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 5101 W Blue Gill Circle (no rural route) City Lincoln NE, Zip

Legal Description 1/4 1/4 Section 19 Township 9N Range 6E Subdivision Yankee Hill Lake Addn. Block 1 Lot 9

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Steve Gravelle Signature Steve D. Gravelle

Address DJG Constr. Inc 1191 A St APT 5 City/State/Zip Lincoln NE 68503

☐ Check if owner designed system Home Phone Work Phone 730-8353

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Dozing

Address 17201 So 72 City/State/Zip Hickman NE 68372

☐ Check if contractor designed system Work Phone 430-7606

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

Designer Name Lyle Loth Firm ESP Engineering Work Phone 484-5500

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 5/27/98 Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd 05/27/98

Amt Paid 150 ck

Rec'd By Cash/Check No. 3222

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

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

Owner Steve Gravelle Addresss _____

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

Date of Tests 4-28 to 4-29-98 Weather: Precipitation T Temperature 50

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	4/28	6:30	4/29	8:00	4/29	11:30	4 1/2	4/29	12:00	30	1/2	60
2			AM		AM		AM	5 7/8		NOON		3/8	80
3								5 5/8				1/2	60
4								5 1/8				3/8	80
5								6 1/2				1/2	60
6								6				1/2	60
7								5 5/8				3/8	80

Person Conducting Percolation Tests

Name: Brad Barthel

Phone: 430-7606

Address 17201 So 32 Hickman, NE 68372

Sum of Percolation Rates: 480

Average of Rates: 70

Rate Used for Calculation: ~~70 min~~ 80

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks NOT ACCEPTABLE FOR TRADITIONAL ABSORPTION SYSTEM

Signature of Reviewing Official John E Miner Date 7/30/99

FORM 23-101 10-96

#1

JUL 2 9 1999

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 99380195301

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 6E ; Section & ¼ Section 19 . Block 1 Lot 9
Property Dimensions: _____ ft. x _____ ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☒ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-20 to 7-21 . Weather: Precip. 0 Temp. 90 .

OWNER: Aspen Builders
Address: 4740 Linden St.

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				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7-20	1:07	7-21	9:15	7-21	9:20	22 9/16	9:50	23	30	3/8"	81.08 → 80
2	36"	7-20	1:07	7-21	9:15		9:20	16 3/16	9:50	16 7/8	30	1/2"	60.00
3	38"	7-20	1:07	7-21	9:15		9:21	21 1/16	9:51	21 7/8	30	3/4"	40.00
4	36"	7-20	1:07	7-21	9:15		9:21	18 5/8	9:51	19 1/4	30	5/8"	48.38
5	40"	7-20	1:07	7-21	9:15		9:22	17 1/2	9:52	18"	30	1/2"	60
6	36"	7-20	1:07	7-21	9:15		9:22	17 3/4	9:52	18 1/4	30	1/2"	60
7	39"	7-20	1:07	7-21	9:15	↓	9:23	16 1/2	9:53	17	30	1/2"	60

Sum of Percolation Rates: 409.46
Average of Rates: 58.49
Mean of Rates: 60

Bl Ben, Jason Dibble
Signature of Person Conducting Test

Address 4740 Linden Phone 730-6868

(Do not write below this line)

REVIEWING ACTION

Remarks: Not acceptable for traditional septic system
Soil Type (SCS): _____
Date: 7/30/99

Approved Percolation Rate (a)
A. 7/30/99 JMM 80 min./inch
B. _____ min./inch
C. _____ min./inch

John E Mesner
Signature of Reviewing Official

#2

JUL 2 9 1999

C

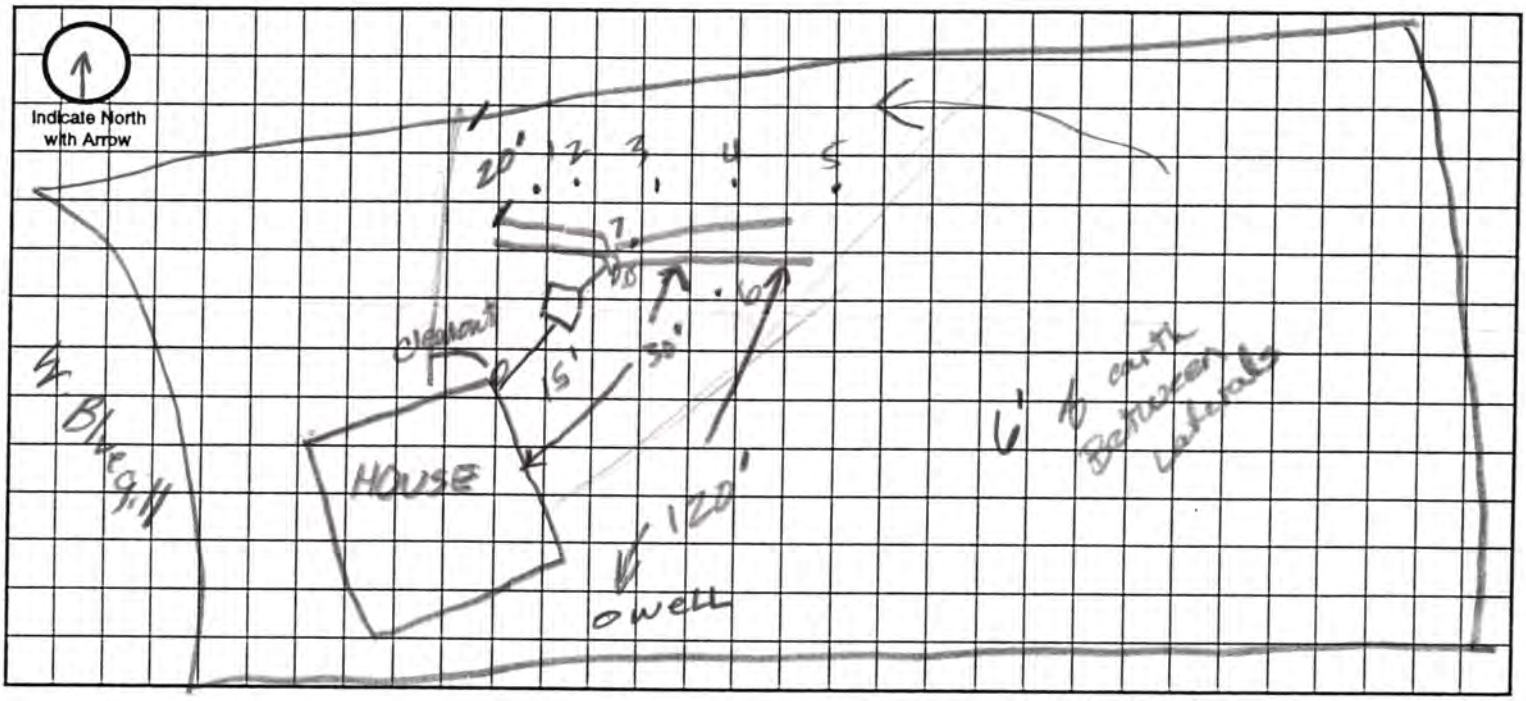
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Permit Number: 99380195301

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) 5101 W. Bluegill City Lincoln NE, Zip 68521

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 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ? ft. Number of Trenches 3 or 4 Trench Width 3'

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 Robert Klein Date 7-26-99

Installer Robert Klein Date 7-26-99

FORM 23-102 10-96