LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
(402) 441-8000

PERMIT

Permit No. 98380173501

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/07/98
Expires 10/07/98
Revenue Code 3157

Establishment

WILLIAM D SIEMS
T9N R6E SEC 20
WHISPERING PINES-3RD BLK 2 LOT 1
7000 SW 35 ST

FEES: $150.00

PAID

TOTAL $150.00

Permittee

WILLIAM D SIEMS
2929 S 12 ST
LINCOLN NE 68502-4422

Gregg Wright MD.

Issued By ~~M. Jane Ford~~
Health Director

6351

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: 983801735

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 SW 35th (no rural route) City Lincoln NE, Zip

Legal Description 20 9N 6E Wispering Pines 3RD Block 2 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 William Siems Signature William D Siems

Address 2929 S 12th City/State/Zip Lincoln NE 68502

☐ Check if owner designed system Home Phone 423-0402 Work Phone 435-1234

C. Contractor

Name GPA Gordon Lukes Company Name GPA Backhoe

Address 3319 S 214 City/State/Zip Eagle NE

☐ Check if contractor designed system Work Phone 781 2400 450-2409

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

Designer Name 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 4/7/98 Date frwd 4/7/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-7-98 Date frwd 4-7-98 ACTION ☒ Approved ☐ Disapproved Signature

ENTIRE SEPTIC SYSTEM MUST BE OUT OF FLOOD PLAIN -MP 4-7-98

3. **City or County Engineer** Date rec'd 4-7-98 Date frwd 4-7-98 ACTION ☐ Approved ☐ Disapproved Signature

8/98 tank, sewer, distribution + lateral 7/9/98 L.C.H.D. Fld Drawing

Installation Final Written Approval

By Doug Ansel

Date 7/27/00

Business Office Use Only

Date Rec'd 04/07/98

Amt Paid 150 ⁰⁰

Rec'd By ~~Cash~~/Check No. 1198

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector Also WC 11

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 SW 35th (no rural route) City Lincoln NE NE, Zip 68502

Owner William D Siems Addresss 2929 S 12th Lincoln NE

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

Date of Tests 2/21/98 to 2/22/98 Weather: Precipitation NONE Temperature 55°

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	2/21	11 45	2/21	3 45	2/22	11 45	6	2/22	3:45	30	1 1/4	30/1 1/4 "24 MIN/IN
2	36	2/21	11 50	2/21	3 50	2/22	11 50	6	2/22	3:50	30	5/8	30/5/8 "48 MIN/IN
3	36	2/21	11 55	2/21	3:55	2/22	11 55	6	2/22	355	30	5/8	30/5/8 48MIN/IN
4	36	2/21	12 00	2/21	4 00	2/22	12 00	6	2/22	400	30	5/8	30/5/8 48MIN/IN
5	36	2/21	1205	2/21	405	2/22	1205	6	2/22	405	30	1 3/4	30/1 3/4 17MIN/IN
6	36	2/21	1210	2/21	4:10	2/22	1210	6	2/22	410	30	5/8	30/5/8 48MIN/IN

Person Conducting Percolation Tests

Name: William D Siems

Phone: 423-0402

Address 2929 S 12th Lincoln NE 68502

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 48 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 7, 1998

FORM 23-101 10-96

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

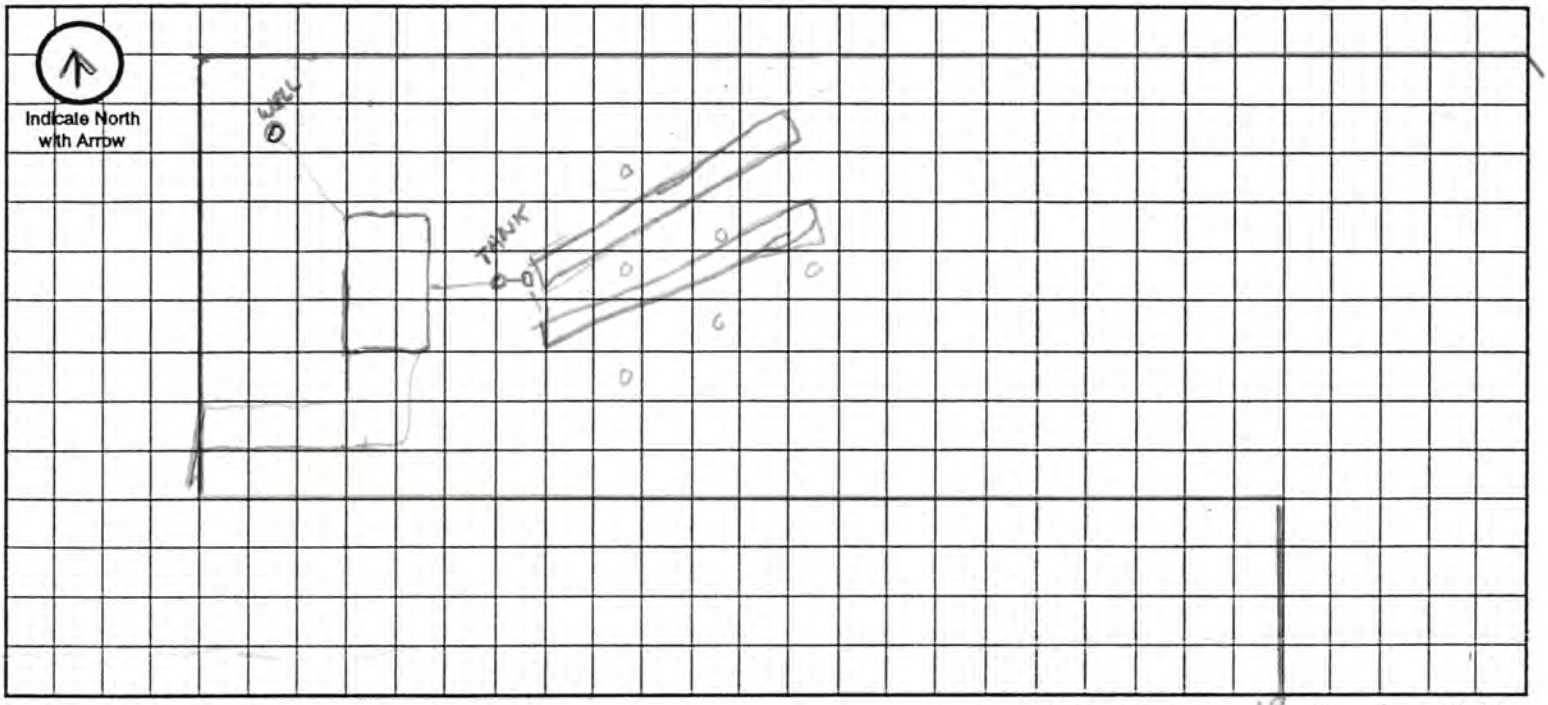
C

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: 18 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7000 SW 35th City Lincoln NE, Zip 68502

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: BLACK Dirt Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed W/S ☐ Other

Total Square Feet of Field Required: ~~900~~ 1000 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material:

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed

Total Length of Laterals ~~180~~ 200 ft. W/S Number of Trenches 3 Trench Width ~~4~~ 5' W/S

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 [signature] Date 4-6-98

Installer Gordon Sukes Date 4-6-98

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7/26/00

As per John Miner; unable to obtain specification from owner. Probe used to locate tank & lateral lateral length undetermined. D.S. 9/26/00

System Location (Indicate correct number and street)

Address 7000 SW 35th (no rural route) City Lincoln NE, Zip

A. Building Sewer

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

B. Septic Tank

1. Material: _____
   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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

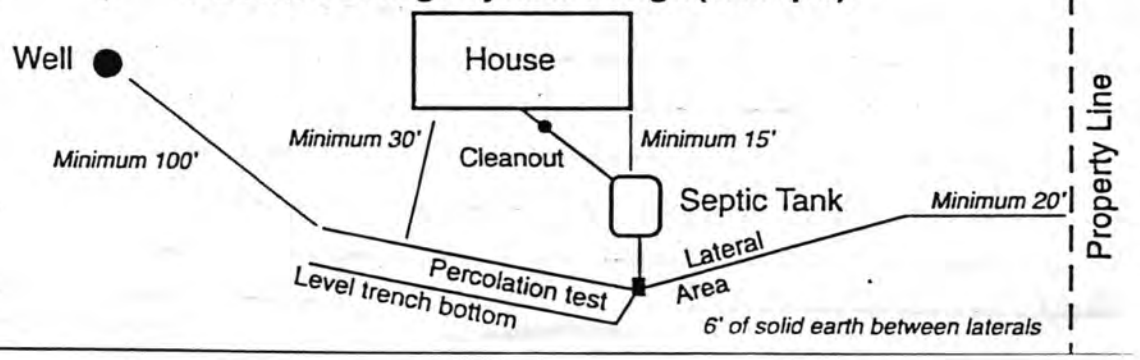
(Provide as-built drawings on back of this form)

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: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

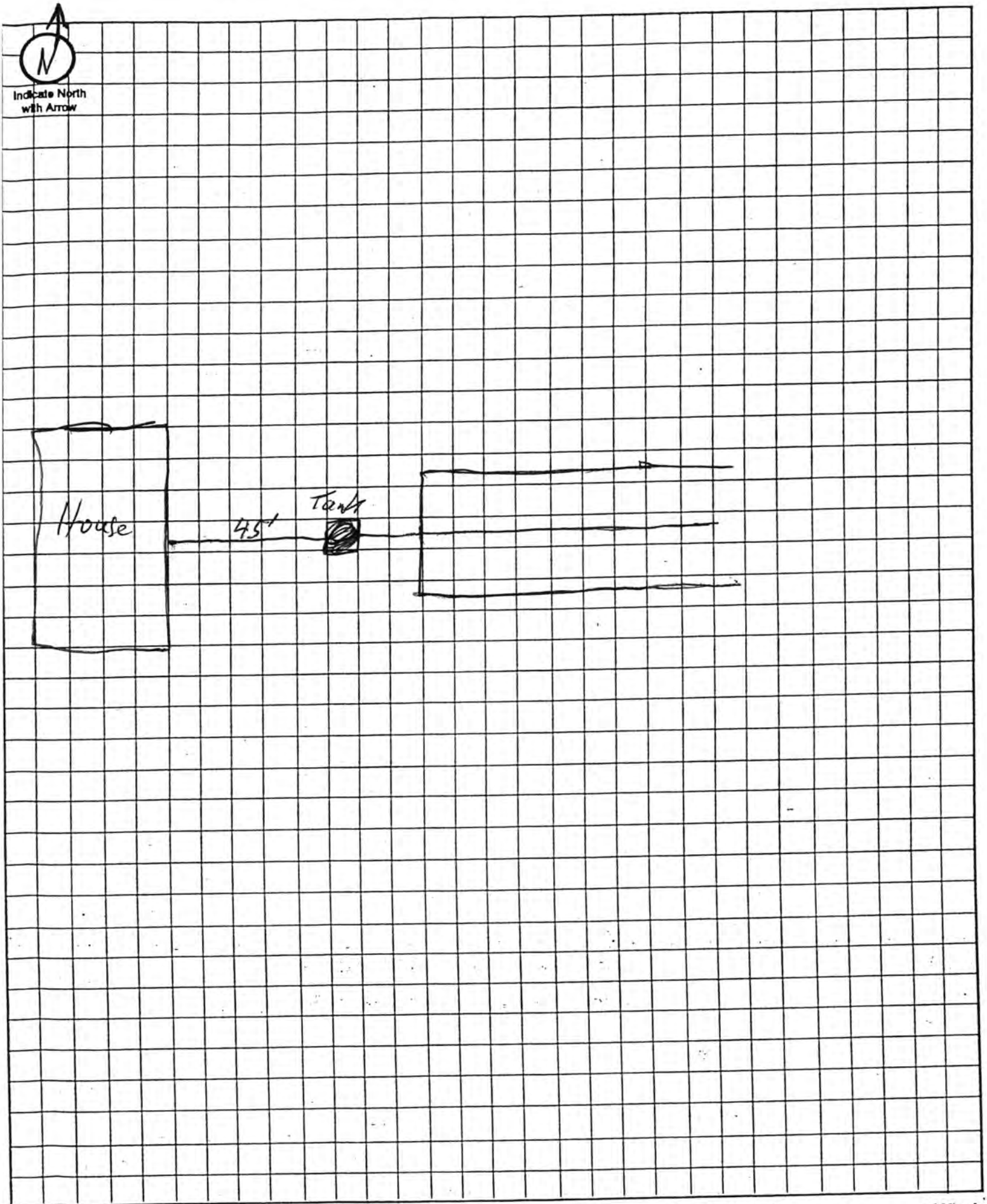
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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