Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380219501

Issued 06/09/00
Expires 12/09/00
Revenue Code 3157

Establishment

JACQUE BERNIKLAU
T9N R7E SEC 33 QTR SE
LOT 5
11401 S 70 ST

FEES: $150.00

Permitee

JACQUE BERNIKLAU
6400 E SHORE DR
LINCOLN NE 68516

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013316

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

A

Permit Number: 0038 02195

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 11401 South 70th (no rural route) City Lincoln NE, Zip 68516

Legal Description Lot 5 SE¼ except South 50 feet EAST 33 feet sec 33 T7N R7E 6th P.M.
(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 Jacqué Bernikla Signature Jacqué Bernikla

Address 6400 East Shore Dr. City/State/Zip Lincoln, NE. 68516

☐ Check if owner designed system Home Phone 484-1534 Work Phone 420 2888

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm Loftus Septic Work Phone 402-944-7636

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify Shop Area. 6 people for 3 HRS per Day NO Week ends or Nights BATH Room & HAND WASH STATION

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 5/4/00 Date frwd 5/4/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-8-00 Date frwd 6-8-00 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-8-00 Date frwd 5-8-00 ACTION ☒ Approved ☐ Disapproved Signature _____

6/14/00 Need Drawing. C.H.

Installation Final Written Approval

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

Date FEBRUARY 13, 2001

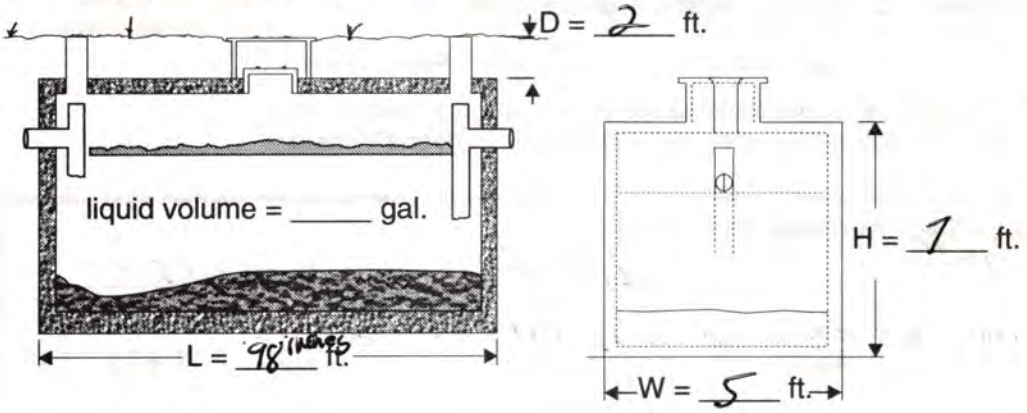
Business Office Use Only
Date Rec'd 5/4/00
Amt Paid 150.00
Rec'd By 5/4/00 Cash/Check No. 2226

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

KEY

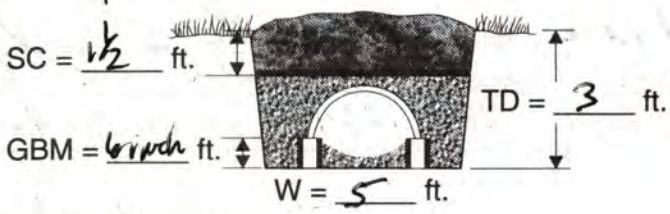
SC = Soil Cover
GBM = Gravel Below Half Moon
TD = Trench Depth
L = Tank Length
H = Tank Height
W = Width
GBP = Gravel Pipe Below
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

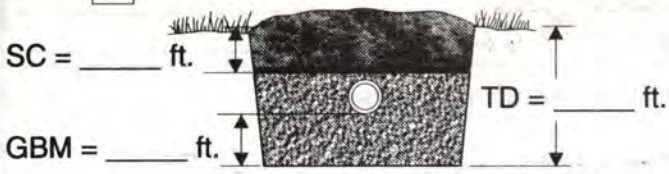


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☒ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, and with the appropriate ordinance or resolution.
6. The installed system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

Page 2 of 2

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

B

Permit Number: 00380219S

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11401 South 70th (no rural route) City Lincoln NE, Zip 68516

Owner Jacque Berniklaw Address 6400 EAST Shore Dr.

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

Date of Tests 4/29 to 4/30 Weather: Precipitation NONE Temperature 62° cloudy

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"					4/30	8:40	12"	4/30	9:10	30	3½"	30/3½ 9 MIN/IN
2	36"					4/30	8:45	12"	4/30	9:15	30	3¼"	30/3¼ 9 MIN/IN
3	36"					4/30	8:50	12"	4/30	9:20	30	3"	30/3 10 MIN/IN
1	36"					4/30	9:25	12"	4/30	9:55	30	3¼	30/3½ 9 MIN/IN
2	36"					4/30	9:30	12"	4/30	10:00	30	3"	30/3 10 MIN/IN
3	36"					4/30	9:35	12"	4/30	10:05	30	2¾	30/2¾ 11 MIN/IN
1	36"					4/30	10:10	12"	4/30	10:40	30	3¼"	30/3¼ 9 MIN/IN
2	36"					4/30	10:15	12"	4/30	10:45	30	3"	30/3 10 MIN/IN
3	36"					4/30	10:20	12"	4/30	10:50	30	3"	30/3 10 MIN/IN

Person Conducting Percolation Tests

Name: David Smith

Phone: 402-488-1534

Address 21601 Saltillo Rd Roca, NE.

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 10

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Rather fast for Wymore Silty Clay Loam but proposed system is oversized.

Signature of Reviewing Official Jerrold C. Hood Date MAY 8, 2000

FORM 23-101 10-96

PAGE 1 of 2

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

B

Permit Number: 00380219S

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11401 South 70th (no rural route) City Lincoln NE, Zip 68516

Owner Jacque Barnicklan Addresss 4400 EAST Shore Dr.

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

Date of Tests 4/29 to 4/30 Weather: Precipitation NONE Temperature 62° cloudy

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"	4/29		ALL		4/30	6:25	12"	4/30	6:55	30	4½"	30\4½"
2	36"	4/29		DAY		4/30	6:30	12"	4/30	7:00	30	4"	30\4"
3	36"	4/29				4/30	6:35	12"	4/30	7:05	30	4¼"	30\4¼"
1						4/30	7:10	12"	4/30	7:40	30	3¾"	30\3¾"
2						4/30	7:15	12"	4/30	7:45	30	3½"	30\3½"
3						4/30	7:20	12"	4/30	7:50	30	3¾"	30\3¾"
1						4/30	7:55	12"	4/30	8:25	30	3¾"	30\3¾"
2						4/30	8:00	12"	4/30	8:30	30	3¼"	30\3¼"
3						4/30	8:05	12"	4/30	8:35	30	3¼"	30\3¼"

Sum of Percolation Rates: 6-8" per Hr.

Average of Rates: _____

Rate Used for Calculation: Avg.

Person Conducting Percolation Tests

Name: David Smith

Phone: 402-488-1534

Address 2601 Saltillo Rd. Roca, NE.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hook R.E.H.S. Date MAY 4, 2000

FORM 23-101 10-96

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

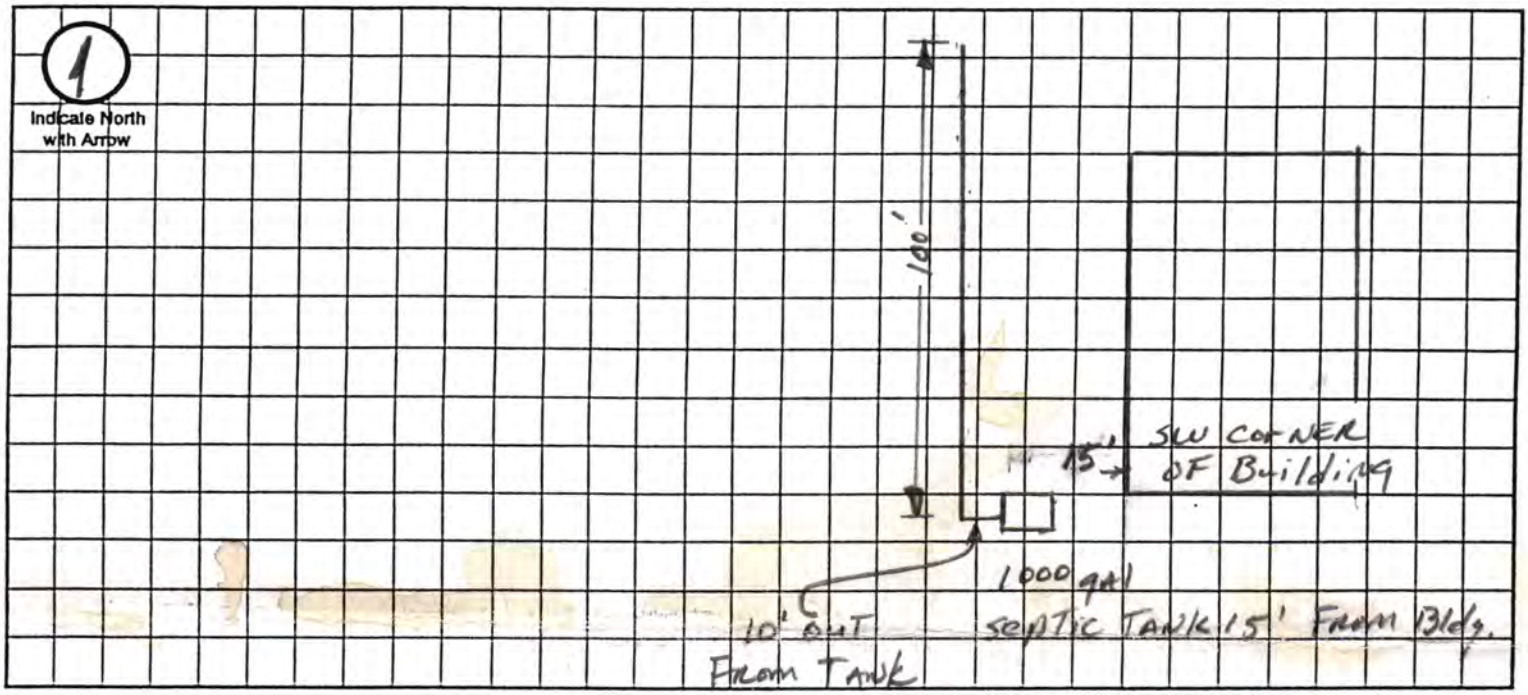
C

Permit Number: 00380219 5

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11401 South 70th 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 6"-8" (HR. ~~min. per inch~~) Soil Type: WTC 2 Land Slope: 1 %

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

Total Square Feet of Field Required: 506 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 1

Total Length of Laterals 100 ft. Number of Trenches 1 Trench Width 5'

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 ☒	10 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
NA Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Morton Bldg. Date

Installer Lofts Septic Const. & Doug Lofts Date 5-4-2000

FORM 23-102 10-96

Best Ed.

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

D

Permit Number:

Best Ed. Voc. Bldg.

Sewage Disposal System

As Built Plans & Specifications

Date 2/12/01

System Location (Indicate correct number and street)

Address 11401 South 70th City Lincoln NE, Zip 68516

402-420-2888 (no rural route)

A. Building Sewer

1. Material: PVC Sch. 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   Pond ~~stream~~ 175'+ ft.
   pressure line NA ft.
   property line 30' WEST ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: One
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter 30 in.
   Riser: ☒ above ☐ below grade 2' ~~in.~~
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line _____ ft.
   Pond ~~Stream~~ 175 ft.
   Pressure line NA ft.
   Property line 500' TO WEST ft.

C. Distribution Box

1. Material: NA
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

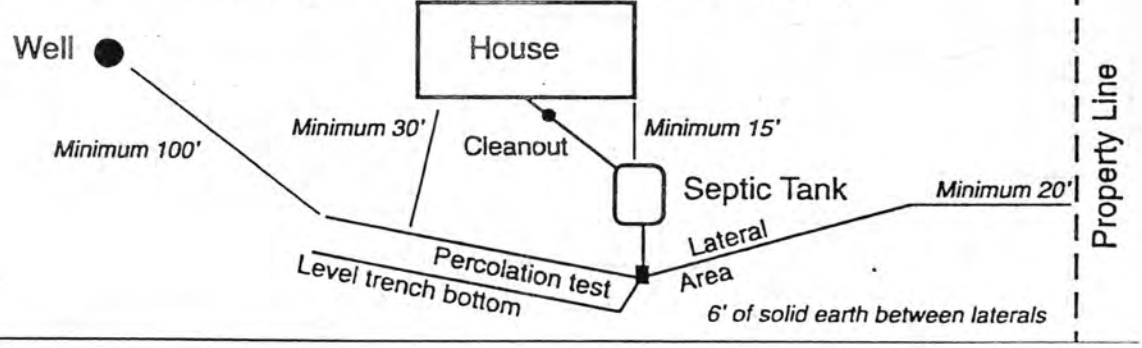
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: INFATRATOR
   ~~or perforated~~ pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 100 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope FLAT in/100 ft.
   Average depth 3' in
4. Filter material: gravel
   Depth of material 18" in.
5. Distances to: Well or suction line _____ ft.
   Pond ~~Stream~~ 150' ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

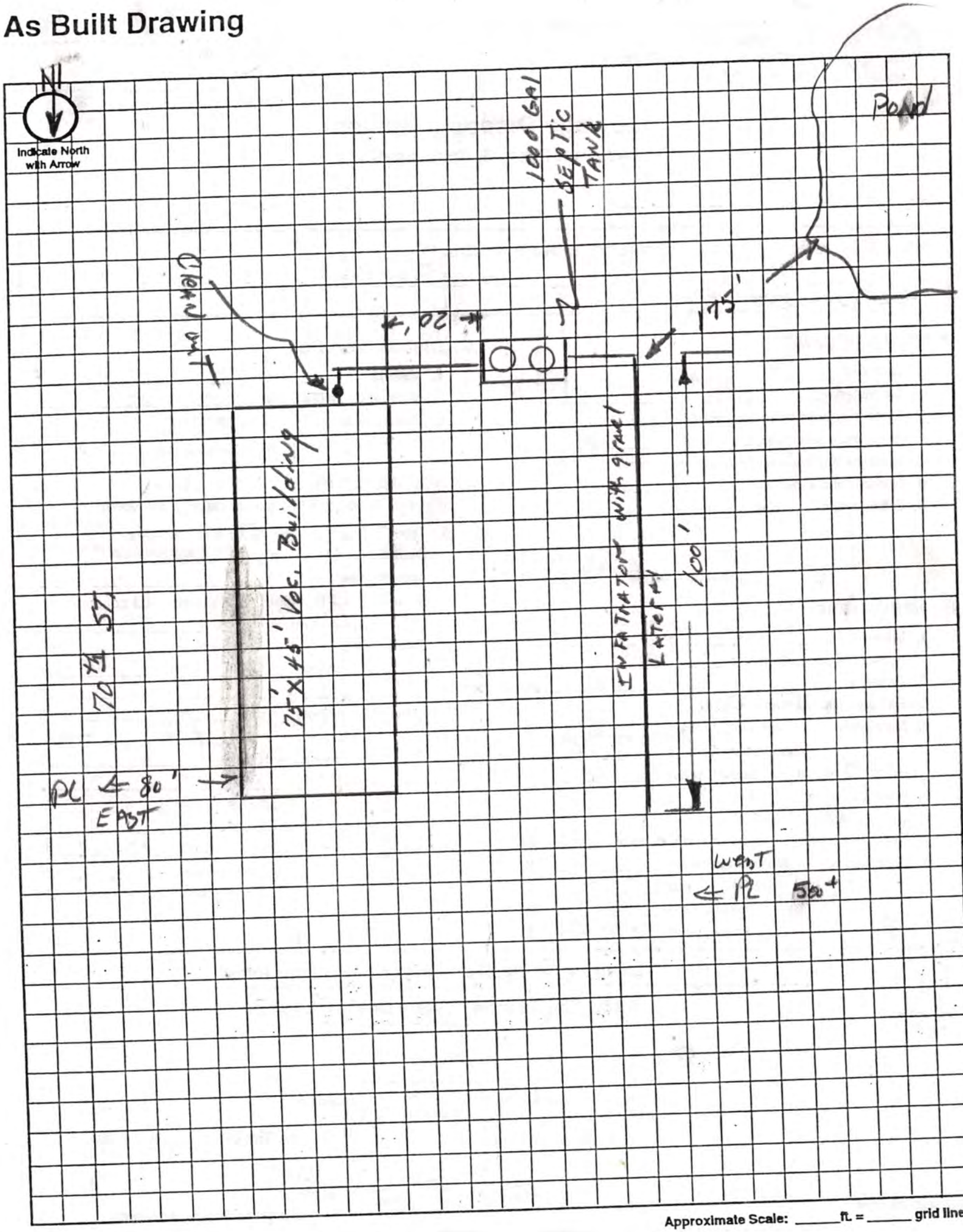
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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