# Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380245501

Issued 04/18/02
Expires 10/18/02
Revenue Code 3157

Establishment

BRUCE A JONES
T9N R7E SEC 29
KENSINGTON ESTS-1ST BLK 1 LOT 1
5300 SHADY HOLLOW RD

FEES: $200.00

Permittee

BRUCE A JONES
7433 S 28 ST
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002068

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

**A**

Permit Number: 023802455

# 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 5300 SHADY HOLLOW ROAD

### A. System Location (Indicate correct number and street)

Address [redacted] (no rural route) City Lincoln NE, Zip 68516

Legal Description 1/4 29 1/4 Section 9N Township 7E Range KENSINGTON ESTATES Subdivision 1ST. Addition 1 Block 1 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

### B. Owner

Name BRUCE JONES Signature Bruce A Jones

Address 7433 S. 28TH City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 420-0741 Work Phone _____

### C. Contractor

Name HAROLD CASEMENT Company Name CASEMENT PLUMBING

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 432-2494

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

Designer Name N/A 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 4/17/02 Date frwd 4/18/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-18-02 Date frwd 4-18-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/18/02 Date frwd 4/18/02 ACTION ☒ Approved ☐ Disapproved Signature _____

8/30/02 one lateral 1100 P.M. 2ND LATERAL 3150 3RD
9/20/02 Sewer, tank + shop hooked 9/5/02 Last lateral.

### Installation Final Written Approval

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

Date SEPTEMBER 5, 2002

***Business Office Use Only***

Date Rec'd 04/18/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 7634

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

ALSO WELL

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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**B**

Permit Number: 023802455

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 9300 So 53rd St. (no rural route) City Lincoln NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): Clay/Silt/Granular Fill Area Highly Variable Percolation Rate: 60 min./inch

Date of Tests 3/30 to 3/31 Weather: Precipitation None Temperature 50

JUDSON SILT LOAM & PAWNEE CLAY LOAM BOTH IN AREA

### 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 | 39 | 3/30 | 2:00 | 3/31 | 2:00 | 3/31 | 5:30 | 32 3/4 | 3/31 | 6:00 | 30 | 33/4 | 60 |
| 2 | 40 | 3/30 | 2:00 | 3/31 | 2:00 | 3/31 | 5:30 | 31 | 3/31 | 6:00 | 30 | 32 | 30 |
| 3 | 36 | 3/30 | 2:05 | 3/31 | 2:05 | 3/31 | 5:30 | 29 1/2 | 3/31 | 6:00 | 30 | 30 1/2 | 30 |
| 4 | 39 | 3/30 | 2:05 | 3/31 | 2:05 | 3/31 | 5:35 | 28 3/4 | 3/31 | 6:05 | 30 | 29 1/2 | 40 |
| 5 | 41 | 3/30 | 2:10 | 3/31 | 2:10 | 3/31 | 5:35 | 31 3/8 | 3/31 | 6:05 | 30 | 32 | 48 |
| 6 | 36 | 3/30 | 2:10 | 3/31 | 2:10 | 3/31 | 5:35 | 33 1/8 | 3/31 | 6:05 | 30 | 33 1/8 | 60 |
| | | | | | | | | | | | | | |
| | Highly Variable Percolation Rates due to fill area. | | | | | | | | | | | | |
| | Recommend using minimum Percolation Rate of 60 | | | | | | | | | | | | |
| Recommend locating laterals near holes 2, 3 and 4 for best Results | | | | | | | | | | | | | |

See Shaded area.

Sum of Percolation Rates: 268
Average of Rates: 44.7
Rate Used for Calculation: 60 see note

### Person Conducting Percolation Tests

Name: Claude Oie, PE-3939
Phone: 402-423-0614
Address 5910 So 52nd St. Ct.

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 18, 2002

FORM 23-101 10-96

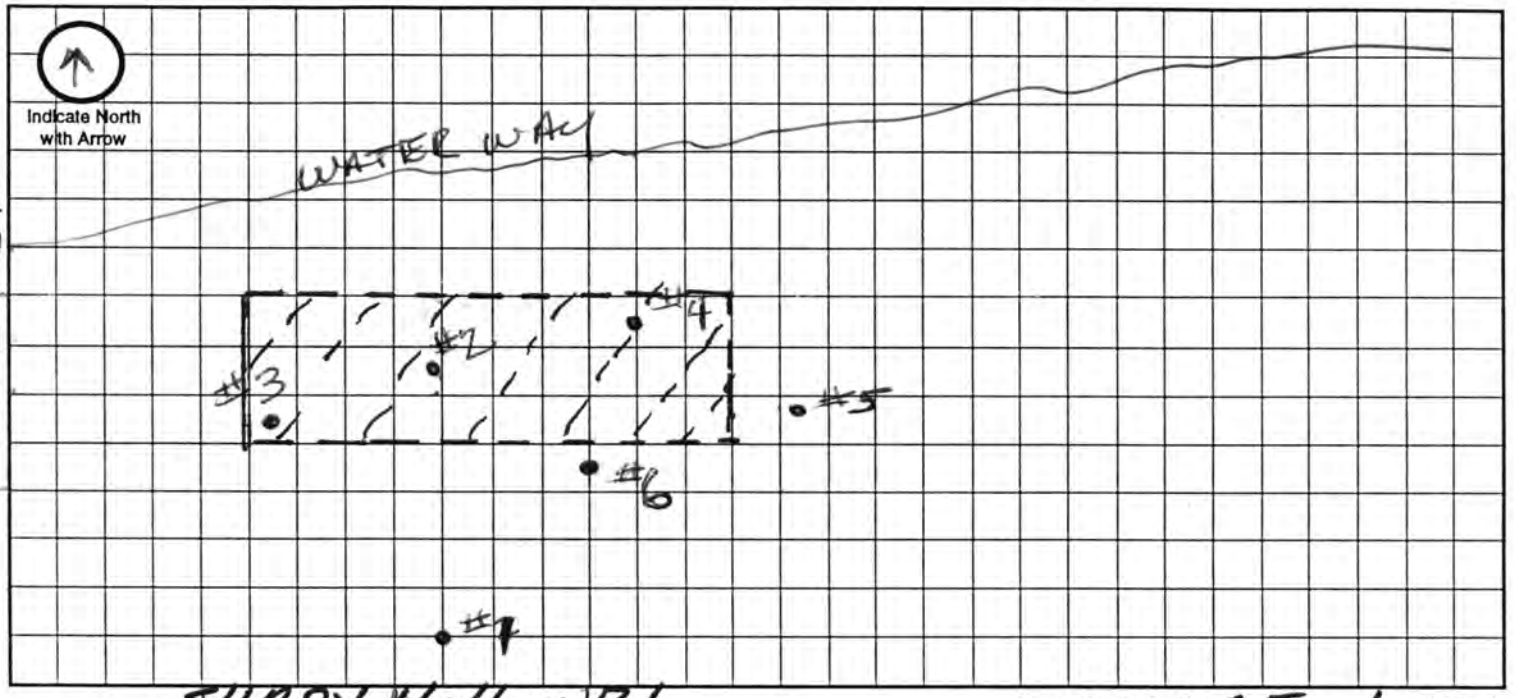
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 023802455

# 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: 25 ft. = 1 grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 5300 SHADY HOLLOW ROAD. City Lincoln NE, Zip

## 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: Fill Material Clay Silt Land Slope: 0.0 %
JUDSON SILT LOAM & PAWNEE CLAY LOAM BOTH IN AREA

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

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

## 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 4/16/02

Installer Capital City Trenching/David Eisenmenger Date

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 _____

**System Location (Indicate correct number and street)**

Address 5300 Shady Hollow (no rural route) City Lincoln NE, Zip _____

## A. Building Sewer

1. Material: 4" PVC
   Diameter: 4" in.
2. Distance above basement floor: 36 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 70 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

## B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1500 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: 14 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

## C. Distribution Box

1. Material: Concrete (3 Bays)
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 6-17-28 ft.

## D. Absorption Field

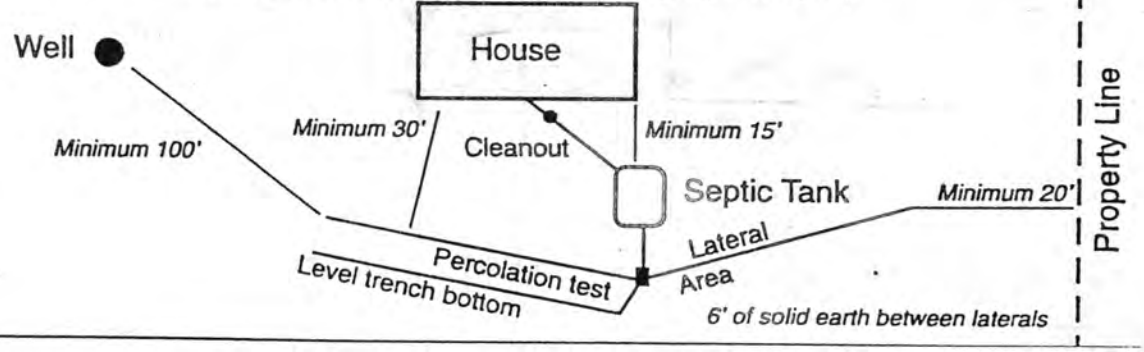
*(Provide as-built drawings on back of this form)*

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 16
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 50 ft. 100 ft.
   100 ft. 100 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth 36 in
4. Filter material: Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

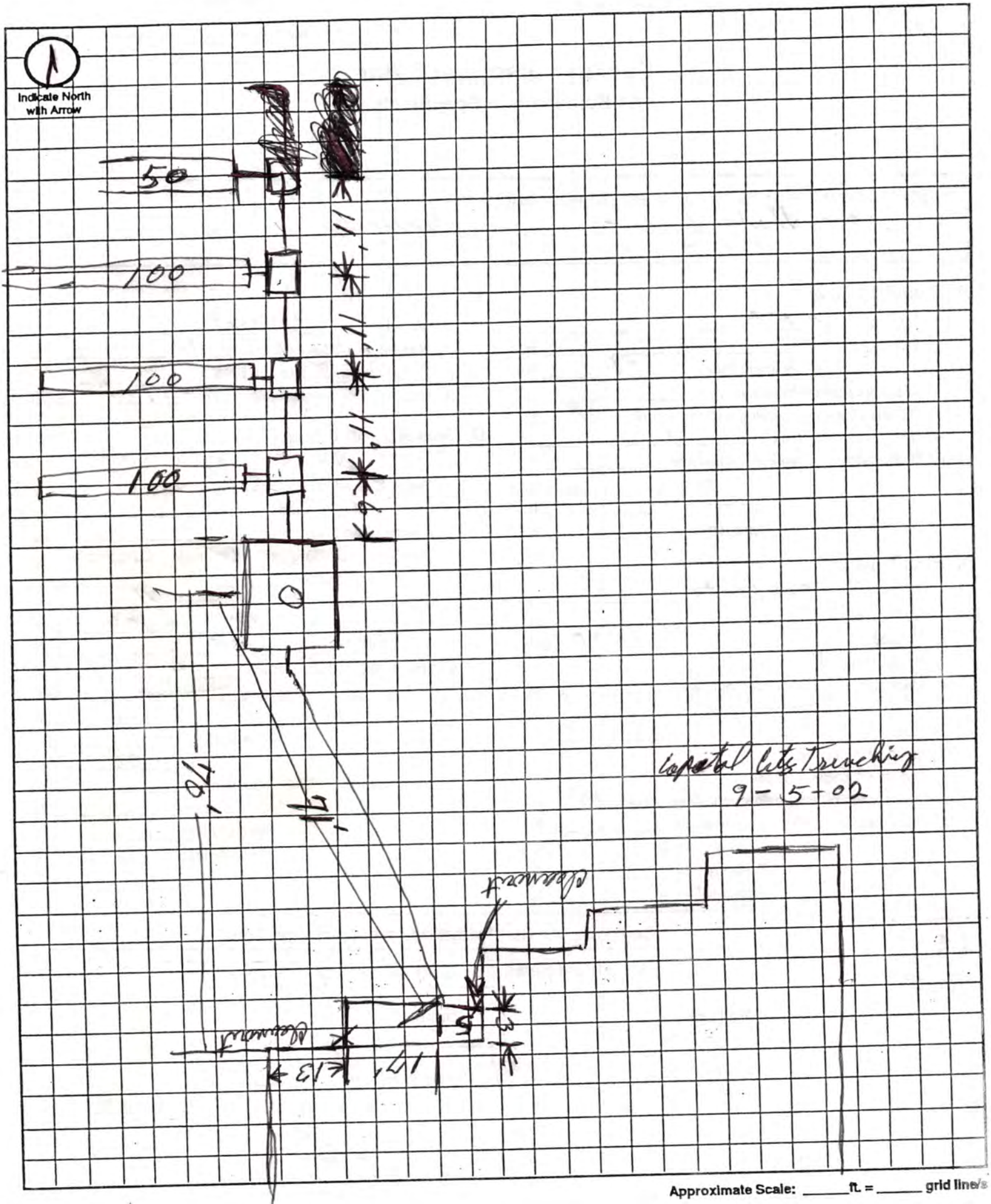
**Complete "As Built" drawing on back of this form.**

**Individual Sewage System Design (Example)**



# As Built Drawing

5300 Shady Hollow




Approximate Scale: _____ ft. = _____ grid lines

# Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

**Permit**

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 02400102501

Issued 04/18/02
Expires 10/18/02
Revenue Code 3162

**Establishment**

BRUCE A JONES
T9N R7E SEC 29
KENSINGTON ESTS-1ST BLK 1 LOT 1
5300 SHADY HOLLOW RD

FEES: $100.00

**Permittee**

BRUCE A JONES
7433 S 28 ST
LINCOLN NE 68516

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002069

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

Permit No. 024001025

# Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- [X] Site Clearance and Permit to construct a new individual water well - $100
- [ ] Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- [ ] Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 5300 SHADY HOLLOW ROAD City LINCOLN, NE Zip 68516
(No Rural Route Please)
Township 9N Range 7E Section 29 1/4 Section
Block 1 Lot 1 Addition KENSINGTON ESTATES - 1ST
Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

2. Well use: [X] Residential [ ] Commercial [ ] Other Describe

3. Distance to Public Water Supply N/A feet.

**Signature of Owner** Print Name BRUCE JONES
Current Address 7433 S. 28TH
Current Home Phone 420-0741 Work Phone N/A

**Signature of Contractor** Print Name PAUL SWINSON
Address 7500 SAN MATEO LANE
Home Phone 420-7573 Work Phone 420-9339 Cellular Phone 430-4133

Sewage Permit Applied for: [X] Yes [ ] No [ ] Not applicable

## Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

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## HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

| | | | | | |
|---|---|---|---|---|---|
| 1. Health Department | Date received | 4/17/02 | ACTION | [X] Approved | [ ] Disapproved |
| | Date forwarded | 4/18/02 | Signature: | Jerrold C. Hood | |
| 2. Building & Safety | Date received | 4/18/02 | ACTION | [X] Approved | [ ] Disapproved |
| | Date forwarded | 4/18/02 | Signature: | | |
| 3. City Engineer | Date received | 4/18/02 | ACTION | [X] Approved | [ ] Disapproved |
| | Date forwarded | ___/___/___ | Signature: | | |

**REMARKS OR REASONS FOR DISAPPROVAL:**

**Site Visits**
Date: ___/___/___ By
Date: ___/___/___ By
Date: ___/___/___ By

Nitrate Level ____ mg/L
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory ____ Yes ____ No
Other

**Installation Final Written Approval**
Date: ___/___/___ By

***Business Office Use Only***
Received: Date: 04/18/02 Amount 100.00 Check No. 7634 Initials

Also Sewage

**Distribution:** White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector