Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380212701

Issued 12/10/99
Expires 06/10/00
Revenue Code 3157

FEES: $150.00

Establishment

SCOTT GRAVES
T9N R6E SEC 19
YANKEE HILL LAKE BLK 1 LOT 2
7100 SW 49 ST-DENTON

Permitee

SCOTT GRAVES
2666 S 11 ST
LINCOLN NE 68502

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011335

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

A

Permit Number: 9938 02127

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 7100 S.W. 49th St. (no rural route) City Denton NE, Zip 68339

Legal Description 1/4 1/4 Section 19 Township 9N Range 6E Subdivision Yankee Hill Lake Subdivision Addition 1 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 Scott Graves Signature Scott Graves

Address 2616 S. 11th City/State/Zip Lincoln Ne 68502

☒ Check if owner designed system Home Phone 474-4309 Work Phone 489-3691 - Kari

C. Contractor

Name DeWayne Friesen Company Name Friesen Excavating

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name DeWayne Friesen Firm Friesen Excavating 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 12/10/99 Date frwd 12/10/99 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-10-99 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12/10/99 Date frwd 12/10/99 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Inspected 7/11/00
Drawing needed - received 7/13/00

Installation Final Written Approval

By Doug Anson

Date 7/14/00

Business Office Use Only

Date Rec'd 12/10/99
Amt Paid 150 cc
Rec'd By _____ Cash/Check No. 8095

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

7100 SW 49th B

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

Permit Number: 993802127

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): SHARPSBURG & WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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"	6-19-99	9:00 AM	6-19	2:00 PM	6-20	11:30	6"	6-20	3:00 PM	30	1/2	60 MIN/IN
2	36"	6-19	9:20	6-19	2:05 PM	6-20	11:30	6"	6-20	3:00	30	1/2	60 MIN/IN
3	36"	6-19	10:00	6-19	2:10 PM	6-20	11:30	6"	6-20	3:00	30	1/2	60 MIN/IN
4	36"	6-19	11:00	6-19	3:30 PM	6-20	11:30	6"	6-20	3:00	30	2 1/2	12 MIN/IN
5	36"	6-19	11:20	6-19	3:35 PM	6-20	11:30	6"	6-20	3:00	30.	2 1/4	13 MIN/IN
6	36"	6-19	12:00	6-19	3:40 PM	6-20	11:30	6"	6-20	3:00	30	1	30 MIN/IN

Sum of Percolation Rates: 235
Average of Rates: 39
Rate Used for Calculation: 60 MIN/IN

Person Conducting Percolation Tests

Name: Scott Graves
Phone: (402) 474-4309
Address 2666 So 11th Lincoln Ne 68502

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date OCTOBER 4, 1999

FORM 23-101 10-96

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

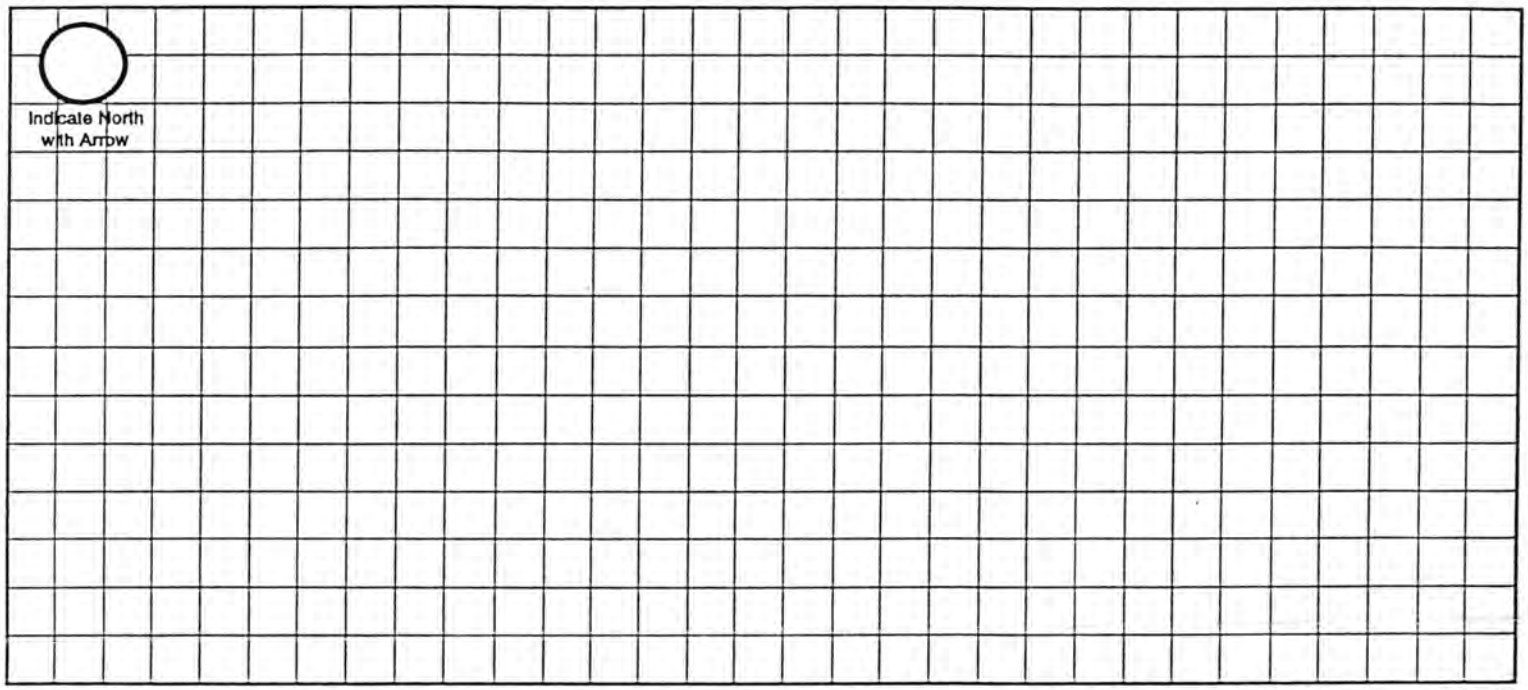
C

Permit Number: 9938 02127

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 60 (min. per inch) Soil Type: SHARPSBURG & 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 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 247 ft. Number of Trenches 3 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 Kari Hawes Date _____

Installer Friesen Excavating Date 11-2999

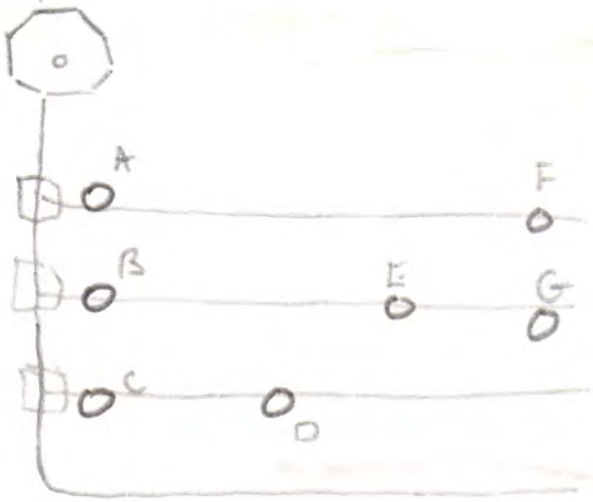
FORM 23-102 10-96

End

Start A 9:Am - 6-19-99
B 9:20
C 10:00
D 10 20
E 11:00
F 11:20
G 12:00

Well





	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00
	1	2	3	4	5	6	7	8
11:00 A	1¼	2½	3½	4"	5"	6"	6½	7"
B	1½	2½	3"	3"	3½	4"	4½	5"
C	2"	3¼	4¼	5"	6"	7"	7½	8"
D	2½	4¼	5½	7"	[illegible]	10½	12	14½
E	1¾	2¾	4"	5"	6"*	7¼	8¼	9½
F	1½	3"	4½	5½	7"	8"	9"	10"
G								

½
½
½
2½
1¼
1"

* add 6" water

JUL 1 3 2000

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 7-11-00

System Location (Indicate correct number and street)

Address South Main Graves (no rural route) City _____ NE, Zip _____
7400 SW 49th

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 77' ft. & 40
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 _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: 2 plastic drop boxes
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 17' 10 & 12 ft.

D. Absorption Field

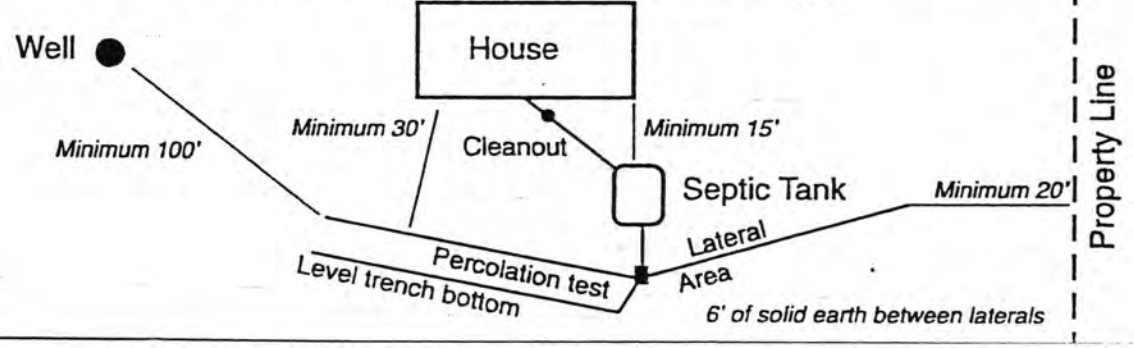
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 16"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3' in/100 ft.
   Average depth 24-32 in
4. Filter material: Road Gravel
   Depth of material 16' in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ 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)

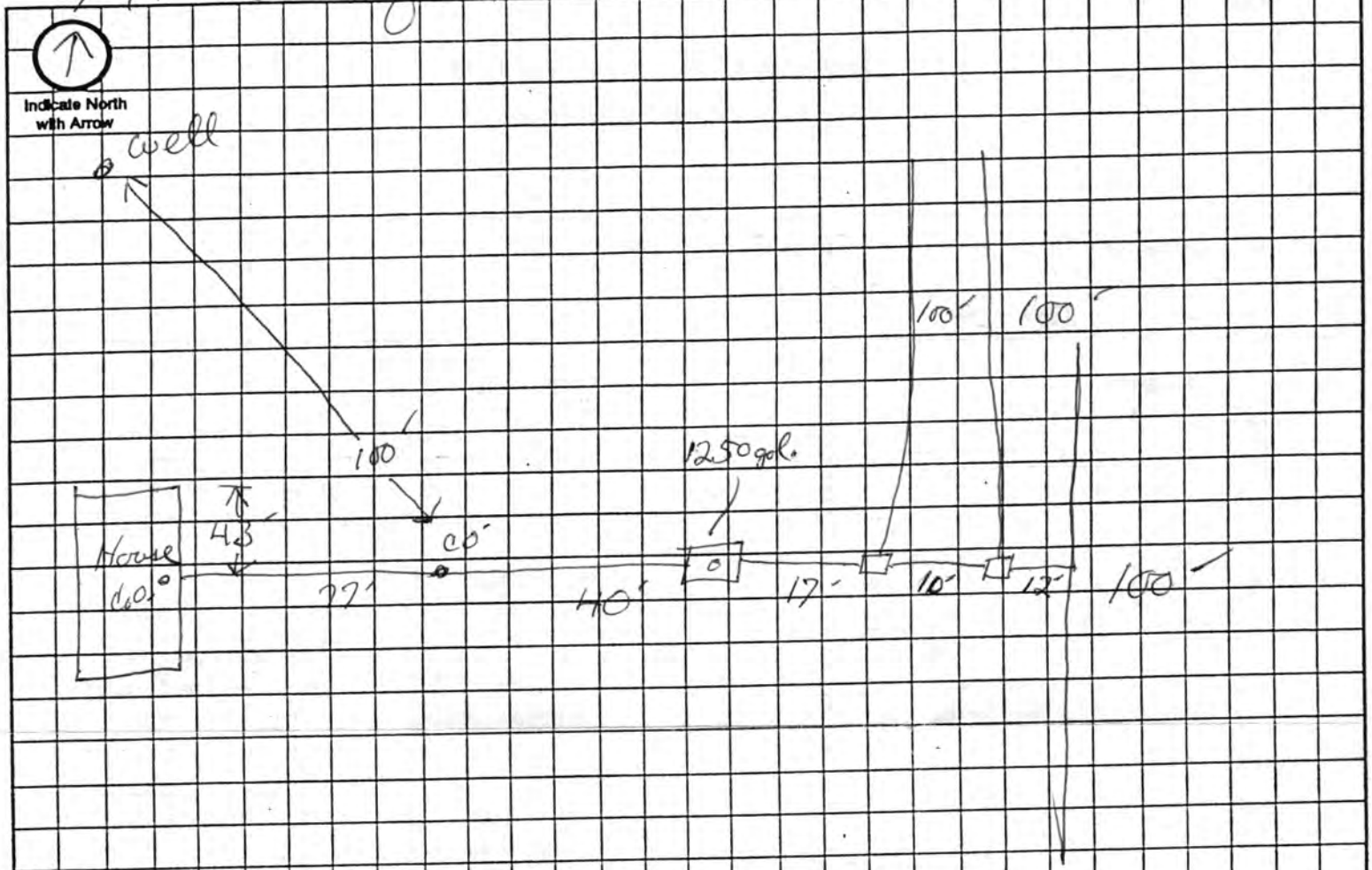


FORM 23-103 10-96

As Built Drawing

by Larry Schwanke

7-11-00 for Scott + Kari Crane



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