LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97380153201

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 01/06/97
Expires 06/06/97
Revenue Code 18754

Establishment

ROBERT BARNES
T9N R7E SEC 32
BLK 5 LOT 2
THE HIGHLANDS BLOCK

FEES: $150.00

TOTAL $150.00

Permittee

ROBERT BARNES
5300 BRAEMER RD
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

3048

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: 9738015320 1

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 5300 Braemer Rd (no rural route) City Lincoln NE, Zip NE 68516

Legal Description Lot 5, Block 2, Highlands Addition, LLCN 5 2
(1/4 1/4 Section 32 Township 9N Range 7E 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 Robert & Laurie Barnes Signature Robert Barnes

Address 5300 Braemer Rd City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 489-0223 Work Phone 480-1328 - Cellular

C. Contractor

Name Kinning-Sydow Builders, Inc. Company Name same

Address P.O. Box 6554 City/State/Zip Lincoln, NE 68506

☑ Check if contractor designed system Work Phone 421-1334 or 430-6344

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

Designer Name Wellmann Plumbing Firm same Work Phone 434-2400 430-6817 Clint

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 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 1/3/97 Date frwd 1/6/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-6-97 Date frwd 1-6-97 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 1-6-97 Date frwd 1-6-97 ACTION ☒ Approved ☐ Disapproved Signature

5/5/97 sewer + tank only

Installation Final Written Approval

By _____

Date 10/4/01

Business Office Use Only 3128

Date Rec'd 1/03/97

Amt Paid $ 150 ck

Rec'd By LS ~~Cash~~/Check No. 15801

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township T9N ; Range R7E ; Section & ¼ Section 32 SE/4.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . WTC2
Dates of Tests: 8-6 to 8-7-86. Weather: Precip. ½" Temp. 80°.

OWNER: Dick Flynn

Address: RED 8 Lincoln

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				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	8/6	9:00	11:00	8/7	8/7	2:50	21 5/8	3:20	22 5/8	30	1	
2			AM	AM				22 3/8		23		5/8	
3								22 1/2		23 5/8		1 1/8	
4								24 3/8		23 3/8		1	
5								23		24 1/2		1 1/2	
6								19 1/4		20 1/8		7/8	
7	↓							18 1/8		19		7/8	

Sum of Percolation Rates: 7in
Average of Rates: 1.0
Mean of Rates: _____

Brad Southwick
Signature of Person Conducting Test

Address 7014 E 4 Hickman Rd Phone 792-2462

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: August 12, 1986

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

254 / 762

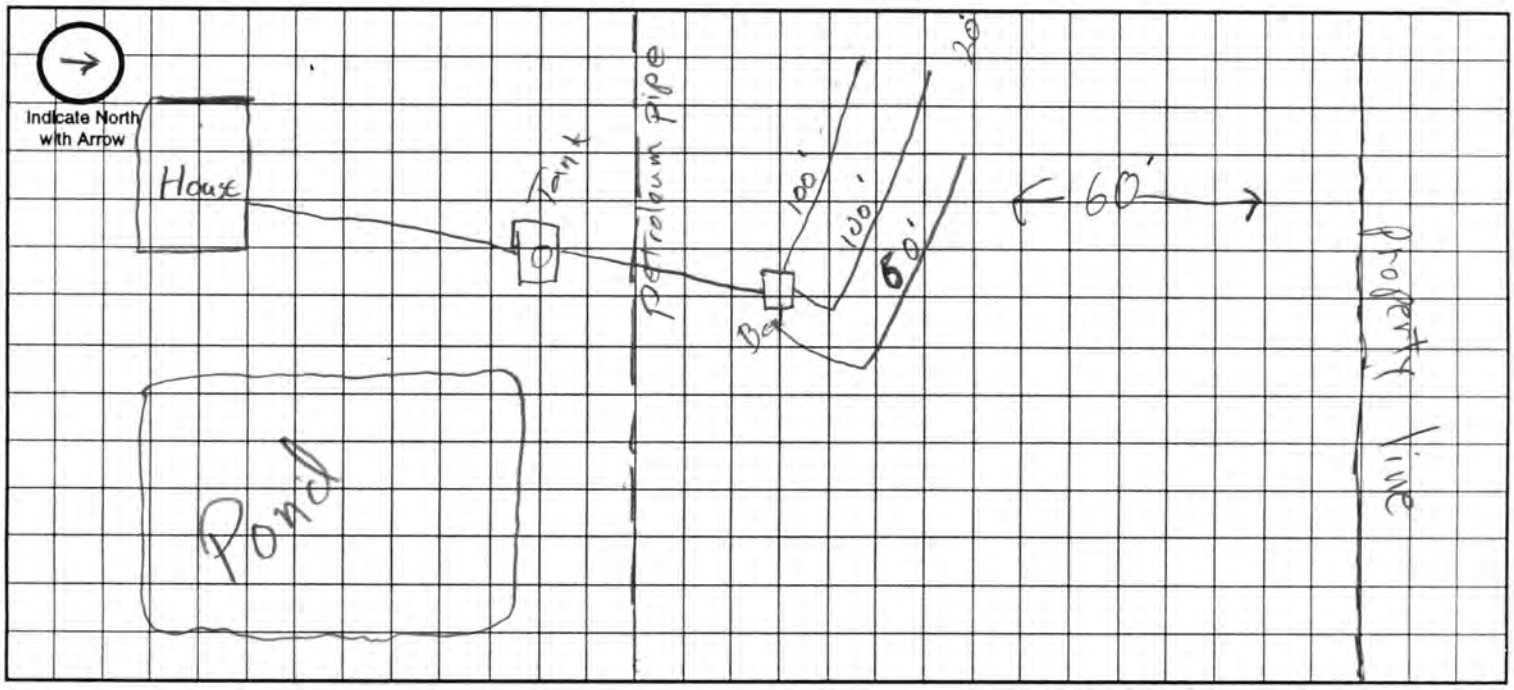
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

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) 5300 Broemer Rd. City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 30 (min. per inch) Soil Type: Wymore Silty Clay Loam Land Slope: 1 to 4 %

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

Total Square Feet of Field Required: 762 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 254 ft. Number of Trenches 3 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 Mary Kinning Date 1-3-97

Installer Clint Presnell (Wellmann Plumbing) Date 1-3-97

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

A. Building Sewer
1. Material: Sch. 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 80 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100'+ ft.
   stream NA ft.
   pressure line 70' ft.
   property line 100'+ ft.

B. Septic Tank
1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100'+ ft.
   Property line 100'+ ft.

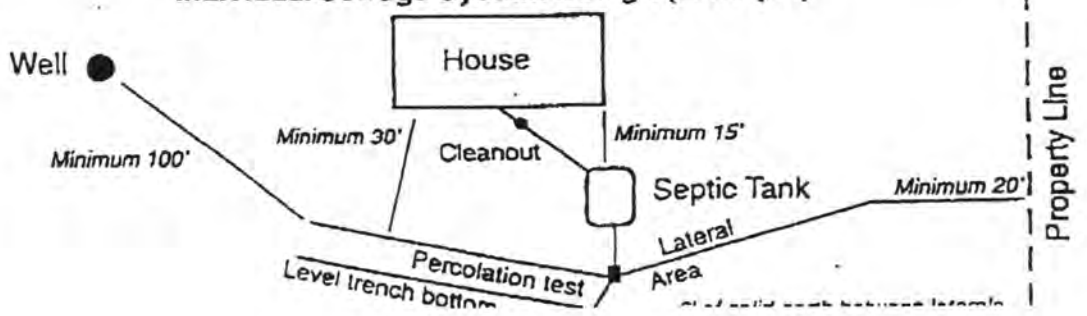
C. Distribution Box
1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 60' ft.

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: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: 100 ft. 100 ft.
   60 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 24 in
4. Filter material: Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line 100' ft.
   Stream — ft.
   Pressure line 50 ft.
   Property line 60' ft.

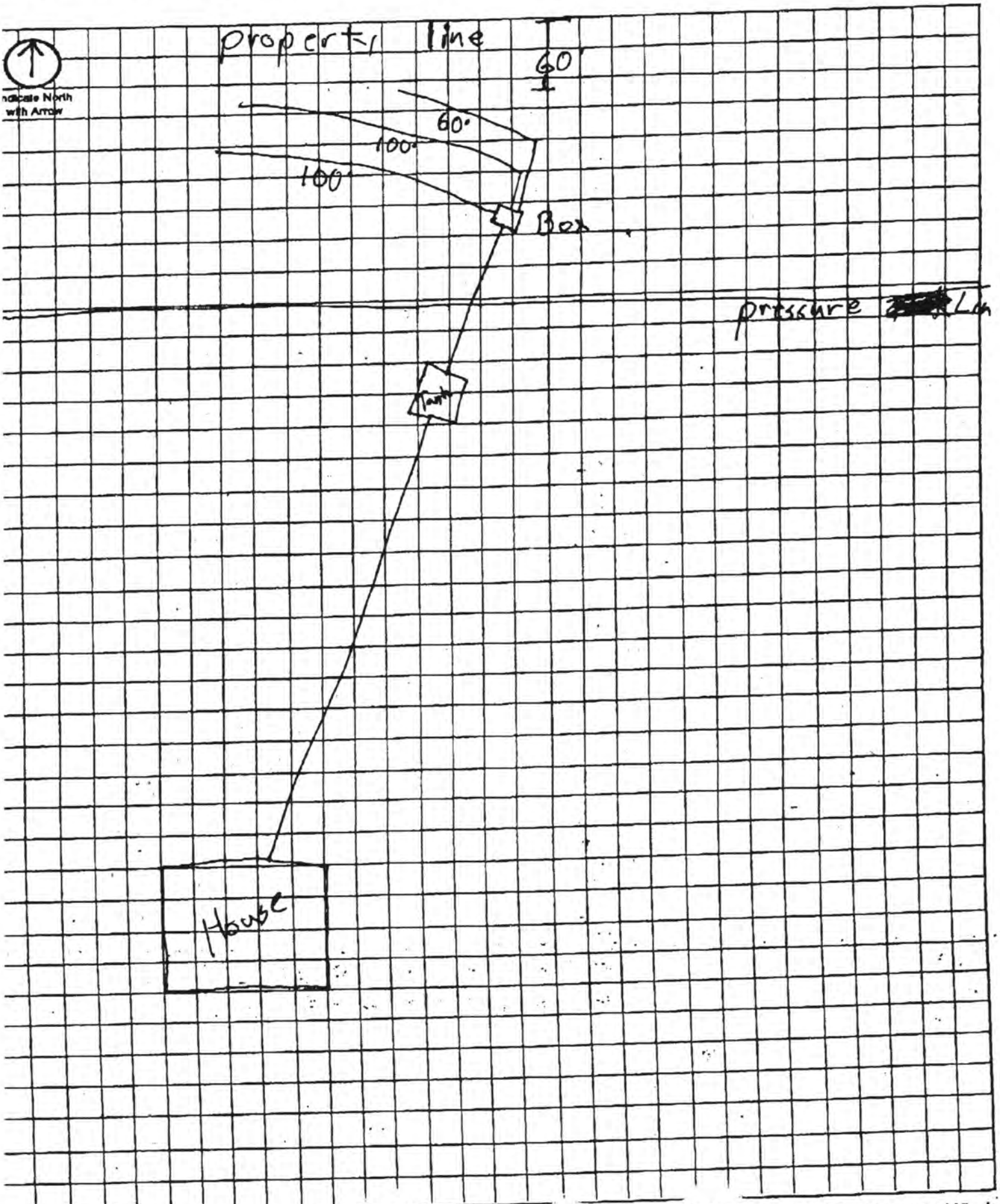
Complete "As Built" drawing on back of this form.

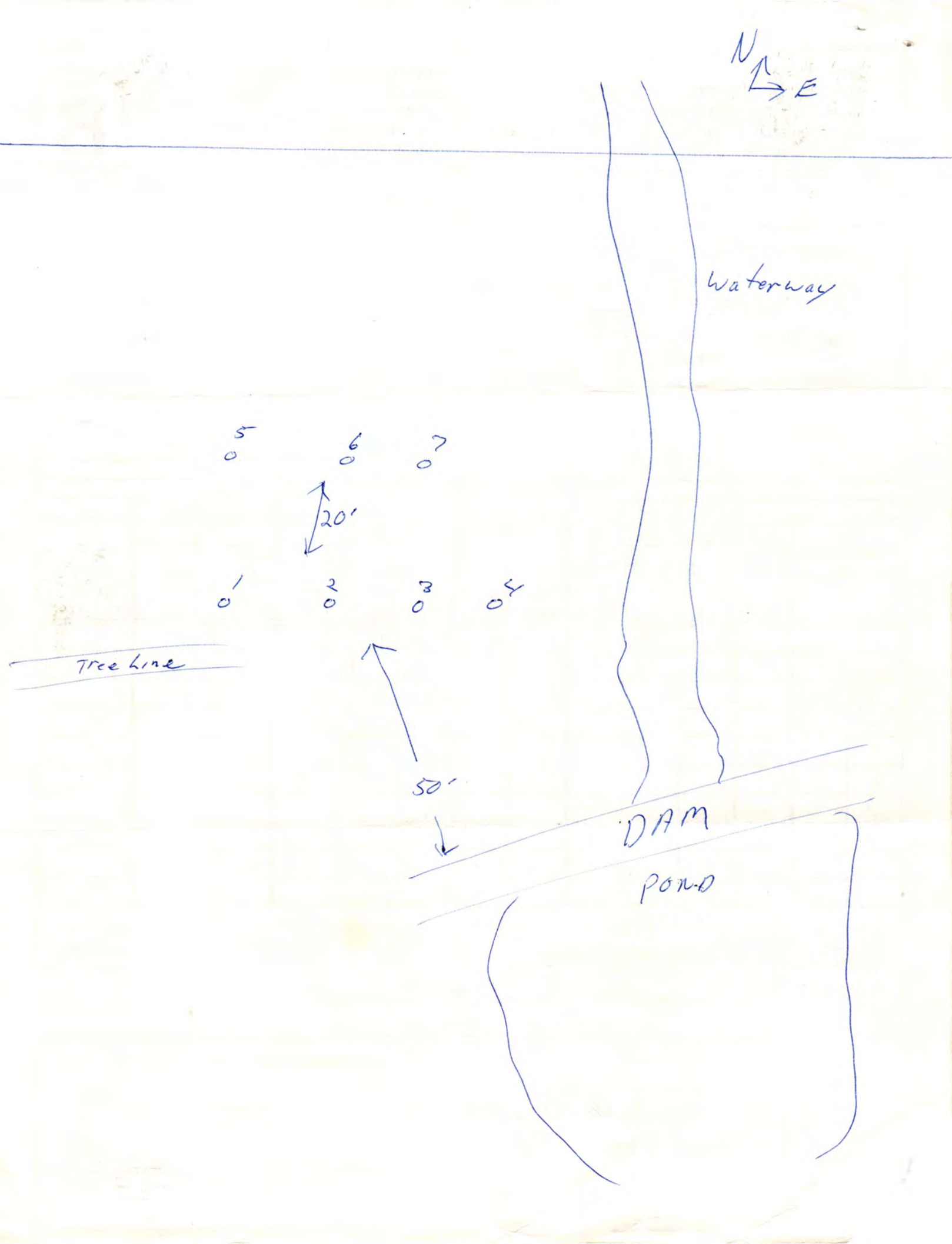
Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing




N
E
Waterway
5
6
7
20'
1
2
3
4
Tree Line
50'
DAM
POND