LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

No. 97380155301

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/01/97
Expires 09/01/97
Revenue Code 18754

Establishment

FJ GEILER
T12N R8E SEC 11
LOT 5
21900 N 162 STREET

FEES: $150.00

TOTAL $150.00

Permittee

FJ GEILER
21900 N 162 ST
GREENWOOD NE 68366

3479

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

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

☒ Septic System ALTERATION ☐ 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 21900 N 162nd ST (no rural route) City GREENWOOD NE, Zip 68366

Legal Description S½ of NW¼ 11 12N 8E 5
1/8 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 FJ GEILER Signature _____

Address 21900 N 162nd City/State/Zip Greenwood,

☒ Check if owner designed system Home Phone 944-2550 Work Phone 690-2768

C. Contractor

Name SAME 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 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 3/31/97 Date frwd 4/1/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-1-97 Date frwd 4-1-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/1/97 Date frwd 4/1/97 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

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

Date JULY 27, 2006
NO MALFUNCTION FOUND

Business Office Use Only 3169

Date Rec'd 4/01/97
Amt Paid 150 cc
Rec'd By _____ Cash/Check No. 7615

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 21900 N 162nd ST. (no rural route) City GREENWOOD NE, Zip 68366

Owner FJ GEILER Addresss SAME

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

Date of Tests 3/22/97 to 3/23/97 Weather: Precipitation NONE Temperature 60's Day 30's NIGHT

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	3/22	10: AM	3/22	2:00 P	3/23	6:20 P	12 7/8	3/23	6:50 P	30 m	5/8	48
2	34	3/22	"	"	"	3/23	6:20 P	16	3/23	6:50 P	30 m	5/8	48
3	35	3/22	"	"	"	3/23	6:20 P	14 1/2	3/23	6:50 P	30 m	1	30
4	~~33~~	~~3/22~~	"	"	"	3/23	6:20 P	16 5/8	3/23	6:50 P	30 m	1/2	~~60~~ Poor Soil
5	~~36~~	~~3/22~~	"	"	"	~~3/23~~	~~6:20 P~~	~~15~~	~~3/23~~	~~6:50 P~~	~~30 m~~	~~5/8~~	~~96~~
6	~~35~~	~~3/22~~	"	"	"	~~3/23~~	~~6:20 P~~	~~15 3/8~~	~~3/23~~	~~6:50 P~~	~~30 m~~	~~3/8~~	~~80~~

Person Conducting Percolation Tests

Name: FJ GEILER
Phone: 944-2550
Address 21900 N 162nd ST.
GREENWOOD, NE 68366

Sum of Percolation Rates: > 20 min/inch ~~376~~ 57
Average of Rates: _____
Rate Used for Calculation: 48 min/inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Ron Maynard Date 3-31-97

FORM 23-101 10-96

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 21900 N 162nd ST. (no rural route) City GREENWOOD NE, Zip 68366

Owner FJ GEILER Addresss

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

Date of Tests 3/29 to 3/30 Weather: Precipitation NONE Temperature 60± Day 30± NIGHT

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)
1A	36	3/29	10AM	3/29	2pm	3/30	5:55p	15 3/8	3/30	6:25p	30	7/8	34
3A	35	3/29	10 AM	3/29	2pm	3/30	5:55p	14 1/2	3/30	6:25p	30	7/8	34
3B	34	3/29	10AM	3/29	2pm	3/30	5:55p	15 1/2	3/30	6:25p	30	1	30

Person Conducting Percolation Tests

Name: FJ GEILER
Phone: 944-2550
Address: 21900 N. 162nd ST
Greenwood, Ne 68366

Sum of Percolation Rates: 98
Average of Rates: 32
Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

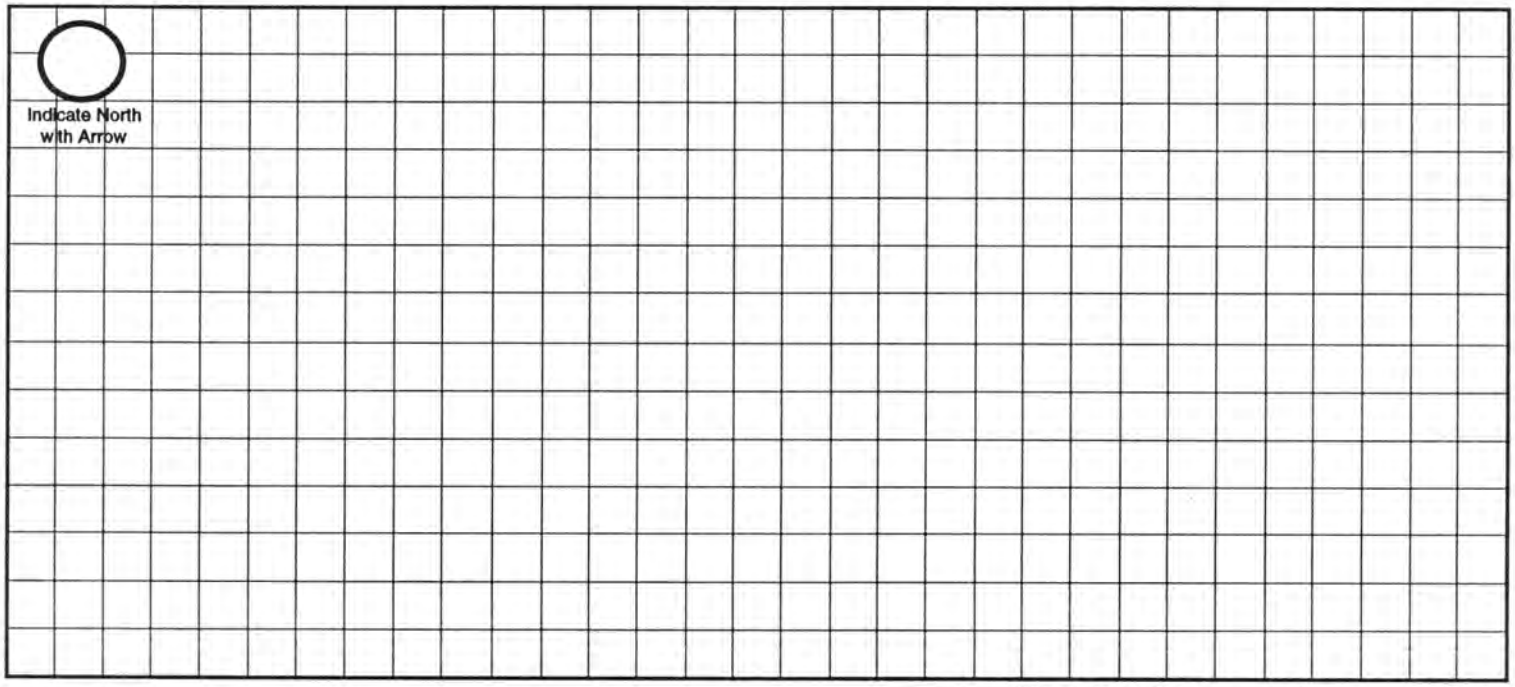
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 21900 N 162nd City Greenwood NE, Zip 68366

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

EXISTING

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

Percolation Rate 48 (min. per inch) Soil Type: Sharpsburg Clay Loam Land Slope: _____ %

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

Total Square Feet of Field Required: 916 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 229 ft. Number of Trenches _____ Trench Width 48"

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 3/ 197

Installer _____ Date _____

FORM 23-102 10-96

Not an as-built Drawing of existing system

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 3- -97

System Location (Indicate correct number and street)

Address 21900 N 162nd (no rural route) City GREENWOOD NE, Zip 68366

A. Building Sewer

1. Material: PLASTIC SEWER PIPE
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 160 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 160 ft.
   stream N/A ft.
   pressure line 160 ft.
   property line ____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: ____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 10 in.
   Over outlet, diameter 10 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 160 ft.
   Stream N/A ft.
   Pressure line 160 ft.
   Property line ____ ft.

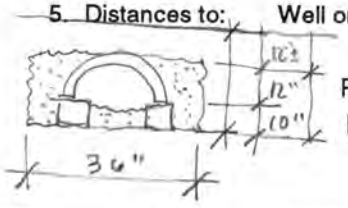
C. Distribution Box

1. Material: N/A (ONLY 1 LINE)
   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)

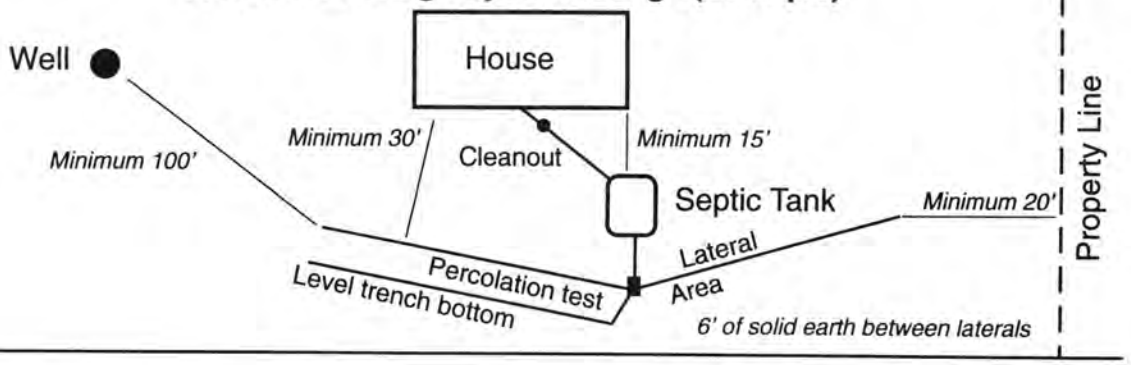
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 24"
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☒ concrete
   ☐ other ____
2. Lateral lines: Number 1
   Length of each line: 110 ft. — ft.
   — ft. — ft., — ft.
3. Trench dimensions: Width 36" ft.
   Slope 1/4 in/100 ft.
   Average depth 34-36" in
4. Filter material: WASHED CRUSHED ROCK
   Depth of material 8"-10" in.
5. Distances to: Well or suction line 170' ft.
   Stream N/A ft.
   Pressure line 170' ft.
   Property line ____ ft.



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

Indicate North with Arrow

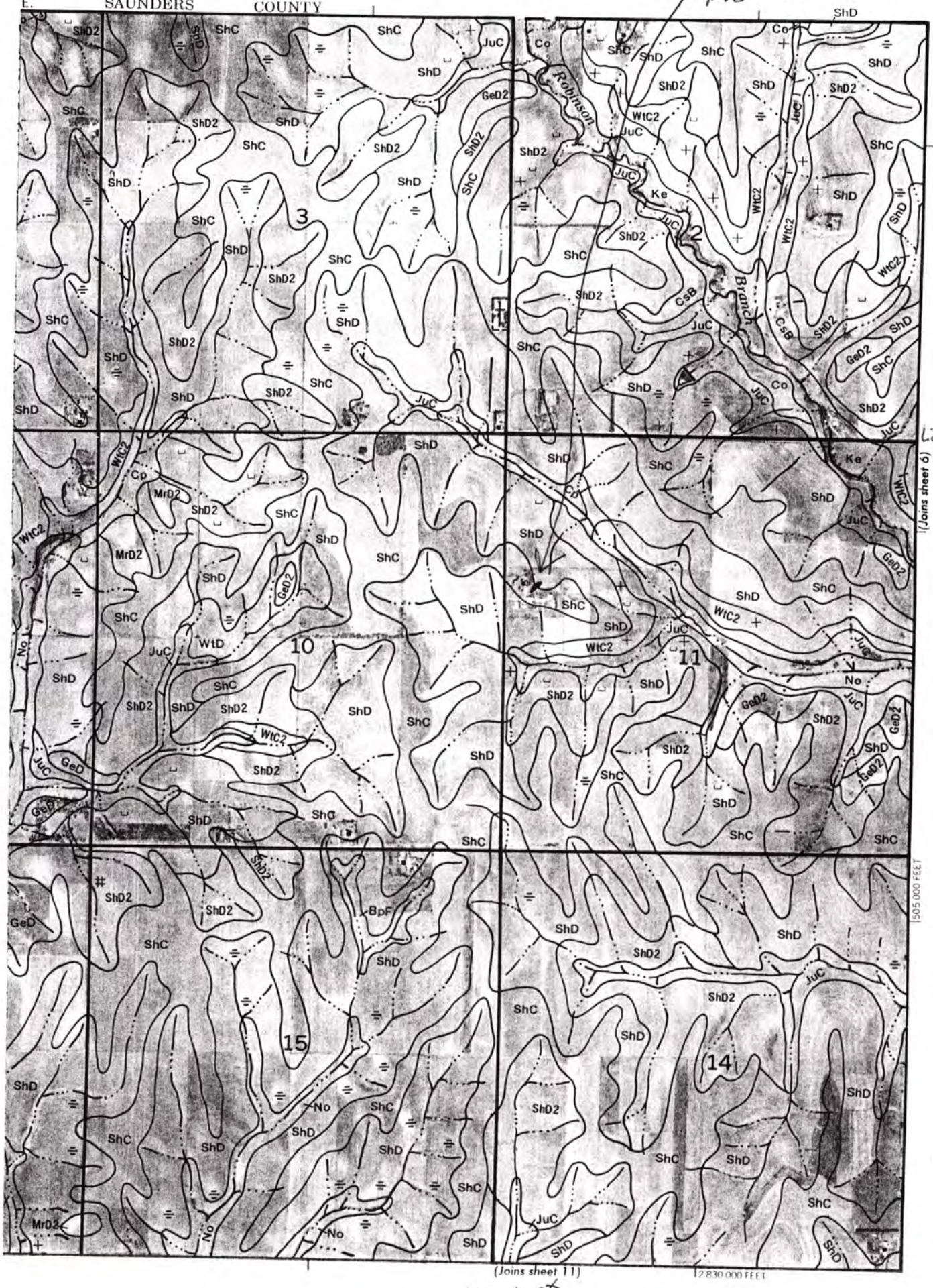
Individual Sewage System Design (Example)



FORM 23-103 10-96

E. SAUNDERS COUNTY

21900 Nlblnd ↗ Location of "perc" test

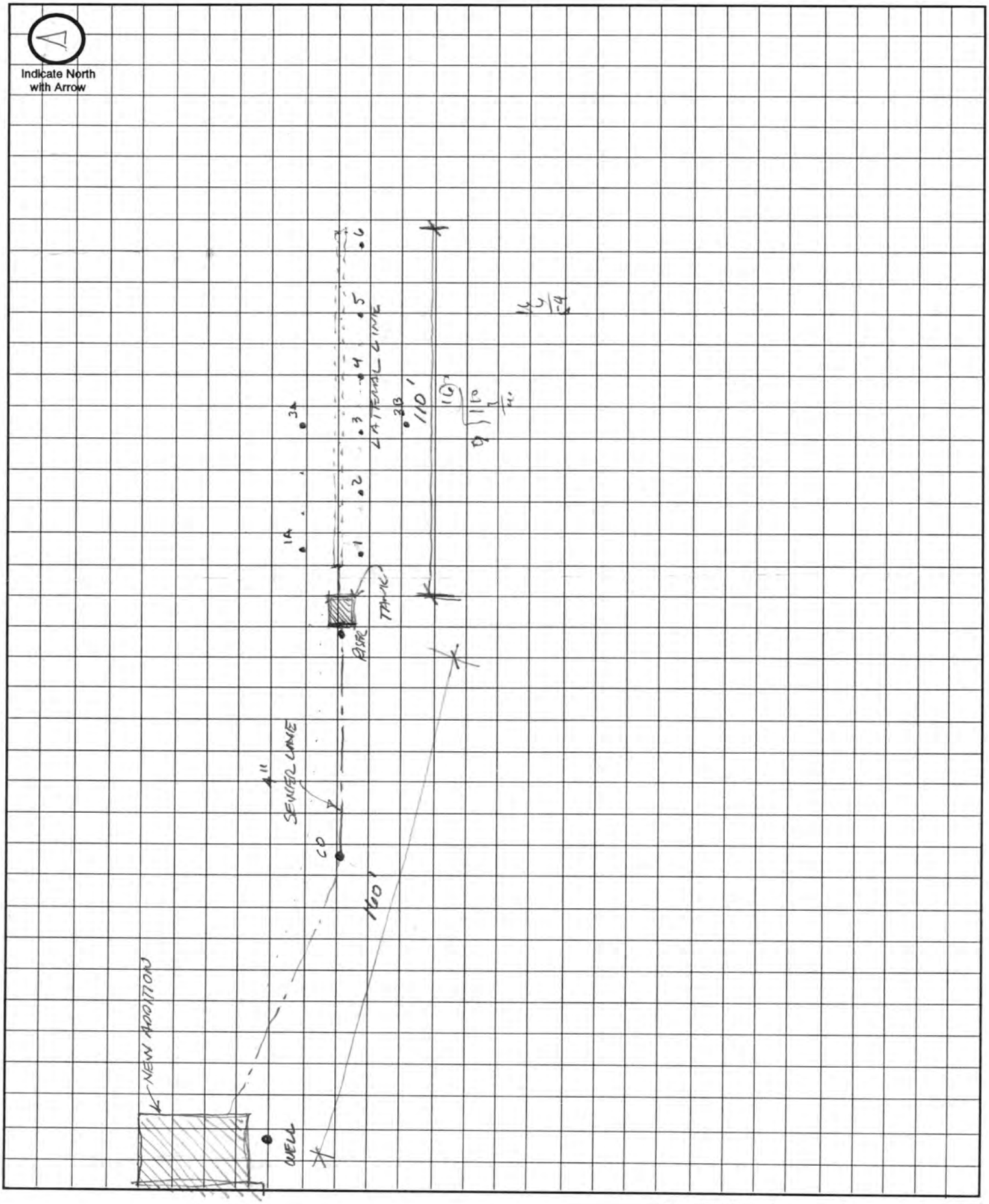


5

N

162nd St

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s