LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC

No. 99380193101

Issued 02/04/99
Expires 08/04/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

J MATT MORRISSEY
T9N R6E SEC 28 QTR NE
SW 1/4
8901 SW 12 ST

Permittee

J MATT MORRISSEY
9201 SW 12 ST
LINCOLN NE 68523

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008708

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☑

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

A

FILING FEE: $ 150 cc # 15930
02/04/99

FILE NO. 993801931

DATE: 1-23-98

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9 NORTH; Range 6 EAST; Section 28 SW 1/4 NE 1/4 OF
   Block _____: Lot _____: Addition _____
   Street Address 9201 S.W. 12TH

2. Property Use: Residential ☑; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☑; Other ☐

4. Distance to public sewer: NOT AVAILABLE ft.

John Morrissey
Signature of Applicant (Owner or Lessee)

9201 S.W. 12th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/4/99. Date Frwd. 2/4/99. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2/4/99. Date Frwd. 2/4/99. ACTION: Approved ☑ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 2-4-99. Date Frwd. 2-4-99. ACTION: Approved ☑ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-5-99 By: Jim Barr

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

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

B

Permit Number: 99380193I

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8901 S.W. 12TH (no rural route) City LINCOLN NE, Zip 68523

Owner Matt Morrisey Address 8901 S.W. 12th

Soil Type (SCS): Clay Loam & Wymore silty Percolation Rate: 60 min./inch

Date of Tests 7-4-98 to 7-5-98 Weather: Precipitation 0 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	36	7-4	700	7-5	10 AM	7-5	10 AM	6	7-5	12P	30	1/2	60 MIN/IN
2	36	7-4	700	7-5	10	7-5	10	6	7-5	12	30	1/2	60 MIN/IN
3	36	7-4	700	7-5	10	7-5	10	6	7-5	12	30	3/4	40 MIN/IN
4	36	7-4	700	7-5	10	7-5	10	6	7-5	12	30	1	30 MIN/IN
5	36	7-4	700	7-5	10	7-5	10	6	7-5	12	30	1	30 MIN/IN
6	36	7-4	700	7-5	10	7-5	10	6	7-5	12	30	1	30 MIN/IN
										F			

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Brian Shafer

Phone: 464-0638

Address 2700 Dan

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood Date February 4, 1999

FORM 21 101 10-96

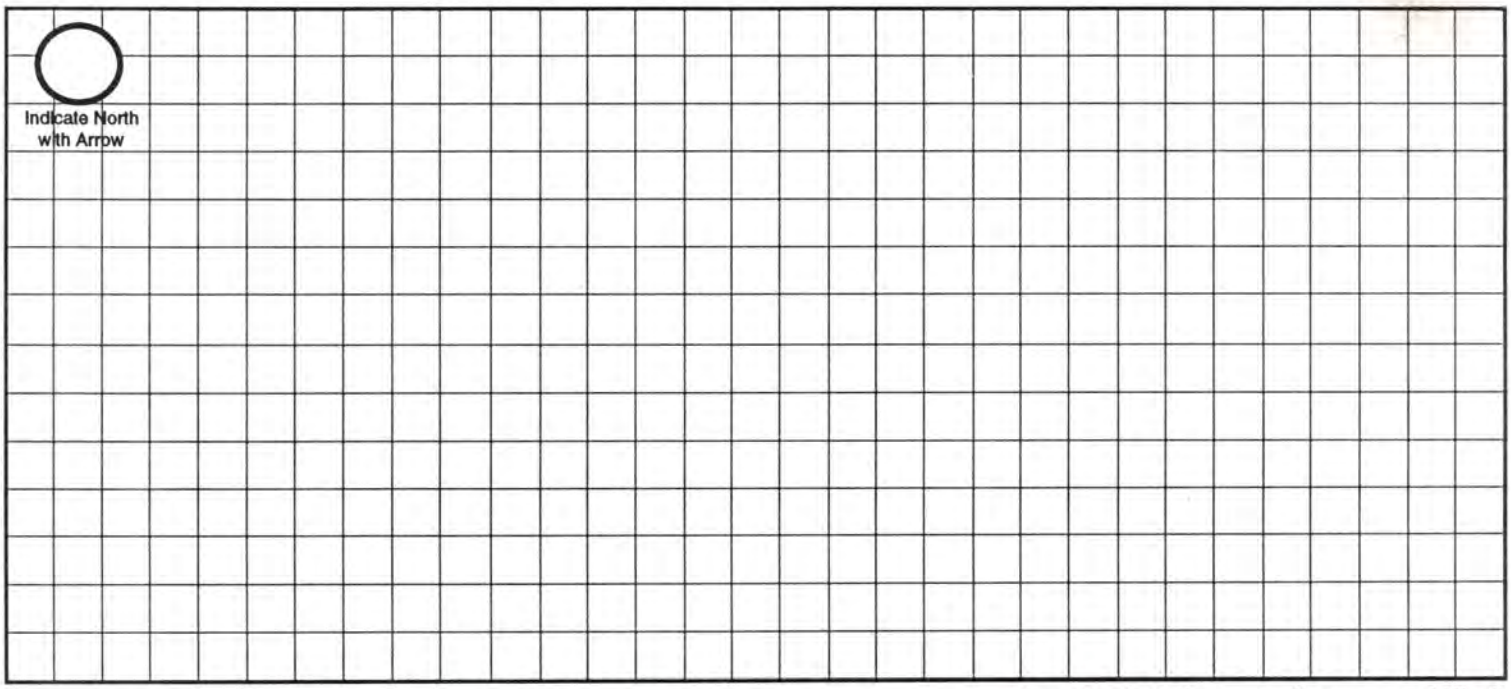
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 99380195I

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) 8901 S.W. 12th 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 SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 247 ft. Number of Trenches 2 1/2 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 ☐	☐

E. Required Signatures

Home Building Contractor SELF Date _____

Installer DeWayne Friesen Date 12/4/98

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: 9938019311

Sewage Disposal System

As Built Plans & Specifications

Date 3-5-99

System Location (Indicate correct number and street)

Address 8901 SW 12th (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 154 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 200 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Riser: ☐ above ☒ below grade 24 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 39 ft.

D. Absorption Field

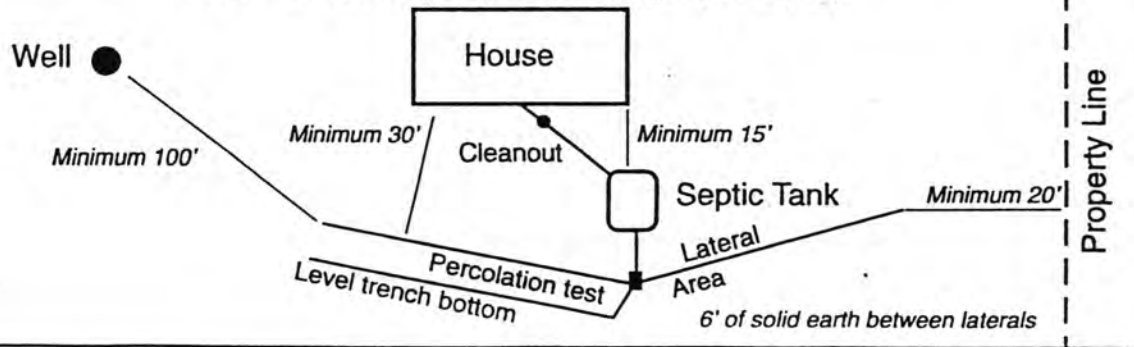
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 18"
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   48 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4-6" ft.
   Slope 0 in/100 ft.
   Average depth 3"-6" in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 200 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

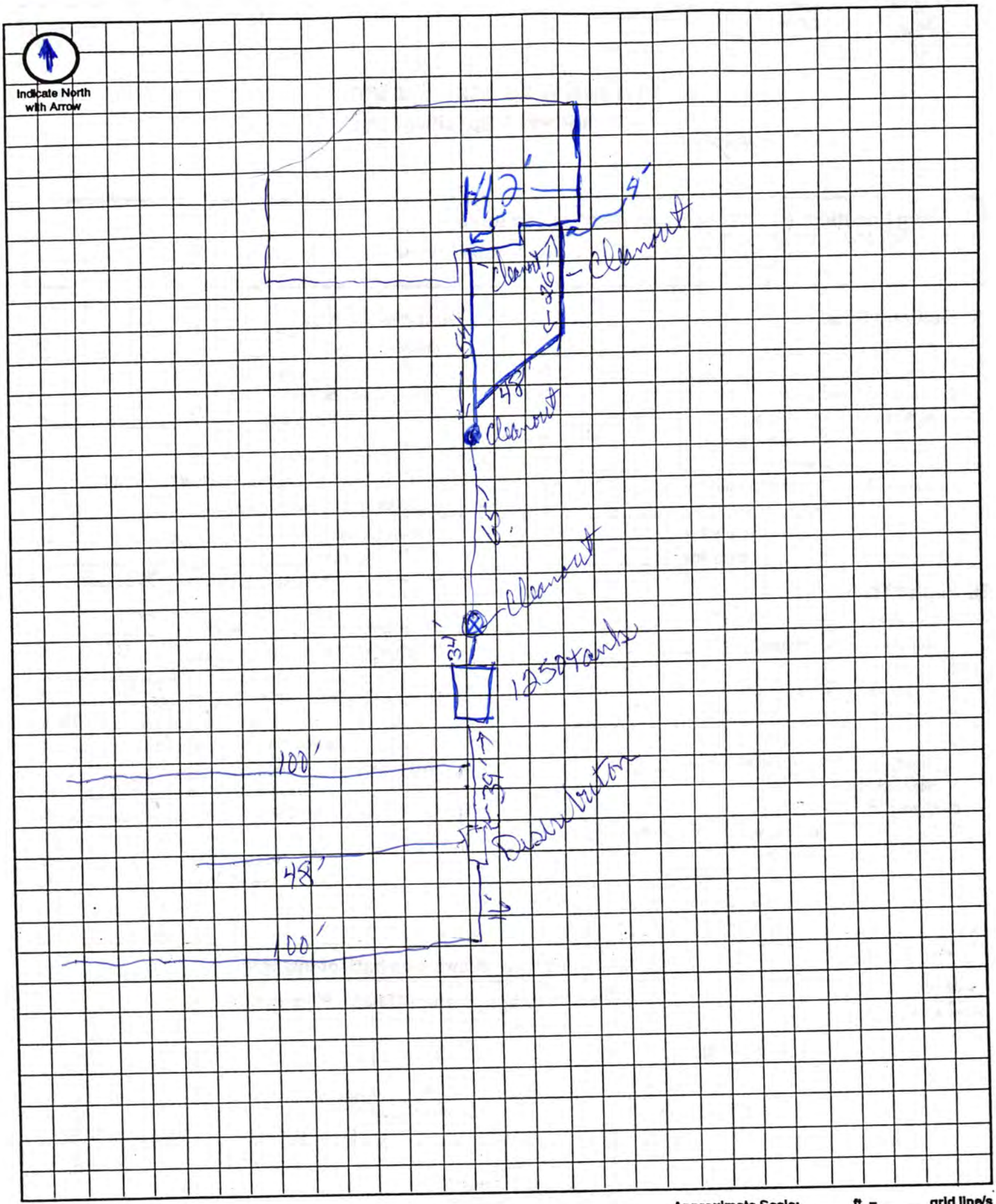
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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