LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380192101

Issued 12/30/98
Expires 06/30/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
PAT &CANDACE DUSSAULT
T9N R6E SEC 22
SCHWISOW ADDN LOT 1
7811 S 1 ST

Permittee
PAT &CANDACE DUSSAULT
401 W CHADDERTON DR
LINCOLN NE 68521

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008411

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: 98380192/

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 7811 South 1st (no rural route) City Lincoln NE, Zip _____

Legal Description _____ 22 9N 6E Schwisow Add 1
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 Pat & Candace Dussault Signature Candace & Dussault

Address 401 W. Chadderton Dr. City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 476-7218 Work Phone 472-2732

C. Contractor

Name Greg Schwinn Company Name J. Greg Schwinn Homes, Inc

Address 3707 Timberline City/State/Zip Lincoln NE 68506

☐ Check if contractor designed system Work Phone 489-9978

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

Designer Name Wellman's Plumbing Firm _____ Work Phone 434-2400

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 12/29/98 Date frwd 12/29/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/29/98 Date frwd 12/29/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12/29/98 Date frwd 12/29/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

5/27/99 Need fence, signs, etc. J.C.H. Need Footings

Installation Final Written Approval 8/9/99 Roof Footings

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

Date AUGUST 16, 1999

Business Office Use Only

Date Rec'd 12/29/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. WestGate Bank

No #

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

Schwinn

B

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

Permit Number: 98386/921

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address South 1st St. & W. Winfield Rd (no rural route) City Lincoln NE, Zip

Owner Addresss

Soil Type (SCS): Percolation Rate: 0 min./inch

Date of Tests 10/20/98 to 10/21/98 Weather: Precipitation None Temperature 70 Degrees

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	18	10/20	1:00	10/21	1:17	10/21	1:17	7.50	10/21	1:47	30	0	---
2	29	10/20	1:05	10/21	1:19	10/21	1:19	18.63	10/21	1:49	30	0	---
3	26	10/20	1:10	10/21	1:21	10/21	1:21	13.38	10/21	1:51	30	0	---
4	120	10/20						NONE					
5	0												
6	26	10/20	1:15	10/21	1:23	10/21	1:23	13.63	10/21	1:53	30	0	---
7	26	10/20	1:20	10/21	1:25	10/21	1:25	17.50	10/21	1:55	30	0	---

Sum of Percolation Rates: 0
Average of Rates: 0
Rate Used for Calculation: 0

Person Conducting Percolation Tests

Name: Jason M. Schlickbernd
Phone: (402) 466-8154
Address 4817 N. 56th St: Ste 27
Lincoln NE 68504

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

C

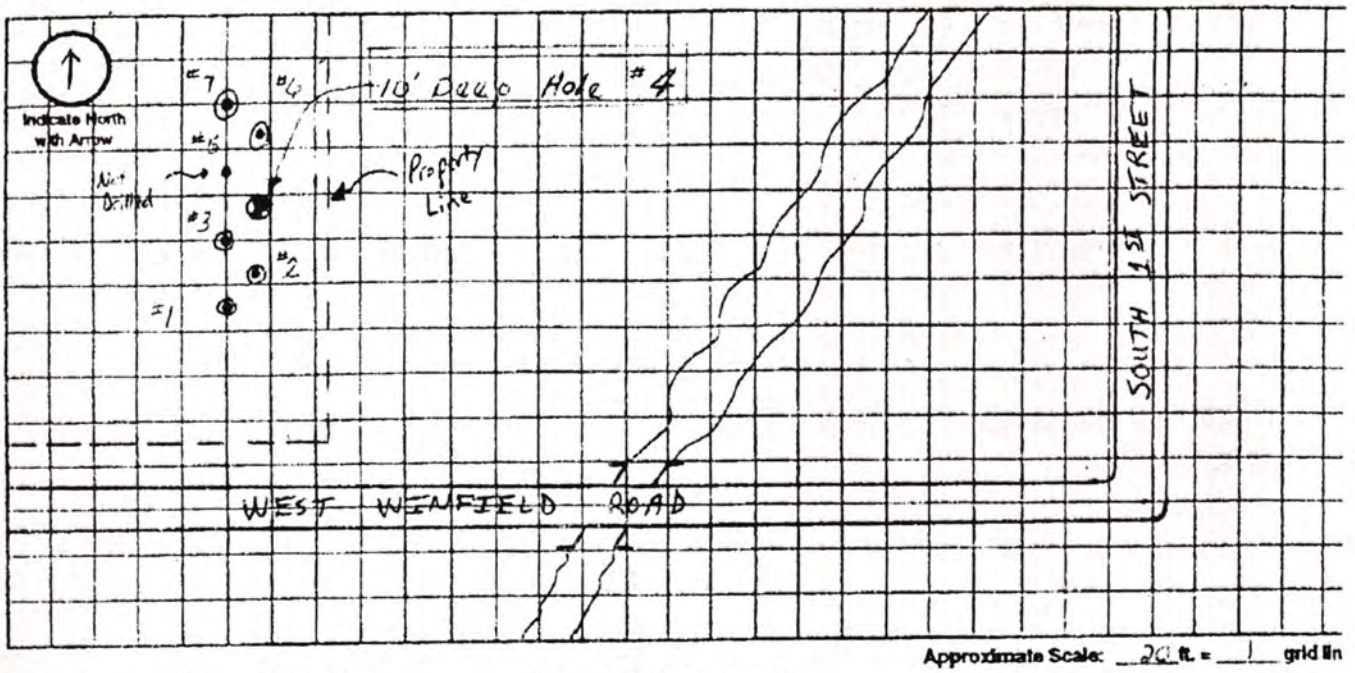
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 98B801921

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: 20 ft. = 1 grid lin

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 _____ (min. per inch) Soil Type: _____ Land Slope: _____

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ 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 12/29/98

Installer _____ Williams Plumbing Inc Date 12/29/98

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

D

Permit Number: 98380192

Sewage Disposal System

As Built Plans & Specifications

Date 5/26/99

System Location (Indicate correct number and street)

Address _____ City Lincoln NE, Zip 69
(no rural route)

A. Building Sewer

1. Material: 4" PVC Sch 40
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 1'' in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

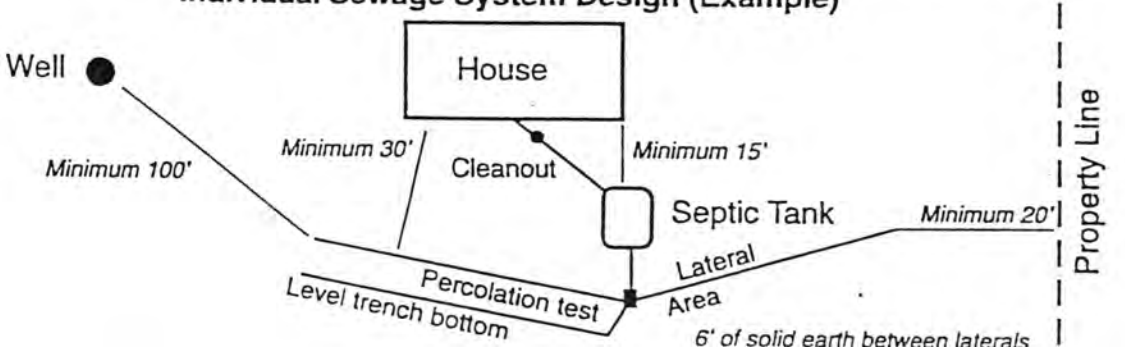
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ 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.

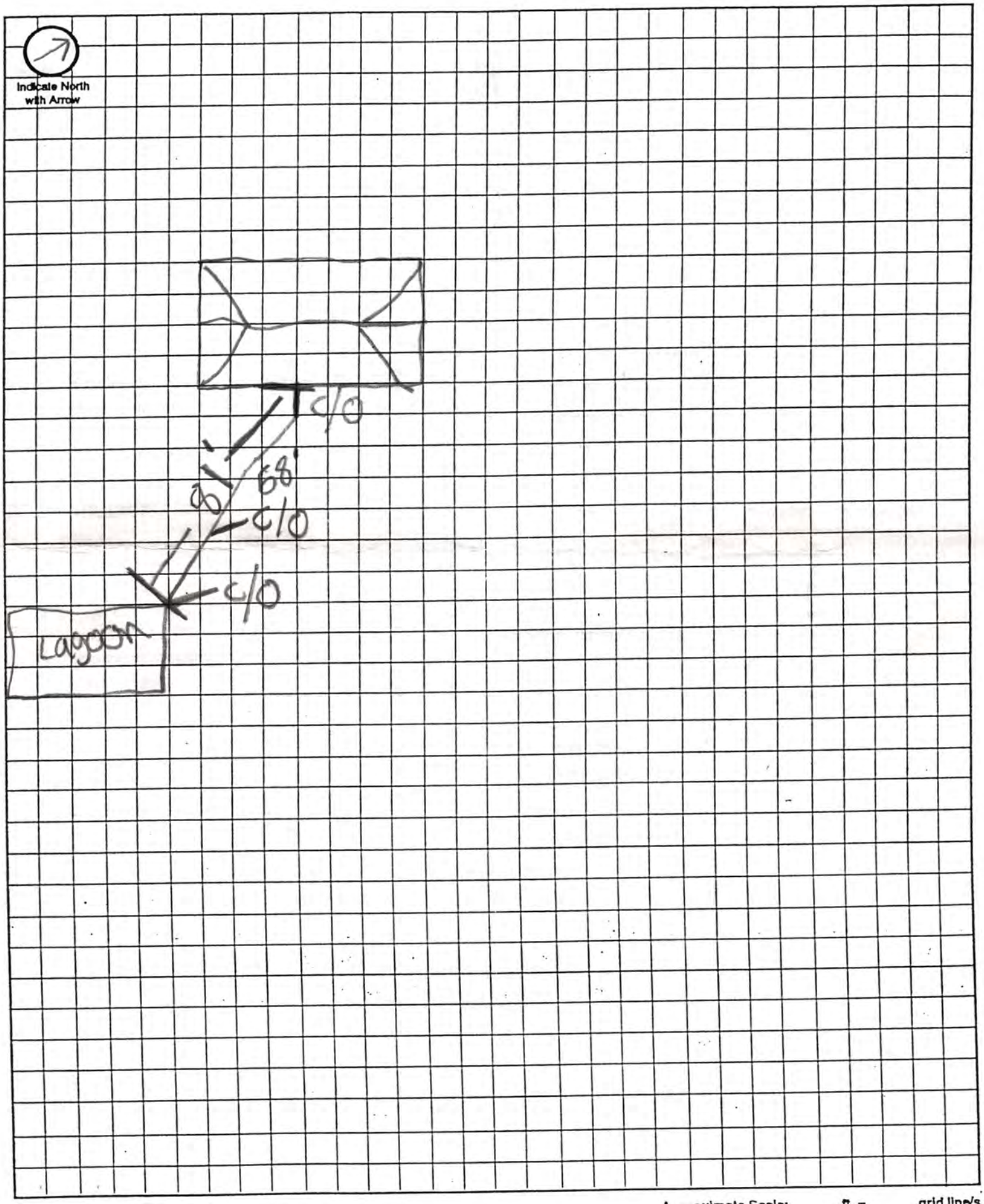
Individual Sewage System Design (Example)

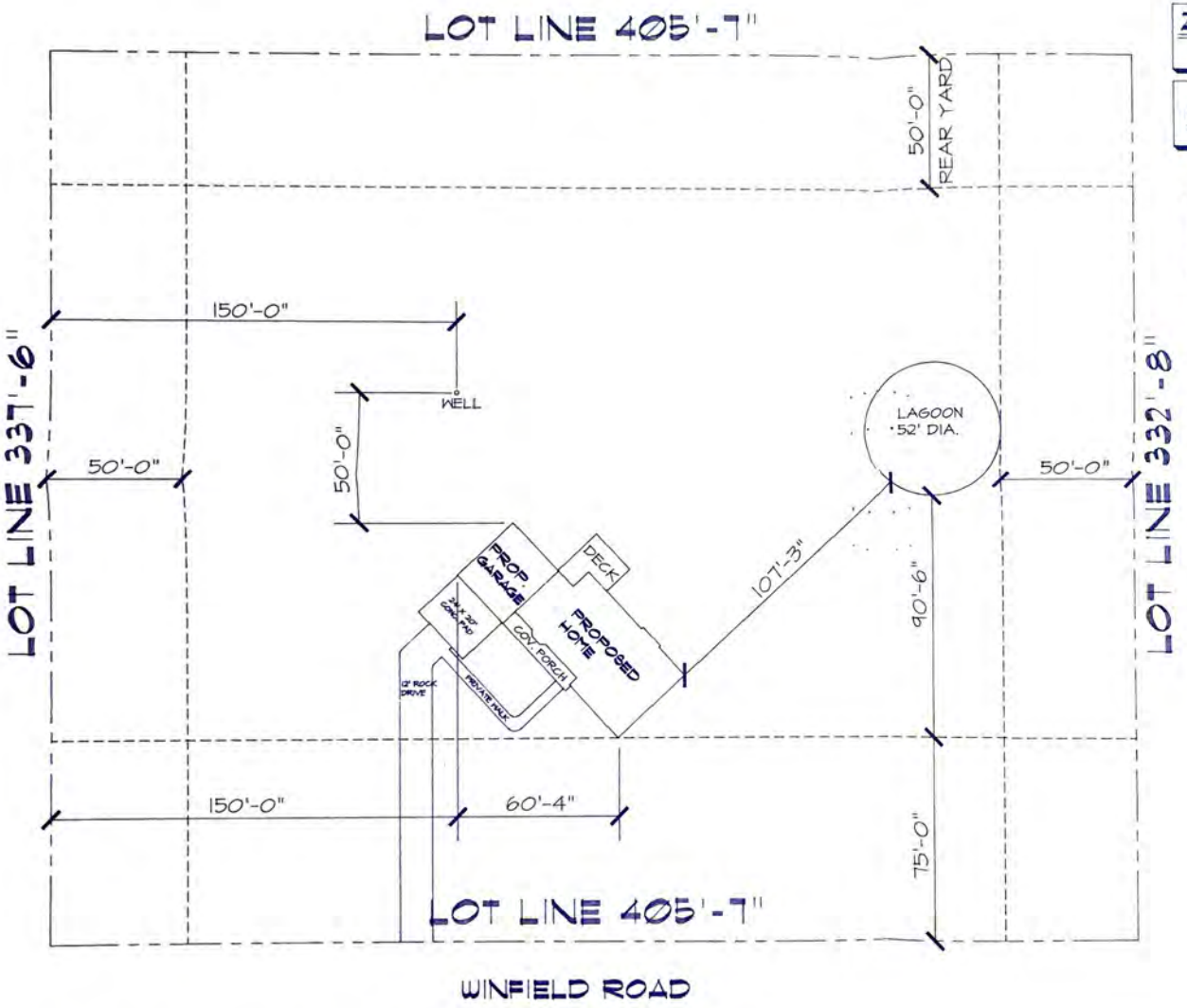


FORM 23-103 10-96

WINFIELD ROAD

As Built Drawing





SITE PLAN

SCALE: 1" = 30'-0"

LEGALS:
LOT 1
SCHWISOW'S 1ST ADD.
LANCASTER CO., NE

ZONING:

BUILDING PERMIT # _____

PLACEMENT OF BUILDINGS ON THIS SITE PLAN MAY NOT BE EXACT. CONSULT YOUR BUILDER FOR EXACT LOCATIONS BEFORE DIGGING.

NORTH

DRAWN BY:



J. GREG SCHWINN HOMES INC.
DUSSAULT RESIDENCE
SW 1ST & WEST DENTON ROAD (ACREAGE) 7811 So. 1st
LINCOLN, NEBRASKA

SHEET
P1