Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380200501

Issued 06/09/99
Expires 12/09/99
Revenue Code 3157

Establishment

RALLIS CONSTRUCTION
T9N R6E SEC 21
BURR OAKS BLK 2 LOT 5
8301 ~~1300~~ W BURR OAKS

FEES: $150.00

TOTAL: $150.00

Permitee

RALLIS CONSTRUCTION
6730 PARK CREST CT
LINCOLN NE 68506-2864

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010552

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

A

Permit Number: 99380200501

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 ~~1300~~ 8301 W. Burr Oaks (no rural route) City _____ NE, Zip _____

Legal Description 1/4 3 1/4 Section 9N Township 6E Range Burr Oaks Subdivision 2 Addition 5 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 ~~Joe Doe~~ Rollis Constr. Signature John Rollis

Address 6730 Park Crest City/State/Zip Lincoln Ne 68516

☐ Check if owner designed system Home Phone _____ Work Phone 730 6838

C. Contractor

Name Schwark Constr. 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 _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 6/9/99 Date frwd 6/9/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Nodd
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/9/99 Date frwd 6/9/99 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 6-9-99 Date frwd 6-9-99 ACTION ☒ Approved ☐ Disapproved Signature

10-19-99 new tanks line, but rocks at bottom of tank help
11/22/99 NEED DRAWING J.C.H.

Installation Final Written Approval

By Jerrold C. Nodd P.E., L.S.

Date NOVEMBER 24, 1999

Business Office Use Only

Date Rec'd 06/09/99
Amt Paid 150.00
Rec'd By LS ~~Cash~~/Check No. 5356

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 300 ft. x 500' ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 5-22-96 to 5-23-96. Weather: Precip. 1" Temp. 68°.
Lot 5 Blk 2 Bur Oaks
OWNER: _____
Joe Dowding
Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	10	5-22	6:30	5-23	3:20	5-23	3:50	10 3/4	4:20	11 1/4	30	1/2	
2								9 5/8		10 3/8		1/2	
3								8 1/4		8 3/4		1/2	
4								12		13		1	
5								7 1/2		7 5/8		1/2	
6								2 1/2		2 3/4		1/2	

Larry Schwerdt
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Address 8200 old Cheney Rd Phone 489-7274

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

NOV 2 4 1999

D

Permit Number:

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

Lot 5 Blk 2 Burroaks

Sewage Disposal System

As Built Plans & Specifications

Date 11-22-99

System Location (Indicate correct number and street)

Address 1300 W Burr Oaks (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 48 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: precast
   Number of compartments: _____
2. Capacity: 1250 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: 12" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: 2-plastic Drop Boxes
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 22' x 31' ft.

D. Absorption Field

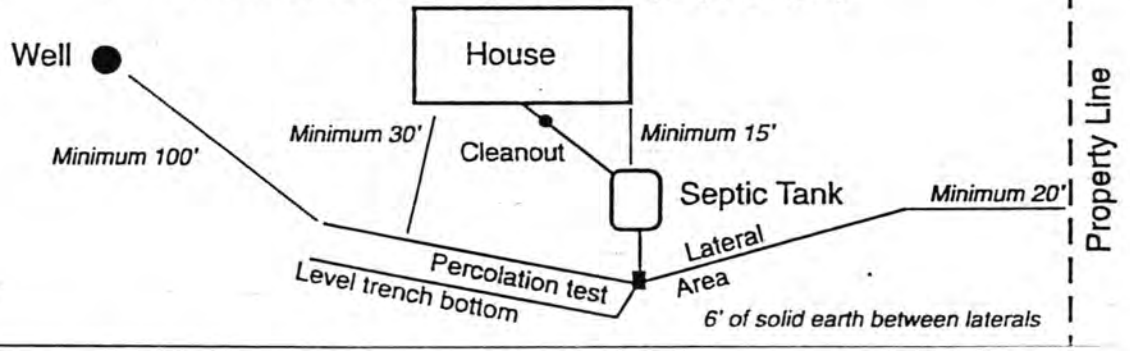
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   70 ft. 60 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

OCT 3 0 1998

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. _____

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 21 T. 9 R. 6 Block 2 Lot 5 Addition BURR OAKS ADDITION

Owner JOE DOWDING Address 6311 SOUTH 46TH, LINCOLN, NE 68516

LOG OF WELL	
Depth ft. --to--	Description
0- 45	BRN & YEL CLAYS
45- 65	GRAY/BRN CLAY
65- 70	BLUE CLAY
70- 85	BRN CLAY
85- 90	BLUE & BLACK CLAY
90-100	GRAY/BRN CLAY
100-125	FINE LIGHT YEL SS
125-130	SHALE
130-135	FINE LIGHT YEL SS
135-145	BLUE SHALE
145-155	FINE SS SOME MED
155-177	MED FINE TO MED YEL SS
177-185	LIGHT BLUE SHALE & LIMESTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 177'
Date Completed 9/14/98

Casing: Length, Ft. 157'; Dia.In. 4"
Wall Thickness, Inc. .214"; type PVC

Screen: Length, Ft. 20' Dia.In. 4"
Type PVC WOP & SLOTTED, slot Size .030 & .025

Drop Pipe: Length, Ft. 120 Dia.In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 82', Pumping 90' EST

Yield: 20 ggm, Measured ☒, Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller _____ (Signed)

Address P. O. BOX 308
Hickman, Nebraska 68372-0308

Date 29 OCTOBER 1998

REMARKS NITRATE NITROGEN 0.0 P.P.M.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

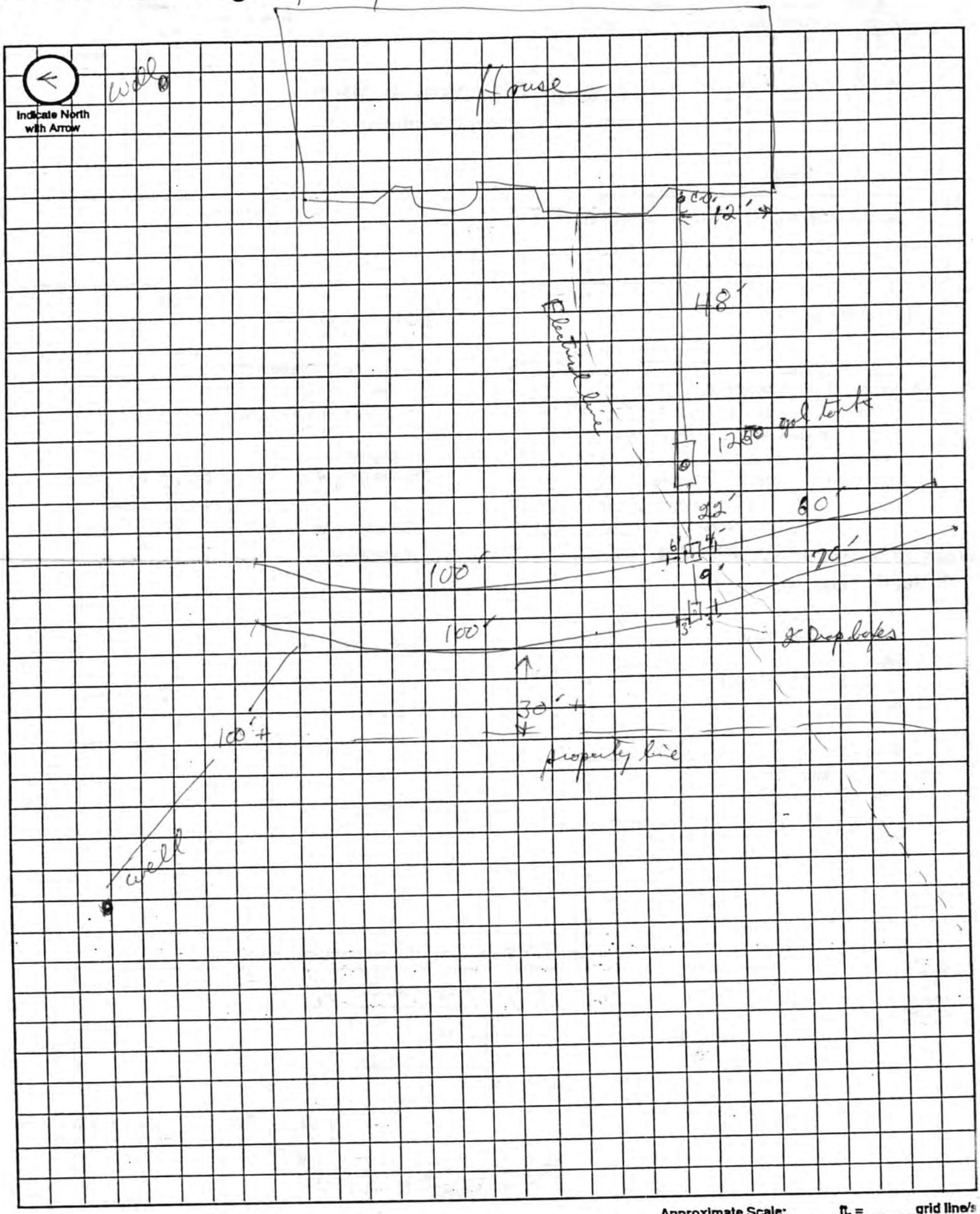
Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-A

Lot 5 Blk 2 Burr Oaks
SW 13th & Burr Oaks.

As Built Drawing

by Larry Sabatack for John Rollis



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