Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

WASIM CHUGHTAI
T9N R7E SEC 32
SILVER SPRINGS BLK 2 LOT 9
5455 NEW CASTLE RD

Permittee

WASIM CHUGHTAI
5315 S 80 ST
LINCOLN NE 68516-9279

Permit # 01380231101

Issued 05/04/01
Expires 11/04/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted] Acting Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015605

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

A

Permit Number: 01302311

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 5455 Newcastle Rd (no rural route) City Lincoln NE, Zip

Legal Description 1/4 1/4 Section 32 Township 9N Range 7E Subdivision Silver Springs Addition Block 2 Lot 9

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Wasim + Munawara Chaghtai Signature

Address 5315 S. 80th City/State/Zip Lincoln 68516

☐ Check if owner designed system Home Phone 484-8615 Work Phone

C. Contractor

Name Kinning - Sydow Bldrs. Company Name

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

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

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400 610-0563

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 5/4/01 Date frwd	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd Date frwd 5/7/01	ACTION ☑ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd Date frwd 5/7/01	ACTION ☑ Approved ☐ Disapproved Signature Larry L. Lacy	

10/1/01 J.C.H.
9/28/01 SEWER, TANK, DISTRIBUTION BOX & 1 LATERAL, J.C.H.

Installation Final Written Approval

By Jerrold C. Hood

Date JANUARY 10, 2002

Business Office Use Only

Date Rec'd 05/04/01
Amt Paid 200.00
Rec'd By
Cash/Check No. 21936-21937

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
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 5455 Van Dorn (no rural route) City _____ NE, Zip _____

Owner Wasim Chaglla Address 5730 So 70th St Suite 103

Soil Type (SCS): CRETE ~~SILTY CLAY LOAM~~ SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 10-16 to 10-17-00 Weather: Precipitation — Temperature 55°

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 (ft)	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 Rate (Min/in)
1	30	10-16	5:15	6-17	7:30	10-17	11:00	6	6-17	11:30	30	1/2	
2	30							6				1/2	
3	30							6				5/8	
4	30							6				5/8	
5	30							6				1/2	
6	30							6				1/2	
7												1/2	

Person Conducting Percolation Tests

Name: Larry Schiavik

Phone: 402 / 489 - 7294

Address 8230 Old Cheney Rd.

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 _____ Date _____

FORM EP-101 10-98

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

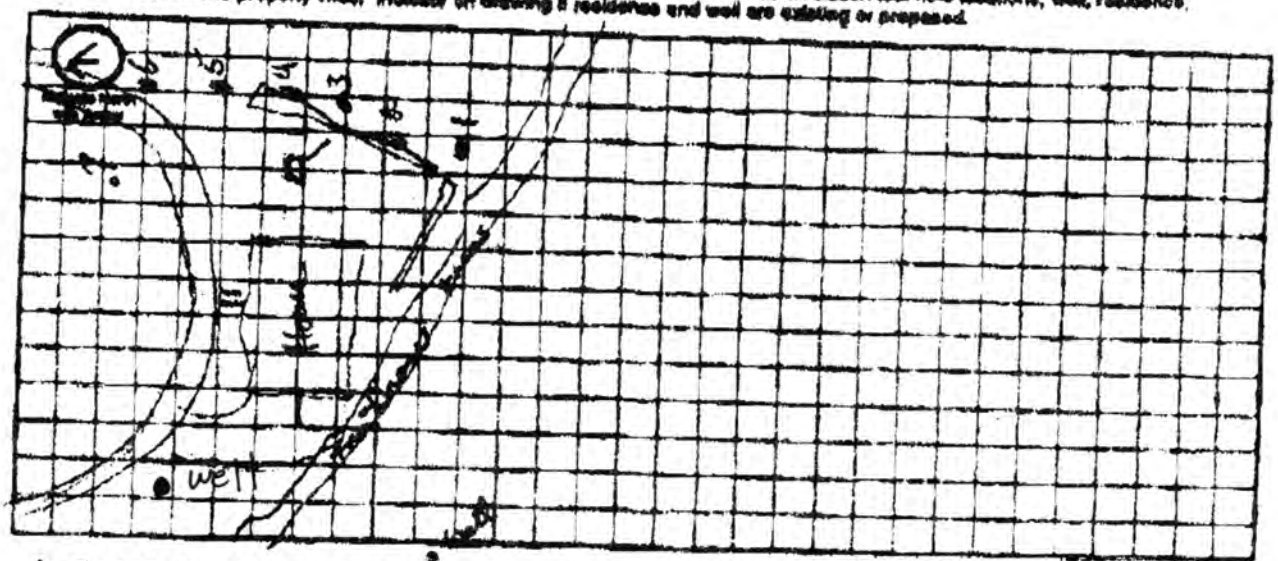
C

Permit Number

Lot 9 Blk 2
Silver Springs Add.

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 block

A. System Location (Indicate correct number and street)

Address (no rural route) 5455 New Castle 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: CRETE SILTY CLAY LOAM Land Slope ____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other ____

Total Square Feet of Field Required: 1320 sq. ft.

Type of Lateral: ☐ Half-Moon ☒ Perforated Pipe ☐ Other Lateral Material: INSULATOR

Capacity of Septic Tank: 1500 gals Number of Absorption Beds: THRS Number of Distribution Laterals per Bed: 5

Total Length of Laterals: ~~1440~~ 1320 ft. Number of Trenches: # 4 Trench Width: 36" 3.5'

Use Infiltrator System Equivalent

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 ☒	10 ☒	20 ☒	☑
Field (ft)	100 ☑	500 ☒	50 ☒	4 ☑	20 ☒	20 ☑	20 ☑	40 ☑	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	NA ☐	50 ☐	50 ☐	100 ☐	300 ☐	☐

E. Required Signatures

Home Building Contractor Michael Kinning Date 5-4-01

Installer Larry Schroeder Date 10-17-00

FORM 59-102 10-98

Attn: Jerry Hood

D

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

Permit Number:

From Clint

Sewage Disposal System
As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)
Address 5455 New Castle City Lincoln NE, Zip _____
(no rural route)

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: 40 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream — ft.
   pressure line 85' ft.
   property line 75' 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 — 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: 18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream — ft.
   Pressure line 60 + ft.
   Property line 75 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 20' ft.

D. Absorption Field

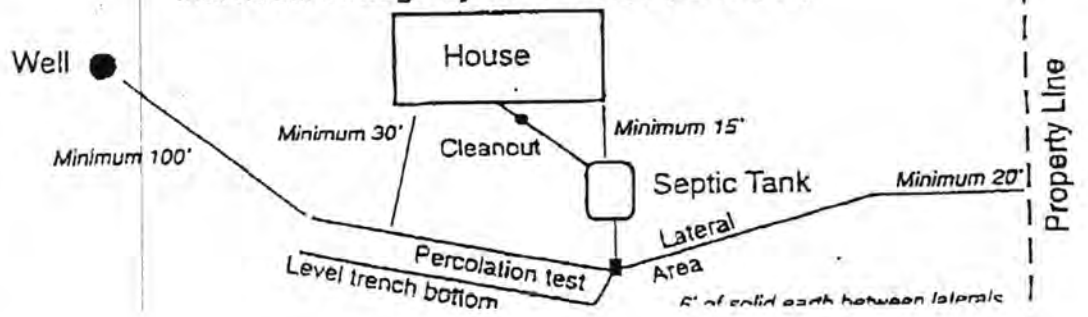
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 3 4"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 3.5 in
4. Filter material: None
   Depth of material _____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream — ft.
   Pressure line 9.5 ft.
   Property line 20 ft.

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

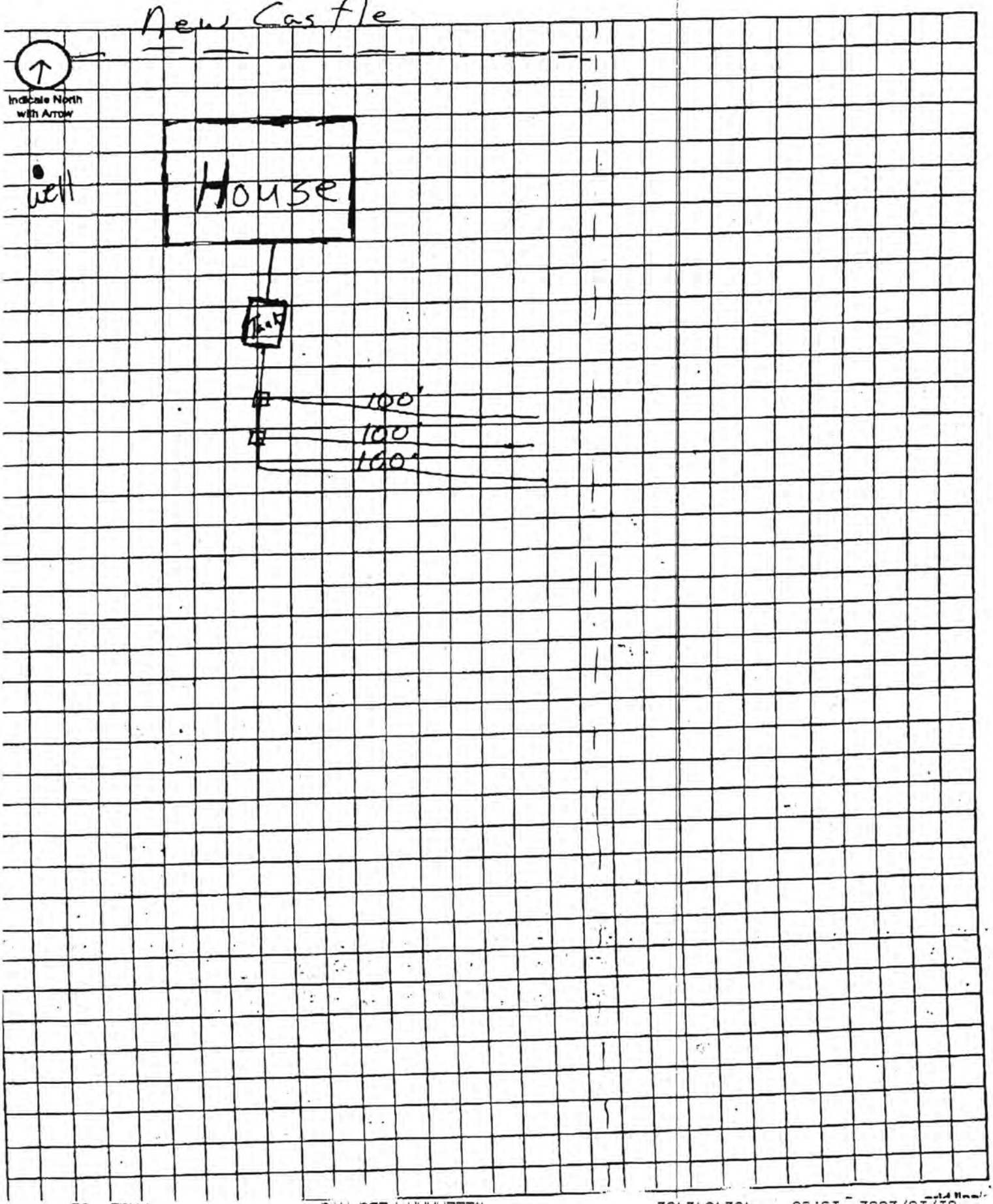
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

COPY

Permit No. 014000953

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests: $100.00

- ☑ Site Clearance and Permit to construct a new individual water well - ~~$150.00~~
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 5455 Newcastle Rd City Lincoln, NE Zip 68516
   (No Rural Route Please)
   Legal description of property:
   Twp 9N; Range 7E; Section 32; Block 2; Lot 9; Addition Silver Springs Addition
2. Well use: ☑ Residential; ☐ Commercial; ☐ Other; Describe: _____
3. Distance to Public Water Supply _____ feet.

Signature of Owner _____

Print Name Wasima Mona Chughtai
Current Address 5315 So 80th
Lincoln, NE 68516
Current Home Phone 484-8615
Work Phone 484-6080

Signature of Contractor _____

Print Name Kinning-Sydow Builders
Address P.O. Box 6554
Lincoln, NE 68506
Home Phone 402 421-1334
Work Phone 402 421-1334
Cellular Phone 402 430-6344

Sewage Permit Applied for: ☑ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received 5/4/01 Date forwarded 5/7/01	ACTION ☑ Approved ☐ Disapproved Signature: Jerrold C. Hood		
2. Building & Safety	Date received 5/7/01 Date forwarded ___/___/___	ACTION ☑ Approved ☐ Disapproved Signature: _____		
3. City Engineer	Date received 5/7/01 Date forwarded 5/7/01	ACTION ☑ Approved ☐ Disapproved Signature: _____		

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 10/5/01 By Jerrold Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood
Date: 12/3/01

Nitrate Level 1.6 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 05/04/01
Amt Paid: $ 100.00
Rec'd By _____ Cash/Check No. 21936 - 21937

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Also Sewage