LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

Permit No. 97380160201

SEWAGE INSTALLATION

Issued 06/27/97
Expires 12/27/97
Revenue Code 18754

Establishment

DENNIS BORNSCHLEGL
T9N R7E SEC 29
KENSINGTON EST 1ST BLK 4 LOT 1
4900 JOHNSON ROAD

FEES: $150.00

Permittee

DENNIS BORNSCHLEGL
2120 LARCHDALE DR
LINCOLN NE 68506

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4932

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 4800 JOHNSON ROAD (no rural route) City LINCOLN NE, Zip

Legal Description SE (1/4) 29 (1/4) 9N (Section) 7E (Township) KENSINGTON EST. (Range) FIRST (Subdivision) 4 (Addition) 1 (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 DENNIS W. BORNSCHLEGL Signature Dennis W. Bornschlegl

Address 2120 LARCHDALE DR. City/State/Zip LINCOLN, NE 68506

☐ Check if owner designed system Home Phone 402-489-4834 Work Phone 402-434-6124

C. Contractor

Name JOHN RALLIS Company Name RALLIS CONST

Address City/State/Zip LINCOLN, NE

☐ Check if contractor designed system Work Phone @ 730-6838 (cell.)

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

Designer Name ESP CONSULTING ENGINEERS Firm CYLE LOTH Work Phone 402-484-5500

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 6-23-97 Date frwd 6/27/97 **ACTION** ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/27/97 Date frwd 6/27/97 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 6-27-97 Date frwd 6-27-97 **ACTION** ☒ Approved ☐ Disapproved Signature

10/20/97 L.C.H.D. Sewer Tank Only

Installation Final Written Approval

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

Date OCTOBER 29, 1997

Experimental

Business Office Use Only

Date Rec'd 6/23/97
Amt Paid $150.00
Rec'd By CW Cash/Check No. 2577

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

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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 4900 JOHNSON ROAD (no rural route) City LINCOLN NE, Zip 68516

Owner DENNIS BORNSCHLEGL Addresss 2120 LARCHDALE DR. LINCOLN, NE 68506

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

Date of Tests 4-24 to 4-25-97 Weather: Precipitation - Temperature 60°

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													
				SEE			ATTACHED						

Person Conducting Percolation Tests

Name: _____

Phone: SEE ATTACHED

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 240

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks APPROVED FOR ETA USING 240 MIN/IN.

Signature of Reviewing Official _____ Date 6-23-97

FORM 23-101 10-96

Dan Schwartz

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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 6900 Johnson Rd. (no rural route) City Lincoln NE, Zip 1

Owner _____ Addresss _____

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

Date of Tests 4-24 to 4-25-97 Weather: Precipitation — Temperature 60°

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	30"	4-24	3:15	4-25	7:50	4-25	9:50	13 1/4	4-25	10:50	60	14 1/4	60
2								11				11 1/2	120
3								18				18 1/4	240
4								16				16	—
5								12 3/4				13 3/4	60
6								17				12 1/2	240
7								12				12 1/2	120
8								12 1/2				12 3/4	240
9								10 1/8				10 1/8	—
10								4 3/4				5"	240

Person Conducting Percolation Tests

Name: Lanny Schwartz Trenching
Phone: 489-7294
Address 8200 old cheney

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of

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

D OCT 2 8 1997

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10-21-97

System Location (Indicate correct number and street)

Address 4900 Johnson Rd. (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 54 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: Precast
   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 2" in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 15 in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 45' ft.

Evapotranspiration Absorption System

D. Absorption Field

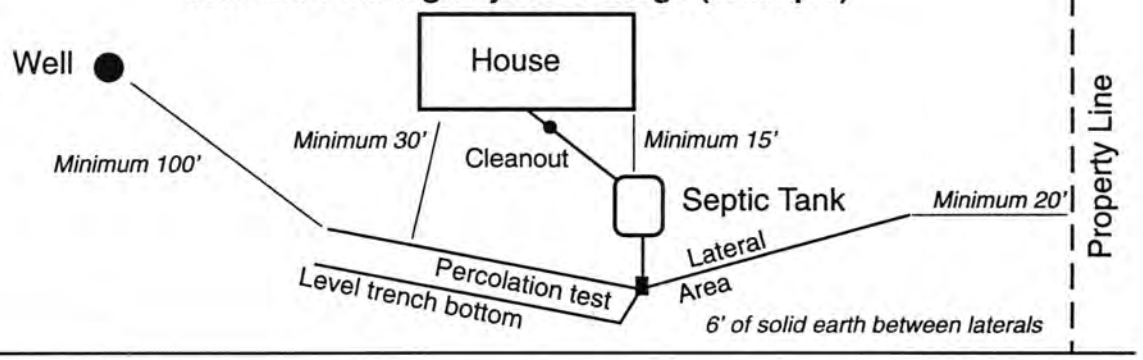
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 9
   Length of each line: 42' each ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 15 ft.
   Slope Flat in/100 ft.
   Average depth 34 in
4. Filter material: Washed Sand 130 ton
   Depth of material 26 in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

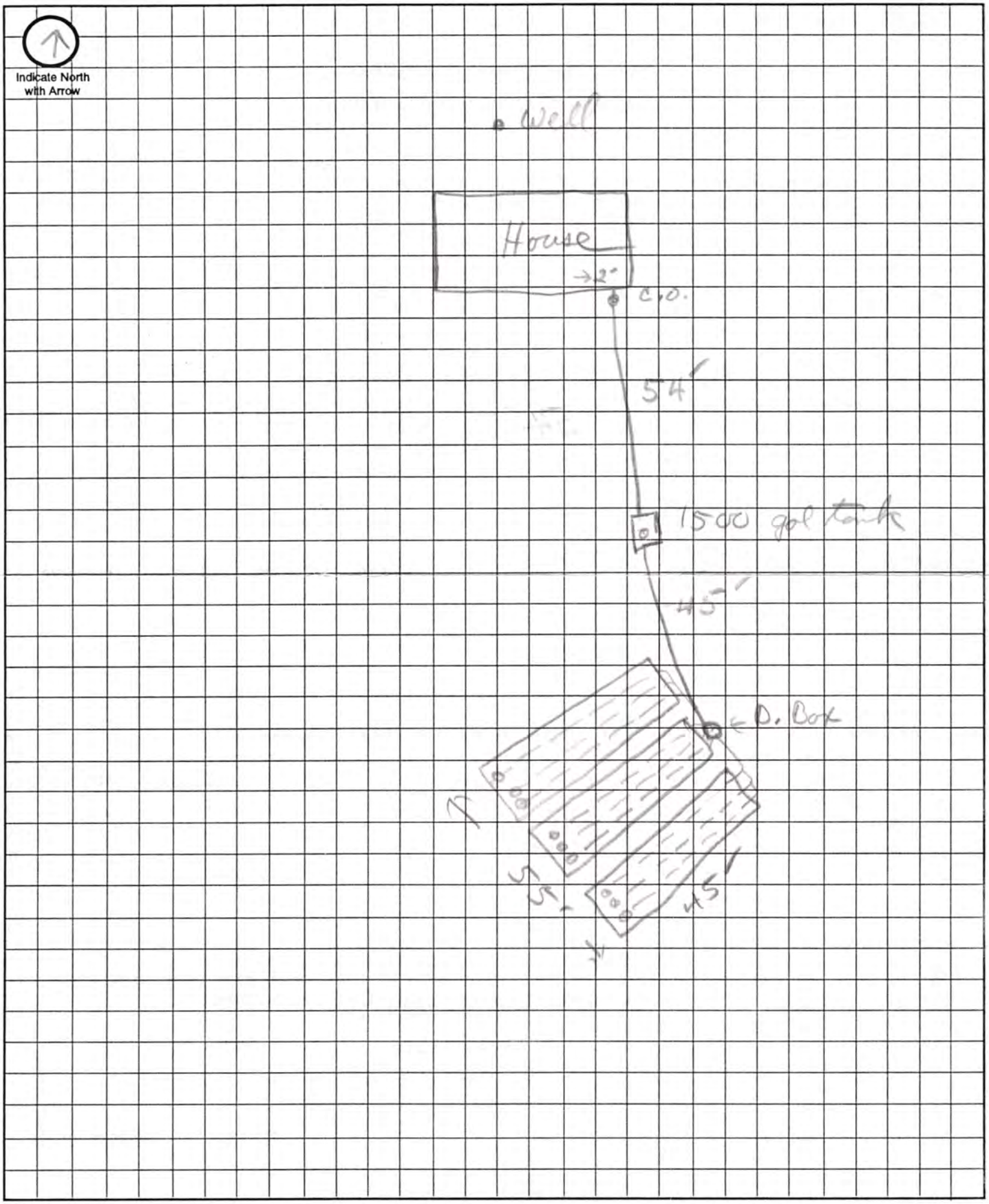
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s