Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380198201

Issued 05/04/99
Expires 11/04/99
Revenue Code 3157

Establishment

GEORGE & NANCY WILLIAMS
T9N R6E SEC 21
BURR OAKS BLK 2 LOT 1
8200 SW 18 ST

FEES: $150.00

TOTAL: $150.00

Permitee

GEORGE & NANCY WILLIAMS
3026 PRAIRIE RD
LINCOLN NE 68506

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010196

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 8200 S.W. 18th Street (no rural route) City Lincoln NE, Zip 68523

Legal Description SW 1/4 of SE 1/4 21 Section 9N Township 6E Range Burr Oaks Subdivision Addition 2 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 George E and Nancy A Williams Signature _____

Address 3026 Prairie Road City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone 402.489.6977 Work Phone _____

C. Contractor

Name Watermeier Construction, Inc. Company Name same

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

☐ Check if contractor designed system Work Phone 402.483.4747

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

Designer Name Larry Schwarck Firm Larry Schwarck Trenching Work Phone 489.7294

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 4/27/99 Date frwd 4/27/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoof
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-21-99 Date frwd 5.21.99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-21-99 Date frwd 5-21-99 ACTION ☒ Approved ☐ Disapproved Signature _____

4/27/99 Need drawing. J.C.H.

Installation Final Written Approval

By Jerrold C. Hoof R.E.H.S.

Date JULY 27, 1999

Business Office Use Only

Date Rec'd 4/27/99
Amt Paid $150.00
Rec'd By CW Cash/Check No. 3005

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

FORM 20105-D477
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
2200 St Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 8200 SW 18th Lincoln, NE 68523 Lot 1 - Blk 2 Pine Lake

Location: Township _____; Range _____, Section & ¼ Section 21.
Property Dimensions: 325 ft. x 226 ft. Area: 3.1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-17-96 to 10-17-18. Weather: Precip. — Temp. 55.

OWNER: George + Nancy Williams
Address: 3026 Prairie Rd Lincoln, NE 68506

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	40"	10-17	9:30	10-18	9:05	10-18	11:05	14 ½	12:05	15 ½	60	1	60 MIN/IN
2	30"							11		12		1	60 MIN/IN
3	40"							8 ¼		9 ¼		1	60 MIN/IN
4	30"							16 ¼		17 ¼		1	60 MIN/IN
5	40"							18 ½		20 ¼		1 ¾	34 MIN/IN
6	30"							18		20 ½		2 ½	24 MIN/IN
7	36"							10 ⅛		11 ⅛		1	60 MIN/IN
8	40"							5 ¾		7		1 ¼	48 MIN/IN

Larry Schwarck Trenching
Signature of Person Conducting Test
Address 8200 o/ Cheney Rd Phone 489-7294

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

(Do not write below this line)

REVIEWING ACTION

Remarks: 4/27/99 Probably really a conglomerate
Soil Type (SCS): WYMORE SILTY CLAY LOAM
Date: APRIL 27, 1999

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

C

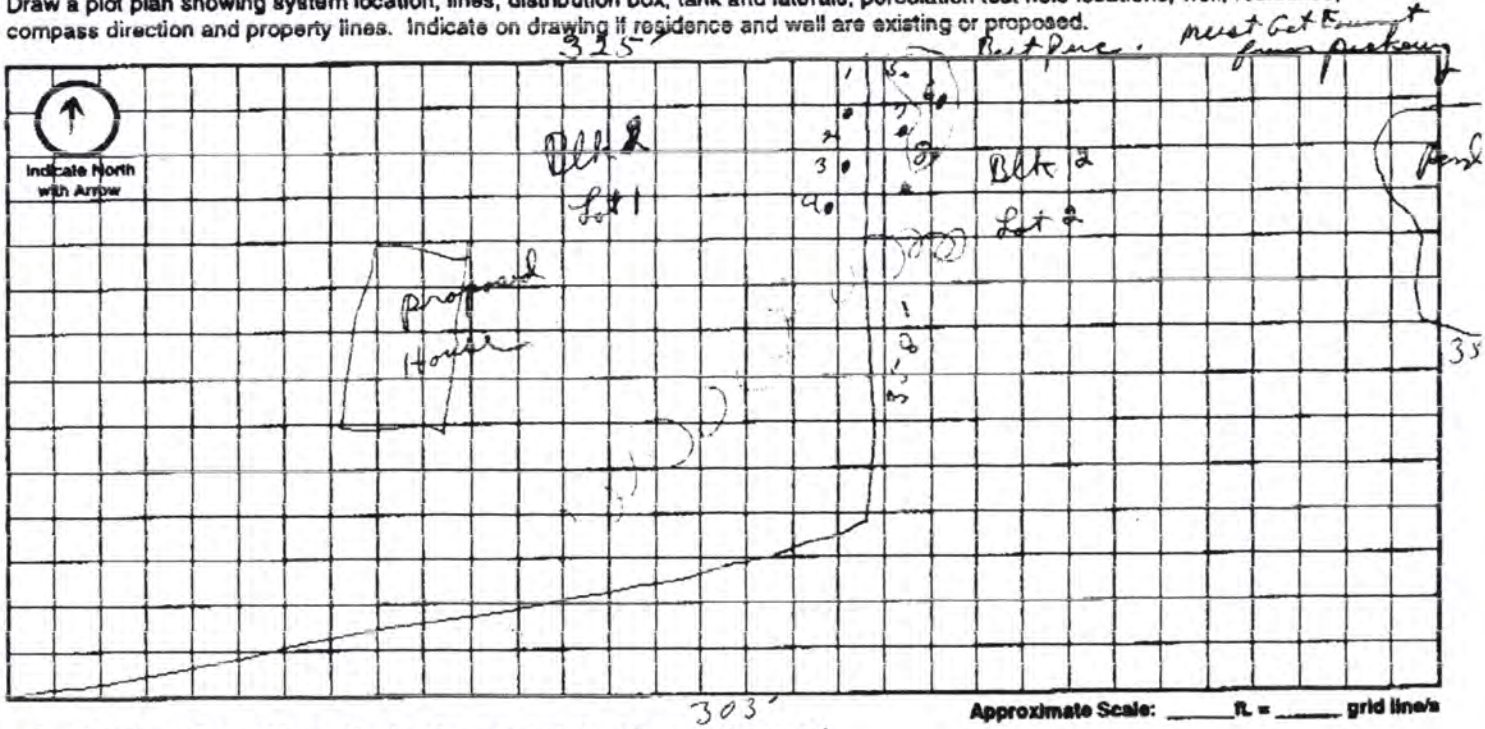
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Lot 1 Blk 2 Sun Oak

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) 8200 SW 18th Street 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: _____ Land Slope: _____ %

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

Total Length of Laterals 330 ft. Number of Trenches 4 Trench Width 4

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 ☐	☐

must get easement

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Larry Schwarck Date 4-25-99

FORM 23-102 10-96

JUL 26 1999

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-22-99

System Location (Indicate correct number and street)

Address 8200 SW 18 St Cir. (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: 16 in.
3. Distance between dwelling and septic tank: 173 ft.
4. Number of clean-outs: 2
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: _____ 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

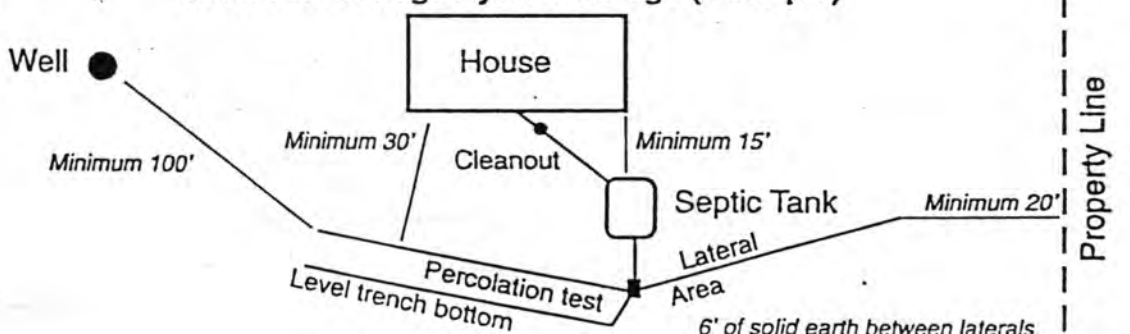
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 15
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 103 ft. 103 ft.
   80 ft. 66 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 15 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 by Larry Schwarck 7-22-99

