Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005907

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380293601

Issued 12/06/04
Expires 05/06/05
Revenue Code 3157

Establishment:
GREG & SUE KOZISEK
T9N R7E SEC 12 QTR NE
S1/2 SE 1/4OF NE 1/4
4849 S 112 ST

FEES: $200.00

Permittee:
GREG & SUE KOZISEK
1827 E BERMUDA DR
LINCOLN NE 68506

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380293601

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon (pending pmt) ☐ 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 4849 S 112th St. (no rural route) City _____ NE, Zip _____

Legal Description South ½ SE 1/4 NE 1/4 12 Section 9N Township 7 East 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 Greg & Sue Kozisek Signature [signature]

Address 1927 E Bermuda Dr. City/State/Zip Lincoln NE 68506

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Denni Grabenstein Company Name Chandel Homes, Inc.

Address 4529 Birch Creek Dr. City/State/Zip Lincoln NE 68516

☐ Check if contractor designed system Work Phone 402-423-3700

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Work Phone 783 2663

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 12/6/04 Date frwd 12/6/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-6-04 Date frwd 12-6-04 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 12/6/04 Date frwd 12/6/04 ACTION ☒ Approved ☐ Disapproved Signature [signature]

10/6/05 Need drawing. L.G.H.

Installation Final Written Approval

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

Date NOVEMBER 16, 2005

Business Office Use Only

Date Rec'd 12/06/04
Amt Paid 200.00
Rec'd By LS ~~Cash~~/Check No. 8444

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4849 S. 112th (no rural route) City _____ NE, Zip _____

Owner Sue Kozisek Addresss _____

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

Date of Tests 12-27-04 to 12-28-04 Weather: Precipitation 0 clear Temperature 40°F

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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)
AOS #1	24"	12-27	11:00 AM	12-28	3:57	12-28	3:57	6"	12-28	4:57	60	1½	40 mpi
AOS #2	"	"	"	"	"			"			"	1¼	48 mpi
AOS #3	"	"	"	"	"			"			"	1	60 mpi
AOS #4	"	"	"	"	"			"			"	1¼	48 mpi
LCCHD #2	23"	"	1:00 PM	12-28	1:00 PM			"	12-28	4:30	30	1	30 mpi
LCCHD #3	24"	"	"	"	"			"	"	"	30	¾	40 mpi

Sum of Percolation Rates: >20 mpi variable
Average of Rates: _____
Rate Used for Calculation: 60 mpi

Person Conducting Percolation Tests

Name: Don Anderson & Ron Marquart
Phone: 624-3895 441-8030
Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Appears to be in Wyonore silty clay loam soil. Only narrow band of about 50 ft × 120 ft had passing perc rate.

Signature of Reviewing Official Ron Marquart, RS Date 1-14-05

FORM 23-101 10-96

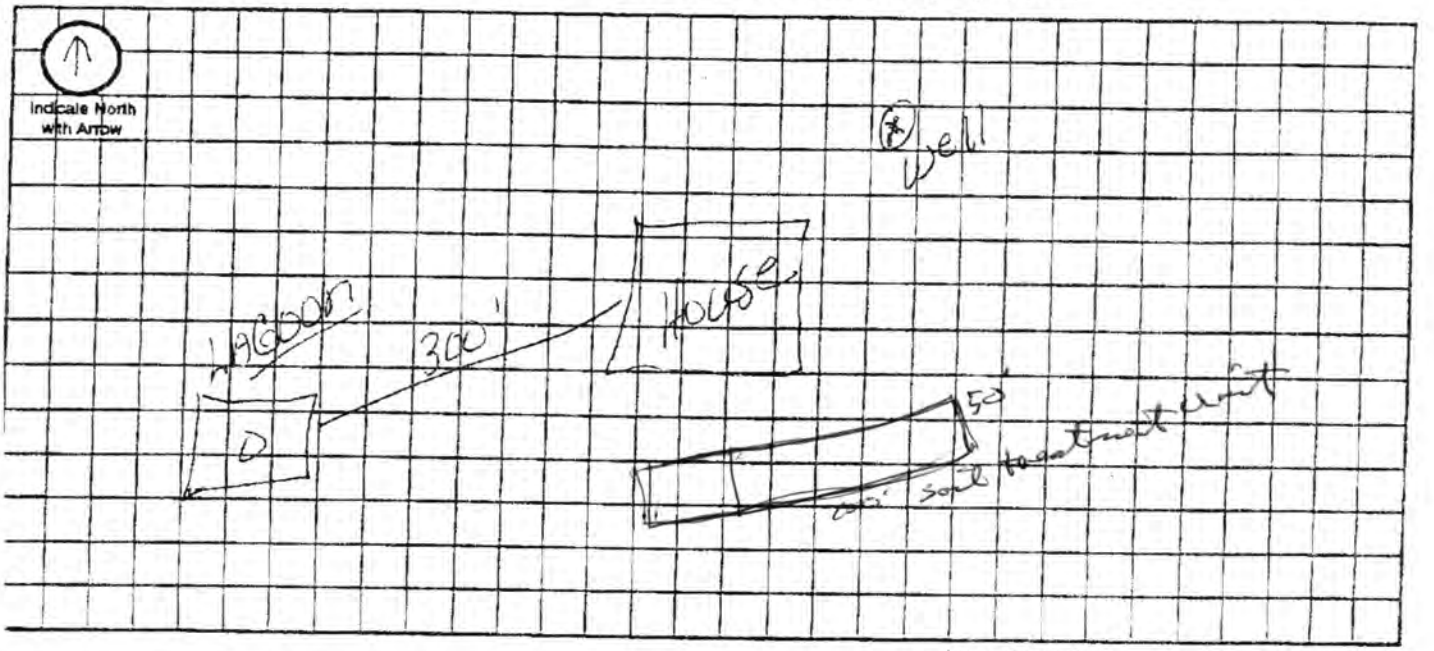
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C

Permit Number: 043802936

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) 4949 S 112th St City Lincoln NE, Zip 68526

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 Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches _____ Trench Width 4 ft

4 | 1400 — 12 — 20 — 350 — 20

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 ☒	☒

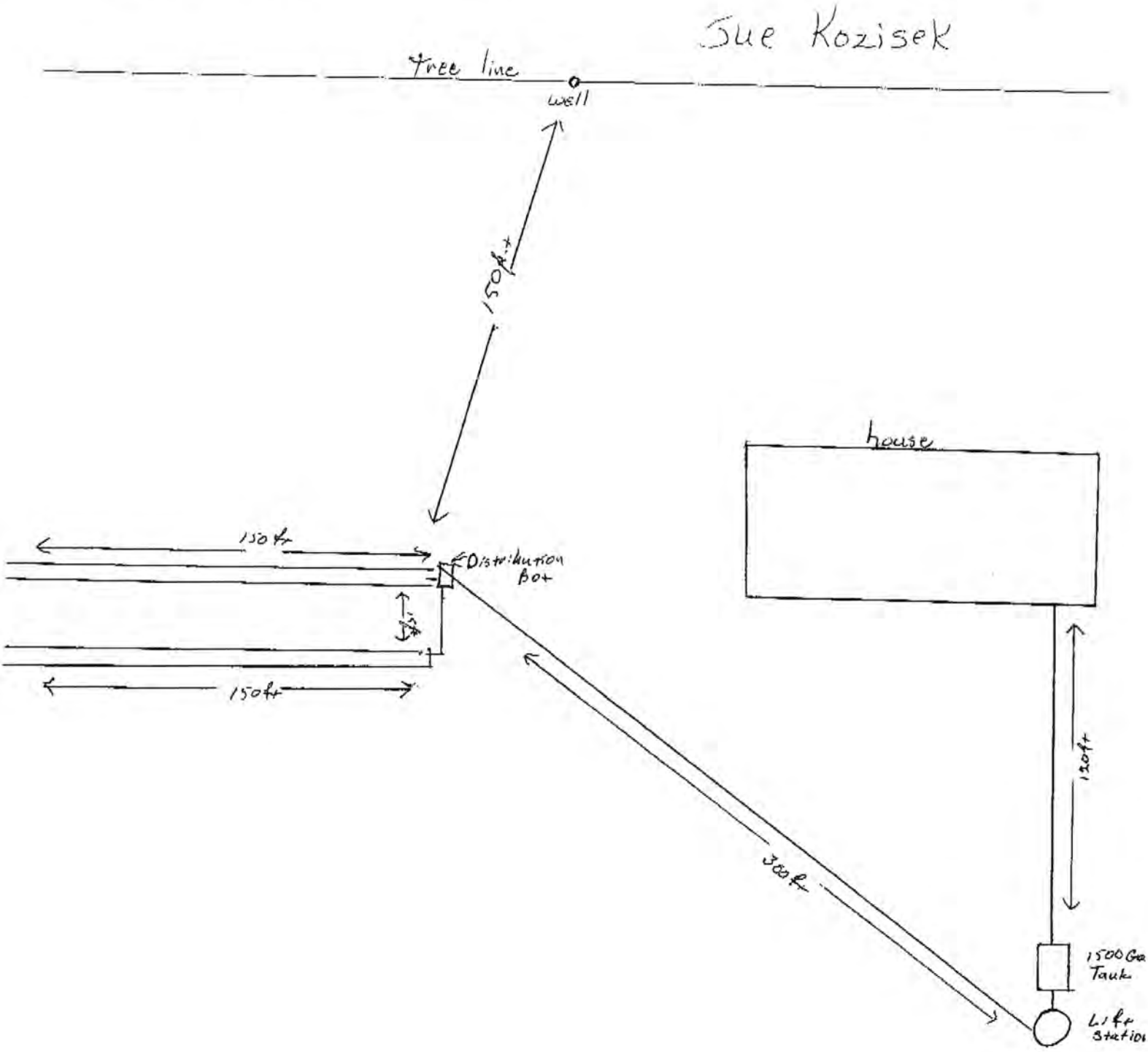
E. Required Signatures

Home Building Contractor _____ Date 12-1-04

Installer Terri L. Jakoubek #P1198 Date 11-29-04

RM 23-102 10-96

Sue Kozisek


Tree line
well
150ft
house
150ft
Distribution Box
150ft
300ft
120ft
1500 Gal Tank
Lift Station