LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380163401

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 08/15/97
Expires 02/15/98
Revenue Code 13754

Establishment

MICHAEL WASSER
T9N R6E SEC 20
WHISPERING PINES BLK 1 LOT 1
7000 SW 31 STREET

FEES: $150.00

Permittee

MICHAEL WASSER
6135 WALKER AVE
LINCOLN NE 68507

TOTAL $150.00

Issued By M. Jane Ford
Health Director

5137

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: 9738d634

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 7000 S.W. 31st (no rural route) City Lincoln NE, Zip 68512

Legal Description 20 9 6 Whispering Pines 3 1 1
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 Michael + Diane Wasser Signature Michael J Wasser

Address 6135 Walker City/State/Zip Lincoln NE 68507

☐ Check if owner designed system Home Phone 466-1675 Work Phone 472-6251

C. Contractor

Name Self Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Self 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 8-11-97 Date frwd 8/19/97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-19-97 Date frwd 8-19-97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-19-97 Date frwd 8-19-97 **ACTION** ☒ Approved ☐ Disapproved Signature _____

5/8/98 J.C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date SEPTEMBER 9, 1998

Business Office Use Only 3235

Date Rec'd 8/11/97

Amt Paid 150 cc

Rec'd By _____ Cash/Check No. 11028

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 7000 S.W. 31st (no rural route) City Lincoln NE, Zip

Owner Mike Wasser Addresss 6135 Walker

Soil Type (SCS): Judson SILT LOAM Percolation Rate: 7½ min./inch

Date of Tests 8-9 to 8-10 Weather: Precipitation cloudy 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	8-9	9:30		1:30	8-10	11:22	6"		3:22	30	2-3½	8.6
2	36	8-9	9:35		1:35		11:25	6"		3:25	30	3-4	10
3	36	8-9	9:40		1:40		11:28	6"		3:28	30	3½-5¼	13.3
4	36	8-9	9:45		1:45		11:30	6"		3:30	30	3⅞-5⅛	6.9
5	36	8-9	9:50		1:50		11:33	6"		3:33	30	4-5	7.5
6	36	8-9	9:55		1:55		11:36	6"		3:36	30	3⅞-4⅛	7.3

Sum of Percolation Rates: ~~44.85~~ 53.6

Average of Rates: ~~7.475~~ 8.93

Rate Used for Calculation: 9 MIN/IN

Person Conducting Percolation Tests

Name: Mike + Diane Wasser

Phone: 402-466-1675

Address 6135 Walker
Lincoln, NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks LOT IS EXACTLY 3.00 ACRES. RECALCULATED PERC. RATE IS 9 MIN/IN

Signature of Reviewing Official [signature] RS Date 8-11-97

FORM 23-101 10-96

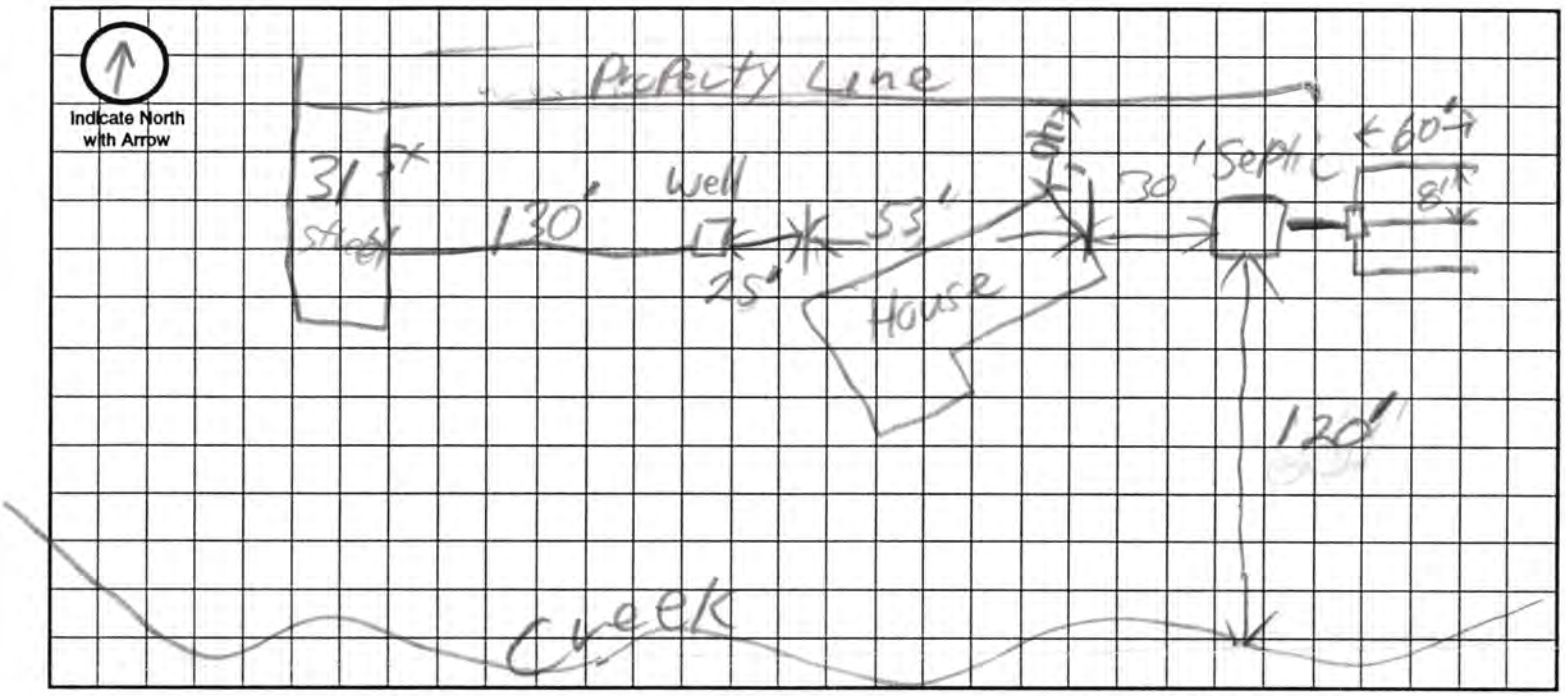
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7000 S.W 31 City Lincoln NE, Zip 685

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 7.475 (min. per inch) Soil Type: Judson SILT LOAM 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: 3 Number of Distribution Laterals per Bed 1

Total Length of Laterals 160 ft. Number of Trenches 3 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 Self-F Date _____

Installer Michael Wasser Date 8-11-97

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

D

Permit Number: 983801634

Sewage Disposal System

As Built Plans & Specifications

Date Sept. 3, 1998

System Location (Indicate correct number and street)

Address 7000 S.W. 31st (no rural route) City Lincoln NE, Zip 68523

A. Building Sewer

1. Material: concrete or plastic
   Diameter: _____ in.
2. Distance above basement floor: ~~4~~ 7' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 30 ft.
4. Number of clean-outs: ~~0~~ 2
5. Distances to: well or suction line 103 ft.
   stream 150 ft.
   pressure line _____ ft.
   property line ~~5~~5 ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: 2
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☒ ~~No~~
4. Manholes: Over inlet, diameter 18" in.
   Over outlet, diameter 18" in.
   Riser: ☐ above ☒ below grade 20" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24" in.
8. Distances to: Well or suction line 120 ft.
   Stream 150 ft.
   Pressure line _____ ft.
   Property line 55 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 20 ft.

D. Absorption Field

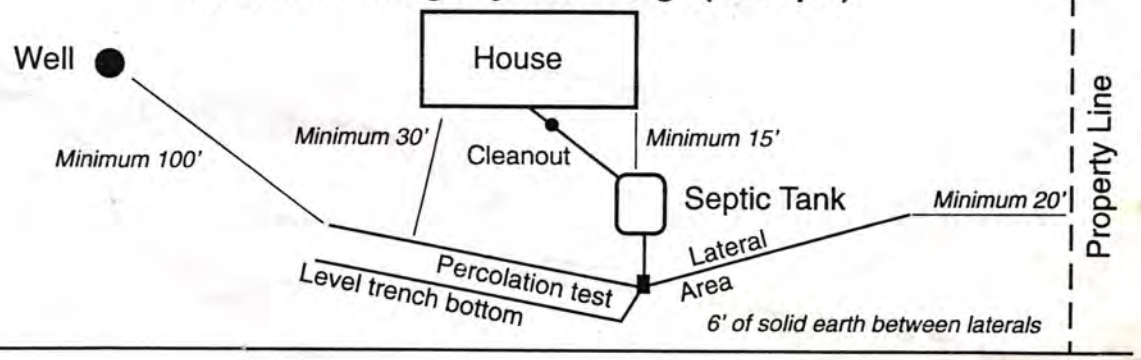
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 18"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 80' ft. 80' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 24 in
4. Filter material: gravel
   Depth of material 20" in.
5. Distances to: Well or suction line 120 ft.
   Stream 150 ft.
   Pressure line _____ ft.
   Property line 55 ft.

Indicate North with Arrow

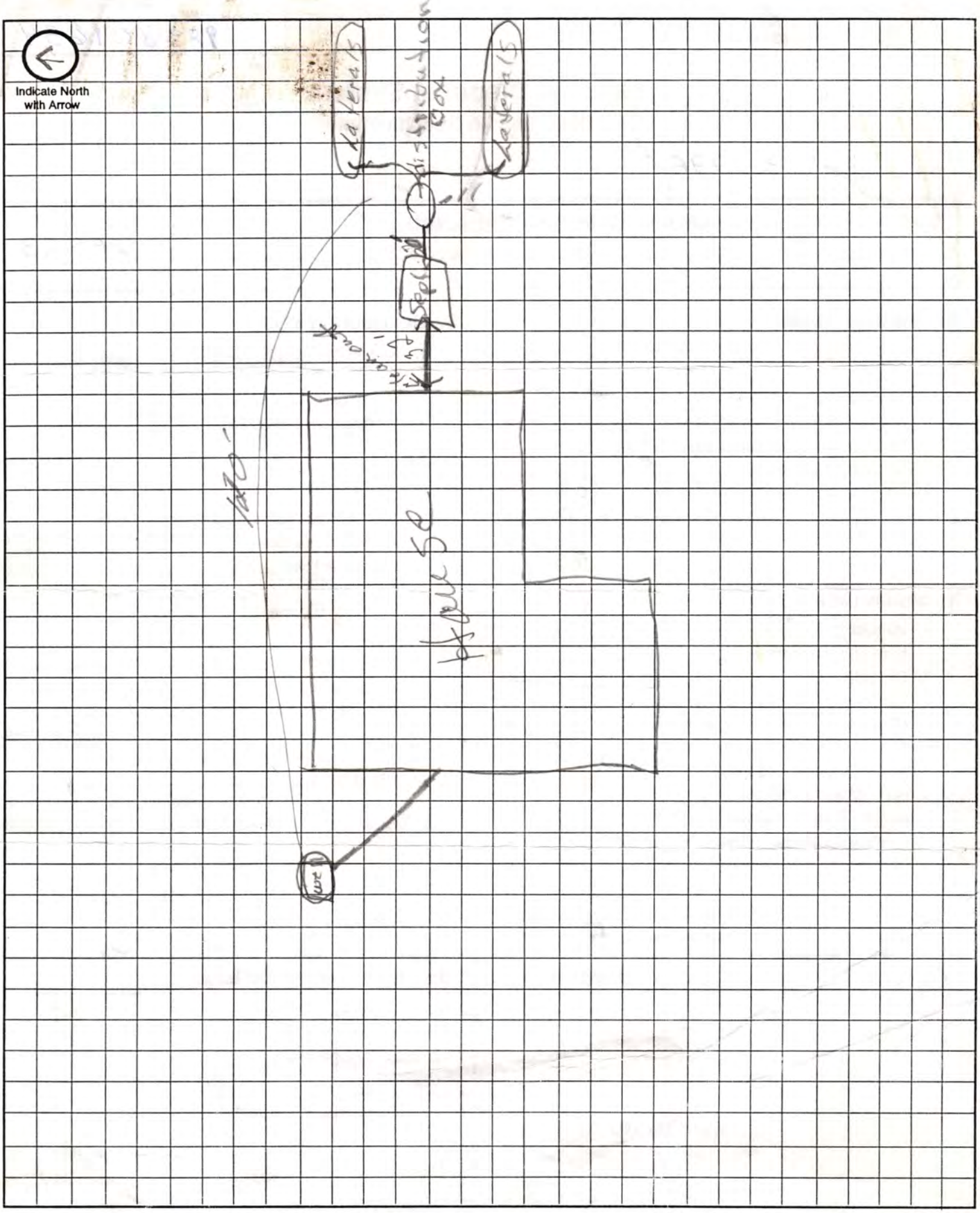
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s