LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380173901

Issued 04/14/98
Expires 10/14/98
Revenue Code 3157

PAID

FEES: $150.00

Establishment

JIM AHLSTEDT
T9N R7E SEC 32
SILVER SPRINGS BLK 3 LOT 1
5005 NEWCASTLE RD

TOTAL $150.00

Permittee

JIM AHLSTEDT
6410 S 41 ST CT
LINCOLN NE 68516-2905

Gregg M Wright MD

Issued By ~~M. Jane Ford~~
Health Director

6361

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: 98380739

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 5005 Newcastle Rd (no rural route) City Lincoln NE, Zip 68516

Legal Description 32 (1/4) 9N (1/4) 7E (Section, Township, Range) Silver Springs (Subdivision) 3 (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 Jim Ahlstedt Signature Jim Ahlstedt

Address 6410 So. 41 St. Ct. City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 421-3393 Work Phone 432-8732

C. Contractor

Name David Vogt Company Name Vogt T&T Excavating

Address P.O. Box 181 City/State/Zip Elmwood, NE 68349

☐ Check if contractor designed system Work Phone 560-4267

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 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 4/13/98 Date frwd 4/13/98	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 4-13-98 Date frwd 4-13-98	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 4-13-98 Date frwd 4-13-98	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By _____ 5/21/99

Date _____

Business Office Use Only

Date Rec'd 04/13/98

Amt Paid 150.00

Rec'd By LS ~~Cash~~/Check No. 6120

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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B

Permit Number: 98380 1739

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5005 Newcastle Rd. (no rural route) City Lincoln NE, Zip 68516

Owner Jim + Deb Ahlstedt Addresss 6440 So. 41 St. Ct.

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

Date of Tests 2-21-98 to 2-22-98 Weather: Precipitation Trace Temperature 48°

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	34	2-21	2PM	2-22	3PM	2-22	3:00	12	2-22	3:35	35	1/2"	
2	34	"	"				3:00	12				1/2"	
3	34	"	"				3:00	12				1/4"	
4	34	"	"				3:00	12				1/4"	
5	34	"	"				3:00	12				3/4"	
6	34	"	"				3:00	12				1/2"	

Person Conducting Percolation Tests

Name: Jim Ahlstedt

Phone: 421-3393

Address 6440 So. 41 St. Ct.

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

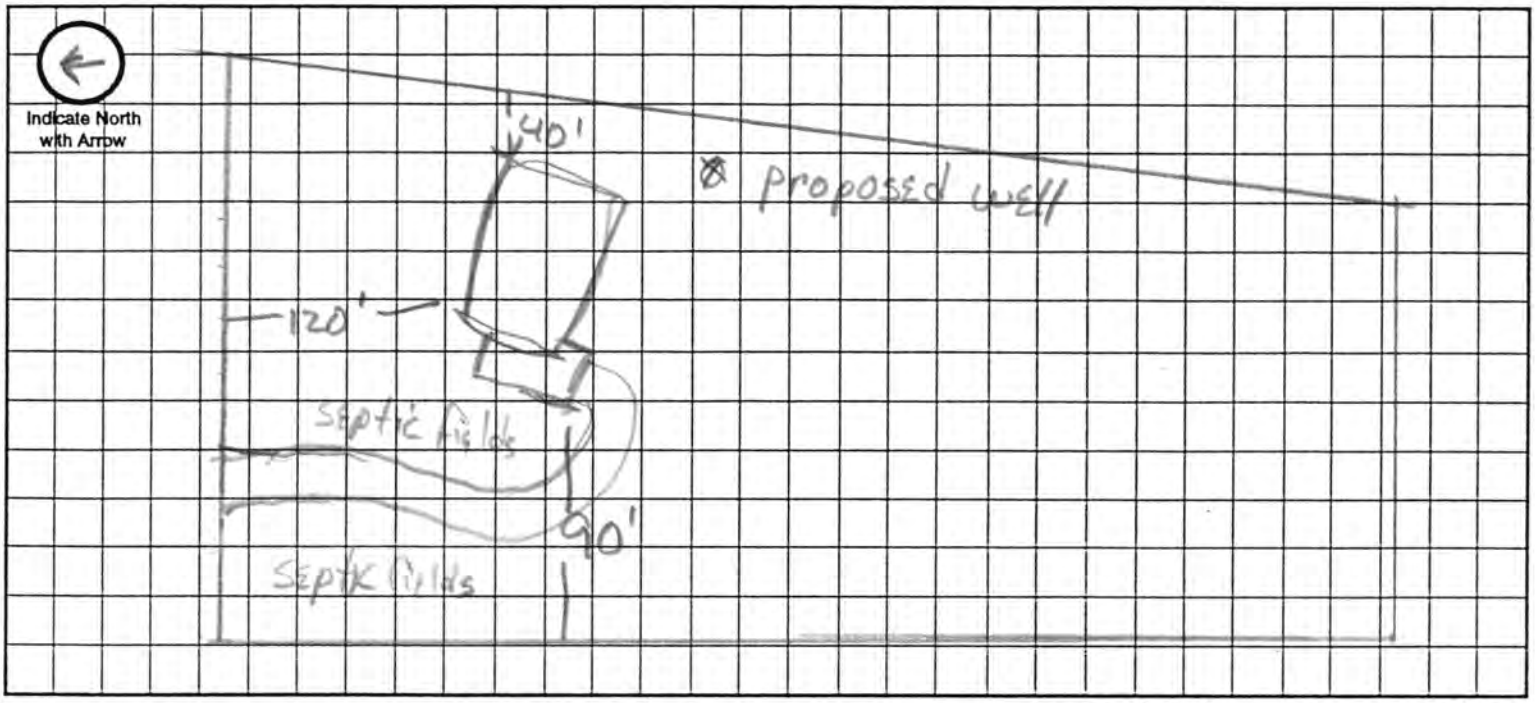
C

Permit Number: 98801737

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) 5005 Newcastle 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 25 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 689 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 188 ft. Number of Trenches 2 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 Jim Halstead Date 4-1-98

Installer _____ Date 4-1-98

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 5-19-99

System Location (Indicate correct number and street)

Address 5005 New Castle Rd (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ~~20~~ in.
   or distance below basement floor: 20 in.
3. Distance between dwelling and septic tank: 52 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 50+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 10 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9 ft.

D. Absorption Field

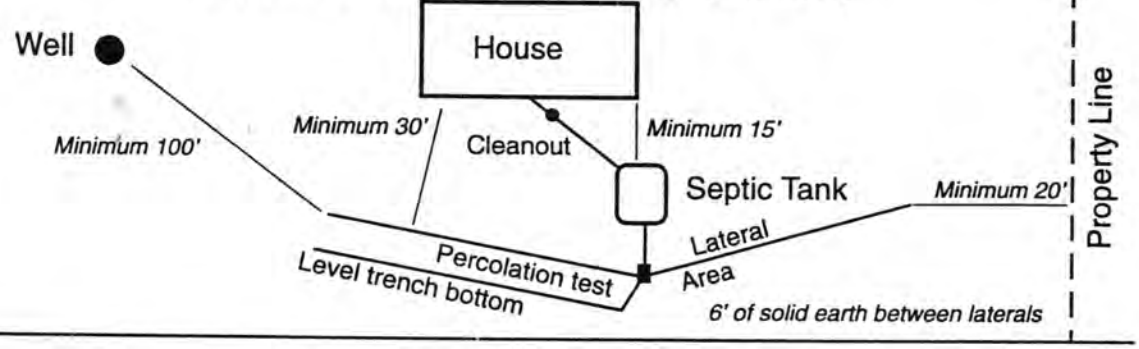
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: 4" Schedule 40
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 2 in/100 ft.
   Average depth 4' in
4. Filter material: Gravel ~~30~~"
   Depth of material 30 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 21 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

