SEP 3 199 A

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

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 6901 Rebel Dr. (no rural route) City Lincoln NE, Zip 68516

Legal Description 28 9N 7E Yankee Ridge Estates 6 5
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 Nick Bird Signature _____

Address 6901 Rebel Dr. City/State/Zip Lincoln, NE 68516

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

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm _____ Work Phone _____

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 _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

SEP 3 1997

B

Permit Number:

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Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6901 Rebel Dr (no rural route) City Lincoln NE, Zip 68516

Owner Nick Bird Addresss 6901 Rebel Dr.

Soil Type (SCS): Light colored topsoil 8" deep, Light colored clay + sand under Percolation Rate: _____ min./inch

Date of Tests 8-6-97 to 8-7-97 Weather: Precipitation dry Temperature 85°

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	26"	8-6	10:00	8-7	10:00	8-7	1:00	6	8-7	1:30	30	1¼	24
2	28"	8-6	10:00	8-7	10:00	8-7	1:00	6	8-7	1:30	30	1	30
3	26"	8-6	10:00	8-7	10:00	8-7	1:00	6	8-7	1:30	30	1½	20
4	25"	8-6	10:00	8-7	10:00	8-7	1:00	6	8-7	1:30	30	1⅛	26.6
													100.6

Person Conducting Percolation Tests

Name: Nick Bird

Phone: 421-6901

Address 6901 Rebel Dr
Lincoln, NE 68516

Sum of Percolation Rates: 100.6

Average of Rates: 25 - 1 min

Rate Used for Calculation: 25

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

SEP 3 1997

C

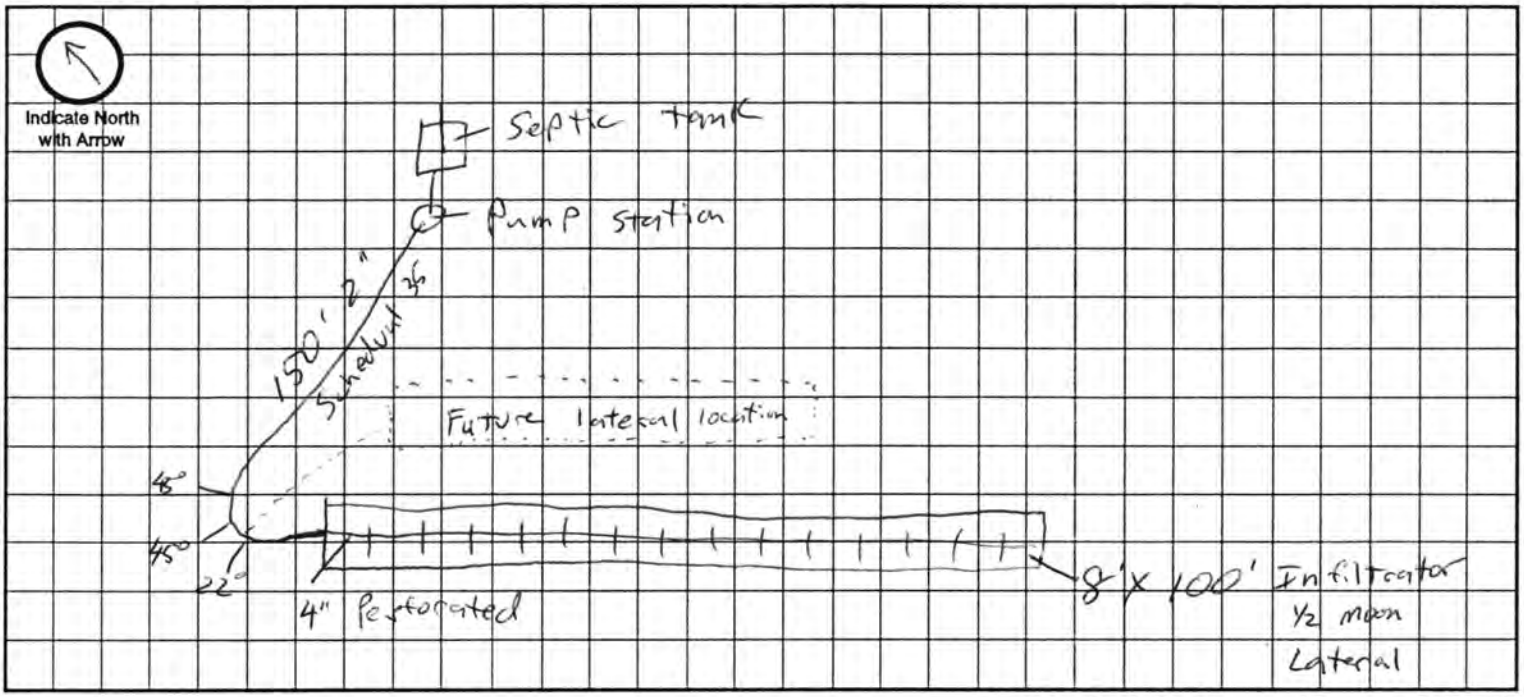
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Permit Number:

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) 6901 Rebel Dr City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s existing

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 1500 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 1

Total Length of Laterals 100 ft. Number of Trenches 1 Trench Width 8'

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 9-1-97

Installer _____ Date 9-1-97

FORM 23-102 10-96

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

SEP 3 1997 **D**

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9-1-97

System Location (Indicate correct number and street)

Address 6901 Rebel Dr (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer

1. Material: PVC class 160
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: 79' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream — ft.
   pressure line — ft.
   property line 20+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: 1
2. Capacity: ____ gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade at grade in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line 100+ ft.
   Stream N/A ft.
   Pressure line 100+ ft.
   Property line 20+ ft.

C. Distribution Box

1. Material: Pump/lift station, Polyurethane
   Number available outlets: 1
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

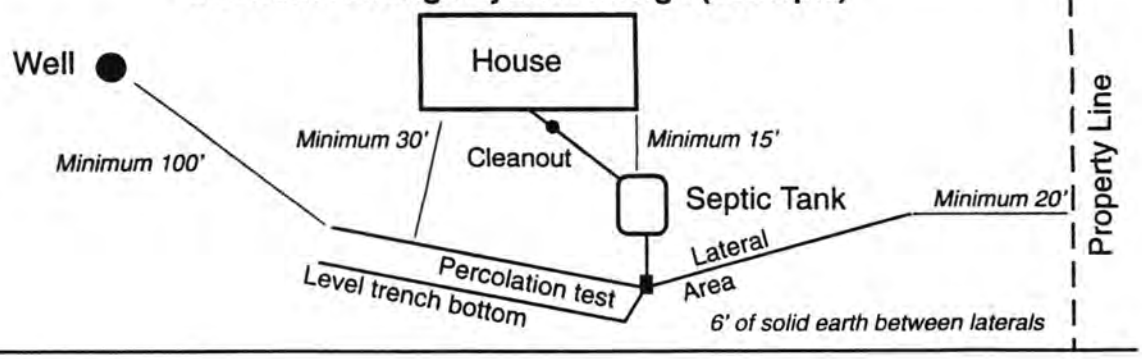
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 18"
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other Infiltrator
2. Lateral lines: Number ____
   Length of each line: 100 ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 8 ft.
   Slope 1 in/100 ft.
   Average depth 26" in
4. Filter material: coad gravel
   Depth of material 20" in.
5. Distances to: Well or suction line 100+ ft.
   Stream N/A ft.
   Pressure line 100+ ft.
   Property line 20+ ft.

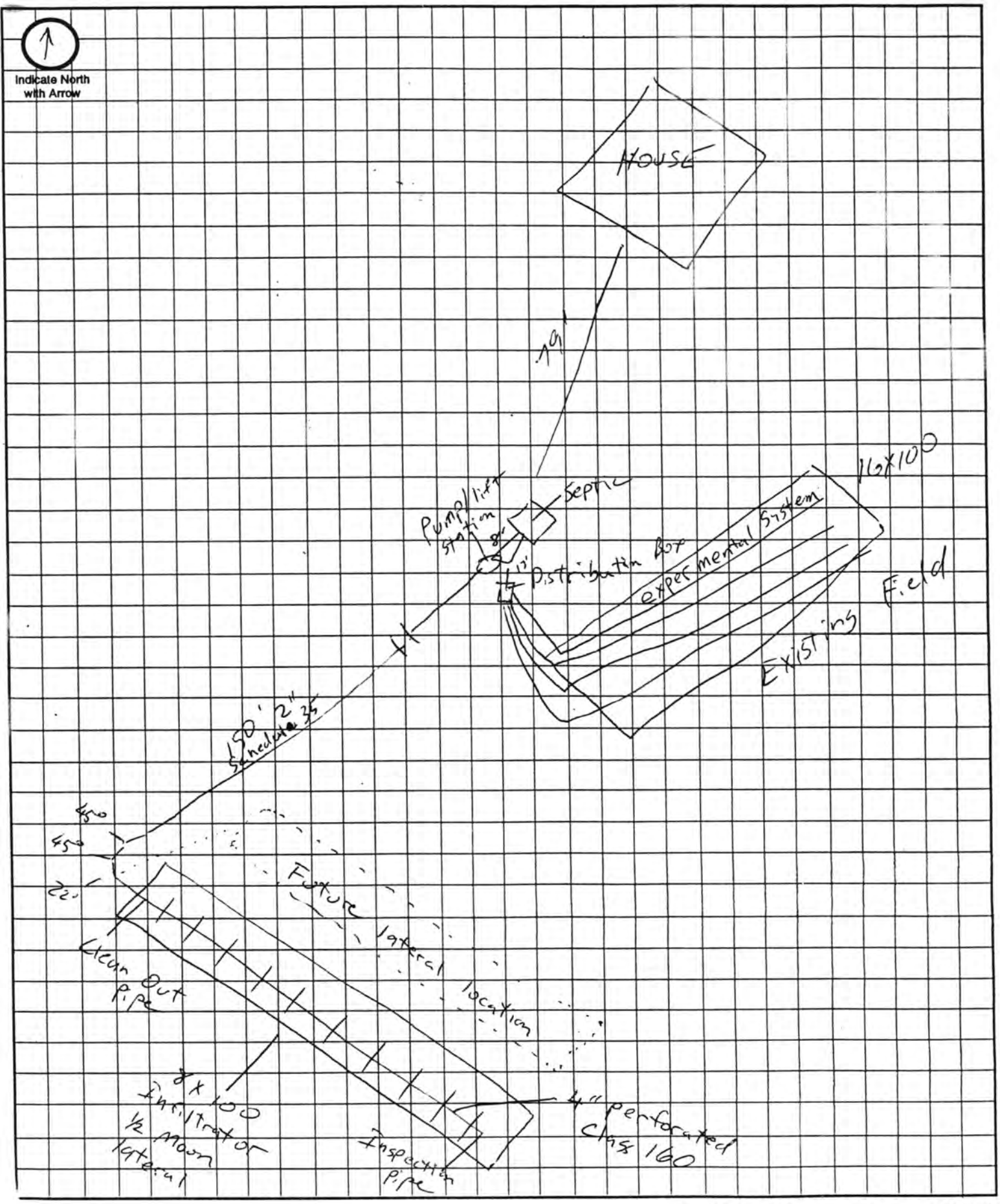
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s