Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

BRAD & KRIS JOHNSON
T9N R7E SEC 33
DEERAC BLK 3 LOT 7
5901 DOE CIRCLE

Permittee

BRAD & KRIS JOHNSON
5531 WOODSVIEW ST
LINCOLN NE 68506

Permit # 02380250501

Issued 07/16/02
Expires 01/16/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002709

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

A

Permit Number: 023802505

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 5901 DOE CIRCLE (no rural route) City LINCOLN NE, Zip NE

Legal Description ____ ____ 33 (Section) 9N (Township) 7E (Range) DEERHAVEN ACRES (Subdivision) ____ (Addition) 3 (Block) 7 (Lot)
1/4 1/4

Geographical Location (if known): Longitude ____ Latitude ____

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

B. Owner

Name BRAD/KRIS JOHNSON Signature ____

Address ____ City/State/Zip ____

☐ Check if owner designed system Home Phone 486-1303 Work Phone ____

C. Contractor

Name TENOPIR CONSTRUCTION Company Name DENNIS TENOPIR

Address BOX 1007 City/State/Zip WILBER, NE 68465

☐ Check if contractor designed system Work Phone 430-8602

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 7/15/02 Date frwd 7/16/02	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7-16-02 Date frwd 7-16-02	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 7-16-02 Date frwd 7-16-02	**ACTION** ☒ Approved ☐ Disapproved Signature	

~~11/15/02 J.C.H.~~ 11/15/02 J.C.H.

Installation Final Written Approval

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

Date NOVEMBER 15, 2002

Business Office Use Only

Date Rec'd 7/16/02
Amt Paid $200.00
Rec'd By CW Cash/Check No. 7430

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

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B

Permit Number: 023802505

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

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

Date of Tests 7/12 to 7/13 Weather: Precipitation none Temperature 90°

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	37	7/12	5:00	7/12	5:00	7/13	8:30	40 1/4	7/13	9:00	30	3/4	40
2	36	7/12	5:00	7/12	5:00	7/13	8:30	40 1/8	7/13	9:00	30	5/8	48
3	39	7/12	5:00	7/12	5:00	7/13	8:30	35 7/8	7/13	9:00	30	3/4	40
4	36	7/12	5:00	7/12	5:00	7/13	8:30	31	7/13	9:00	30	1/4	120 Avoid area
5	37	7/12	5:00	7/12	5:00	7/13	8:30	35 3/4	7/13	9:00	30	5/8	48
6	39	7/12	5:00	7/12	5:00	7/13	8:30	32 1/4	7/13	9:00	30	3/4	40

Person Conducting Percolation Tests

Name: CLAUDE OIE E-3939

Phone: 423-0614

Address 5910 So. 52nd St. Ct. Lincoln Ne. 68516

Sum of Percolation Rates: 336

Average of Rates: 56

Rate Used for Calculation: 48

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

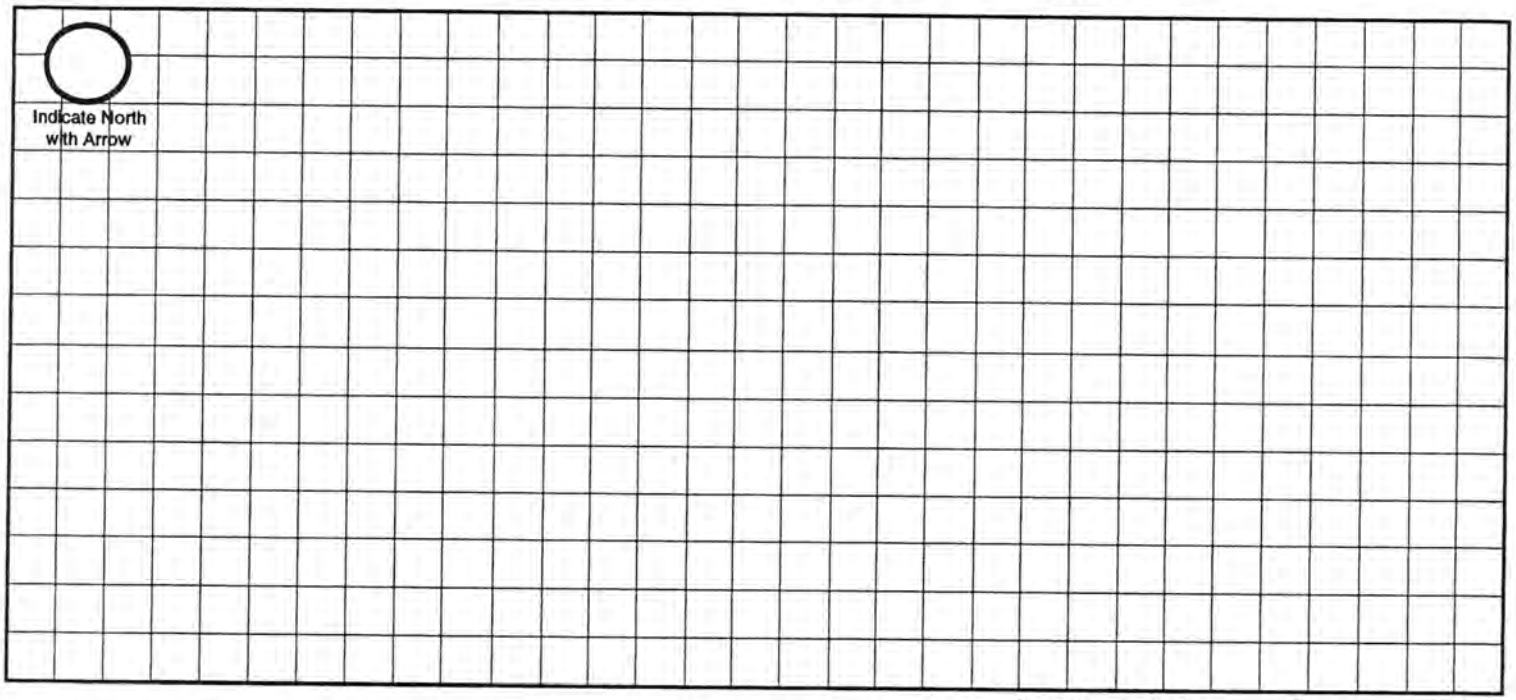
Lincoln-Lancaster County Health Department
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C

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) _____ 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 48 (min. per inch) Soil Type: _____ 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: _____

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

Total Length of Laterals 330 ft. Number of Trenches _____ Trench Width 4

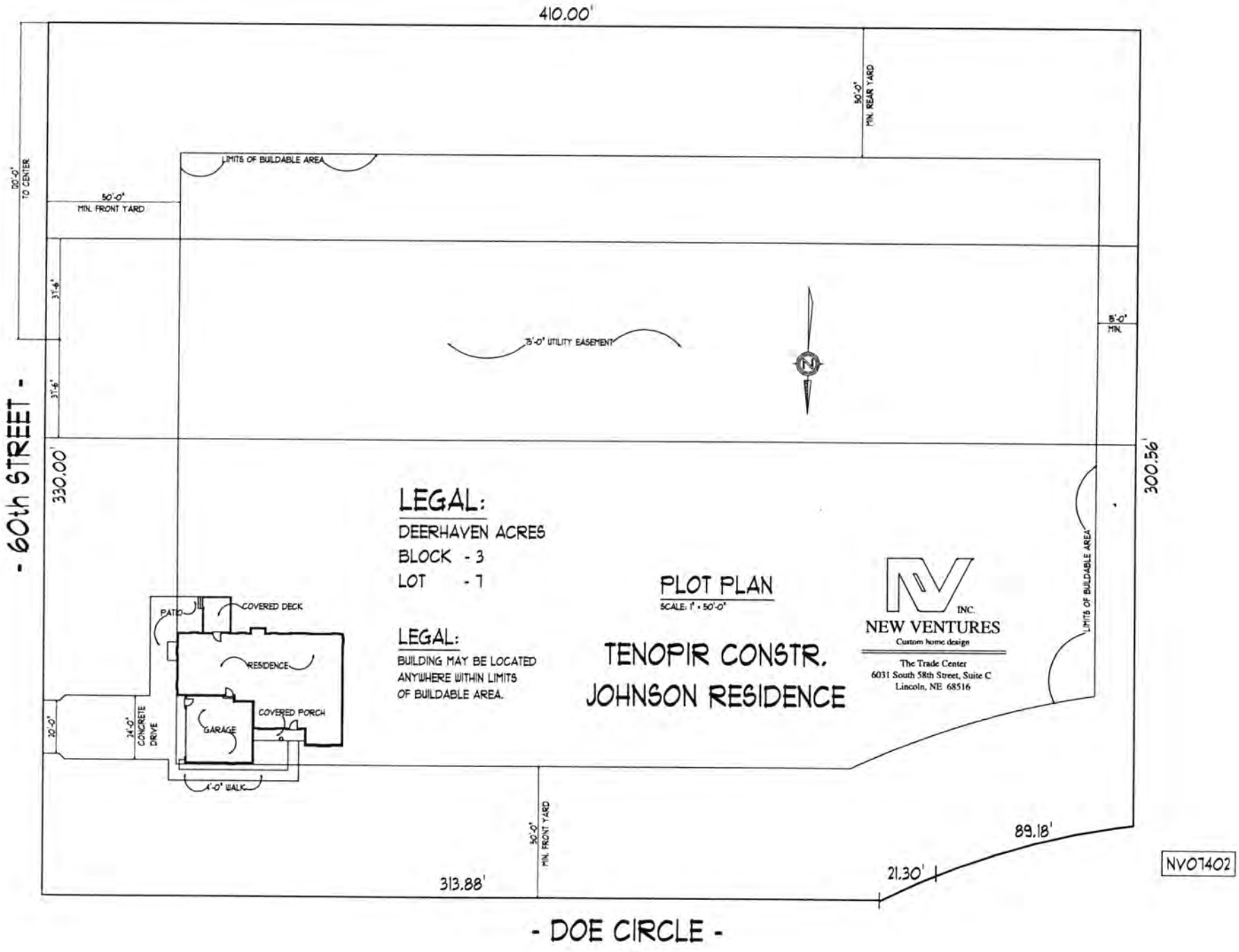
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 _____ Date _____

Installer _____ Date _____


410.00'
50'-0" MIN. REAR YARD
LIMITS OF BUILDABLE AREA
50'-0" MIN. FRONT YARD
80'-0" TO CENTER
37'-6"
37'-6"
15'-0" UTILITY EASEMENT
15'-0" MIN.
330.00'
300.56'
- 60th STREET -
LEGAL:
DEERHAVEN ACRES
BLOCK - 3
LOT - 7
LEGAL:
BUILDING MAY BE LOCATED ANYWHERE WITHIN LIMITS OF BUILDABLE AREA.
PLOT PLAN
SCALE: 1" = 50'-0"
TENOPIR CONSTR.
JOHNSON RESIDENCE
NEW VENTURES INC.
Custom home design
The Trade Center
6031 South 58th Street, Suite C
Lincoln, NE 68516
PATIO
COVERED DECK
RESIDENCE
COVERED PORCH
GARAGE
20'-0"
24'-0" CONCRETE DRIVE
4'-0" WALK
LIMITS OF BUILDABLE AREA
50'-0" MIN. FRONT YARD
313.88'
89.18'
21.30'
NV071402
- DOE CIRCLE -

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-15-02

System Location (Indicate correct number and street)

Address 5901 Doe Cr. (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 54 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: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade ON grade 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 ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Concrete 3 Boxes
   Number available outlets: ____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 20', 23', 44' ft.

D. Absorption Field

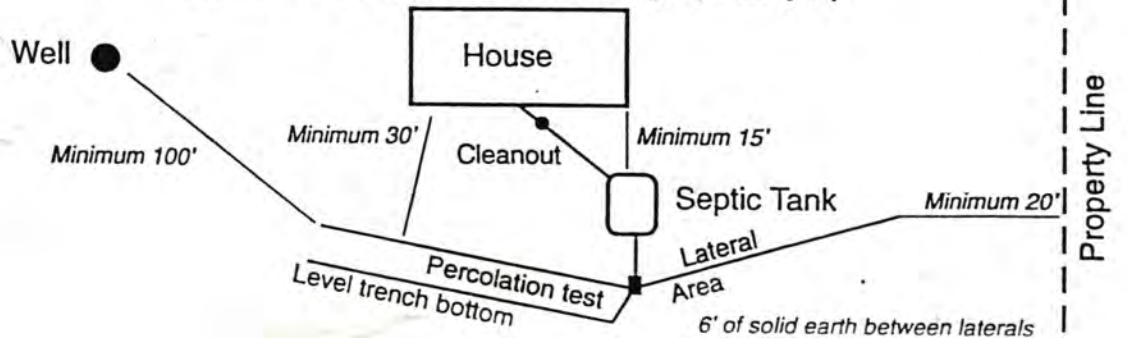
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 36
   or perforated pipe: High Capacity H-10
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 82 ft. 82 ft.
   88 ft. 82 ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope ____ in/100 ft.
   Average depth 36 in
4. Filter material: High Capacity HHO
   Depth of material ____ in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

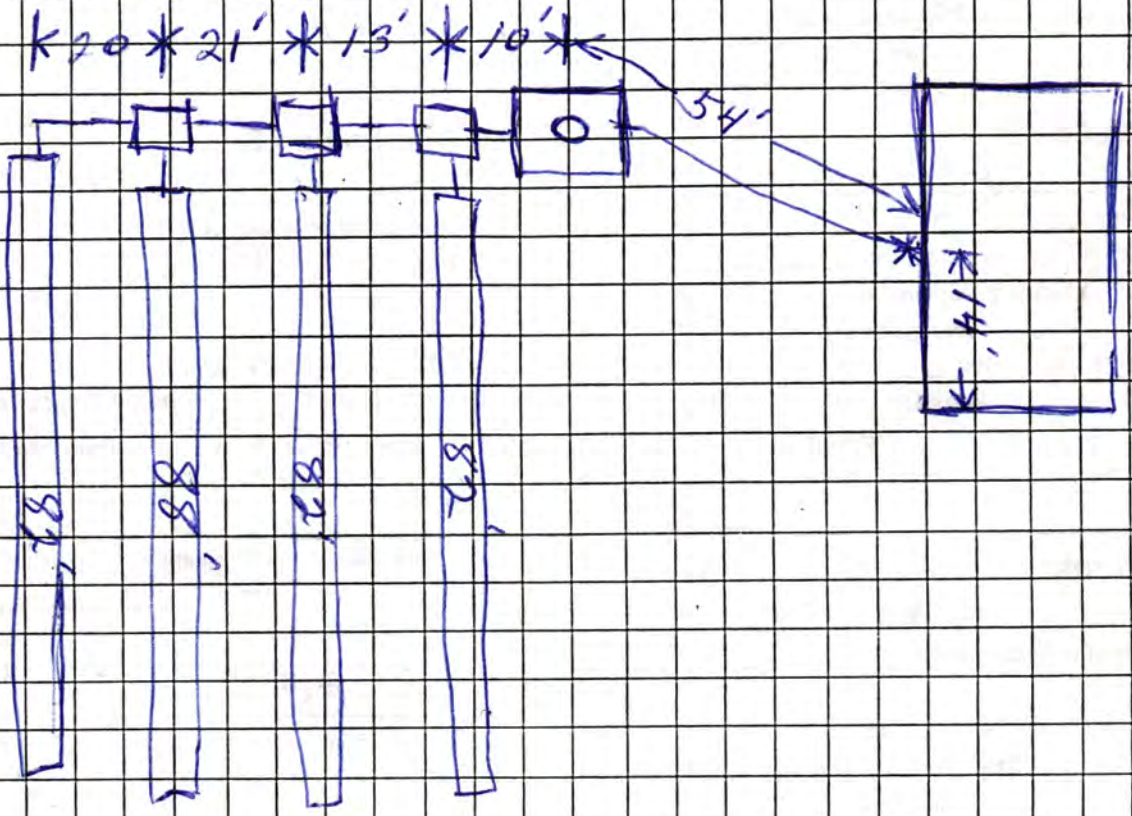
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

Indicate North with Arrow



Capital City Trenching

Mickel Casement

11-15-02

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