Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

PAUL SELIVANOFF
T9N R7E SEC 36 QTR SW
10800 S 98 ST

Permitee

PAUL SELIVANOFF
10800 S 98 ST
LINCOLN NE 68526

Permit # 99380207901

Issued 09/07/99
Expires 03/07/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

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A

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

Permit Number: 19380207 9

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)

PID# 16-36-300-002-000

Address ~~10800~~ 10740 S. 98th (no rural route) City _____ NE, Zip _____

Legal Description SW 36 9N 7E 47 I
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 Paul Selivanoff Signature _____

Address 10800 S 98th Street City/State/Zip Lincoln, NE 68526

☒ Check if owner designed system Home Phone 421-2027 Work Phone 421-2027

C. Contractor

Name Owner 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 _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub YES (NO) if yes, add 75' lateral

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 1,250 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 9/7/99 Date frwd 9/7/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-8-99 Date frwd 9-8-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9/8/99 Date frwd 9/8/99 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Mayunk

Date 4-5-00

Business Office Use Only

Date Rec'd 09/03/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 0648

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

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

B

Permit Number: 9938012079

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Lot 4 SW36-9-7 (no rural route) City Lincoln NE, Zip 68526

Owner Paul Selivanoff Addresss 10800 S 98

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

Date of Tests 9/1/99 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	36"	9-1	11:00	9-2	11:30	9-2	12:07	29 1/2	9-2	12:40	33	25 3/16	48
2	36"	9-1	11:00	9-2	11:30		12:08	21 7/8		12:39	31	22 5/16	70.85
3	36"	9-1	11:00	9-2	11:30		12:09	21 5/8		12:37	28	22	74.66
4	36"	9-1	11:00	9-2	11:30		12:06	24 1/4		12:34	28	25	37.33
5	36"	9-1	11:00	9-2	11:30		12:03	21 3/4		12:32	29	22 3/8	46.4
6	36"	9-1	11:00	9-2	11:30		12:05	23		12:31	26	23 1/2	52
7	36"	9-1	11:00	9-2	11:30		11:57	23 5/8		12:30	27	24 3/8	36
8	36"	9-1	11:00	9-2	11:30		11:50	23.75		12:20	30	24 1/2	40
9	36"	9-1	11:00	9-2	11:30		11:52	20 5/8		12:22	30	21	80
10	36"	9-1	11:00	9-2	11:30		11:53	20 1/8		12:27	34	20 1/4	272
11	36"	9-1	11:00	9-2	11:30	9-2	11:55	23 3/16	9-2	12:29	34	23	54.66
							11:10	23 3/4					

Sum of Percolation Rates: 273.73

Average of Rates: 45.62

Rate Used for Calculation: 46 ~~74.66~~

SUMS FOR HOLES INDICATED (1, 4, 5, 6, 7, + 11)

Person Conducting Percolation Tests

Name: Paul Selivanoff

Phone: 421-2027 / 560-5679

Address 10800 S. 98

Lincoln NE 68526

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks HOLES 1, 4, 5, 6, 7 + 11 REPRESENT AN AREA OF ADEQUATE SIZE FOR AN ABSORPTION AREA. PERC RATE OF 46 FOR THAT AREA.

Signature of Reviewing Official _____ Date 9-2-99

FORM 23-101 10-96

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

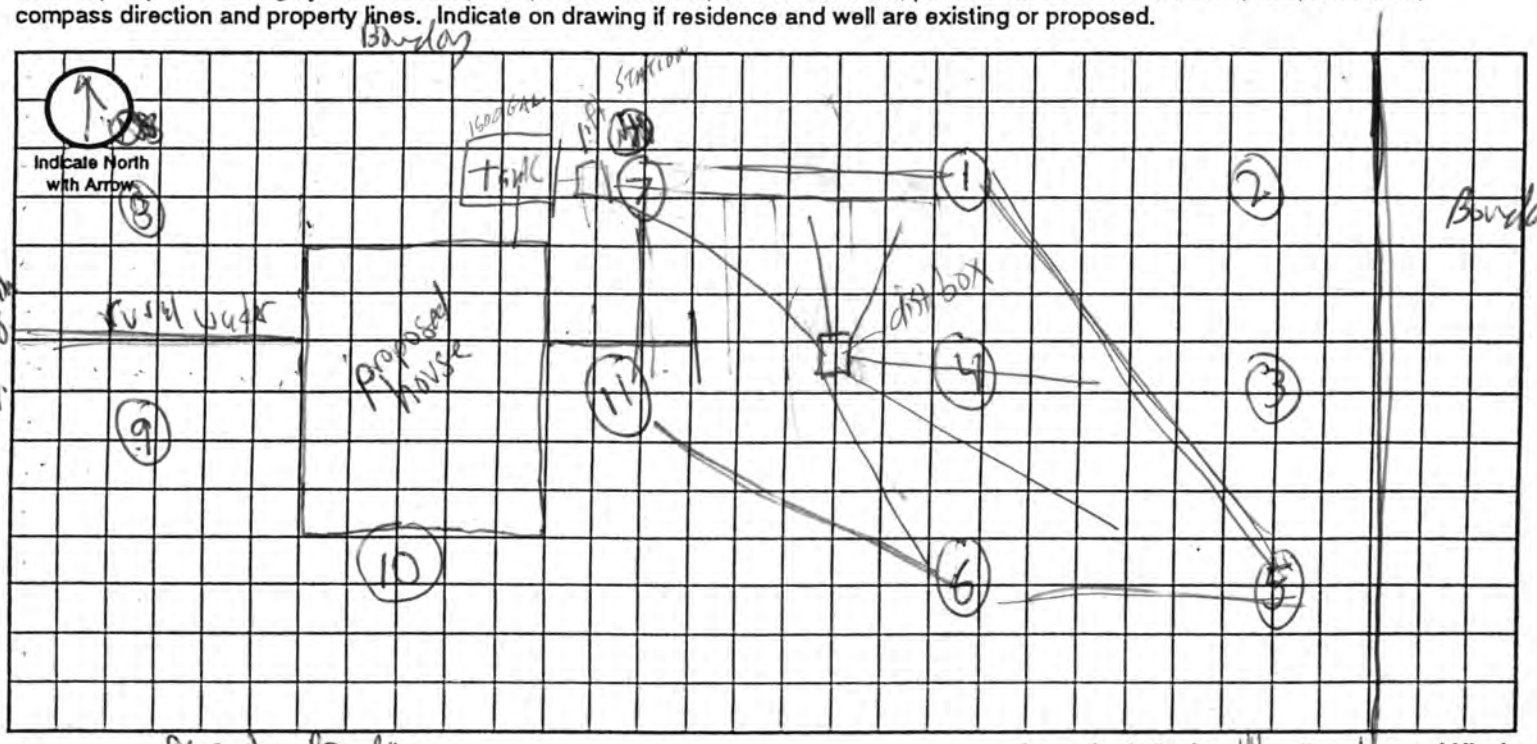
C

Permit Number: 9938072079

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: 14 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) Lot 4 SW 36-9-7 City Lincoln NE, Zip 68526

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 46 (min. per inch) Soil Type: CLAY Land Slope: - %

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

Total Square Feet of Field Required: 1208 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator

Capacity of Septic Tank 1500 gals Number of Absorption Beds: N/A Number of Distribution Laterals per Bed 1

Total Length of Laterals 302 ft. Number of Trenches 4 Trench Width 4 FT

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

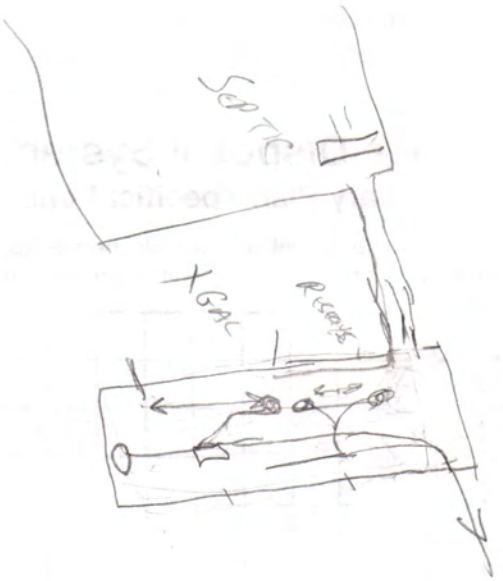
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor R J Seth Date 4-2-99

Installer Larry Scheevaerts Date 9-2-99

FORM 23-102 10-96


Septic
XGAL
Reserve

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

D

Permit Number: 99380207 90

Sewage Disposal System

As Built Plans & Specifications

Date 3-1-2000

System Location (Indicate correct number and street)

Address LOT 4 SW36-9-7 (no rural route) 10740 South 98TH STREET City Lincoln NE, Zip 68526

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 120 ft.
4. Number of clean-outs: 3 in center OUT
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line 300 ft.
   property line 100 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: One
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16"x10" in.
   Over outlet, diameter 16"x10" in.
   Riser: ☐ above ☐ below 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 NA ft.
   Stream NA ft.
   Pressure line 300 ft.
   Property line 100 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5 outlets
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

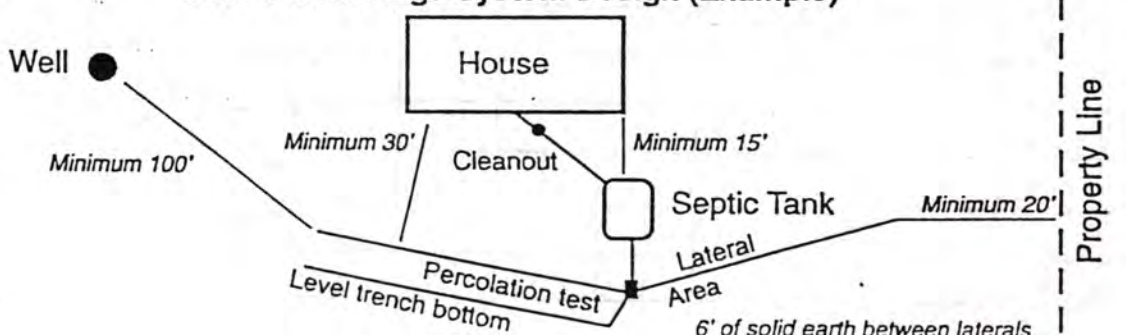
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" EQ24 Infiltrator
   or perforated pipe: NA
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 67 ft. 67 ft.
   67 ft. 67 ft., 67 ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 36-40 in
4. Filter material: 2A Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line NA ft.
   Stream NA ft.
   Pressure line 300 ft.
   Property line 350 ft.

Indicate North with Arrow

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

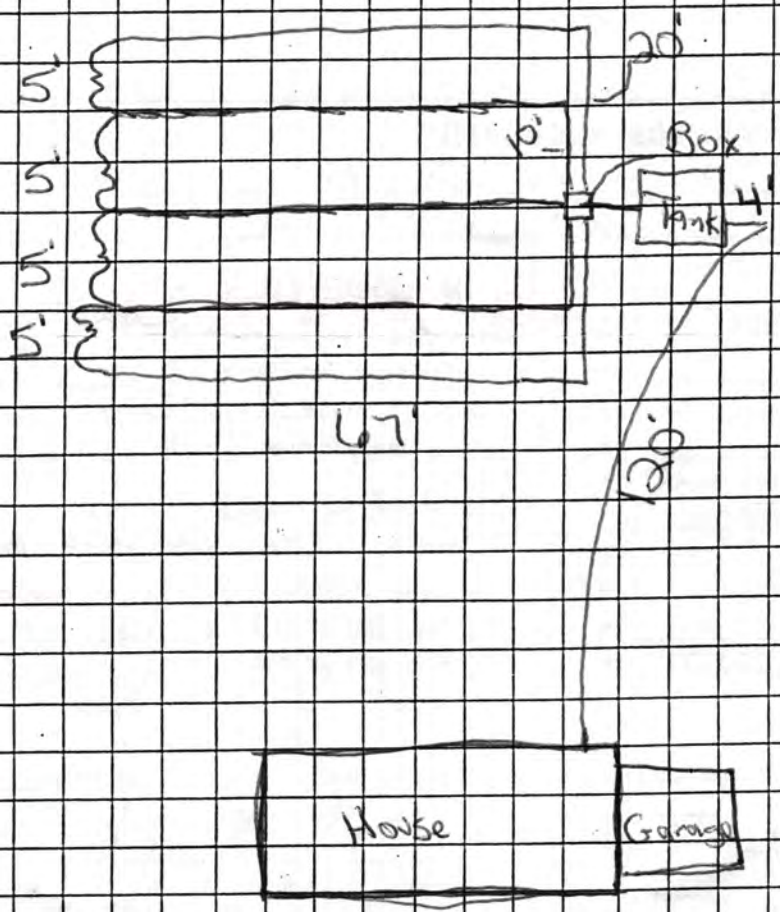
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow



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