LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 99380192501

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 01/06/99
Expires 07/06/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

RORYI ZINK
T9N R6E SEC 21
BURR OAKS BLK 1 LOT 1
8201 SW 18 ST

TOTAL $150.00

Permittee

RORYI ZINK
6511 SKYLARK LN
LINCOLN NE 68516

Issued By Health Director
Lincoln-Lancaster County Health Department

008601

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 8201 SW 18th (no rural route) City Lincoln NE, Zip 68523

Legal Description 9 (1/4) 6 (1/4) 21 (Section) (Township) (Range) Burr Oaks (Subdivision) 1 (Addition) 1 (Block) 1 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Rorgi Zink Signature _____

Address 6611 Skylark Lane City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 483.5017 Work Phone 540.5379

C. Contractor

Name Watermeier Constr. Inc. Company Name _____

Address 3116 So. 81st Street Court City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 483.9747

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

Designer Name Larry Sework Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms ~~4~~ 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 12-23-98 Date frwd 12-23-98 **ACTION** ☒ Approved ☐ Disapproved Signature Ron Morgenroth
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-24-98 Date frwd 12-24-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-24-98 Date frwd 12-24-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

3/19/99 L.C.H. Need drawing

Installation Final Written Approval

By Jerrold E. Rood R.E.H.S.

Date MARCH 24, 1999

Business Office Use Only

Date Rec'd 12/11/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 2639

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

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

Berr Oaks
Blk 1 Lot 1

System Location (Indicate correct number and street)

Address 8201 SW 18th (no rural route) City Lincoln NE, Zip 68523

X Owner RORY ZINK Addresss 6511 SKYLARK LN Lincoln NE 68516

Soil Type (SCS): _____ Percolation Rate: 60 min./inch

Date of Tests 12-12 to 12-13-98 Weather: Precipitation 0 Temperature 45

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	44"	12-12	6 PM	12-13	4:30	12-13	5 PM	12"	12-13		30	1	
2	44"											1	
3	44"											1/2	
4	44"											1/2	
5	44"											1/2	
6	44"											1	

Person Conducting Percolation Tests

Name: RORY ZINK
Phone: 483-5017
Address _____

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

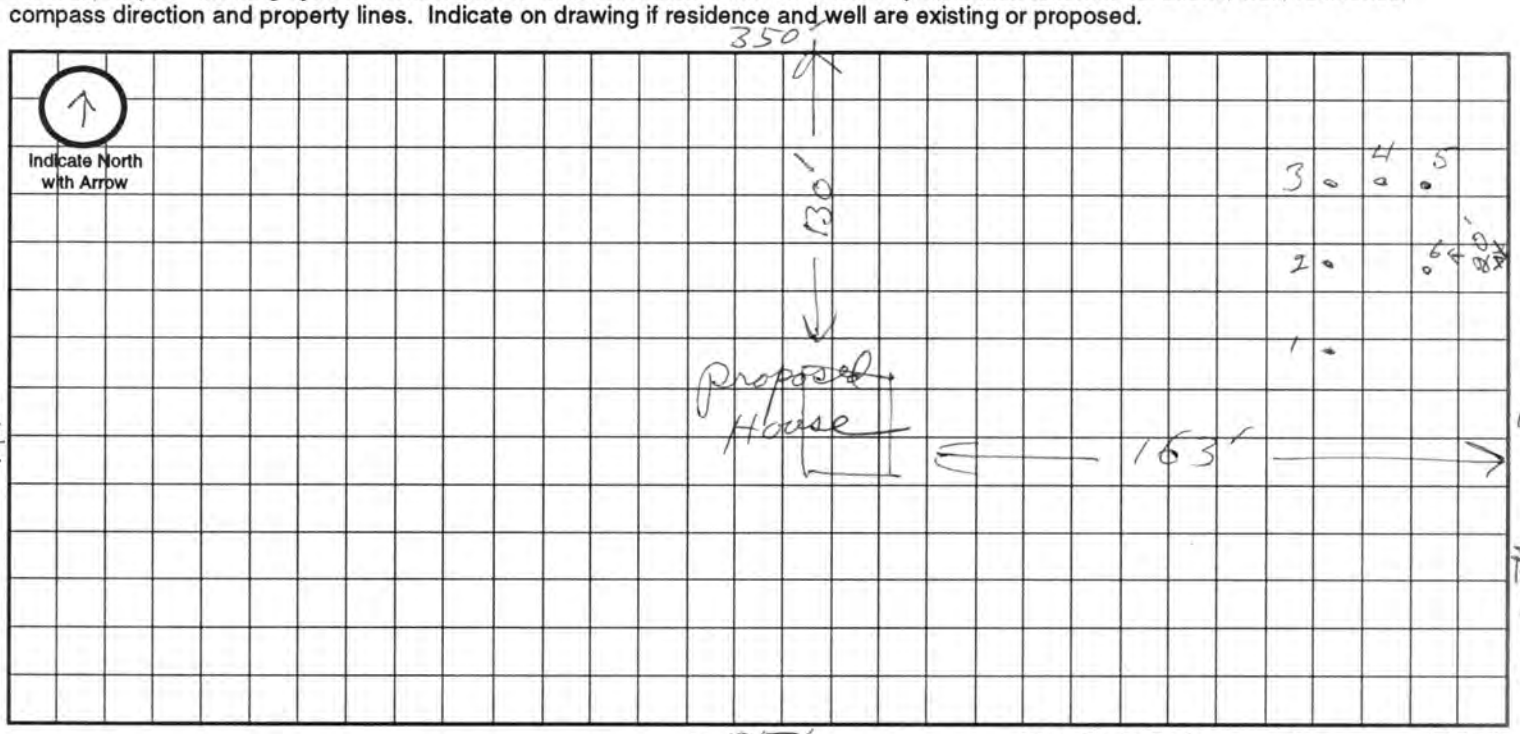
Lot 1 Blk 1
Burr Oaks

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) 8201 SW 18th 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 60 (min. per inch) Soil Type: Wymore Land Slope: 2% %

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

Total Square Feet of Field Required: 1320 sq. ft.

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

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

Total Length of Laterals 247 ft. Number of Trenches ~~4~~ 3 Trench Width 4 ft

3 bed - 249'

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 Mark Watermeier Watermeier Constr, Inc Date 12.23.98

Installer Larry Schewaick Date 12-20-98

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

MAR 2 3 1999

Date 3-19-99

System Location (Indicate correct number and street)

Address 8201 SW 18th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 14" in.
3. Distance between dwelling and septic tank: 118' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

tank lid (Center of 8'X5'

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: 10 in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: precast
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

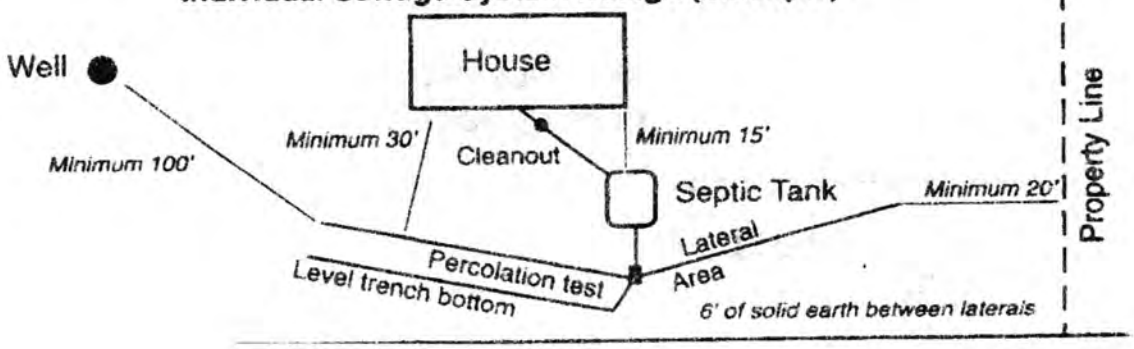
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 16"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 94 ft. 85 ft.
   80 ft. 78" ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 3' 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.

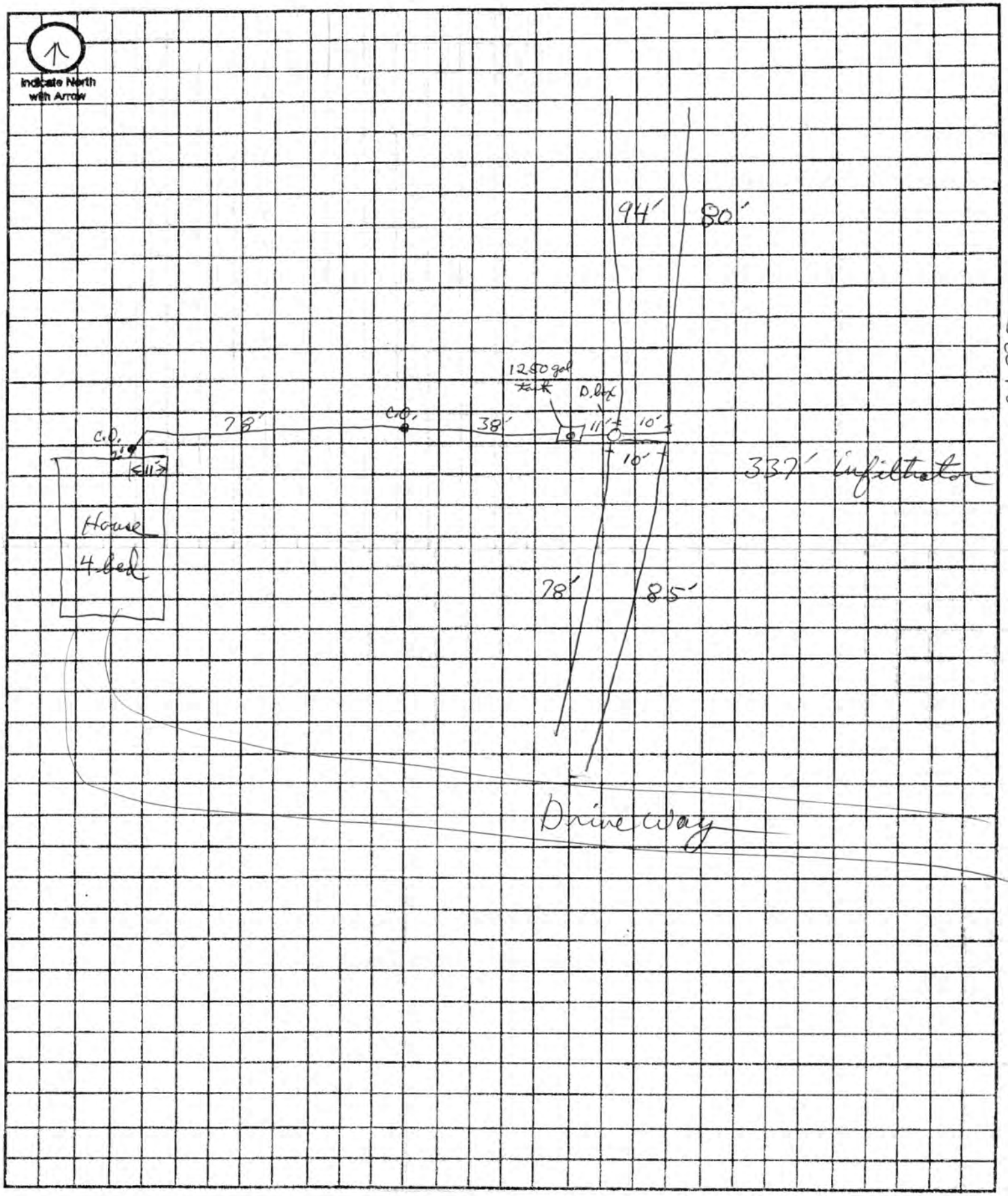
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwarck for Rory Zink



SEI 8 84

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