LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98380173101

SEWAGE INSTALLATION
LAGOON

Issued 03/30/98
Expires 09/30/98
Revenue Code 3157

Establishment
WATERMEIER DEVELOPMENT
3116 S 81 ST CT
LINCOLN NE 68506

FEES: $150.00

PAID

TOTAL $150.00

Permittee
WATERMEIER DEVELOPMENT
3116 S 81 ST CT
LINCOLN NE 68506

Gregg Wright MD

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

6271

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 1701 West Burr Oaks Road (no rural route) City _____ NE, Zip 68523

Legal Description _____ 21 T9N R6E Burr Oaks 3 3
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 Watermeier Dev Signature Bruce Meyer

Address 3116 S 81st Court City/State/Zip Lincoln NE 68506

☐ Check if owner designed system Home Phone 483-4747 Work Phone 430-7133

C. Contractor

Name Mark Watermeier Company Name Watermeier Dev

Address 3116 S 81st Court City/State/Zip Lincoln NE 68506

☐ Check if contractor designed system Work Phone 430-7133

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 3-24-98 ACTION ☒ Approved ☐ Disapproved
   Date frwd 3/25/98 Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-25-98 ACTION ☒ Approved ☐ Disapproved
   Date frwd 3-25-98 Signature _____
3. **City or County Engineer** Date rec'd 3-25-98 ACTION ☒ Approved ☐ Disapproved
   Date frwd 3-25-98 Signature _____

9/4/98 JCN

Installation Final Written Approval

By Carroll C. Nood

Date 9/9/98

Business Office Use Only

Date Rec'd 3-24-98
Amt Paid #150.00
Rec'd By MF Cash/Check No. 2025

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

Lot 3 Blk 3
Bent Oaks

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): silt clay loam Percolation Rate: 60 min./inch

Date of Tests 8-19 to 8-20-98 Weather: Precipitation _____ Temperature 90°

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	32	8-19	8:15	8-20	6:30	8-20	8:30	15	8-20	9:00	30	3/4	
2			AM		AM			18				2	
3								15 1/2				1/2	
4								12				3/4	
5													
6								14				1 3/4	
7								18 1/2				1/2	

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60 min/inch

Person Conducting Percolation Tests

Name: Larry Schwarek
Phone: 489-7294
Address 8200 old Cheney Rd.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks RETEST DIFFERENT SPOT

Signature of Reviewing Official Jerrold C. Hood Date _____

FORM 23-101 10-96

Failed to Water main const 8/20/98

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

Bear Oaks
Lot 3 Blk 3

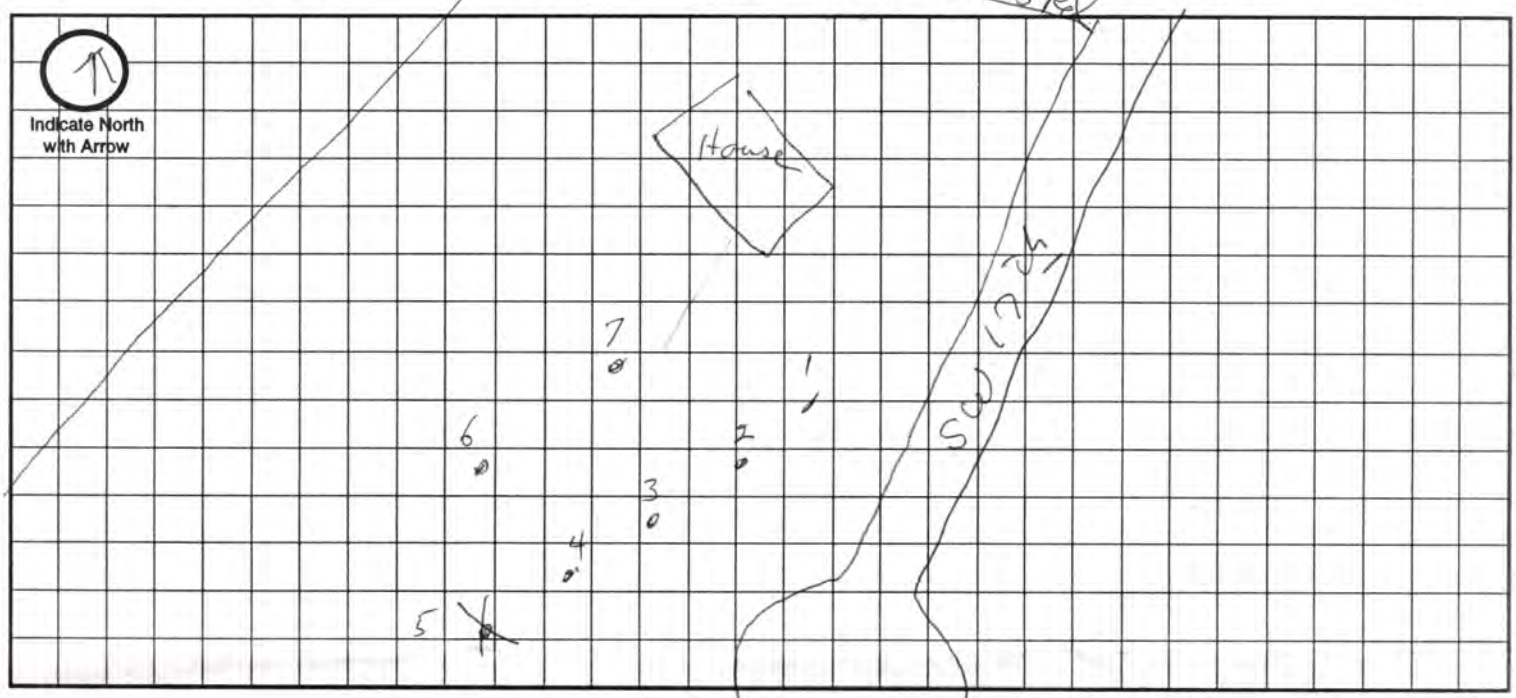
C

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Silt Clay Loam Land Slope: — %

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

Total Square Feet of Field Required: 247 sq. ft.

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

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

Total Length of Laterals _____ ft. Number of Trenches 3 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 ☒	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 _____ Date _____

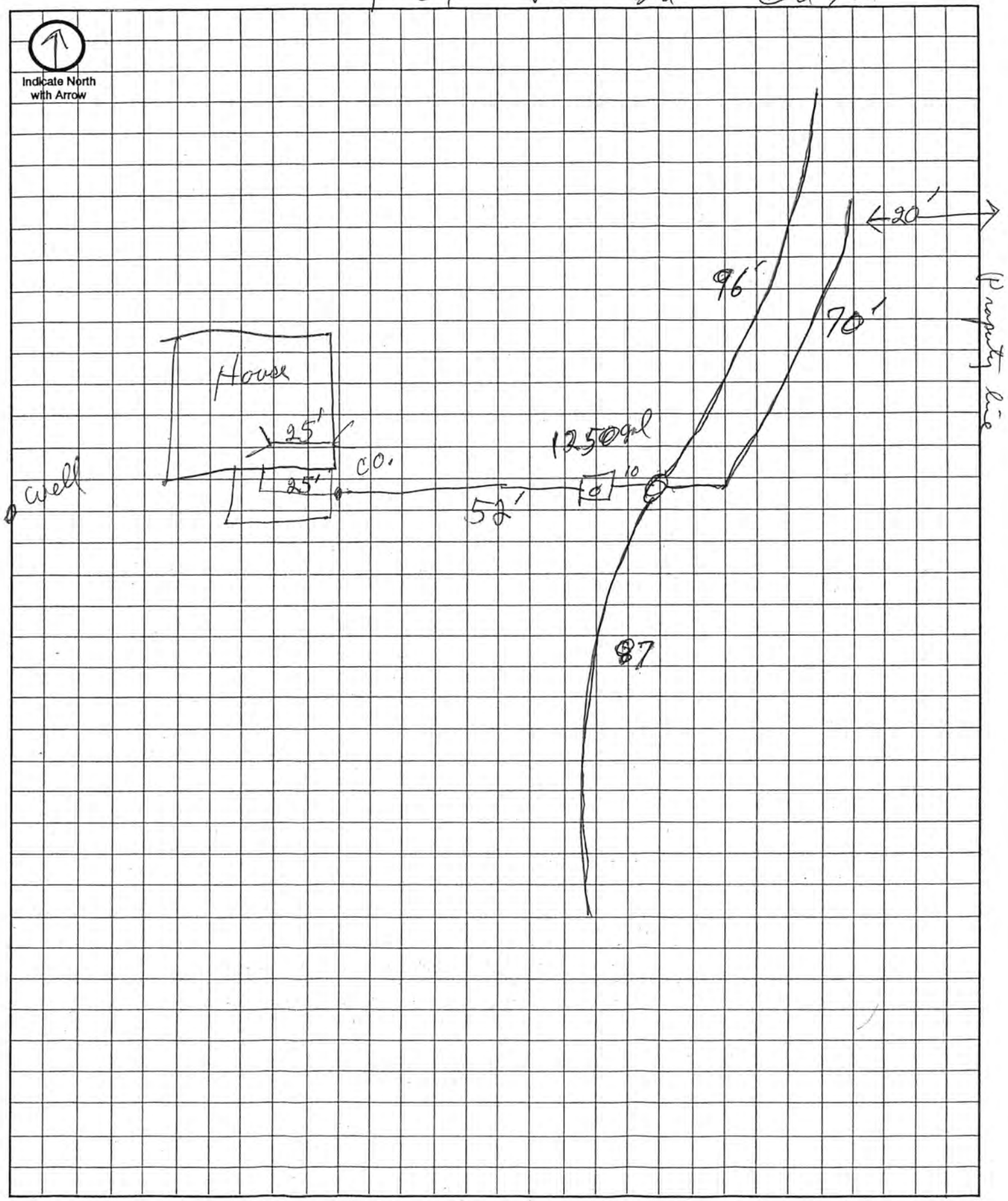
Installer Larry Schewarck Date 8-20-98

FORM 23-102 10-96

Faxed to Water meter Cons 8/20/98

As Built Drawing

1701 W. Burr Oak



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