Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380244301

Issued 04/01/02
Expires 10/01/02
Revenue Code 3157

Establishment

RONALD & BEVERLY JESTER
T9N R7E SEC 32
SILVER SPRINGS-4TH LOT 2
10700 CROMWELL DR

FEES: $200.00

Permittee

RONALD & BEVERLY JESTER
4811 HAPPY HOLLOW LN
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

001101

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

A

Permit Number: 023802443

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 10700 Cromwell Dr (no rural route) City Lincoln NE, Zip 68516

Legal Description see attached plot plan 32 (1/4) (1/4) (Section) 9N (Township) 7E (Range) Silver Springs (Subdivision) 4th (Addition) — 2 (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 Ronald & Beverly Jester Signature Beverly R. Jester

Address 4811 Happy Hollow Ln. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 423-7423 Work Phone 437-8385

C. Contractor

Name Kinning-Sydow Builders, Inc Company Name _____

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 _____ 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 4/1/02 Date frwd 4/1/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/1/02 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-1-02 Date frwd 4-1-02 ACTION ☑ Approved ☐ Disapproved Signature Dennis Bartels

~~8/22/02 Partial sewer only. Need C/A. Need drawing~~

Installation Final Written Approval

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

Date NOVEMBER 8, 2002

Business Office Use Only

Date Rec'd 03/25/02
Amt Paid 200.00
Rec'd By M 'MAIL' Cash/Check No. 22970

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

Also well

MAR-14-02 (HO 05:30 PM P:01

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 10700 Cromwell Dr. (no Rural Route) City Lincoln NE, Zip 68516

Owner Ronald & Bever Tister Address 4911 Happy Hollow Ln Lincoln 68516

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

Date of Tests 3-10 to 3-11 Weather: Precipitation _____ Temperature 40°

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	3-10	5:30	3-11	8:30	3-11	2:00	19	3-11	3:00	60	1	
2								14 1/2				1/2	
3								13 1/4				3/4	
4								12 1/2				3/4	
5								15 1/4				1/2	
6								11 1/2				1/2	
7								13 1/4				1/4	
8	↓							16 1/4				3/4	

Person Conducting Percolation Tests

Name: Mindhorst Const Inc

Phone: 641-4756

Address: 2183 Vond Rd

Milford, NE

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-191 10-95

B

Permit Number: 023802443

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10700 Cromwell Olive (no rural route) City Lincoln NE, Zip 68516

Owner Ron & Bev Jester Address: 4811 Happy Hollow Ln Lincoln 68516

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

Date of Tests 3/29/02 to 3/30/02 Weather: Precipitation 0 Temperature 45

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	36	3/29	5:00	3/30	9:00	3/30	9:00	6	3/30	1:00	30	1/2	60
2	36	3/29	5:00	3/30	9:00	3/30	9:00	6	3/30	1:00	30	7 1/4	4
3	36	3/29	5:00	3/30	9:00	3/30	9:00	6	3/30	1:00	30	5 1/4	6
4	36	3/29	5:00	3/30	9:00	3/30	9:00	6	3/30	1:00	30	5 1/2	5
5	36	3/29	5:00	3/30	9:00	3/30	9:00	6	3/30	1:00	30	1 1/4	24
6	36	3/29	5:00	3/30	9:00	3/30	9:00	6	3/30	1:00	30	4 1/2	7

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: _____

Address: _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks: _____

Signature of Reviewing Official: Jerrald C. Hood R.E.H.S. Date APRIL 1, 2002

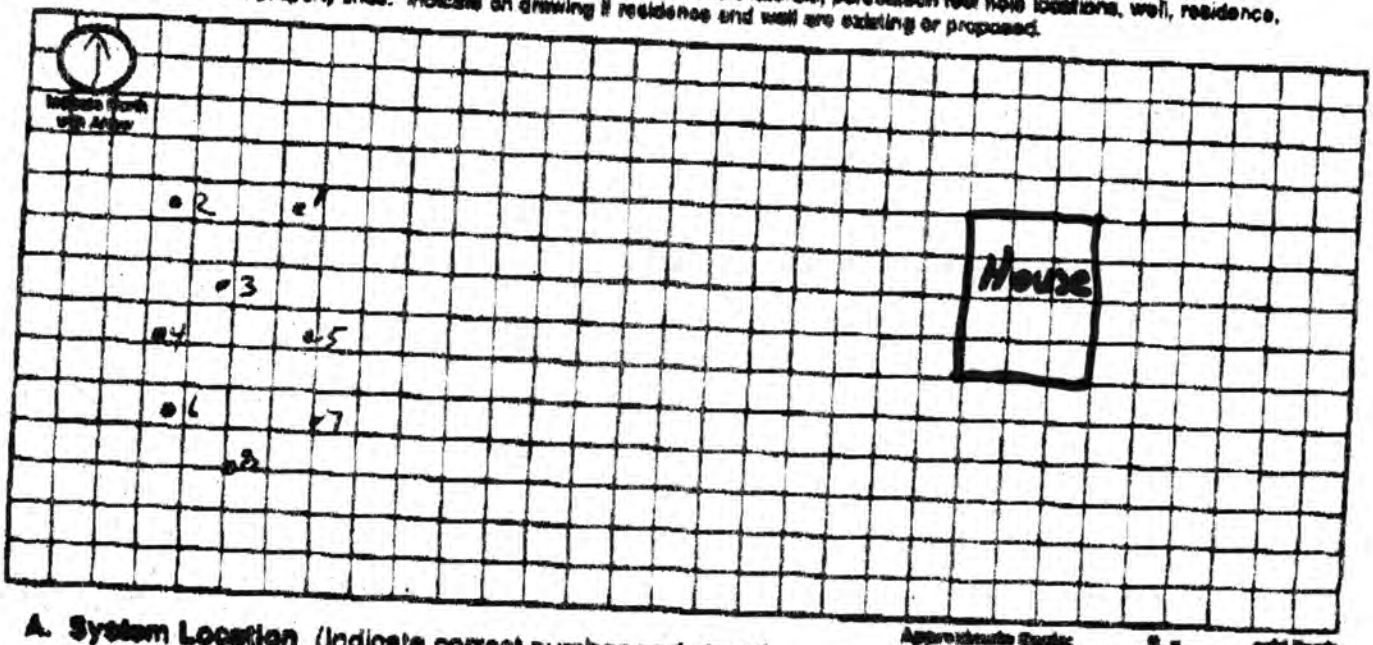
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plat 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 Blocks

A. System Location (Indicate correct number and street)

Address (no rural route) 10700 Cromwell Dr 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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 _____ 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	Ground 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 ☐	NA ☐	30 ☐	50 ☐	100 ☐	500 ☐	☐

E. Required Signatures

Home Building Contractor Mary Kinning Date 3-22-02

Installer Mundhenke DBA Schenck Tre Date _____

FORM 20-102 10-02

NOV 0 8 2002

D

Permit Number: 023807443O1

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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Sewage Disposal System
As Built Plans & Specifications

Date 11-6-02

System Location (Indicate correct number and street)

Address 10700 ~~Cmo~~ Cromwell (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: NA
   Diameter: in.
2. Distance above basement floor: in.
   or distance below basement floor: in.
3. Distance between dwelling and septic tank: ft.
4. Number of clean-outs:
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: 3
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter NA 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 250 ft.
   Stream NA ft.
   Pressure line 240 ft.
   Property line 45 ft.

C. Distribution Box

1. Material: Drop Boxes Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 27' ft.

D. Absorption Field

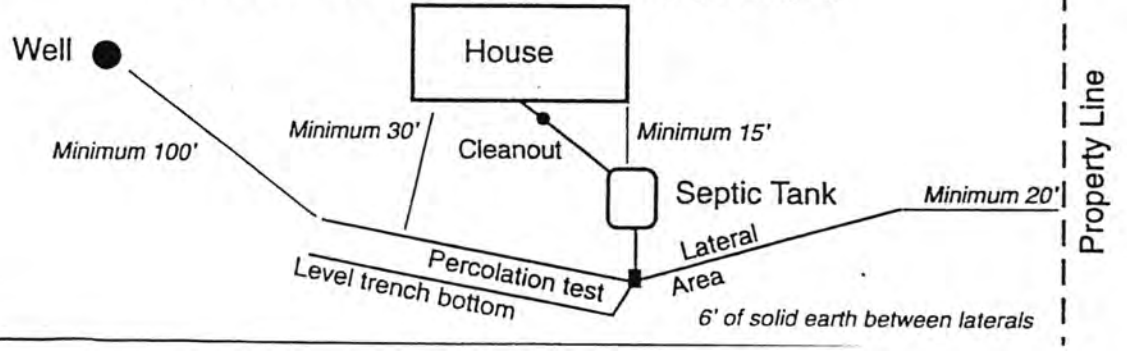
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrators
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   120 ft. 60 ft., ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 32 in
4. Filter material: Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line 300' ft.
   Stream NA ft.
   Pressure line 280' ft.
   Property line 60' ft.

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

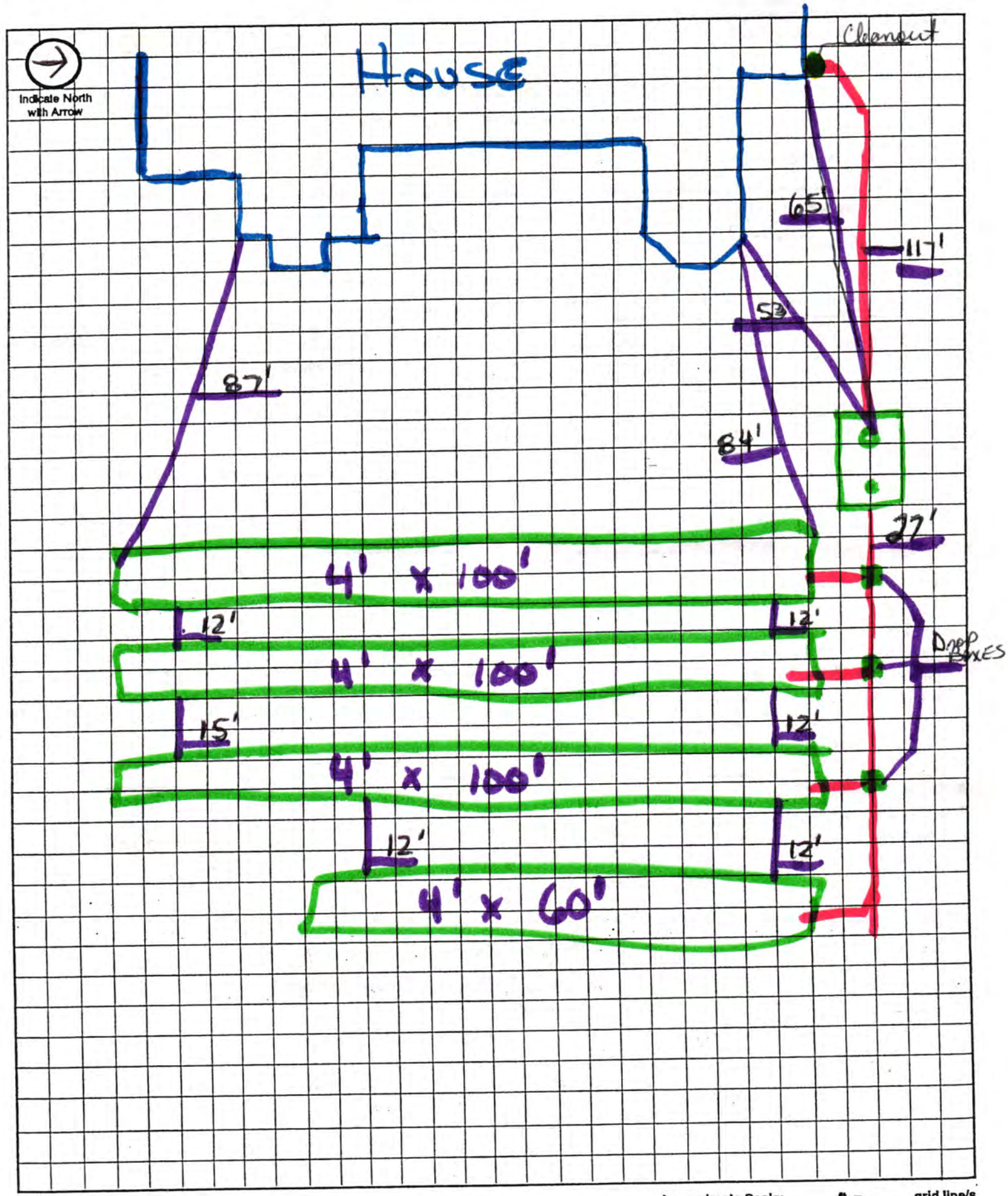
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s