LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380191601

Issued 12/15/98
Expires 06/15/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

KIRK A NISLEY
T9N R7E SEC 25 QTR SW
S 1/2 OF SW 1/4
9700 S 98 ST

Permittee

KIRK A NISLEY
1753 N LOCUST ST
WAHOO NE 68066-1051

Issued By Health Director
Lincoln-Lancaster County Health Department

008376

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: 98380 1916

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 9700 So 98 St (no rural route) City LINCOLN NE, Zip 68506

Legal Description S½ OF SW¼ 25 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 Kirk A Nisley Signature Kirk A Nisley

Address 1753 No Locust City/State/Zip WAHOO NE

☐ Check if owner designed system Home Phone 443-5362 Work Phone 1-800-527-3698

C. Contractor

Name DAN Kubr Company Name Kubr CONSTRUSTION

Address 9901 SALTILLO Rd Rue City/State/Zip ~~LINCOLN~~ NE ~~68506~~ 68430

☐ Check if contractor designed system ~~6847~~0 Work Phone 423-3045

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

Designer Name LOREN OOSTING Firm OOSTING WELL+PLUMBING Work Phone 402-988-2055

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 12-10-98 Date frwd 12/15/98 **ACTION** ☑ Approved ☐ Disapproved Signature Paul Dretzmann
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-15-98 Date frwd 12-15-98 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 12-15-98 Date frwd 12-15-98 **ACTION** ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Paul Dretzmann

Date 7-6-99

Business Office Use Only

Date Rec'd 12/11/98

Amt Paid 150 ⁰⁰

Rec'd By LS ~~Cash~~/Check No. 1159

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: 983801916

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Address _____

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

Date of Tests 7-1-98 to 7-2-98 Weather: Precipitation 0 Temperature 98

Percolation Test Data Table All Holes Had Water Kuhr Const.

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	7-1	730	7-2	630	7-2	630	6	7-2	700	30	0	
2	36	7-1	730	7-2	630	7-2	630	6	7-2	700	30	6	
3	36	7-1	730	7-2	630	7-2	630	6	7-2	700	30	0	
4	36	7-1	730	7-2	630	7-2	630	6	7-2	700	30	0	
5	36	7-1	730	7-2	630	7-2	630	6	7-2	700	30	6	
6	36	7-1	730	7-2	630	7-2	630	6	7-2	700	30	0	

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

Person Conducting Percolation Tests

Name: Ronan Shafer
Phone: 464-0638
Address 2700 Dan Mos

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Paul Dafoe Date 12-10-98

FORM PT 101 10-90

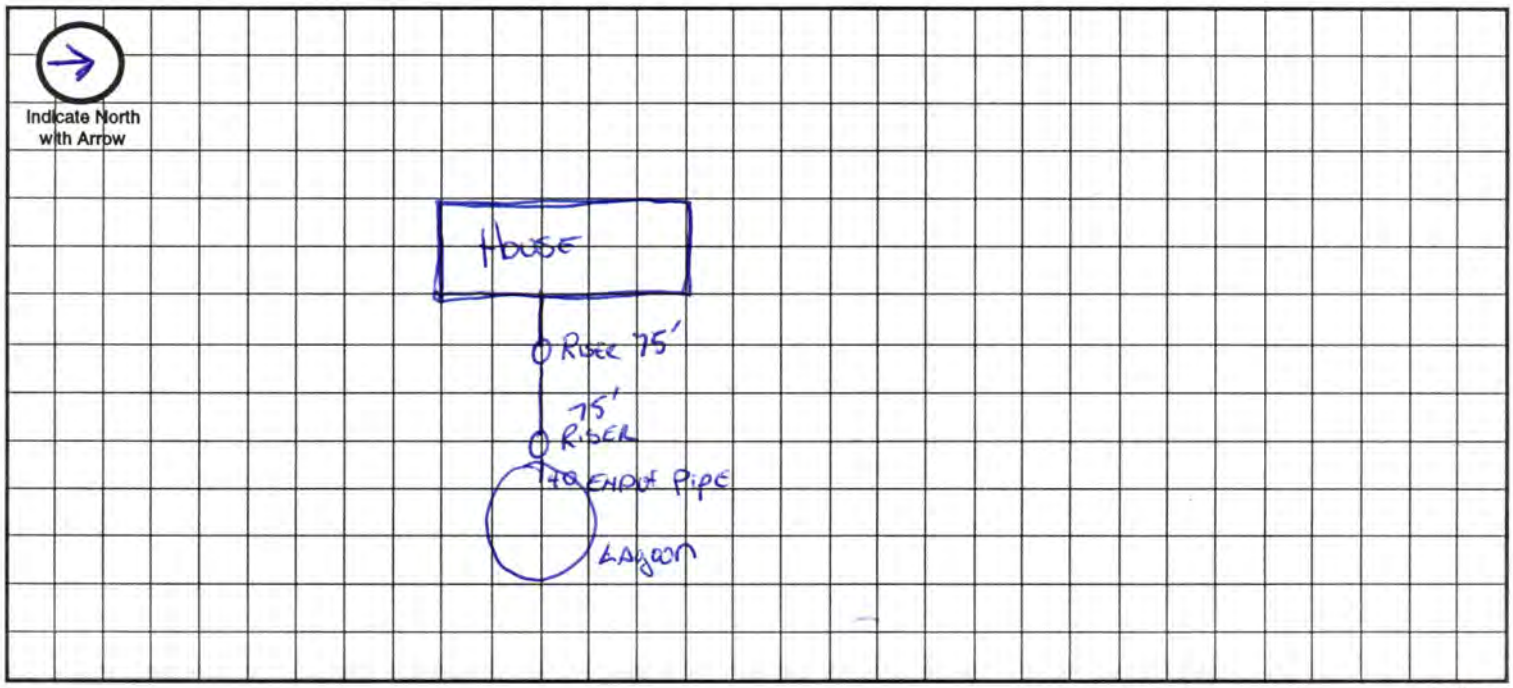
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98 3801916

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) 9700 So 98th City LINCOLN NE, Zip 68506

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: _____

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 _____

Installer Cooling Well & Plumbing ADAMS NE 68301 Date 12/10/98

FORM 23-102 10-96

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

D

Permit Number: 98380 1916

Sewage Disposal System

As Built Plans & Specifications

Date 12-10-1998

System Location (Indicate correct number and street)

Address 9700 So 98th (no rural route) City LINCOLN NE, Zip 68506

A. Building Sewer

1. Material: Sch 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18" Below Footing in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 2
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

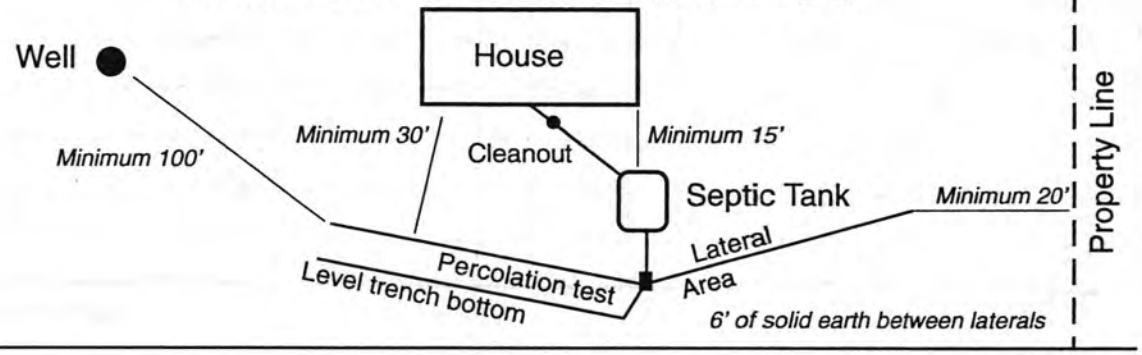
(Provide as-built drawings on back of this form)

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

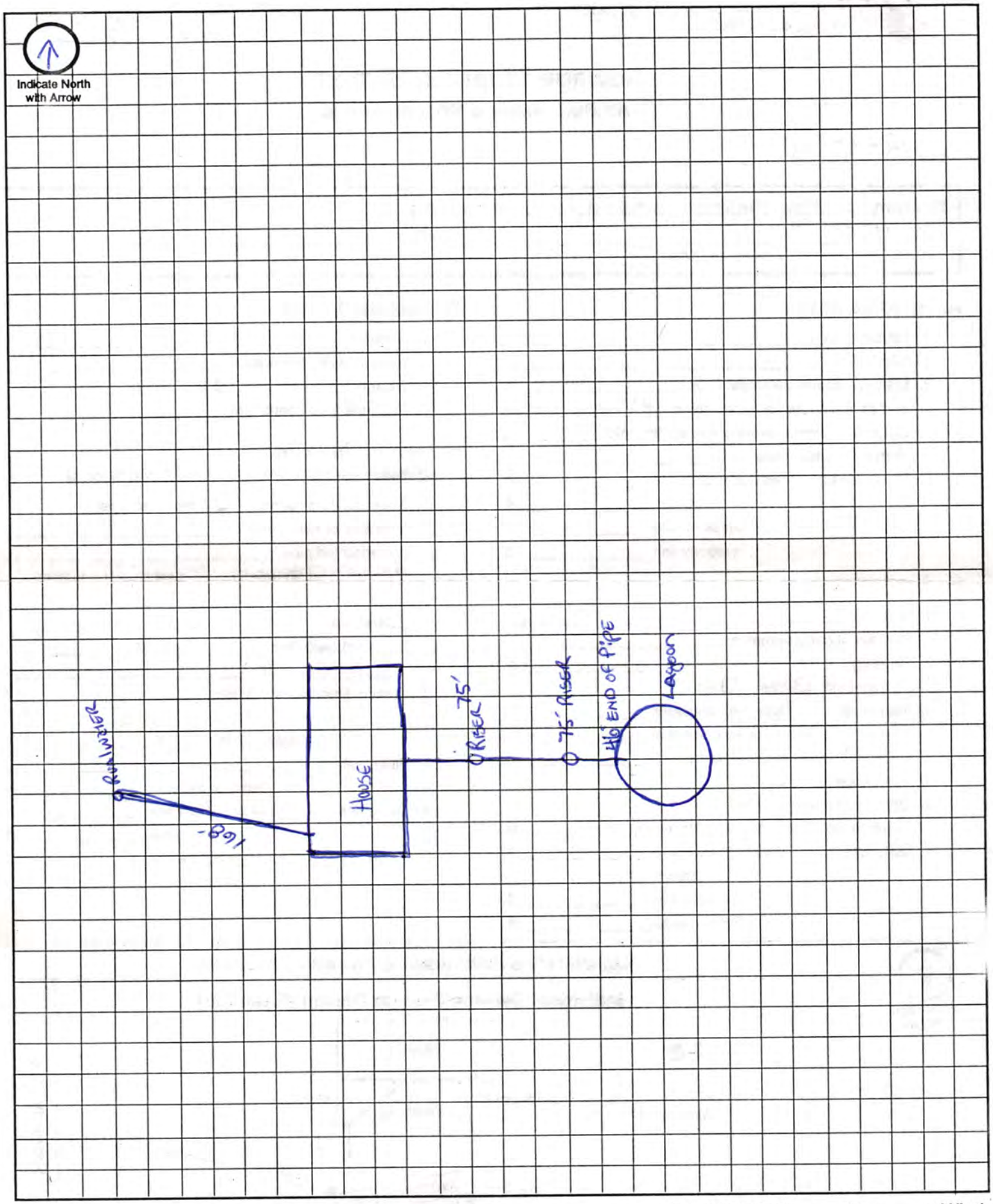
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s