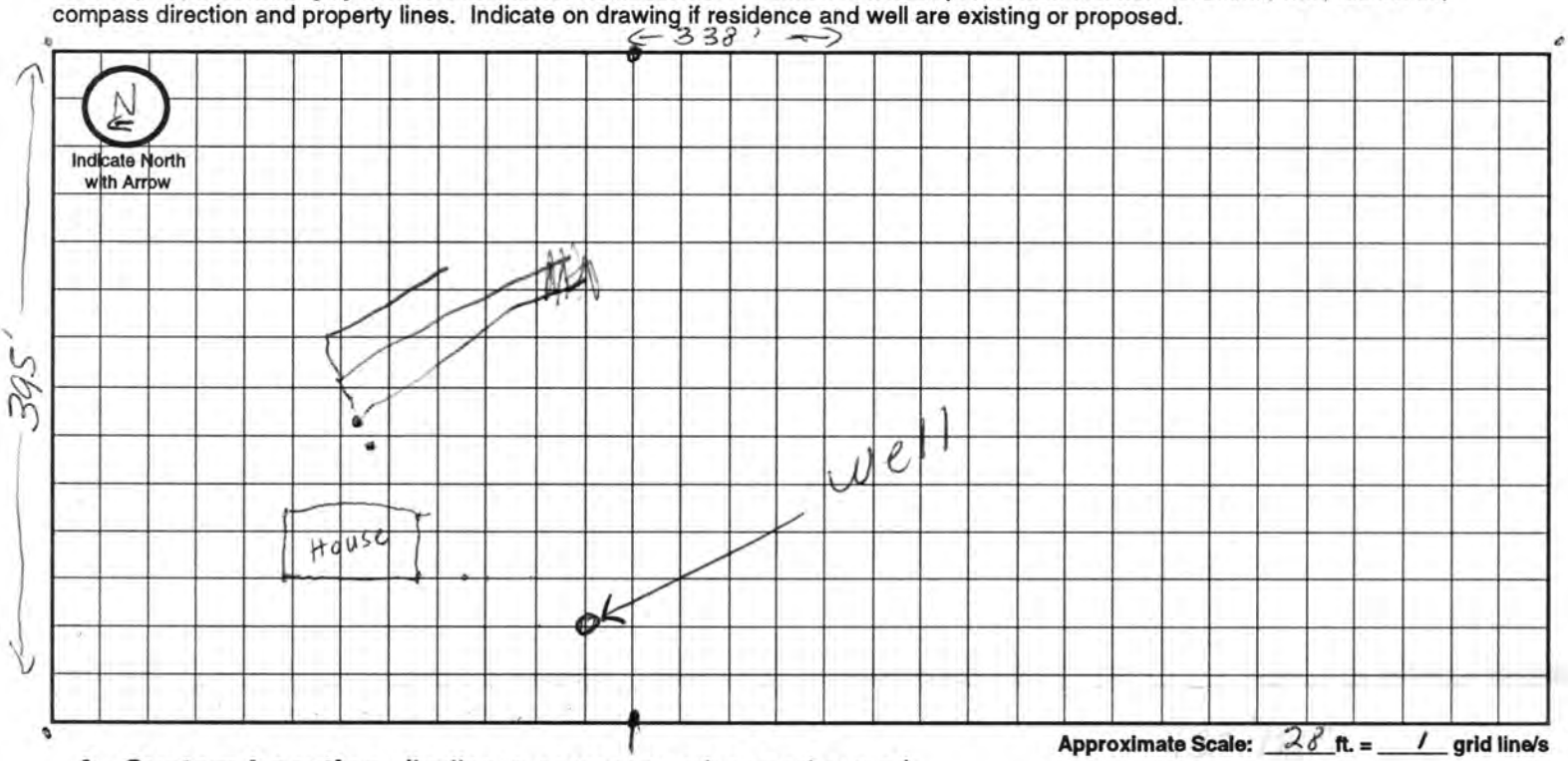
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 28 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6700 SW 42 City Lincoln Ne 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 Silty Clay Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 990 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 247 ft. Number of Trenches _____ Trench Width 48"

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 Terry Chase Date 12/3/97

Installer Kent Hoeltbrink Date 12/3/97

FORM 23-102 10-96

APR 9 1999

D

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

Permit Number: 97880 1694

Sewage Disposal System

As Built Plans & Specifications

Date 4/5/99

System Location (Indicate correct number and street)

Address 6700 SW 45 (no rural route) City LINCOLN NE, Zip 68523

A. Building Sewer

1. Material: Plastic
   Diameter: PVC 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 85 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 110 ft.
   stream N/A ft.
   pressure line 8 ft.
   property line 175 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 2 Pre-cast step Co
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 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: 10 in.
8. Distances to: Well or suction line 235 ft.
   Stream N/A ft.
   Pressure line 75 ft.
   Property line 198 ft.

C. Distribution Box

1. Material: Concrete Pre Cast Co
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10' ft.

D. Absorption Field

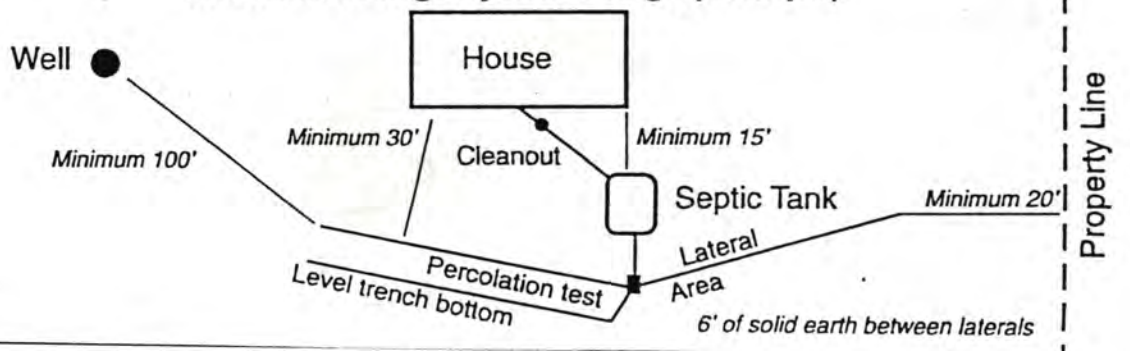
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: "Pre Cast" half moon
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   40 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 32" in
4. Filter material: Gravel
   Depth of material 24" in.
5. Distances to: Well or suction line 190 ft.
   Stream N/A ft.
   Pressure line 75 ft.
   Property line 98 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

