Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION

Permit # 01380233801

Issued 07/19/01
Expires 01/19/02
Revenue Code 3157

FEES: $200.00

Establishment

JOHN SIMS
T9N R7E SEC 11
HIMARK ESTS-7TH ADDN LOT 4
NOT ASSIGNED

Permittee

JOHN SIMS
8010 ABIGAIL DR
LINCOLN NE 68516

TOTAL: $200.00

[redacted] Acting
[redacted]H, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016117

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

A

Permit Number: 013802338

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 NOT ASSIGNED (no rural route) City _____ NE, Zip _____

Legal Description 11 (1/4) 1/4 (Section) 9N (Township) 7E (Range) HIMARK ESTATES (Subdivision) 7th (Addition) Block 4 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name JOHN SIMS Signature _____

Address 8010 ABIGAIL City/State/Zip LINCOLN NE 68516

☐ Check if owner designed system Home Phone 488 8549 Work Phone 432-8784

C. Contractor ~~STAN KROESE~~

Name JOHN SIMS Company Name DIRTWORKS PLUS INC GUARDIAN HOMES INC

Address 8010 ABIGAIL City/State/Zip LINCOLN NE 68516

☐ Check if contractor designed system Work Phone 432-8784

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

Designer Name Jeff Johnson Firm Olsson Engineers Work Phone 474-6320

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 7-17-01 Date frwd 7-17-01	**ACTION** ☒ Approved ☐ Disapproved Signature Ray Hayek	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd _____ Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature Jay Lamm	
3. **City or County Engineer**	Date rec'd _____ Date frwd _____	**ACTION** ☑ Approved ☐ Disapproved Signature Harry L. Long	

Installation Final Written Approval

By Gerald C. Wood Stan Kroese Jeff Johnson

Date 7-16-01 JANUARY 7, 2002

Experimental System

Business Office Use Only

Date Rec'd 07/19/01

Amt Paid 200.00

Rec'd By LS Cash/Check No. 4059

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

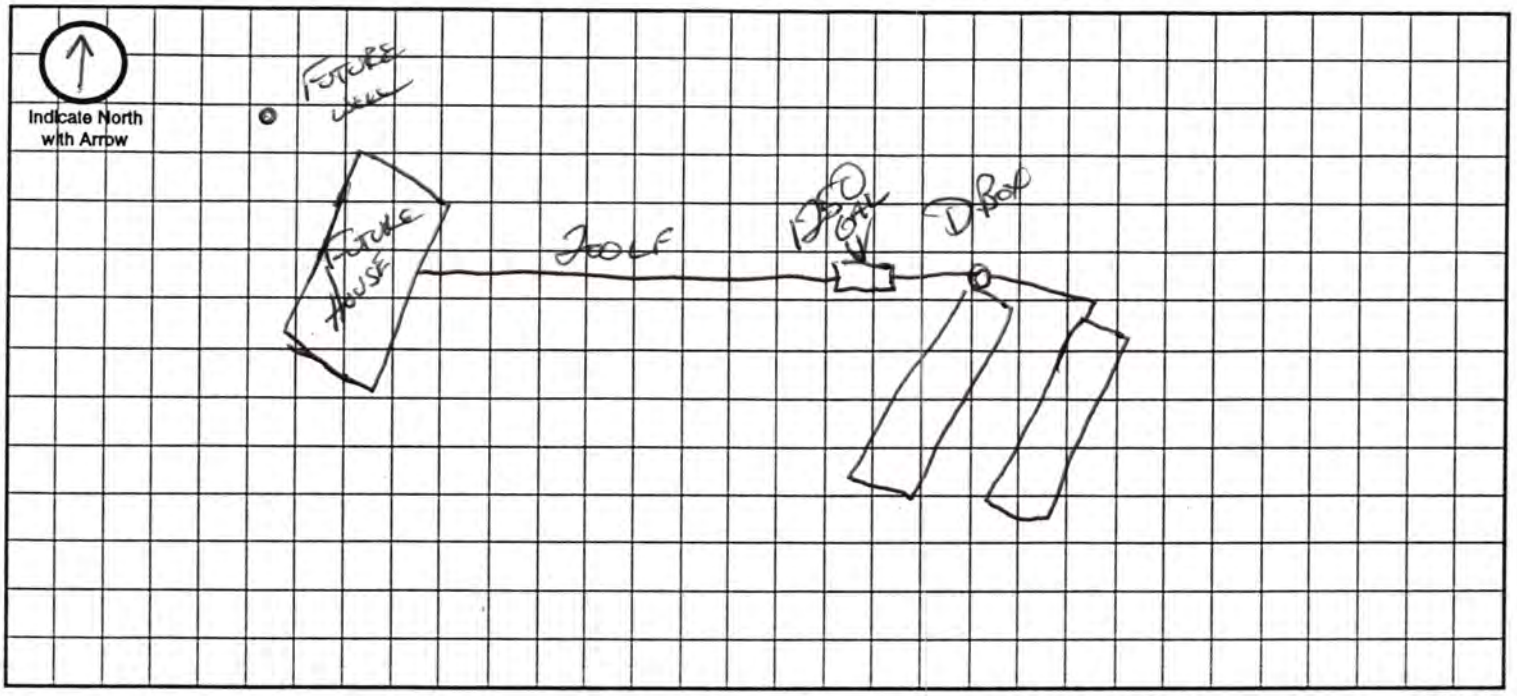
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0138 02338

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) _____ 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: Equalizer

Capacity of Septic Tank 1500 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 _____ Guardian Homes _____ Date 7/16/01

Installer _____ Stan Braun / By _____ Date 7-16-01

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:

Sewage Disposal System

As Built Plans & Specifications

Date 1-7-02 JOHN SIMMS - HIMARK ESTATES

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: CLS 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 40 in.
3. Distance between dwelling and septic tank: 107 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100' ft.
   stream 100'+ ft.
   pressure line 80 ft.
   property line 100 + ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 2 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 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 50 ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 11' C to C ft.

D. Absorption Field

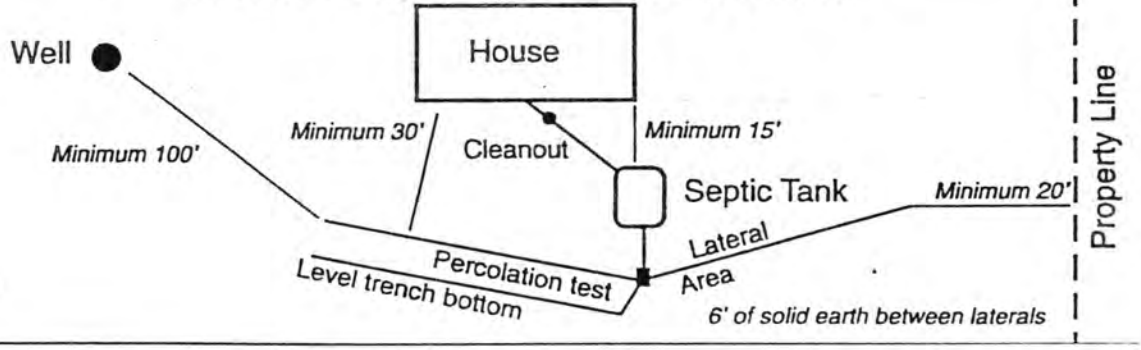
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other Infiltrator Hi Capacity
2. Lateral lines: Number 2
   Length of each line: 102 ft. 102 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 8 ft.
   Slope 0 in/100 ft.
   Average depth 36" in
4. Filter material: GRAVEL
   Depth of material 24" in.
5. Distances to: Well or suction line 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 30 ft.

Indicate North with Arrow

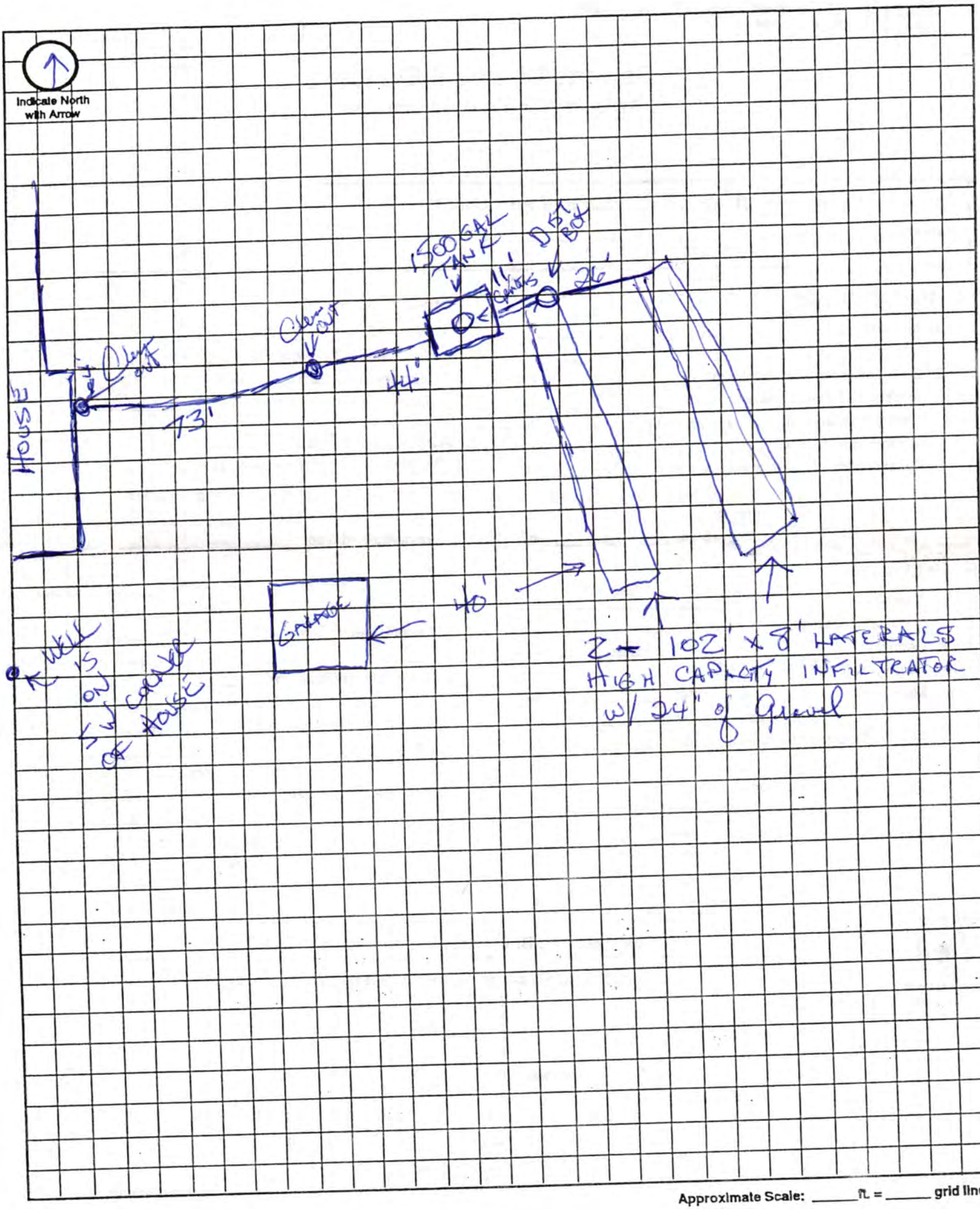
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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