LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC

No. 98380178001

PAID

Issued 06/18/98
Expires 12/18/98
Revenue Code 3157

FEES: $150.00

Establishment
MARK & LYN FOLLMER
T9N R6E SEC 20
WHISPERING PINES-3RD BLK 2 LOT 2
7030 SW 35 ST

Permittee
MARK & LYN FOLLMER
4146 LENOX AVE
LINCOLN NE 68510

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007639

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: 98380178O

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 SW 35TH ~~& Dawson Rd~~ 7030 (no rural route) City Lincoln NE, Zip 68523

Legal Description 20 9N 6E Whispering Pines 3rd 2 2
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 MARK + LYN Follmer Signature Mark E Follmer

Address 4146 Lenox Ave City/State/Zip Lincoln NE 68510

☒ Check if owner designed system Home Phone 483-1413 Work Phone 560-3235

C. Contractor

Name Mark Follmer Company Name OWNER

Address 4146 Lenox Ave City/State/Zip Lincoln NE 68510

☐ Check if contractor designed system Work Phone 560-3235

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

Designer Name Mark Follmer Firm OWNER Work Phone 560-3235

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

SYSTEM MUST BE BUILT OUT OF FLOOD PLAIN

Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. Health Department	Date rec'd 6/18/98 Date frwd 6/18/98	ACTION ☒ Approved	☐ Disapproved	Signature Jerrold C. Hood
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 6.18.98 Date frwd 6.18.98	ACTION ☒ Approved	☐ Disapproved	Signature
3. City or County Engineer	Date rec'd 6-18-98 Date frwd 6-18-98	ACTION ☒ Approved	☐ Disapproved	Signature Dennis Bartels

7/21/99 Sewer, tank & 1 AND A PART LATERAL - J.C.K.

Installation Final Written Approval

By Doug Amel

Date 8/2/00

Business Office Use Only

Date Rec'd 6/17/98

Amt Paid 150

Rec'd By MB Cash/Check No. 14550

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

copy of final approval sent to B+S on 8/2/00

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

B

Permit Number: 9838017B0

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7020 SW 35TH (no rural route) City Lincoln NE, Zip 68523

Owner MARK Follmer Addresss 4146 Lenox Ave

Soil Type (SCS): WYMORE SILTY CLAY LOAM & KENNEBEC SILT LOAM Percolation Rate: 50 ~~42.75~~ min./inch

Date of Tests 5/30 to 5/31 Weather: Precipitation 5/28 2¼in Temperature 88°

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	36in	5-30	3:45	5/30	8:00	5/31	3:45	6in	5/31	7:45	30min	5/8	50/in
2	36in	5-30	3:47	5/30	8:00	5/31	3:45	6in	5/31	7:45	30min	5/8	50/in
3	36in	5-30	3:48	5/30	8:00	5/31	3:46	6in	5/31	7:45	30min	3/4	45/in
4	36in	5-30	3:54	5/30	8:00	5/31	3:46	6in	5/31	7:46	30min	3/4	45/in
5	36in	5-30	3:56	5/30	8:00	5/31	3:47	6in	5/31	7:47	30min	5/8	50/in
6	36in	5-30	3:57	5/30	8:00	5/31	3:47	6in	5/31	7:48	30min	5/8	50/in
7	36in	5-30	3:58	5/30	8:00	5/31	3:48	6in	5/31	7:48	30min	3/4	45/in
8	36in	5-30	4:00	5/30	8:00	5/31	3:48	6in	5/31	7:50	30min	1in	30/in

Sum of Percolation Rates: 342
Average of Rates: 42.75
Rate Used for Calculation: 30 min/in

Person Conducting Percolation Tests

Name: MARK Follmer
Phone: 483-1413
Address 4146 Lenox Ave
Lincoln NE. 68510

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks SYSTEM MUST BE BUILT OUT OF FLOOD PLAIN

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 18, 1998

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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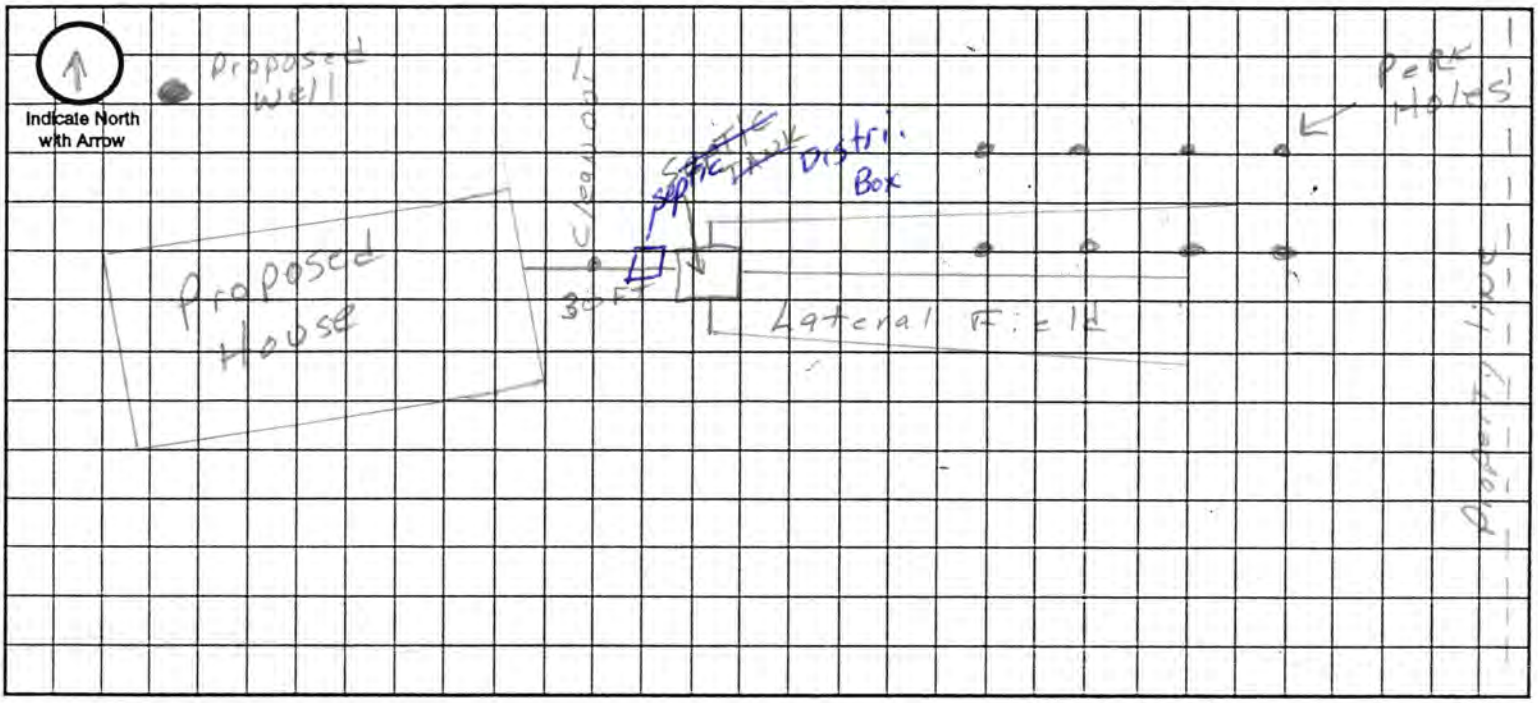
C

Permit Number: 98 3801780

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7020 SW. 35TH City Lincoln NE, Zip NE. 68523

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 50 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other _____

Total Square Feet of Field Required: 925 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 231 ft. Number of Trenches — Trench Width —

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

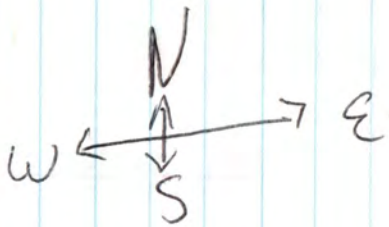
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☐ N/A	50 ☐ N/A	NA ☐	25 ☐	20 ☒	15 ☒	25 ☐	☐
Field (ft)	100 ☒	500 ☐ N/A	50 ☐ N/A	4 ☒	30 ☐	20 ☒	30 ☒	40 ☐	☐
~~Lagoon (ft)~~	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Mark E. Follmer Date 6-17-98

Installer SAME Date _____

7030
SW 35TH



3 - 100FT latterels
4 FT wide 4 FT deep

