Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

DAVE LOVE
T9N R6E SEC 21
BURR OAKS BLK 3 LOT 2
1755 BURR OAKS RD

Permitee

DAVE LOVE
3740 PAXTON DR
LINCOLN NE 68521

Permit # 99380211301

Issued 11/12/99
Expires 05/12/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011162

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

A

Permit Number: 9938021113

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 1755 Burr Oaks Road (no rural route) City Lincoln NE, Zip NE 685__

Legal Description 21 (1/4) 9N (1/4) 6E Section Township Range Burr Oaks Subdivision Addition 3 Block 2 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Dave and Angela Love Signature Dave Love by Vicki Christo

Address 3740 Parton Dr. City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 435-0183 Work Phone (Angela) 483-5402

C. Contractor

Name Jim Christo Company Name Christo Construction Co.

Address 641 So. 21st St. City/State/Zip Lincoln, NE 68510

☐ Check if contractor designed system Work Phone 475-2422

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 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 11/4/99 Date frwd 11-9-99 ACTION ☒ Approved ☐ Disapproved Signature Ron Mazour
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-9-99 Date frwd 11-9-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/9/99 Date frwd 11/9/99 ACTION ☒ Approved ☐ Disapproved Signature _____

4/4/00, Need drawing of Experimental

Installation Final Written Approval

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

Date JUNE 29, 2000

Business Office Use Only

Date Rec'd 11/04/99
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 24922

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

Also well

B

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

Permit Number: 993802113

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Burr OAKS (no rural route) City NE, Zip

Owner Dave Love Address

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

Date of Tests 11/3/99 to 11/4/99 Weather/ Precipitation 0 Temperature 55

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	11/3	8:30	11/4	6:00	11/4	6:00	6	11/4	10:00	30	1/4	120.
2	36	11/3	8:30	11/4	6:00	11/4	6:00	6	11/4	10:00	30	1/4	120.
3	36	11/3	8:30	11/4	6:00	11/4	6:00	6	11/4	10:00	30	1/4	120
4	36	11/3	8:30	11/4	6:00	11/4	6:00	6	11/4	10:00	30	0	0
5	36	11/3	8:30	11/4	6:00	11/4	6:00	6	11/4	10:00	30	0	0
6	36	11/3	8:30	11/4	6:00	11/4	6:00	6	11/4	10:00	30	0	0

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

Person Conducting Percolation Tests

Name: Tom Burt Design Associates
Phone:
Address

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 92-107 10-91

TOTAL P.02

C

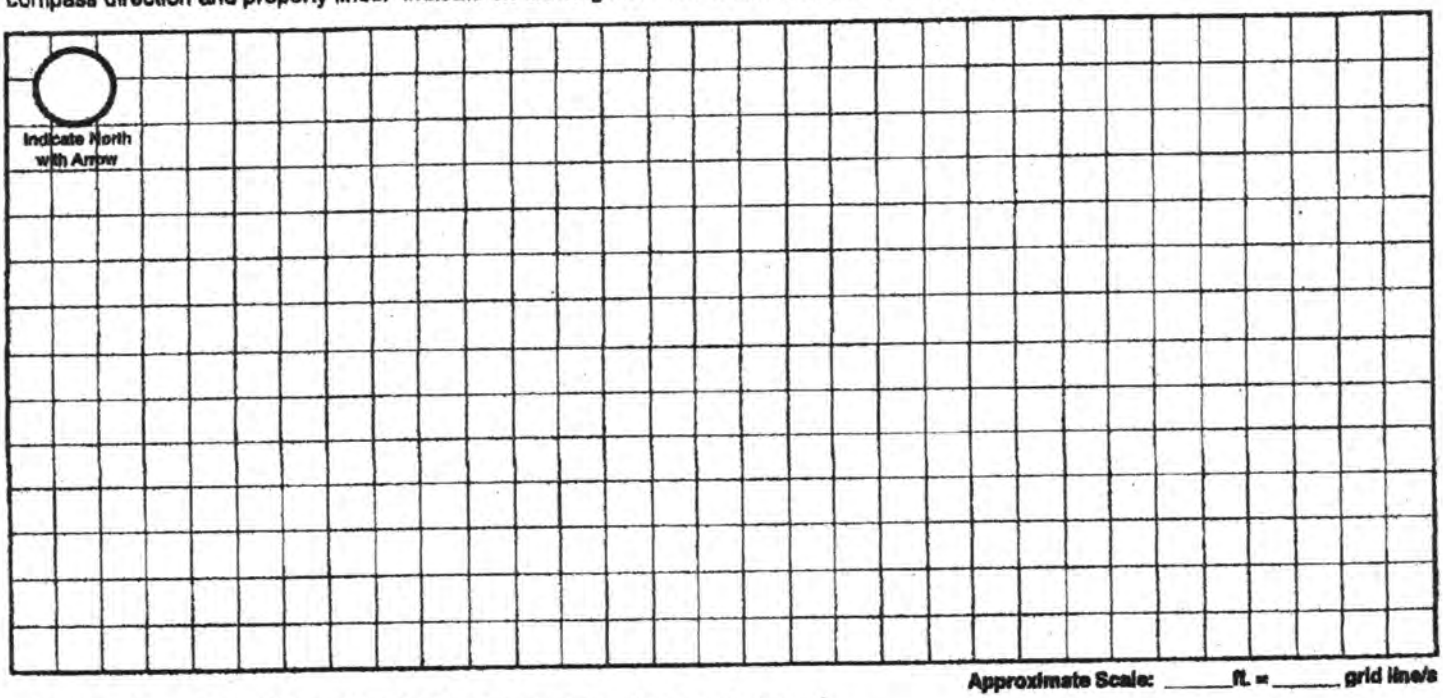
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 993802113

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

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: _____

Capacity of Septic Tank _____ 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 Christy Const. Co. - Jim Christo Date 11-8-99

Installer Wayne Heusinkveld Date _____

FORM 23-102 10-96

JUN 2 8 2000

D

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

Permit Number: #99380 2113

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 1755 West Burr Oaks (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: P.V.C.
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete (Precast)
   Number of compartments: 1
2. Capacity: 1,250 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: 12 in.
8. Distances to: Well or suction line 100 + ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 4 ft.

D. Absorption Field

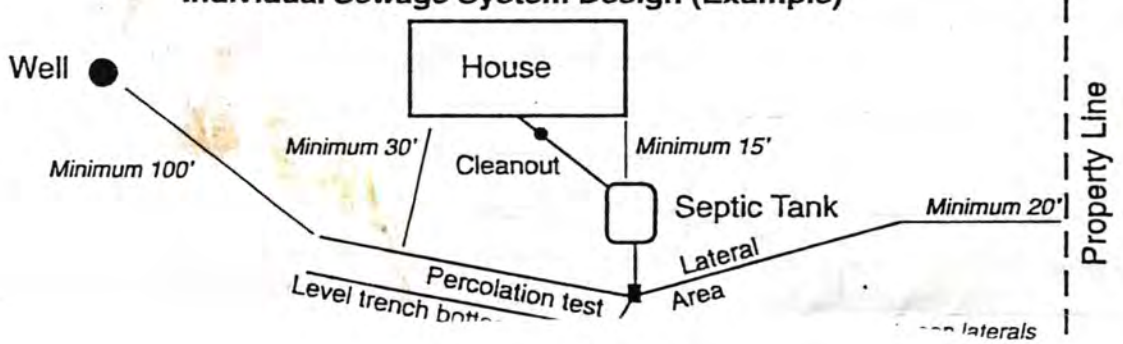
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Equalizer 24
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 67 ft. 67 ft.
   67 ft. 67 ft., _____ ft.
3. Trench dimensions: Width 5 ft.
   Slope 2" In 67' in/100 ft.
   Average depth 30 in
4. Filter material: Sand
   Depth of material ~~30~~ 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 22 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

1755 W. Burr Oaks

