LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 9838018620I

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 10/05/98
Expires 04/05/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment
SCOTT & JANET NASON
T9N R6E SEC 33
LOT 18II
~~10900~~ SW 27 ST
10900 LOT 18

Permittee
SCOTT & JANET NASON
716 B ST
LINCOLN NE 68502-1130

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008171

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 10900 S.W. 27 (no rural route) City Lincoln NE, Zip 68523

Legal Description Lot 18 Sec. 33-9-6 18I.T
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 Scott + Janet Nason Signature Janet Nason

Address 716 "B" St. City/State/Zip Lincoln, NE 68502

☐ Check if owner designed system Home Phone 475-7736 Work Phone 489-1207

C. Contractor

Name Scott + Janet Nason Company Name —

Address 716 "B" St City/State/Zip Lincoln, NE 68502

☐ Check if contractor designed system Work Phone 489-1207

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

Designer Name Larry Schwarck Firm _____ Work Phone 489-7294

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 9/9/98 Date frwd 9/16/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/16/98 Date frwd 9/16/98 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 9/16/98 Date frwd 9/16/98 **ACTION** ☒ Approved ☐ Disapproved Signature

9/15/98 J.C.H. 9/16/98 Need drawing. J.C.H.

Installation Final Written Approval

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

Date APRIL 6, 1999

Business Office Use Only

Date Rec'd 09/09/98
Amt Paid 150.00
Rec'd By ~~Cash~~/Check No. 9043

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Lot 18 Sec 33-9-6

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10900 S. W. 27 (no rural route) City Lincoln NE, Zip

Owner Scott Nason Addresss 716 A Lincoln

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 6-6 to 6-7 Weather: Precipitation — Temperature 72°

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	30"	6-6	5:30	6-7	7:10	6-7	9.10	15 1/4	6-7	9:40	30	1/2	
2								16 1/4				1/2	
3								16 1/8				1/2	
4								17				3/4	
5								17				3/4	
6								17 1/2				1	
7								17 1/4				3/4	
8.								15 1/2				1/2	

Person Conducting Percolation Tests

Name: Larry Schwaerk

Phone: 489 7294

Address 8200 Old Cheney

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 Jerrold C. Wood Date SEPTEMBER 16, 1998

FORM 23-101 10-96

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

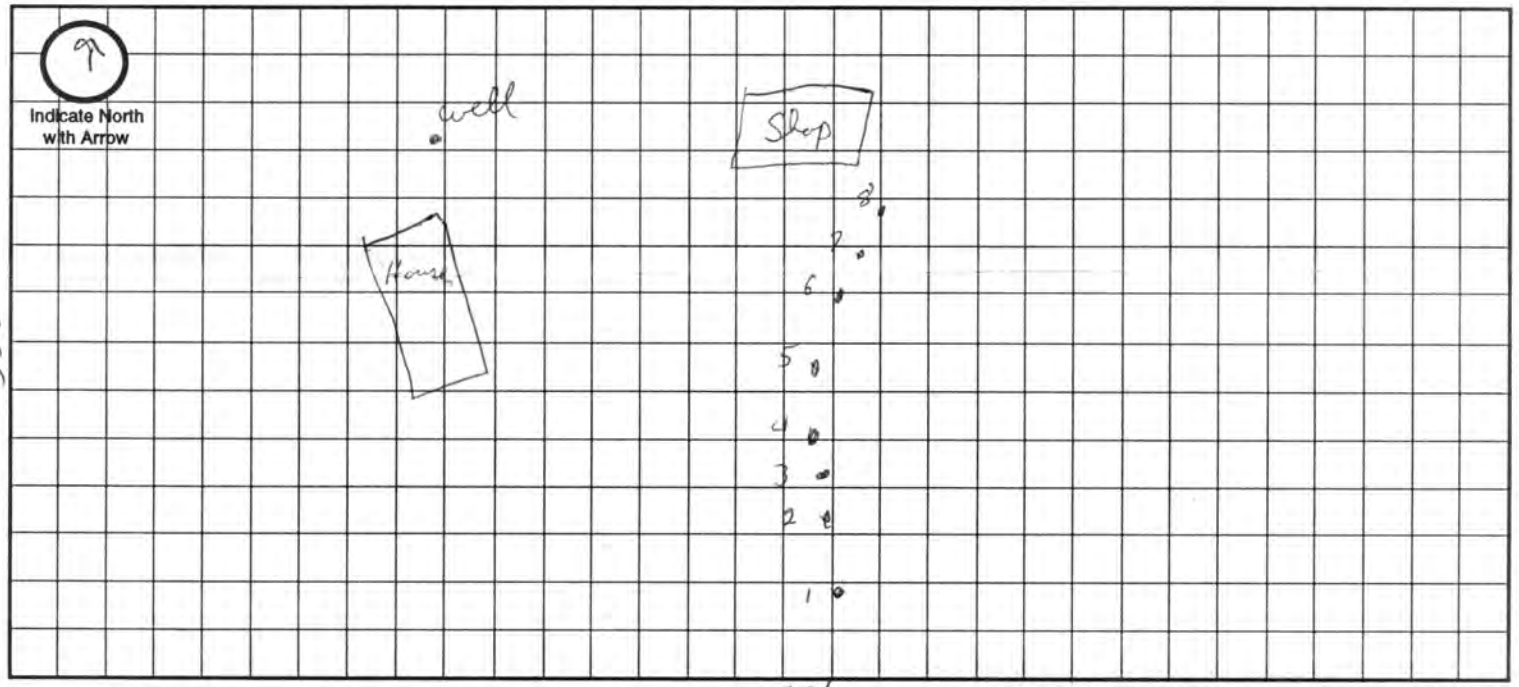
C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Lot 18 Sec 33-9-6

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) 10900 SW 27 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 _____ (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM 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: IN Filtrator

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 ☐	☐

E. Required Signatures

Home Building Contractor Janet Mason Date 9/9/98

Installer Larry Schwarck Date 6-8-98

FORM 23-102 10-96

SEP 1 8 1998

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Scott Nason

Date 9-15-98

System Location (Indicate correct number and street)

Address 10900 SW 27th (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: _____ in.
3. Distance between dwelling and septic tank: House 85' Shed 72' 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: Precast
   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: 12 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

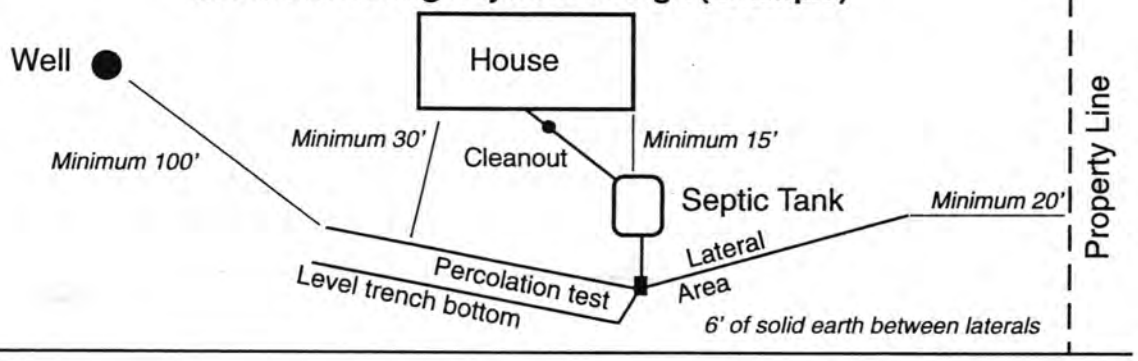
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ~~High 12" x 16" wide~~
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 100 ft.
   100 ft. 90 ft., 50 ft.
3. Trench dimensions: Width 3 ft.
   Slope 6 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 100 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)

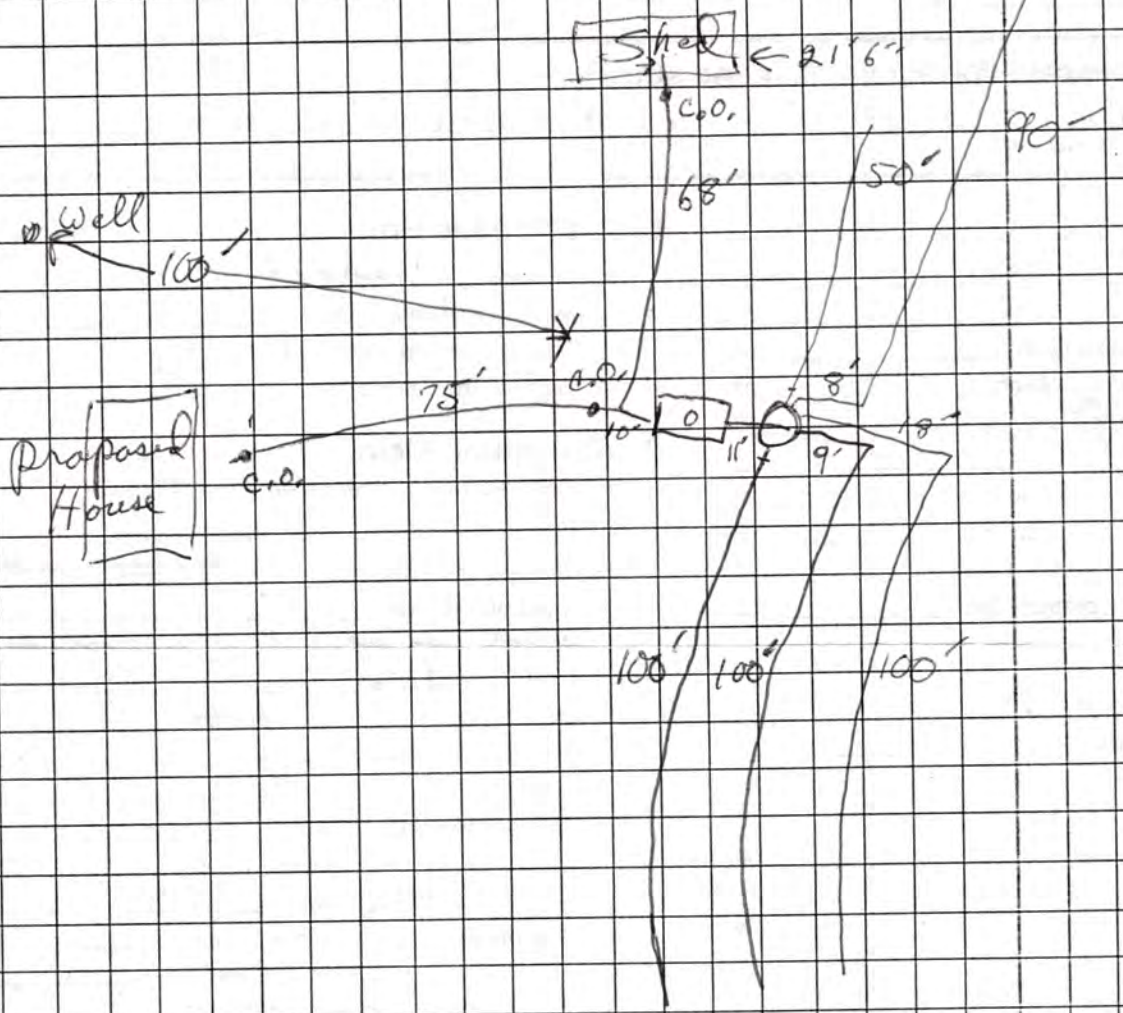


FORM 23-103 10-96

As Built Drawing by Larry Schwarck

Scott Nason

Indicate North with Arrow



SW 27 51

109000

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