Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380253901

Issued 09/25/02
Expires 03/25/03
Revenue Code 3157

Establishment

BRAD JOHNSTON
T9N R7E SEC 33 QTR SE
GRANT LOT 23
10901 S 70 ST

FEES: $200.00

Permittee

BRAD JOHNSTON
10901 S 70 ST
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002964

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

A

Permit Number: 02380253901

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 10901 So 70TH (no rural route) City LINCOLN, NE NE, Zip 68516

Legal Description 33 9N 7E 5 acres 23
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 BRAD JOHNSTON Signature Brad Johnston

Address 10901 So 70TH City/State/Zip LINCOLN NE 68516

☐ Check if owner designed system Home Phone 420-7010 Work Phone 430-8688

C. Contractor

Name BRAD JOHNSTON Company Name OWNER

Address 10901 So 70TH City/State/Zip LINCOLN, NE 68516

☐ Check if contractor designed system Work Phone ~~6851~~ 420-7010

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

Designer Name SAME AS ABOVE 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 9-25-02 Date frwd 9-25-02	**ACTION** ☒ Approved ☐ Disapproved Signature Ron Mayhew	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9-26-02 Date frwd 9-26-02	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 9-26-02 Date frwd 9-26-02	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Blough	

9-25-02, rm, system to replace old system

Installation Final Written Approval

By Ron Mayhew

Date 4-24-03

Business Office Use Only

Date Rec'd 9-25-02
Amt Paid 200.00
Rec'd By TW. Cash/Check No. 8879

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: 023802539

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10901 So 70TH (no rural route) City LINCOLN NE, Zip 68516

Owner BRAD JOHNSTON Address 10901 So 70TH LINCOLN

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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"	9/16	8:00PM	9/17	12:00	9/17	12:15	6"	4:45	9/17	30	1"	30 MIN/IN
2	"	9/16	8PM	9/17	12:00	9/17	12:15	6"	4:45	9/17	30	1"	30 MIN/IN
3	"	9/16	8PM	9/17	12:00	9/17	12:15	6"	4:45	9/17	30	1 1/4"	24 MIN/IN
4	"	9/16	8PM	9/17	12:00	9/17	12:15	6"	4:45	9/17	30	3/4"	40 MIN/IN
5	"	9/16	8PM	9/17	12:00	9/17	12:15	6"	4:45	9/17	30	0	
6	"	9/16	8PM	9/17	12:00	9/17	12:15	6"	4:45	9/17	30	1/2	60 MIN/IN

Person Conducting Percolation Tests

Name: BRAD JOHNSTON

Phone: 420-7010

Address 10901 So 70TH LINCOLN NE 68516

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 28 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks GOING TO INSTALL IN AREA OF HOLES 1, 2 & 3

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

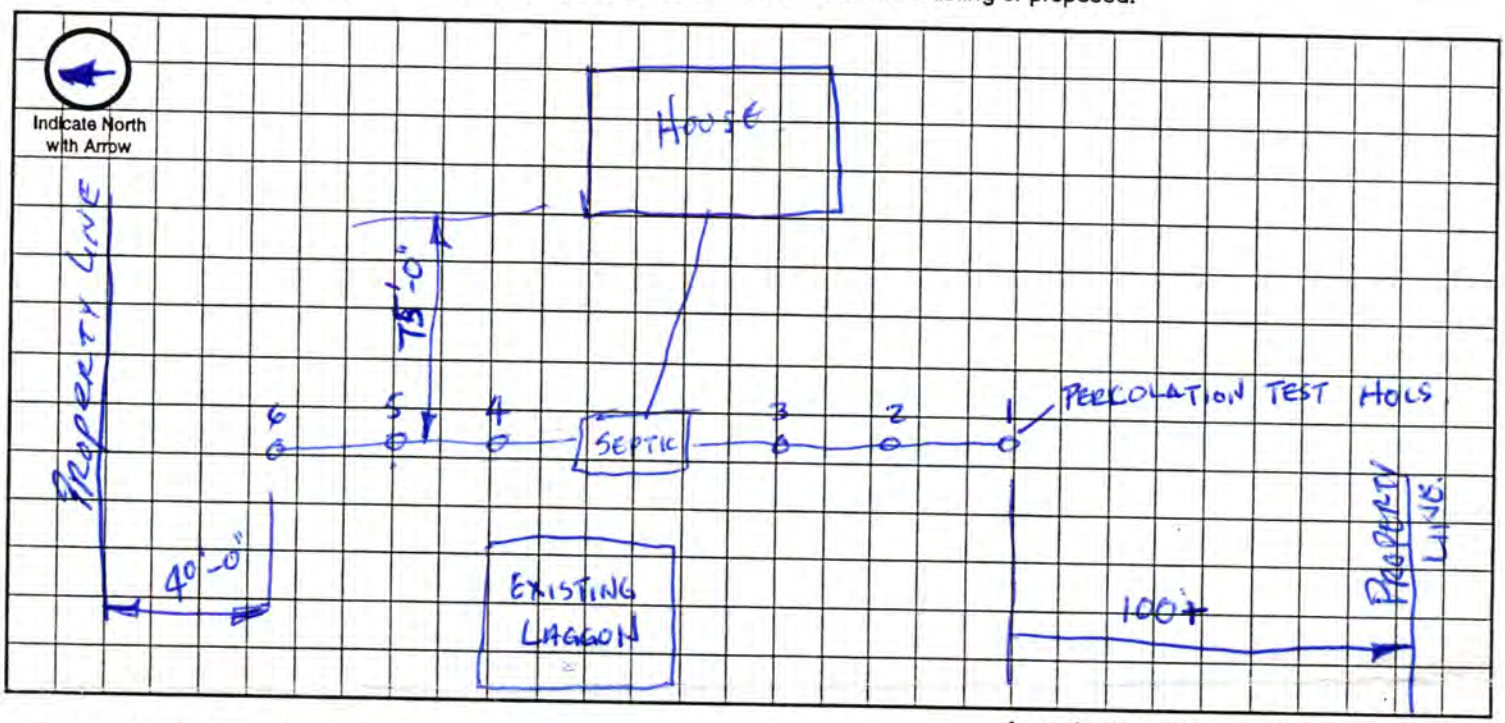
Lincoln-Lancaster County Health Department
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C

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) 10901 So 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 28 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 750 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 EXISTING Date _____

Installer _____ Date _____

FORM 23-102 10-96

9 1 7.2 51/51 3/7/21

49 1.9

50.9 7.3 43.6 43.6 87

APR 2 2 2003

D

Permit Number:

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Environmental Health Division
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Sewage Disposal System

As Built Plans & Specifications

Date SEPT 25.02

System Location (Indicate correct number and street)

Address 10901 So 70TH (no rural route) City LINCOLN, NE, Zip 68516

A. Building Sewer

1. Material: PLASTIC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 74 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line NA ft.
   property line ~~[illegible]~~150 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: ____
2. Capacity: 1000 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: 18 in.
8. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 150 ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 5 ft.

D. Absorption Field

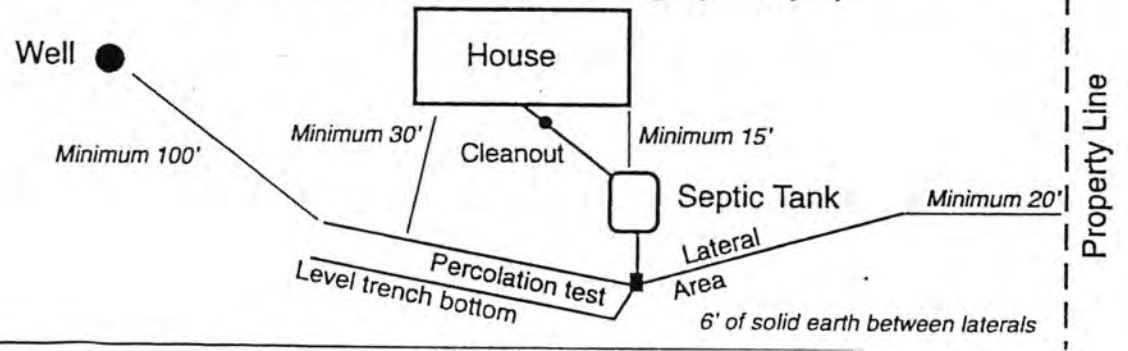
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ DIFFUSER CHAMBER
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 51 ft. 51 ft.
   43 1/2 ft. 43 1/2 ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope LEVEL in/100 ft.
   Average depth 27 in
4. Filter material: GRAVEL
   Depth of material 15 in.
5. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

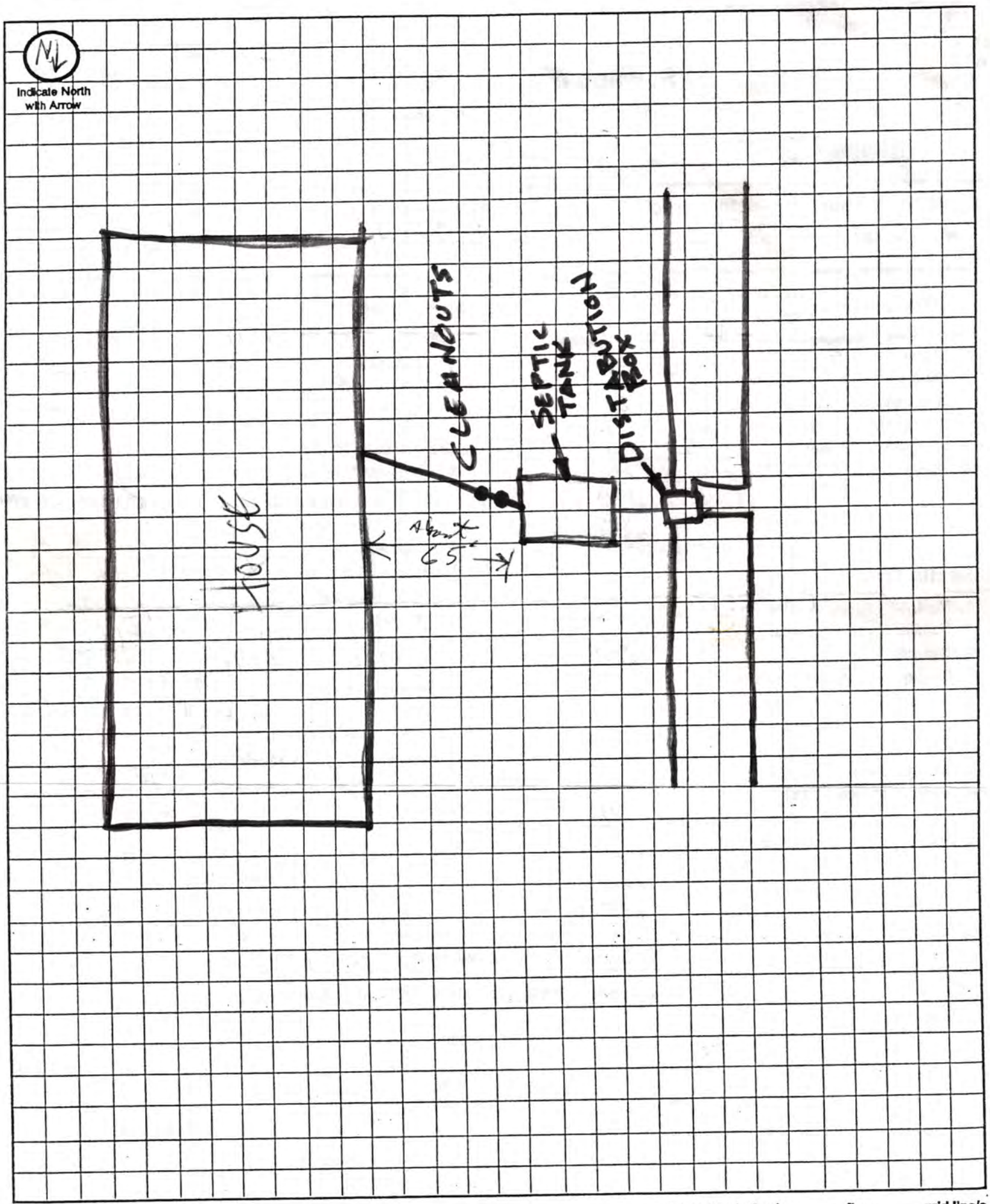
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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