LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION

No. 97380162601

Issued 08/01/97
Expires 02/01/98
Revenue Code 18754

FEES: $150.00

Establishment

DENNIS GRIESER
T9N R6E SEC 19
YANKEE HILL LAKE EST BLK 2 LOT 13
5401 W DEERCREST DRIVE

TOTAL $150.00

Permittee

DENNIS GRIESER
5803 BALDWIN AVE
LINCOLN NE 68507

Issued By M. Jane Ford
Health Director

5081

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 5401 W. DEER CREST DR City LINCOLN NE, Zip
(no rural route)

Legal Description 19 9N 6E YANKEE HILL LAKE ESTATES 1ST 2 13
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 DENNIS GRIESER Signature

Address 5803 BALDWIN City/State/Zip LINCOLN NE 68507

☐ Check if owner designed system Home Phone 464 4218 Work Phone

C. Contractor

Name GARY GRIESER Company Name GRIESER CONST

Address 1911 OAKDALE City/State/Zip LINCOLN NE 68506

☐ Check if contractor designed system Work Phone 432 8185

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

Designer Name David Vogt Firm Vogt T&T Excavating Work Phone 560-4267

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 7/31/97 Date frwd 8/1/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-1-97 Date frwd **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8/1/97 Date frwd 8/1/97 **ACTION** ☒ Approved ☐ Disapproved Signature

9/5/97 J.C.H. ~~Head Drawing~~

Installation Final Written Approval

By Jerrold C. Hood

Date APRIL 7, 1998

Business Office Use Only

Date Rec'd 7/31/97
Amt Paid 150 CC
Rec'd By Cash/Check No. 9358

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 5401 W. DEERCREST DR. (no rural route) City LINCOLN NE, Zip _____

Owner DENNIS GRIESER Addresss 5803 BALDWIN

Soil Type (SCS): _____ Percolation Rate: 29.61 min./inch

Date of Tests 7-28-97 to 7-29-97 Weather: Precipitation NONE Temperature 80°

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"	7-28	10:00	7-29	13:30	7-29	13:30	6	7-29	14:00	30	1 1/8	26.67
2	"	"	"	"	"	"	"	6	"	"	"	1 1/8	26.67
3	"	"	"	"	"	"	"	6	"	"	"	1	30
4	"	"	"	"	"	"	"	6	"	"	"	1	30
5	"	"	"	"	"	"	"	6	"	"	"	7/8	34.29
6	"	"	"	"	"	"	"	6	"	"	"	1	30

Sum of Percolation Rates: 177.63

Average of Rates: 29.61

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: David Vogt

Phone: 560-4267

Address P.O. Box 181

Elmwood, NE 68349

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

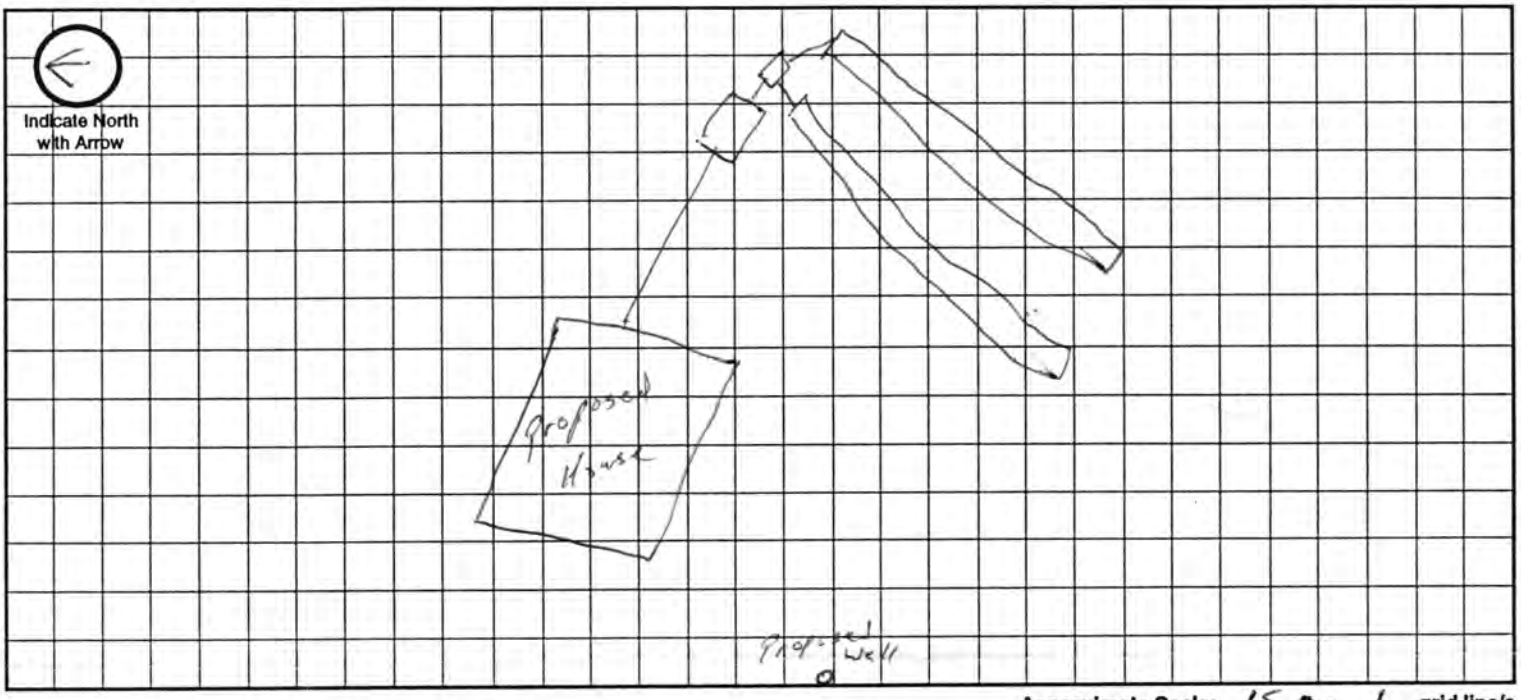
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5401 W. DEERCREST DR City LINCOLN NE, Zip

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 29.61 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 4 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 750 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 188 / 250 ft. Number of Trenches 2 Trench Width 48" / 36"

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 Gary Gruein Date 7-31-97

Installer Date 7-31-97

FORM 23-102 10-96

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

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 5401 W. DEERCREST (no rural route) City Denton NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 56 ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line — ft.
   Barn to Y stream — ft.
   pressure line — ft.
   property line — ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: — 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: 28 in.
8. Distances to: Well or suction line — ft.
   Stream — ft.
   Pressure line — ft.
   Property line — ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

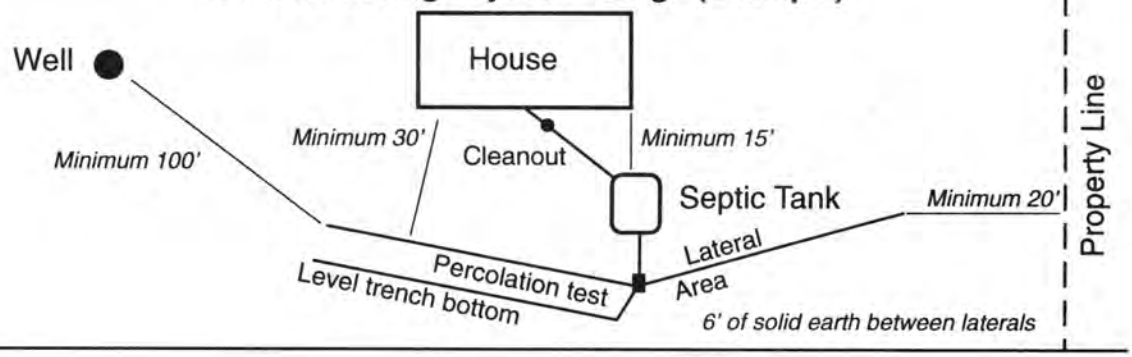
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope — in/100 ft.
   Average depth _____ in
4. Filter material: Road Gravel
   Depth of material _____ 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)

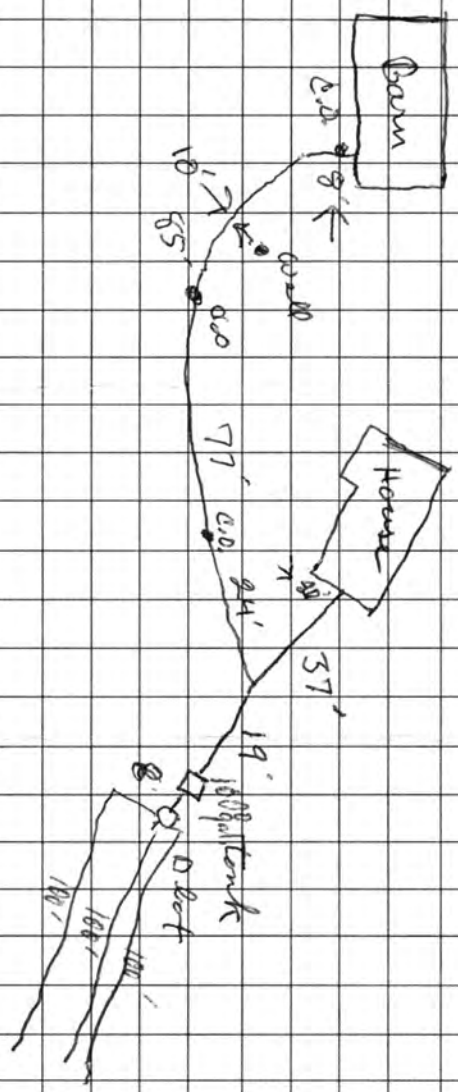


FORM 23-103 10-96

As Built Drawing

5401 W Deercrest

Indicate North with Arrow



5401

Approximate Scale: _____ft. = _____ grid line/s