LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402)
Lincoln, NE 68510-1514 441-8000
NON TRANSFERABLE

PERMIT

Permit No. 97380159501

SEWAGE INSTALLATION
LAGOON

Issued 06/18/97
Expires 12/18/97
Revenue Code 18754

Establishment

JOE WILLIAMS
T9N R7E SEC 12
5100 S 98 STREET

FEES: $150.00

Permittee

JOE WILLIAMS
5930 S 58 ST
LINCOLN NE 68516

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4843

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 5100 S. 98TH (no rural route) City Lincoln NE, Zip

Legal Description 12 9N 7E
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 JOE AND LESA WILLIAMS Signature

Address 5930 S. 58TH City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone Work Phone 423-6899

C. Contractor

Name PAUL SWINSON Company Name PREMIER BUILDERS, INC.

Address 2310 S. 61 City/State/Zip LINCOLN, NE 68506

☐ Check if contractor designed system Work Phone 430-4133

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

Designer Name Firm CAPITAL CITY TRENCHING Work Phone 432-2494

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 6 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 6/18/97 Date frwd 6/18/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/18/97 Date frwd 6/18/97 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 6-18-97 Date frwd 6-18-97 ACTION ☒ Approved ☐ Disapproved Signature

3/3/98 Need signs + gate locks

Installation Final Written Approval

By

Date

Business Office Use Only ~~3258~~

Date Rec'd 6/18/97
Amt Paid 150 ~~00~~
Rec'd By Cash/Check No. 2770

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

B

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

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 5100 S. 98th (no rural route) City Lincoln NE, Zip

Owner Address

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

Date of Tests 5-20-97 to 5-21-97 Weather: Precipitation 0 Temperature 70

Percolation Test Data Table Premier Blvd

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	5-20	630P	5-21	700P	5-21	700P	6"	5-21	7:30P	30min	0	
2	36	5-20	630P	5-21	700P	5-21	700P	6"	5-21	730P	30	1/8	
3	36	5-20	630P	5-21	700P	5-21	700P	6"	5-21	730P	30	1/8	
4	36	5-20	630P	5-21	700P	5-21	700P	6"	5-21	730P	30	0	
5	36	5-20	630P	5-21	700P	5-21	700P	6"	5-21	730P	30	0	
6	36	5-20	630P	5-21	700P	5-21	700P	6"	5-21	730P	30		
7	2												
8													

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: BRIAN R. SHAFER

Phone: 464-0638

Address 2700 DAN AVENUE
LINCOLN, NE 68504

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

23-101 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 6-17-97

System Location (Indicate correct number and street)

Address 5100 So 98TH (no rural route) City LINCOLN, NE NE, Zip

A. Building Sewer

1. Material: 4" PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
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

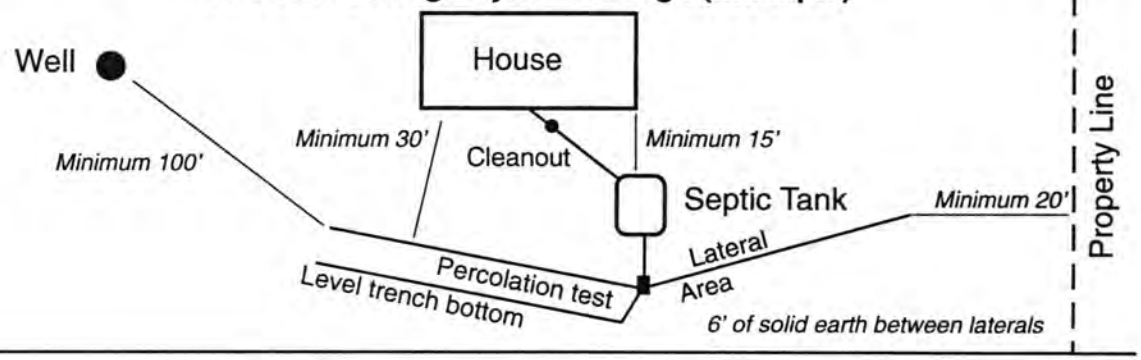
(Provide as-built drawings on back of this form)

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

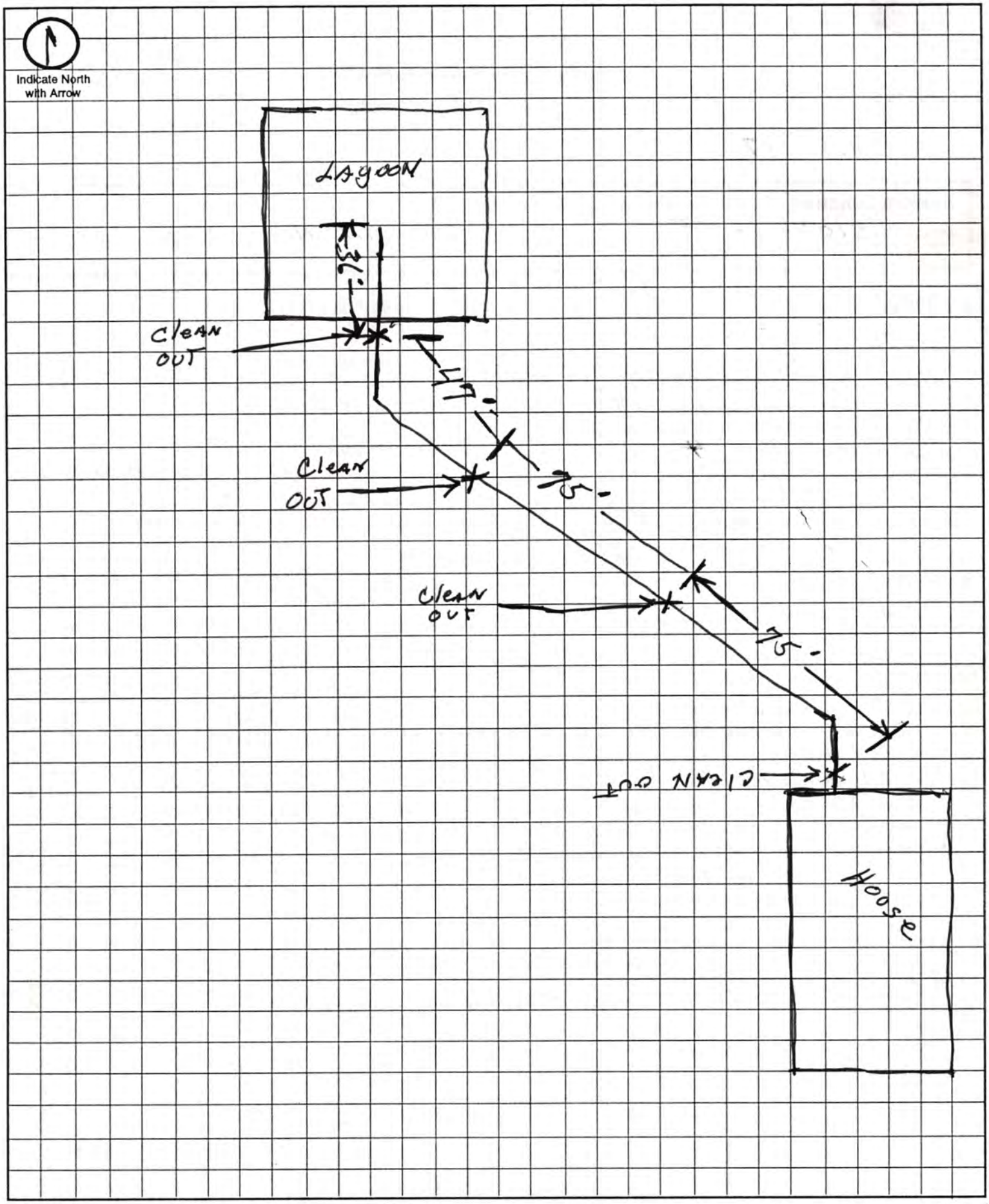
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s