Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380236801

Issued 09/24/01
Expires 03/24/02
Revenue Code 3157

FEES: $200.00

Establishment

DAVID A WASSER
T9N R6E SEC 20
WHISPERING PINES-3RD BLK 3 LOT 2
7033 SW 35 ST

2002

Permittee

DAVID WASSER
1033 W NANCE AVE
LINCOLN NE 68521

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000147

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

A

Permit Number: 013802368

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 7033 S.W. 35th ST. (no rural route) City LINCOLN NE, Zip 68523

Legal Description: 1/4 20 1/4 Section 9N Township 6E Range WHISPERING PINES Subdivision 3RD Addition 3 Block 2 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name DAVID & ANNE WASSER Signature David A. Wasser

Address 1003 W. NANCE AVE. City/State/Zip LINCOLN NE 68521

☒ Check if owner designed system Home Phone (402) 474-3977 Work Phone 202-6391

C. Contractor

Name OWNER 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 OWNER Firm _____ Work Phone 601-1937

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms ~~2~~ 2 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

As per phone conversation with Dave Wasser on 10/17/02 the house is a 2 bedroom. On-site visit verified statement. Tank size + field requirements adjusted accordingly. D.S. 10/17/02

DO NOT WRITE BELOW THIS LINE

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

1. **Health Department** — Date rec'd 9-25-01, Date frwd 9-25-01 — ACTION ☒ Approved ☐ Disapproved — Signature Ron Mayhew
2. **Supt. Bldg. Insp. or Village Clerk** — Date rec'd 9-25-01, Date frwd 9-25-01 — ACTION ☒ Approved ☐ Disapproved — Signature Gary Lyon
   BE CERTAIN SEWAGE SYSTEM IS OUT OF F.P.
3. **City or County Engineer** — Date rec'd 9-25-01, Date frwd 9-25-01 — ACTION ☒ Approved ☐ Disapproved — Signature Chase Burke

Installation Final Written Approval

By Doug Smith

Date 10/17/02

Business Office Use Only

Date Rec'd 9/24/01

Amt Paid 200.00

Rec'd By CW Cash/Check No. 0617.

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number: 0138 02368

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7033 S.W. 35th ST. (no rural route) City LINCOLN NE, Zip NE 68523

Owner DAVID & ANNE WASSER Addresss 1003 W. NANCE AVE, LINCOLN, NE 68521

Soil Type (SCS): TOPSOIL / CLAY Percolation Rate: 1.55" / 30 min min./inch

Date of Tests 9/21/01 to 9/22/01 Weather: Precipitation CLEAR Temperature 74°

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"	9/21/01 FRI	1:15	9/21/01 FRI	5:20	9/22/01 SAT.	2:22	6"	9/22/01 SAT	2:52	30	1 7/8"	16 mpi 30/1 3/4"
2	36"	"	1:17	"	5:21	"	2:25	6"	"	2:55	"	1 3/8"	22 mpi 30/1 3/8"
3	36"	"	1:18	"	5:23	"	2:26	6 1/2"	"	2:56	"	1 1/4"	24 mpi 30/1 1/4"
4	36"	"	1:20	"	5:24	"	2:27	7"	"	2:57	"	1 5/8"	18 30/1 1/2"
5	36"	"	1:21	"	5:26	"	2:29	6 1/2"	"	2:59	"	1 1/2"	20 mpi 30/1 1/2"
6	36"	"	1:22	"	5:27	"	2:30	6"	"	3:00	"	1 3/8"	22 mpi 30/1 5/8"
7	36"	"	1:24	"	5:28	"	2:32	6"	"	3:02	"	1 1/2"	20 30/1 1/2"
8	36"	"	1:25	"	5:29	"	2:33	7"	"	3:03	"	1 3/8"	22 mpi 30/1 5/8"
9	36"	"	1:26	"	5:31	"	2:34	7"	"	3:04	"	1 3/4"	17 mpi 30/1 3/8"
10	36"	"	1:27	"	5:32	"	2:36	6 1/2"	"	3:06	"	1 7/8"	16 mpi 30/1 7/8"

Sum of Percolation Rates: 15.5" 197

Average of Rates: 19.7 mpi 1.55" / 30 min

Rate Used for Calculation: 20 mpi per inch

Person Conducting Percolation Tests

Name: DAVID WASSER

Phone: (402) 474-3977 601-1937

Address 1003 W. NANCE AVE.
LINCOLN, NE 68521

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks According to scale Portions of the drainfield laterals may be in 100 yr floodplain. Appears to be in Kennebec soil. Need to demonstrate that sewage system is not in floodplain.

Signature of Reviewing Official Ron Magnuson Date 9-25-01

FORM 23-101 10-96

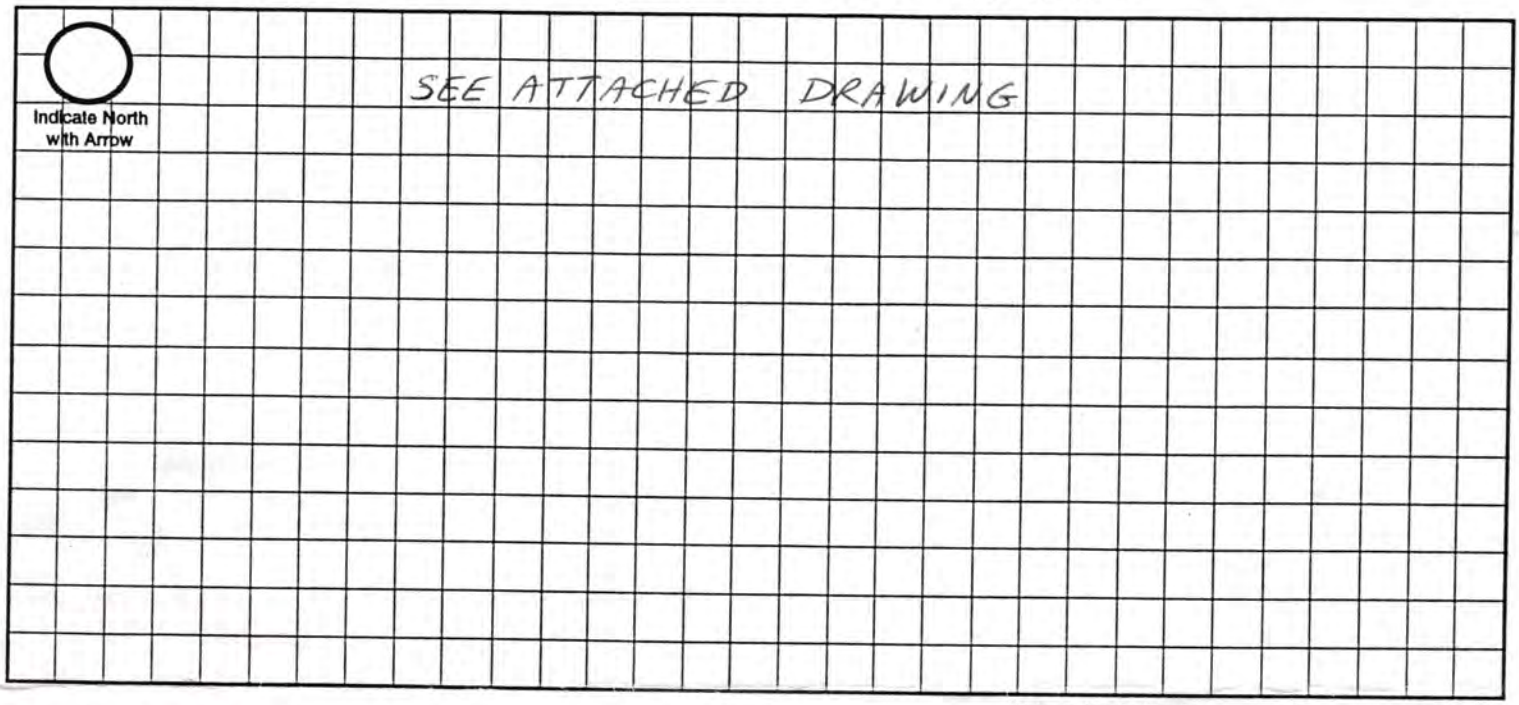
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C

Permit Number: 0138 02368

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) 7033 S.W. 35th ST. City LINCOLN NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 20 min per inch (min. per inch) Soil Type: TOPSOIL / CLAY Land Slope: FLAT %

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

Total Square Feet of Field Required: ~~3846~~ 630 sq. ft.

Type of Lateral: ☐ Half-Moon 1250 ☐ Perforated Pipe ☒ Other Lateral Material: EQUALIZER 24 CHAMBER SYSTEM

Capacity of Septic Tank ~~1000~~ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~192~~ ft. Number of Trenches 2 Trench Width ~~2~~ ft.

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

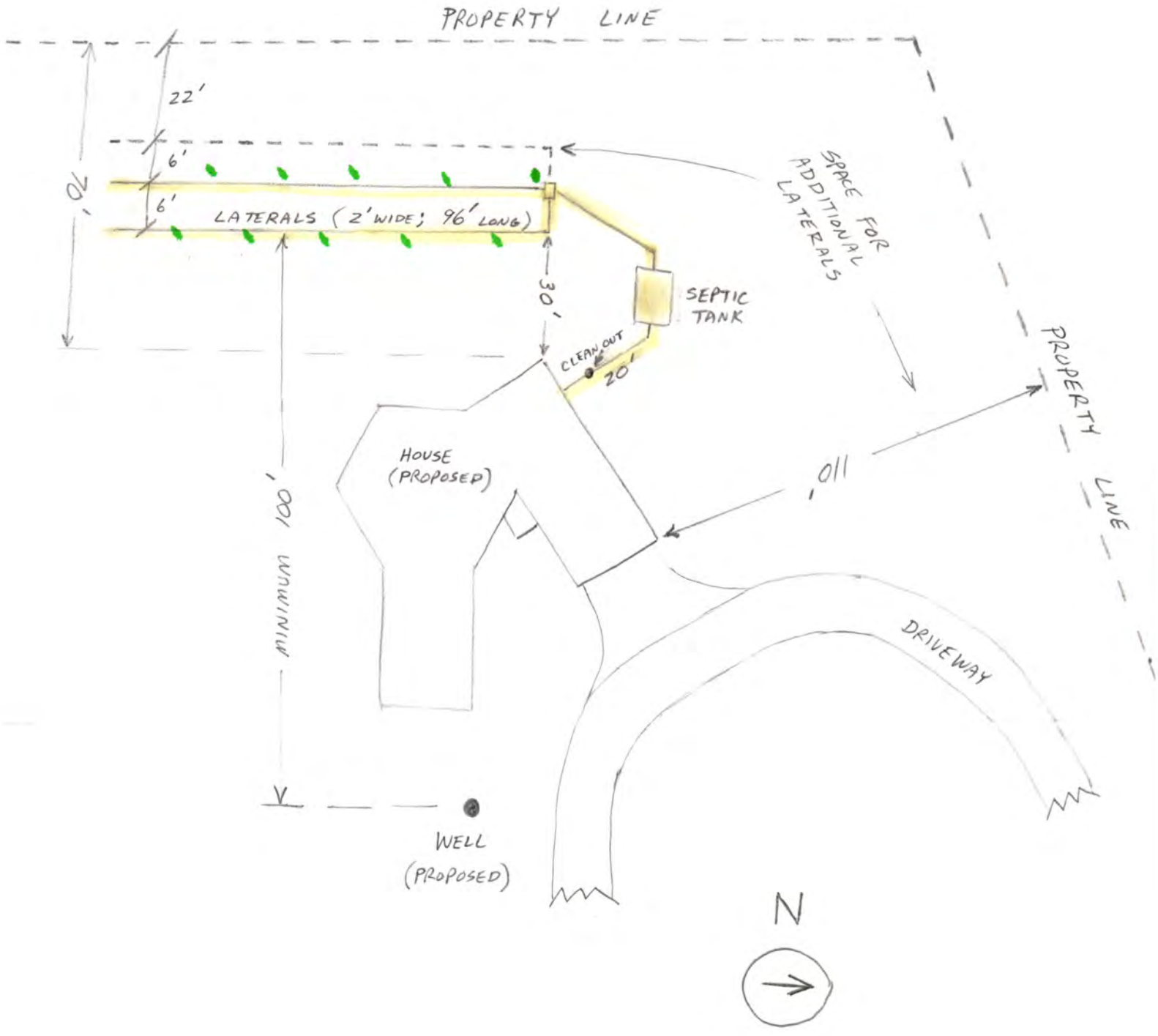
Distance From	Private Well	Public Well N/A	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☐	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☐	50 ☑	4 ☐	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A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

E. Required Signatures

Home Building Contractor David A. Wasser Date 9/23/01

Installer David A. Wasser Date 9/23/01

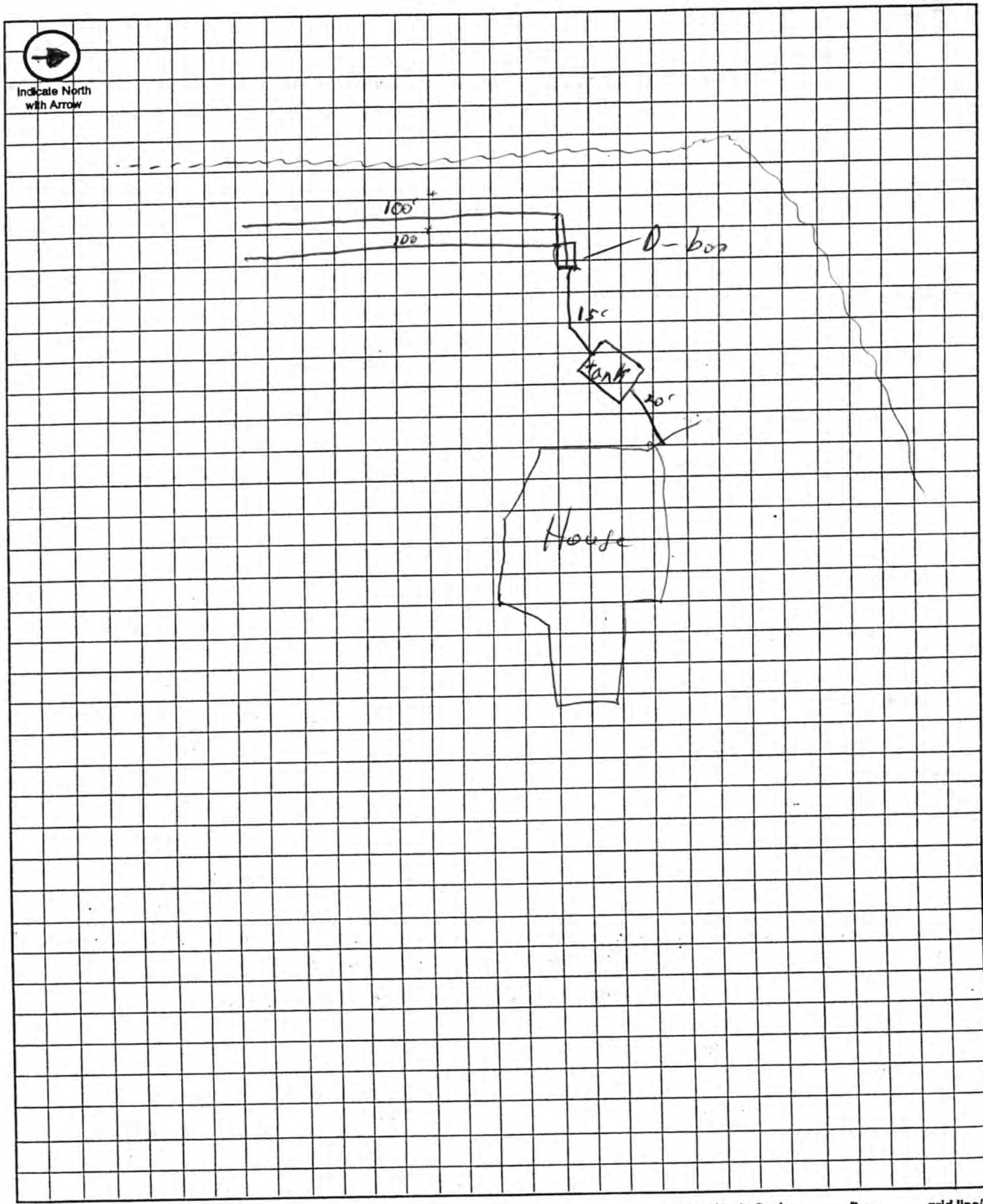
FORM 23-102 10-96



SEPTIC SYSTEM DESIGN

As Built Drawing

10/15/02
Field notes by D.S.



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