LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

No. 98380174801

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 05/01/98
Expires 11/01/98
Revenue Code 3157

Establishment
TOMMY J ARTZ
T9N R6E SEC 18
ROLLING MEADOWS BLK 5 LOT 2
4215 W BUCKS DR

FEES: $150.00

PAID

TOTAL $150.00

Permittee
TOMMY J ARTZ
4330 S 45 ST
LINCOLN NE 68516-1115

Issued By Health Director
Lincoln-Lancaster County Health Department

007298

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 4215 W Bucks DR (no rural route) City Lincoln NE, Zip 68523

Legal Description 18 9N 6E Rolling Meadows 5 2
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 Tommy J. Art Signature Tommy J. Art

Address 4330 So. 45th City/State/Zip Lincoln NE

☐ Check if owner designed system Home Phone 489-2868 Work Phone 432 1418

C. Contractor

Name ART 2 + Sons Const. Company Name Tommy J. Art

Address 4330 So 45th City/State/Zip Lincoln Neb 68516

☐ Check if contractor designed system Work Phone 489-2868

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

Designer Name Larry Schantz 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 5/1/98 Date frwd 5/1/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-1-98 Date frwd 5-1-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-1-98 Date frwd 5-1-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

7/27/98 Need drawing J.C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date JULY 31, 1998

Business Office Use Only

Date Rec'd 05/01/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 5833

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
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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 4215 W Bucks Drive (no rural route) City _____ NE, Zip _____

Owner Tom Arty Addresss _____

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

Date of Tests 4-22 to 4-23 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	3:00	4-23	7:05	4-23	10:05	16 3/4	4-23	10:35	30	1/2	60 MIN/IN
2								13 1/2				1/2	60 MIN/IN
3								11 3/4				3/4	40 MIN/IN
4								10 1/4				3/4	40 MIN/IN
5								12 1/4				3/4	40 MIN/IN
6								8 3/4				1/2	60 MIN/IN
7								10 1/4				1/2	60 MIN/IN

Person Conducting Percolation Tests

Name: Larry Scheuerle

Phone: 489-7294

Address 8200 old Cheney

Sum of Percolation Rates: _____

Average of Rates: 51.4

Rate Used for Calculation: 60 min/inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MAY 1, 1998

FORM 23-101 10-96

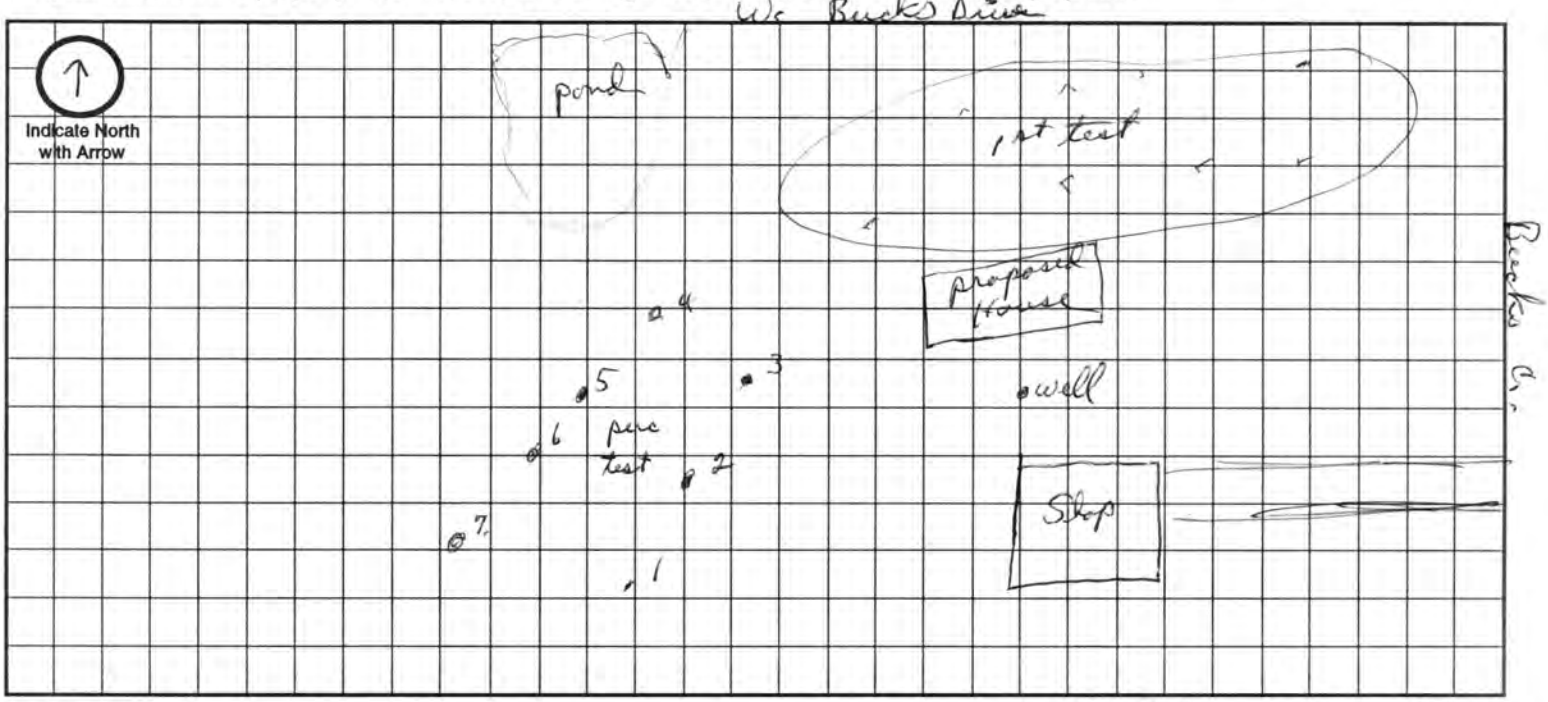
Lincoln-Lancaster County Health Department
Environmental Health Division
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C

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) 4215 W Bucks Drive City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other Clay Liner

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

Percolation Rate 60 (min. per inch) Soil Type: _____ 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 340 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 Thomas J. Sch Date _____

Installer Larry Schwenk Date 4-23-98

FORM 23-102 10-96

JUL 3 0 1998

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 7-28-98

System Location (Indicate correct number and street)

Address 4215 W Bucks Rd. (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 105 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 4 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 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

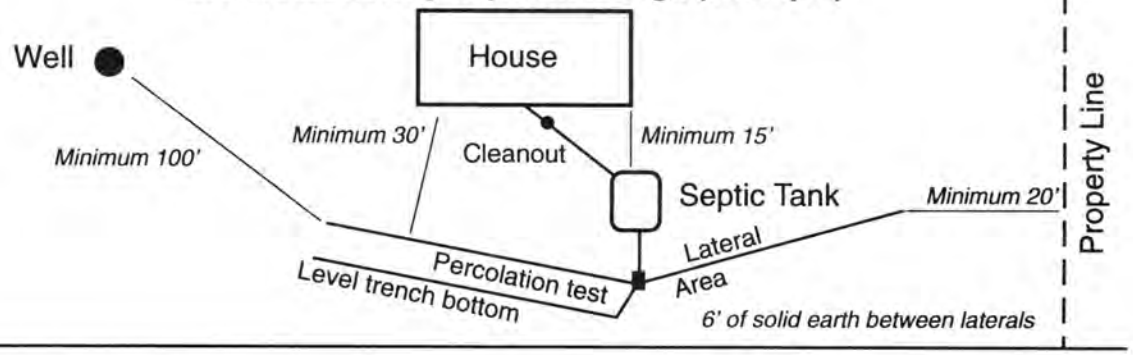
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 68' ft. 94 ft.
   94 ft. 94 ft., _____ ft.
   (350 Total)
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth 30 - 38 in
4. Filter material: Rock Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 100 ft.
   pond ~~Stream~~ 20 ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

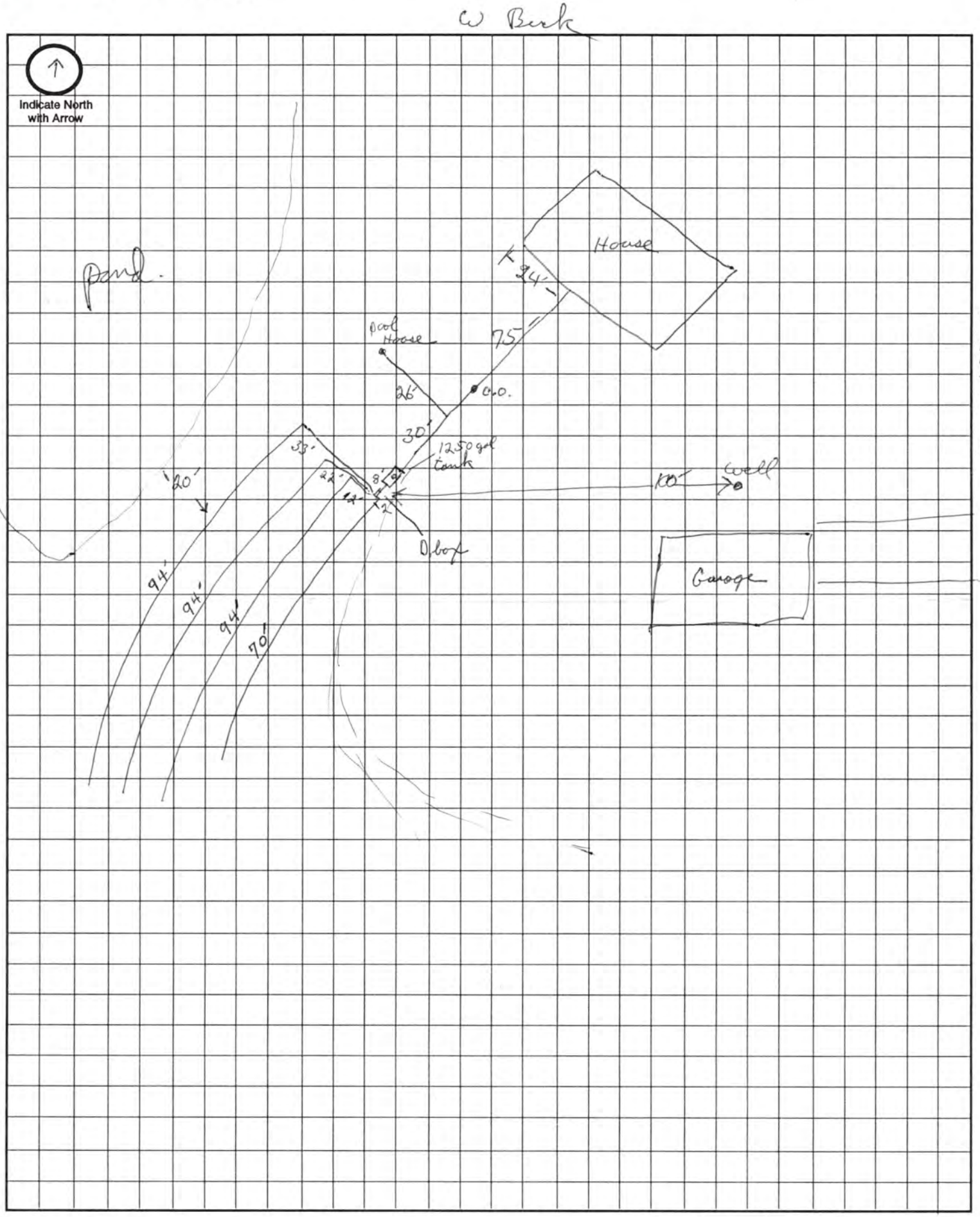
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s