LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit No. 99380195201

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 03/25/99
Expires 09/25/99
Revenue Code 3157

Establishment

DON BRESTER
T9N R7E SEC 32
SILVER SPRINGS ADDN BLK 2 LOT 6
5301 NEW CASTLE RD

PAID

FEES: $150.00

TOTAL $150.00

Permittee

DON BRESTER
1720 SAYBROOK LN
LINCOLN NE 68512

Issued By Health Director
Lincoln-Lancaster County Health Department

009022

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 5301 NEW CASTLE ROAD (no rural route) City LINCOLN NE, Zip

Legal Description 32 9N 7E SILVER SPRINGS ADDITION 2 6
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 DON BREISTER Signature Don Breister

Address 1720 SAYBROOK LANE City/State/Zip LINCOLN NB 68512

☐ Check if owner designed system Home Phone 423-0375 Work Phone 423-2337

C. Contractor

Name DON BREISTER Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone 423-2337

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

Designer Name LARRY SCHWARCK Firm LARRY SCHWARCK TRENCHING CONT. Work Phone 489-7294

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 3/23/99 Date frwd 3/24/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/24/99 Date frwd 3-24-99 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** need drawings Date rec'd 3-24-99 Date frwd 3-24-99 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date 8/30/99

Business Office Use Only

Date Rec'd 03/23/99
Amt Paid 150 cs
Rec'd By
~~Cash~~/Check No. 5606

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: 99 38019 5201

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (ne rural route) Silver Springs City Lincoln NE, Zip _____

Owner Don Brester Addresss 1720 Saybrook Ln 12

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 8-24 to 8-25-98 Weather: Precipitation _____ Temperature _____

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	8-24	5:00	8-25	7:00	8-25	9:00	9 1/2	8-25	9:30	30	1/2	
2	1				AM			13 1/2				3/4	
3								12				3/4	
4	1							13 3/4				1/2	
5	1							14				1/2	
6	1							13 1/2				1/2	

Person Conducting Percolation Tests

Name: Larry Schwarck

Phone: 489-7294

Address: 8200 old cheney

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 Jerrold C. Wood Date MARCH 24, 1999

FORM 23-101 10-96

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

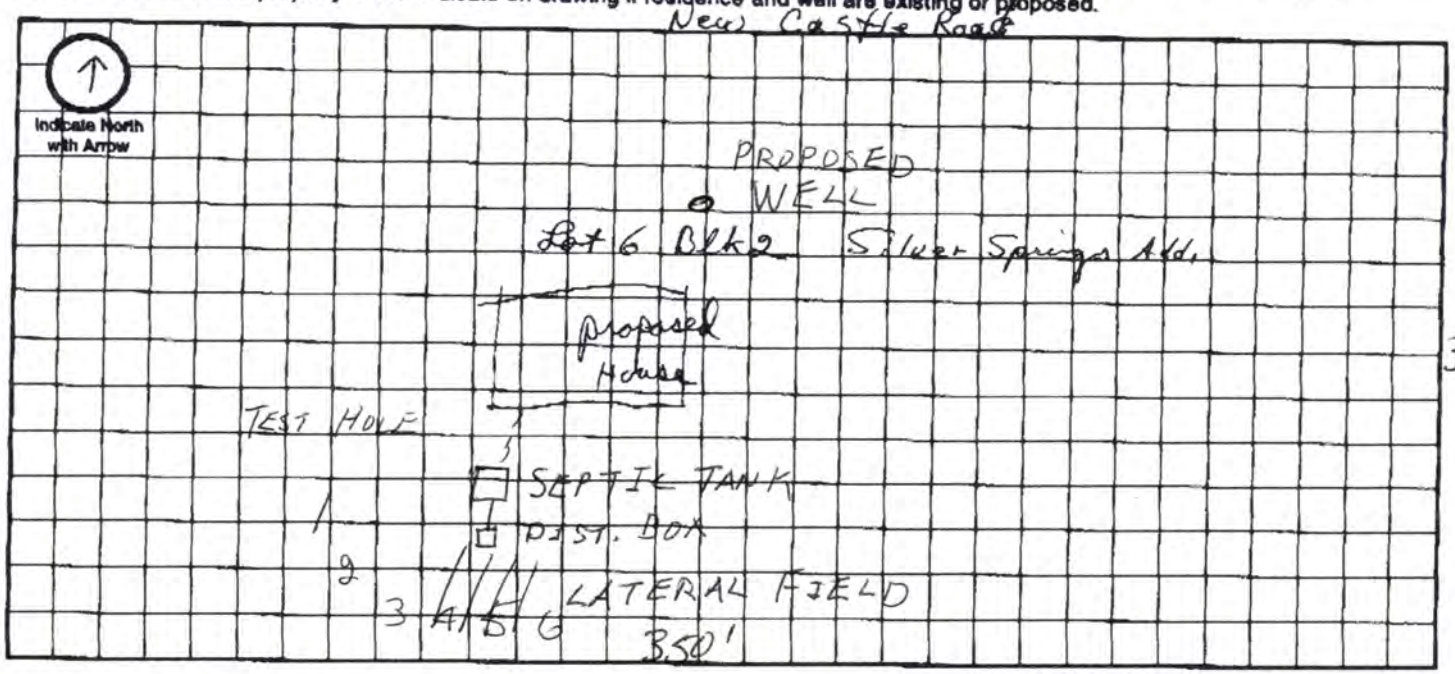
C

Permit Number:

Fax 423-4517
Don Brester

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) _____ City _____ 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: WYMORE SILTY CLAY LOAM Land Slope: 3 %

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: Infiltrator

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~330~~ 390 ft. Number of Trenches 3 or 4 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 Don Brester Date 3-22-99

Installer Larry Schwarck Date 3-22-99

FORM 23-102 10-96

Faxed to Don Brester 3/22/99

AUG 3 0 1999

D

Permit Number: 9938019 5201

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

Sewage Disposal System

As Built Plans & Specifications

Buster

Date 8-18-99

System Location (Indicate correct number and street)

Address Lot 6 Blk 2 Silver (no rural route) City Springs NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: 4' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ 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: _____ 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: _____ 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: _____ ft.

D. Absorption Field

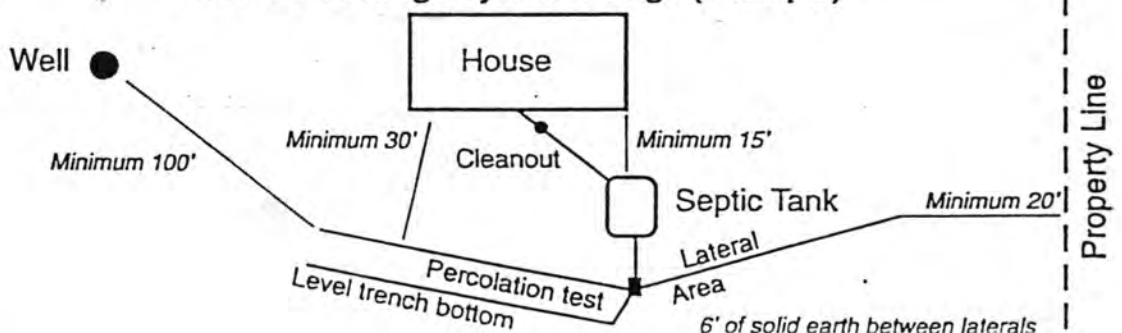
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: 328' Number 5
   Length of each line: 62 ft. 62 ft.
   62 ft. 71 ft., 71 ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

TEST HOLE	7-25-99 Full 11:30	12:30	1:55	3:00	7-26 Full 6:00	7:00	7:30	8:00	8:30	9:00	9:30	10:00	
1	13 1/4	20	22 1/2	24 1/2	5"	8"	10	11	12 1/4	13 1/4	14 1/2	15 1/2	1"
2	5 1/2	13	13 1/2	14 1/2	1 1/2	8 1/2	9 1/4	10	10 1/2	11	12 1/2	12	1/2"
3 *	5"	12	14 1/2	DRY	4	7	9 1/4	10 3/4	12	2 1/2	4 1/2	6 1/2	2" ADD 11" 8:55
4	12 1/2	20	22 1/2	AD 25	2 1/2	6 1/2	9	10 3/4	12	13 1/4	14 3/4	15 1/2	1 3/4"
5	7 3/4	21	AD 25 1/2	DRY	4 1/2	12 1/2	16 3/4	18 1/2	20	13 1/2	15 1/2	17 3/4	2 1/4" ADD 8" WATER 8:50
6	14 1/2	21 1/2	24	AD 26	2 1/2	8	10 3/4	13	14 1/2	16	17 1/4	18 1/2	1 1/4"
7	15"	30	34	35D	3	13	19 3/4	23 1/4	23 1/2	15	19 1/2	22 3/4	3 1/4" ADD 14" WATER 8:45
8	3'-5 3/4	5'-0	DRY	—	9	36	49	DRY	DRY	22	38	47	11" ADD 41" WATER 11" 9:45 READING
9 *	12 3/4	16 3/4	18	DRY	4 1/2	13	14	17	H	14 1/8	14 1/2	14 1/2	HARD PAN

24" DEEP HOLE OK IF 40" DEEP

* OLD HOLE - LARRY SLH,

FILLED 9:00 PM SUN MOST HOLES 7/OF 9 DRY
5:30 AM MONDAY 7-26

A D - ALMOST DRY
D DRY

7/27/99
Don Bruter

5301 NEW CASTLE RD

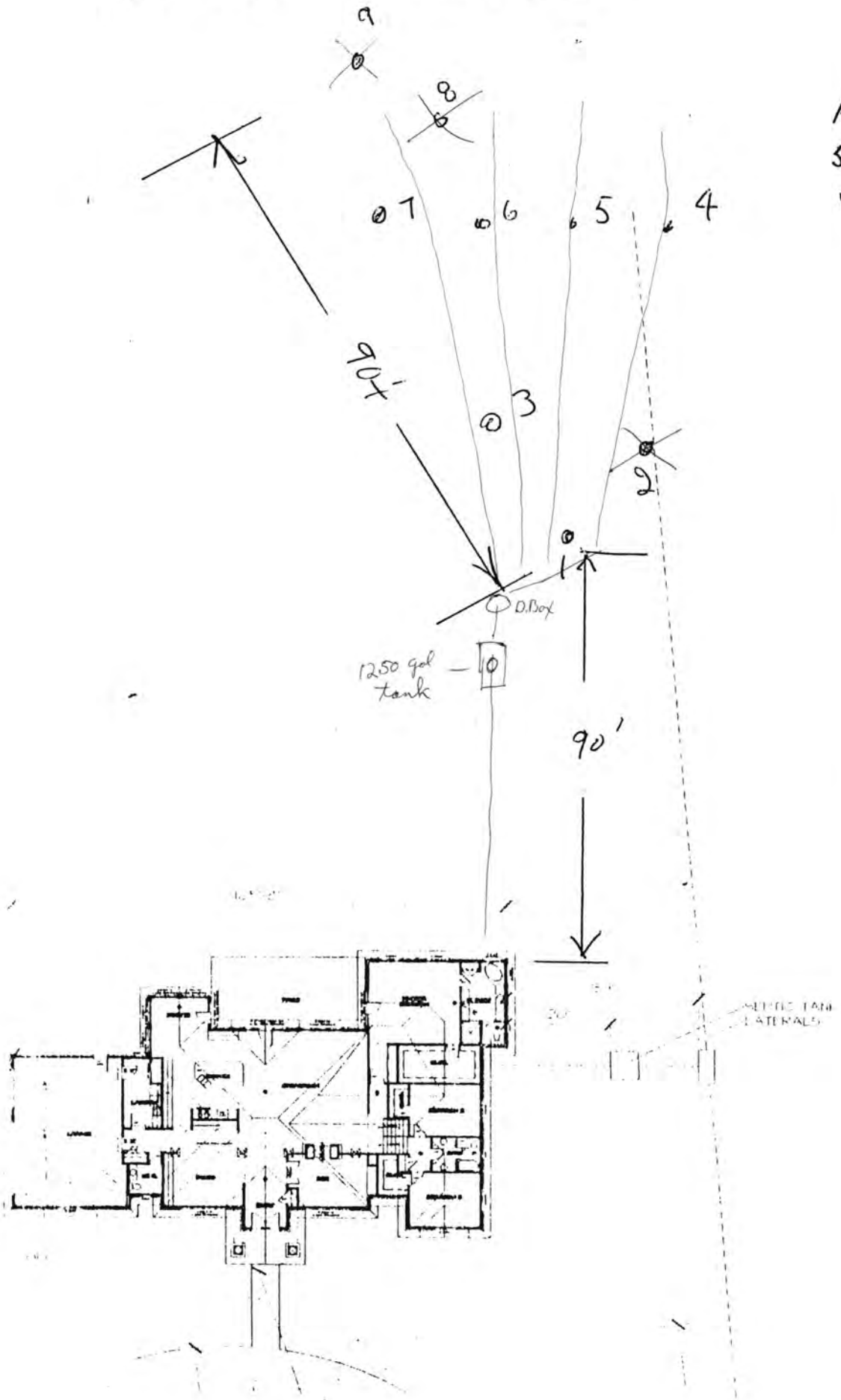
Weyerhaeuser
Structurwood®
Engineered
To Meet Your Needs

A First Choice™ Product

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GM3756

MORE THAN 20' TO LOT LINE



ALL HOLES 50' FROM WATER

5301 New Castle

As Built Drawing by Larry Schwanck for Don Brester

8-18-99

