Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380201501

Issued 06/16/99
Expires 12/16/99
Revenue Code 3157

Establishment

DENNIS R ALEXANDER
T9N R7E SEC 33
LOT 15
5701 ROKEBY ROAD

FEES: $150.00

Permitee

DENNIS R ALEXANDER
6617 ALMIRA LN
LINCOLN NE 68516

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010572

B9901813

A

Permit Number: 993/0201501

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

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ JB 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 5701 Rokeby Road (no rural route) City Lincoln NE, Zip 68516

Legal Description 33 9N 7E 15
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 Dennis R. Alexander Signature Dennis R. Alexander

Address _____ City/State/Zip Lincoln, NE

☐ Check if owner designed system Home Phone 423-1391 Work Phone 472-3091

C. Contractor

Name Quentin T Gessner Company Name Welcome Homes, Inc.

Address 7515 Whitlock Place City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone 420-7552

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

Designer Name ~~John Strohmeyer~~ LARRY SCHWARK Firm Excavating Work Phone 474-9811 430-6023

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 6/16/99 Date frwd 6/16/99	ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 6-16-99 Date frwd 6-16-99	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 6-16-99 Date frwd 6-16-99	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By _____

Date ~~01-27-00~~ JB 02-02-00

Business Office Use Only

Date Rec'd 06/16/99

Amt Paid 150 CK

Rec'd By _____ Cash/Check No. 109

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

Lincoln-Lancaster County Health Department
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B

Permit Number: 9938 0201501

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5701 Rokeby Road (no rural route) City Lincoln NE, Zip 68516

Owner Dennis Alexander Addresss

Soil Type (SCS): WYMORE Silty Clay loam Percolation Rate: min./inch

Date of Tests 6/11/99 to 6/12/99 Weather: Precipitation dry Temperature 75°

Percolation Test Data Table

1999

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	28	6/11	10:00	6/12	10:00	6/12	1:00	6	6/12	1:30	30	1	30 MIN/IN
2	30	6/11	10:02	6/12	10:00	6/12	1:02	6	6/12	1:32	30	7/8	34 MIN/IN
3	30	6/11	10:05	6/12	10:35	6/12	1:05	6	6/12	1:35	30	1 1/8	27 MIN/IN
4	29	6/11	10:10	6/12	10:45	6/12	1:10	6	6/12	1:40	30	1 1/8	27 MIN/IN
5	27	6/11	10:15	6/12	10:50	6/12	1:15	6	6/12	1:45	30	1	30 MIN/IN
6	32	6/11	10:20	6/12	10:55	6/12	1:20	6	6/12	1:55	30	3/4	40 MIN/IN

Sum of Percolation Rates: 188

Average of Rates: 31.33

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: John Stribrny

Phone: 430-6023

Address

191. x4' for 3 bed

(200)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

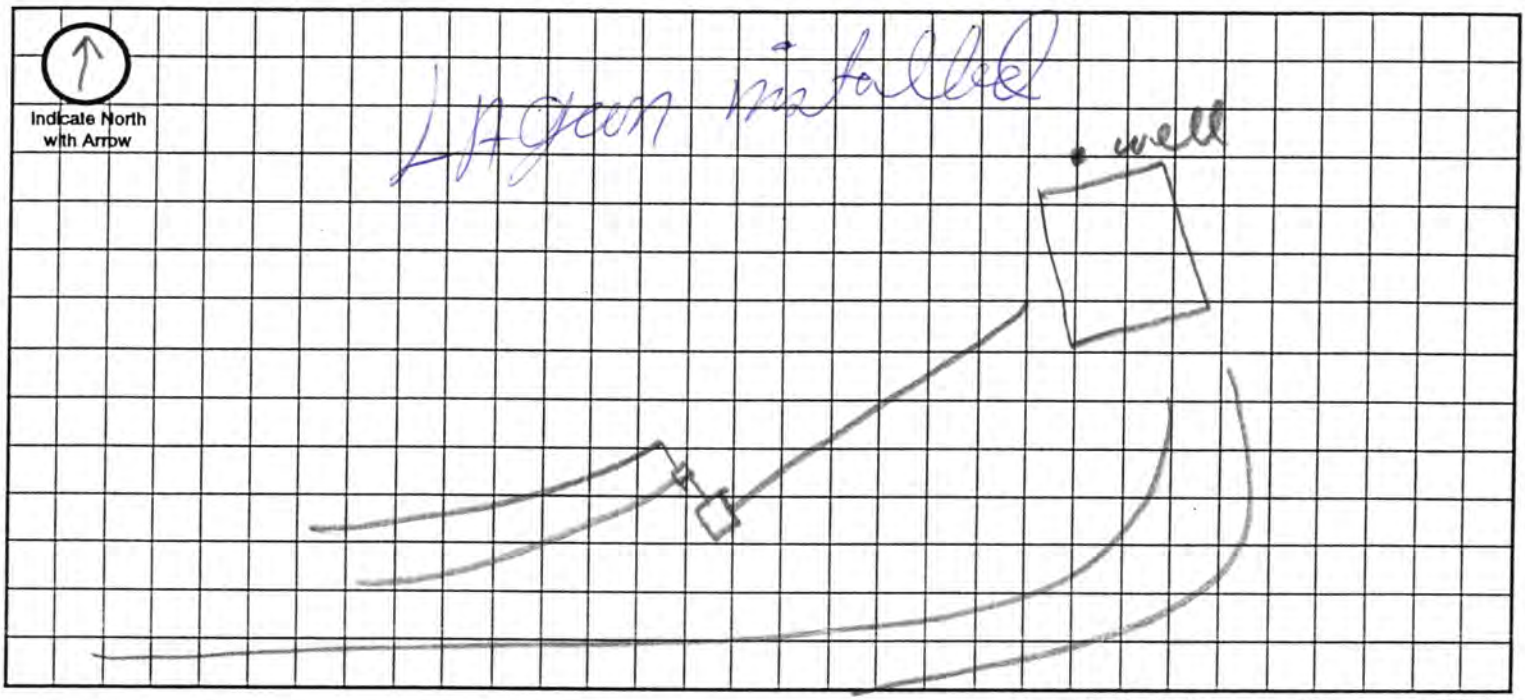
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9938 0701 501

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) 5701 Rokeby 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 31 (min. per inch) Soil Type: WYMORE silty clay LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1016 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 254 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 Welcome Homes, Inc. Date June 16, 1999

Installer ~~John Strohmeyer~~ Larry Schwarck Date _____

FORM 23-102 10-96

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

D

Permit Number: 9938020150 1

Welcome Homes

Sewage Disposal System

As Built Plans & Specifications

Date 7-27-99

T9 R7 Sec 33

System Location (Indicate correct number and street)

Address 5701 Rocely Rd (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and ~~septic tank~~ Logan: 322 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. ~~Septic Tank~~ Logan

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

D. Absorption Field

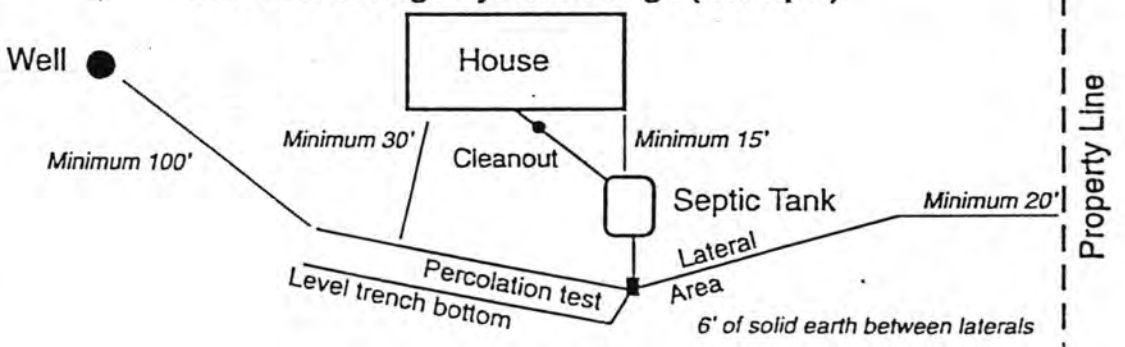
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ 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.

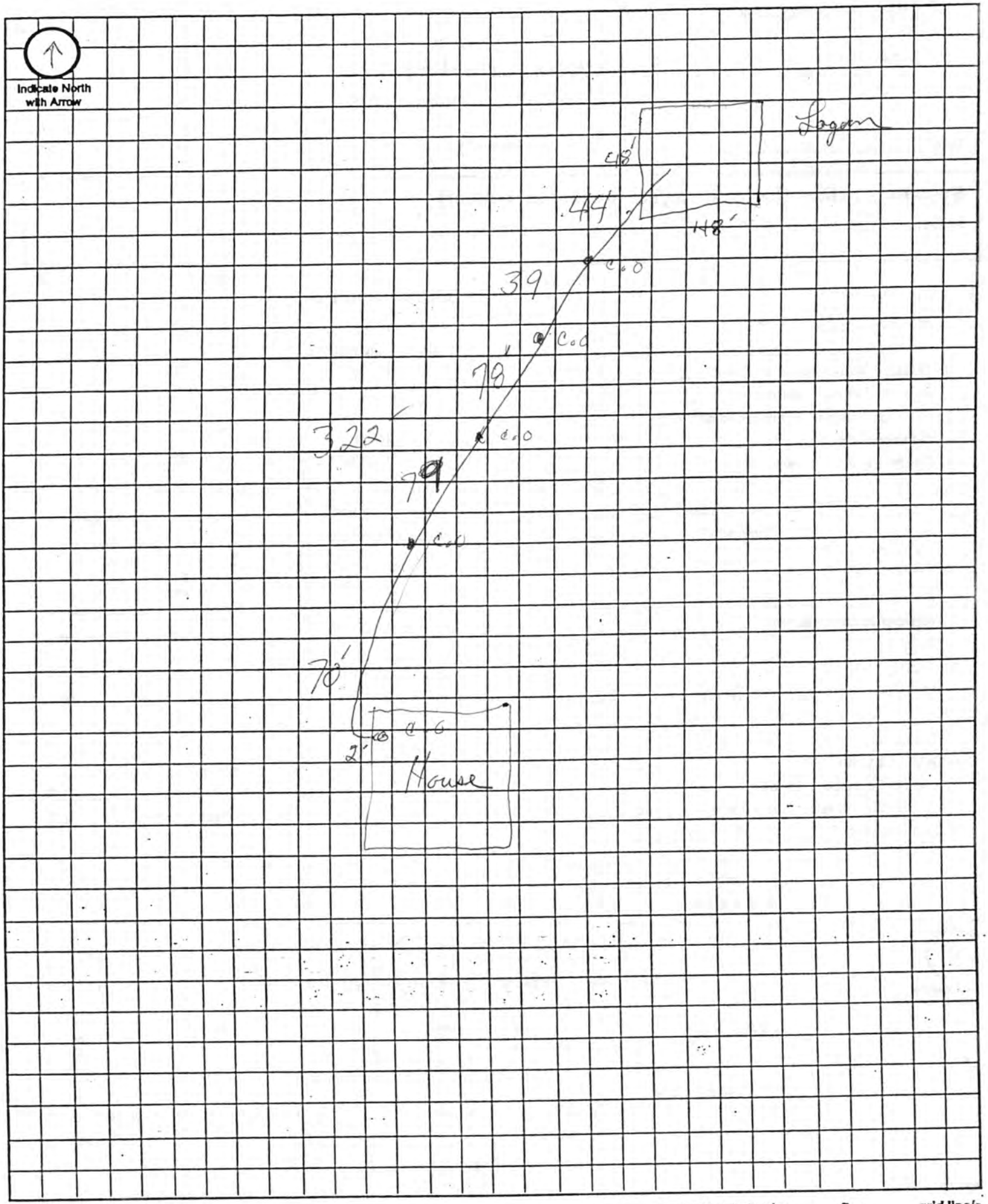
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Lonj Schwark



Approximate Scale: ☐ = grid line/s