LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 99380192301

Issued 01/06/99
Expires 07/06/99
Revenue Code 3157

FEES: $150.00

Establishment

B & K ENTERPRISES INC
T9N R6E SEC 18
ROLLING MEADOWS BLK 3 LOT 3
4300 W BUCKS DR

PAID

Permittee

B & K ENTERPRISES INC
6250 QUEENS DR
LINCOLN NE 68516-3162

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008586

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

NOV 3 0 1998

A

Permit Number:

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

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 4300 West Bucks Dr. (no rural route) City Lincoln NE, Zip 68523

Legal Description ____ ____ 18 9N 6E Rolling Meadows 3 3
1/4 1/4 Section Township Range Subdivision Addition 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 B & K Enterprises Inc. Signature _____

Address 6250 Queens Dr. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone _____ Work Phone 420-2950

C. Contractor

Name G & A Backhoe Service Company Name _____

Address _____ City/State/Zip Dorchester, NE

☑ Check if contractor designed system Work Phone 402-946-3871

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 12/3/98 Date frwd 12/3/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12.3.98 Date frwd 12.3.98 **ACTION** ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-3-98 Date frwd 12-3-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

12-16-98 rm Need drawing

Installation Final Written Approval

By Ron Mayfield

Date 2-22-99

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

D

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 4300 W. Bucks (no rural route) City _____ NE, Zip _____

Owner Steve + Heather Paintr Address _____

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

Date of Tests 4-20-98 to 4-21-98 Weather: Precipitation 0 Temperature 60

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	4-20	11:45A	4-21	6:30P	4-21	630P	6	[illegible]	700P	30	1/4	
2	36	4-20	11:45A	4-21	6:30P	4-21	630P	6	[illegible]	700P	30	0	
3	36	4-20	11:45A	4-21	6:30P	4-21	630P	6	4-21	700P	30	0	
4	36	4-20	11:45A	4-21	6:30P	4-21	630P	6	4-21	700P	30	0	
5	36	4-20	11:45A	4-21	6:30P	4-21	630P	6	4-21	700P	30	0	
6	36	4-20	11:45A	4-21	6:30P	4-21	630P	6	4-21	700P	30	1/4	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Brian Shafer

Phone: 464-[illegible]38

Address 2700 Dan Ave.

Inspect. Fee $150.00

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 81-101 10-93

NOV 30 1998

B Passed

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

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Rolling Meadows Lot 3 Blk 3

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4300 West Bucks Dr. (no rural route) City Lincoln NE, Zip 68523

Owner Steve Painter Addresss 7130 So 30 St Pl 16

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

Date of Tests 4-22 to 4-23-98 Weather: Precipitation — Temperature 70°

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	30	4-22	12:15	4-23	7:10	4-23	10:10	15	4-23	10:40	30	1	
2								16				3/4	
3								16				1/2	
4								14 1/2				1 1/4	
5								14 3/4				1/2	
6								13 1/2					
7								11 1/2				1/2	
8								12 1/4				1/2	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwenk

Phone: 489-7294

Address 8200 old Cheney

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

NOV 30 1998

C Passed

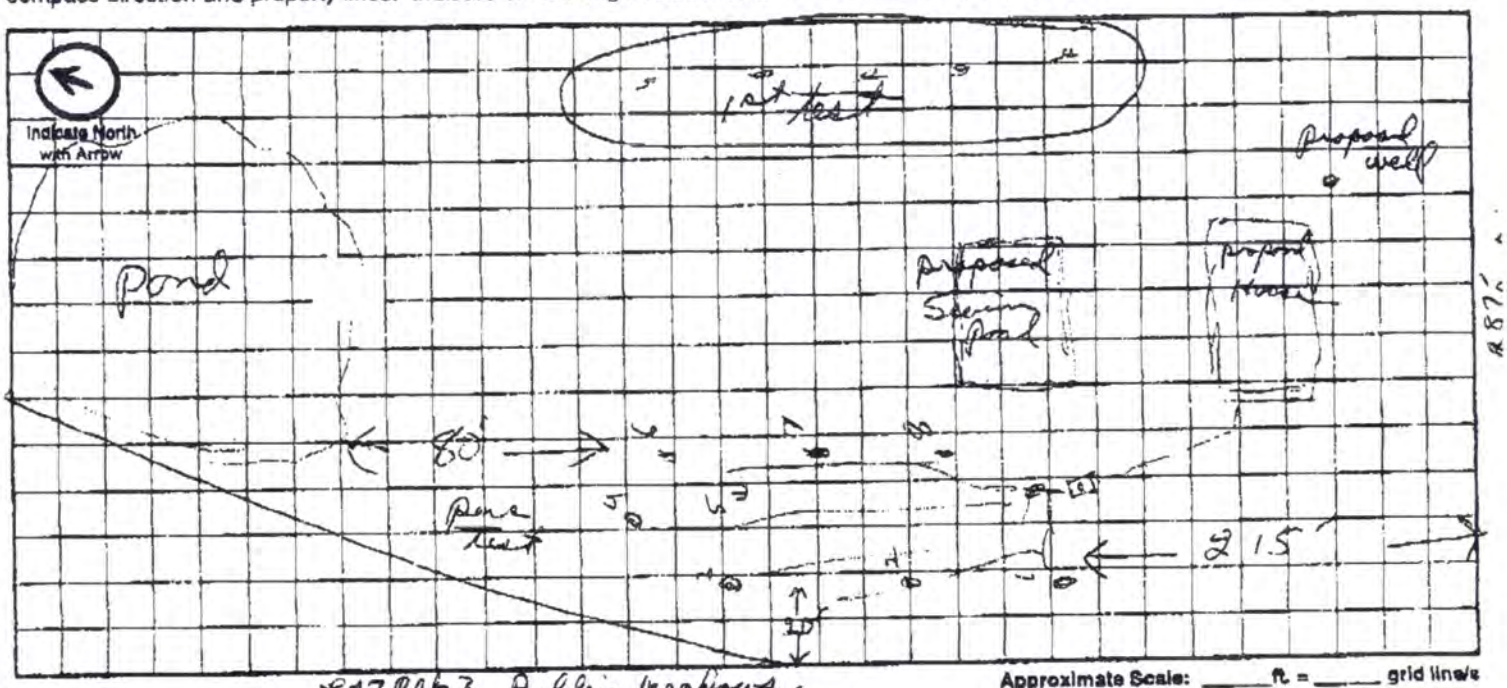
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Steve Painter

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

Lot 13 Blk 3 Rolling Meadows.

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ 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: Clay loam Land Slope: 1% %

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

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

— 4 bed.

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 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Larry Schwanke Date _____

FORM 20-102 10-96

NOV 30 1998 FEB 22 1999

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date Nov 25, 1998

System Location (Indicate correct number and street)

Address 4300 W. Bucks Dr. (no rural route) City Lincoln NE, Zip 68523

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ 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: Concrete
   Number of compartments: 1
2. Capacity: 1500 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: 14 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 75 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 7' 10" ft.

D. Absorption Field

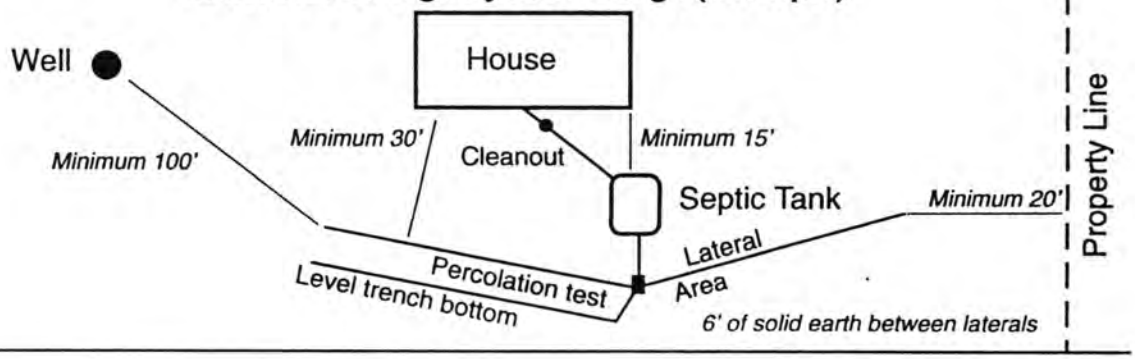
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15"
   or perforated pipe: \ Infiltrator EQ 24
   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 5 ft.
   Slope 2½ in/100 ft.
   Average depth 36 in
4. Filter material: 2A Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 55 ft.

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

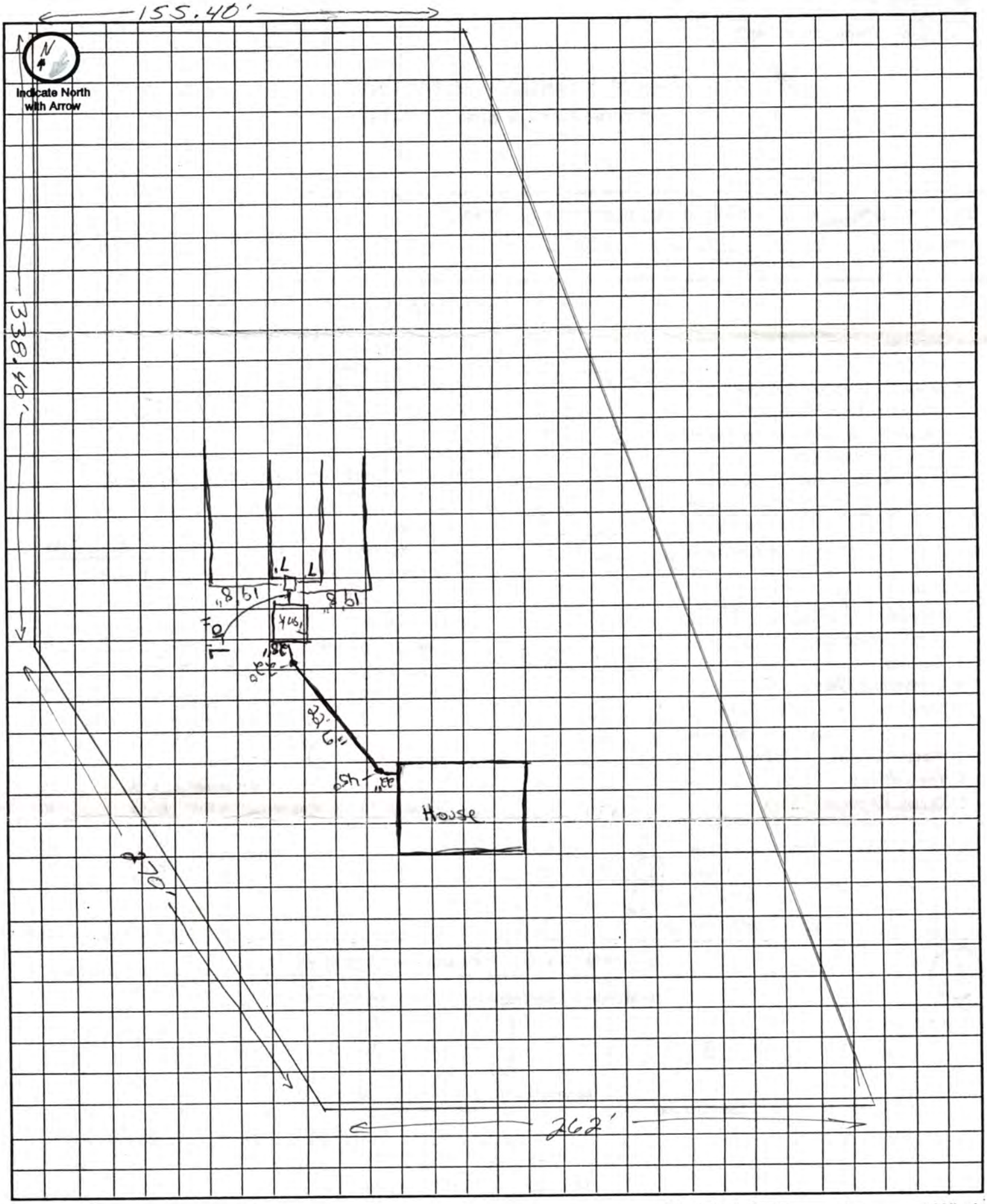
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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