Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 01380238301

Issued 10/15/01
Expires 04/15/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment

KENTON SULLIVAN
T9N R6E SEC 31 QTR NE
LOT 9IT
10401 SW 40 ST

Permittee

KENTON SULLIVAN
4500 BIRCHHOLLOW DR
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000186

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

A

Permit Number: 01 3802383

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 10401 S.W. 40TH (no rural route) City LINCOLN NE, Zip

Legal Description NE 31 T-9-N R-6-E 9 7
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 KENTON SULLIVAN Signature

Address 4500 BIRCH HOLLOW City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 421-0261 Work Phone N/A

C. Contractor

Name PAUL SWINSON Company Name PREMIER BUILDERS, INC.

Address 7500 SAN MATEO LANE City/State/Zip LINCOLN, NE 68516

☐ Check if contractor designed system Work Phone 420-9339

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

Designer Name HAROLD CASEMENT Firm CAPITAL CITY TRENCHING Work Phone 476-6313

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 10/15/01 Date frwd 10/15/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/15/01 Date frwd 10/15/01 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 10/15/01 Date frwd 10/15/01 ACTION ☒ Approved ☐ Disapproved Signature

10/25/01
10/25/01 NEED DRAWING, FENCE, SIGNS, ETC.

Installation Final Written Approval

By

Date 1/10/02

Business Office Use Only

Date Rec'd 10/15/01
Amt Paid 200.00
Rec'd By Cash/Check No. 7151

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

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

B

Permit Number: 0138023 83

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10401 S.W. 40th st. (no rural route) City Lincoln NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests 8/29 to 8/30 Weather: Precipitation Trace Temperature 85+

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	8/29	4:00	8/30	4:00	8/30	7:30	30"	8/30	8:00	30	1/16	
2	38	8/29	4:00	8/30	4:00	8/30	7:30	32½	8/30	8:00	30	1/4	
3	37	8/29	4:00	8/30	4:00	8/30	7:30	30¼	8/30	8:00	30	0	
4	36	8/29	4:00	8/30	4:00	8/30	7:00	30¾	8/30	8:00	30	1/8	
5	39	8/29	4:00	8/30	4:00	8/30	7:00	33½	8/30	8:00	30	1/16	
6	41	8/29	4:00	8/30	4:00	8/30	7:00	36¼	8/30	8:00	30	3/16	
		All Test failed Heavy Clays											

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

Person Conducting Percolation Tests

Name: Claude Oie
Phone: 423-0614
Address 5919 So 52nd st. Ct.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

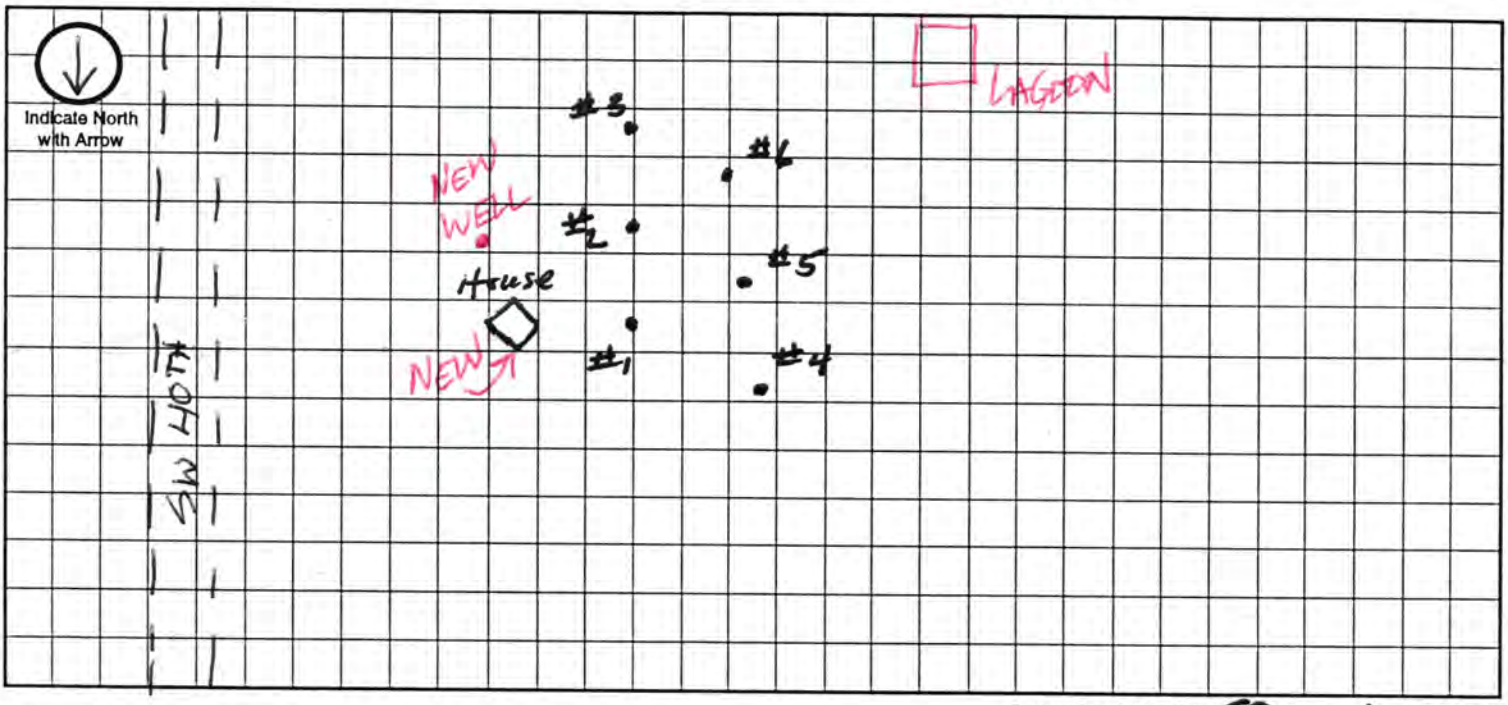
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802383

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 10401 S.W. 40th St. City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate NA (min. per inch) Soil Type: Silays Land Slope: 2% %

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 10/12/01

Installer Capital City Trenching by Harold Lasement Date _____

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number:

T9N, R6E, Sec. 36

Sewage Disposal System

As Built Plans & Specifications

Date 10-25-01

System Location (Indicate correct number and street)

Address 10401 SW 40TH (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 5
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

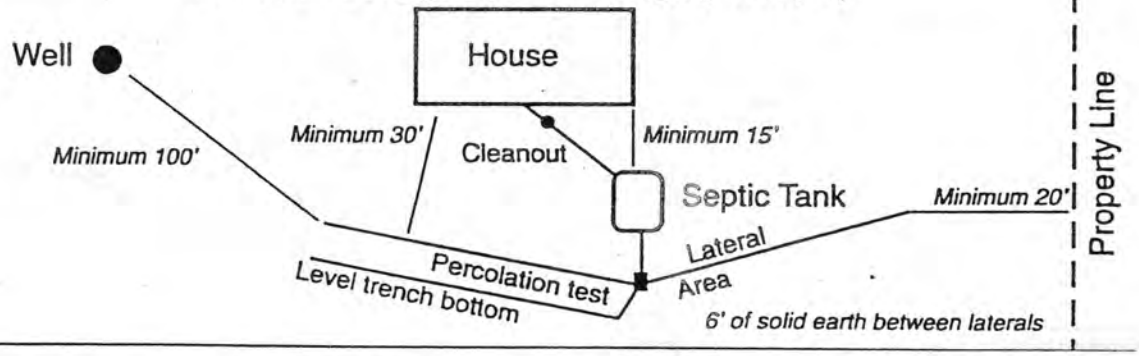
(Provide as-built drawings on back of this form)

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

As Built Drawing

