Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380212501

Issued 12/09/99
Expires 06/09/00
Revenue Code 3157

FEES: $150.00

Establishment

KEN M TIMMERMAN
T9N R8E SEC 2 QTR NE
LOT 10IT
17505 VAN DORN ST

TOTAL: $150.00

Permitee

KEN M TIMMERMAN
17505 VAN DORN ST
WALTON NE 68461-9771

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011343

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

A

Permit Number: 99380 2125

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 17505 Von Dorn (no rural route) City Lincoln NE, Zip _____

Legal Description NE 1/4 2 Section 9N Township 8E Range Lot 10 NE 1/4 Subdivision 101 I.T. 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 Ken Maget Zimmerman Signature _____

Address 17505 Von Dorn City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Bernie Smith Company Name Superior Fence

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Larry Schwank Firm Schwank Trenching Work Phone 489-7294

E. This System Will Serve a

☑ ~~Residential Dwelling~~ House barn Number of Bedrooms ____ Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 50 Type of Wastewater: ☐ Domestic ☑ Non-Domestic.

430-6113

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 12/9/99 Date frwd 12/9/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/7/00 Date frwd N/A 1/7/00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1/7/00 Date frwd 1/11/00 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

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

Date JUNE 12, 2000

Business Office Use Only

Date Rec'd 12/09/99
Amt Paid 150 cc
Rec'd By _____ Cash/Check No. 2256

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: 9938 02125

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

Bernie Smith

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 17505 Van Dorn (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

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

Date of Tests 12-6 to 12-7-99 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	32	12-6	1:45	12-7	8:40	12-7	12:05	14½	12:35	12-7	30	½	60
2								17½				¾	40
3								16				½	60
4								16½				½	60
5								19¾				½	60
6								18				½	60
7								15¼				½	60

Sum of Percolation Rates: 400
Average of Rates: 57.14
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwarek
Phone: 489-2294
Address: 8200 old Cheney Rd

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks MR TIMMERMAN, CALLED TO REPORT THIS SYSTEM WAS ABOVE 1ST FLOOR LEVEL OF HIS HOUSE + HOME'S SEPTIC SYSTEM. USE 60 MIN/INCH FOR ~~TOTAL~~ LENGTH.

Signature of Reviewing Official John E Mines Date 12-20-99

FORM 23-101 10-96

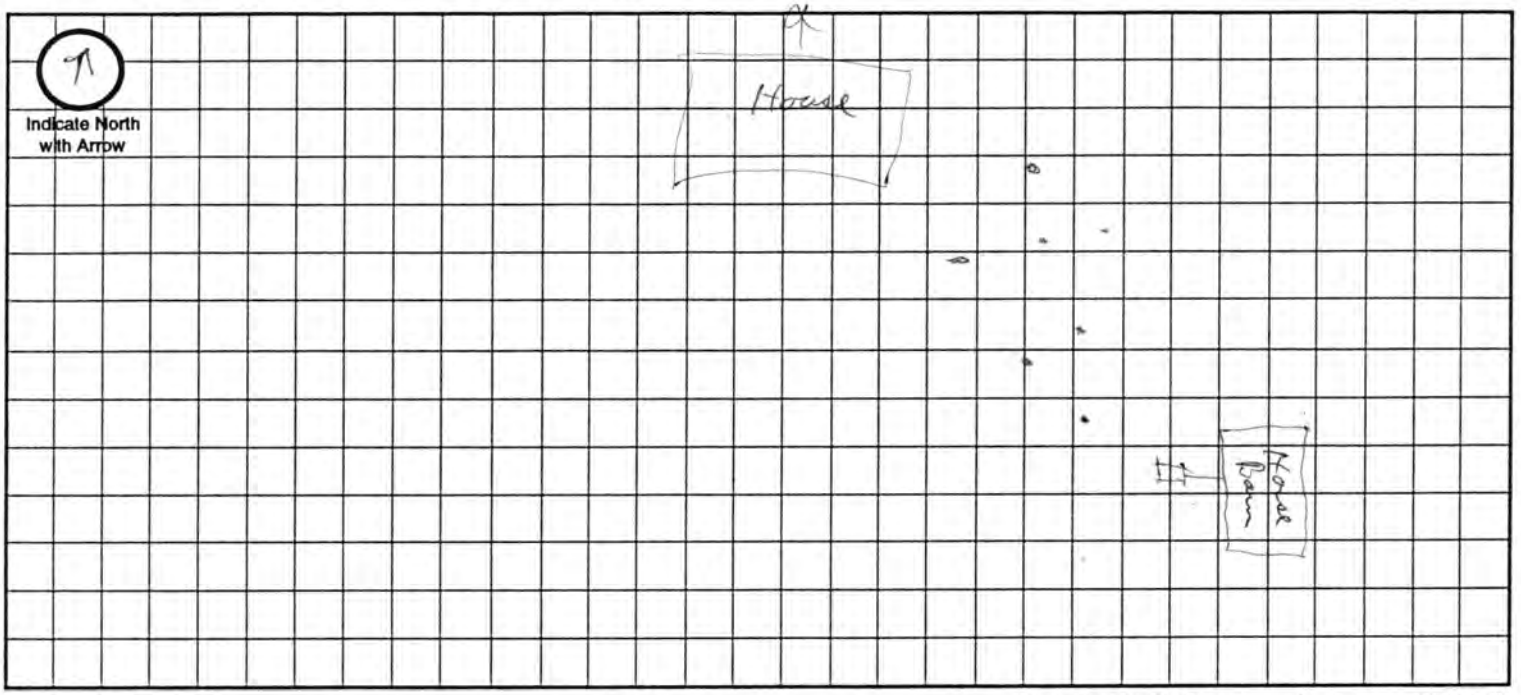
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 99380212S

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) 17505 VanDorn City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: clay Land Slope: _____ %

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

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

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

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

Total Length of Laterals 100 ft. Number of Trenches 1 Trench Width 3

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

X Home Building Contractor _____ Date 12-7-99

Installer Larry Schwanke Date 12-7-99

FORM 23-102 10-96

DEC 14 1999

D

Permit Number: 993802125

Lincoln-Lancaster County Health Department
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Sewage Disposal System

As Built Plans & Specifications

Date 10-12-99

System Location (Indicate correct number and street)

Address 17505 VAN Dorn (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 30 in.
3. Distance between dwelling and septic tank 36' ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: precast
   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: 8" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: plastic Drop box
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 18' ft.

D. Absorption Field

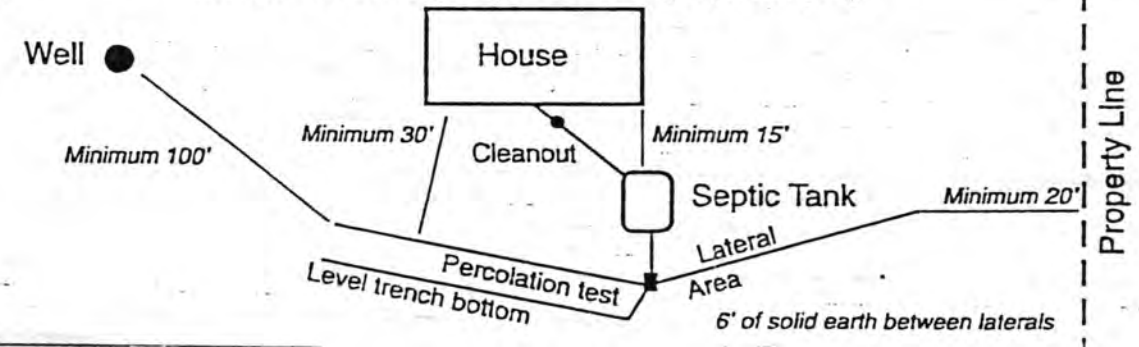
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 52' ft. 52' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 2 in/100 ft.
   Average depth _____ in
4. Filter material: Road Gravel
   Depth of material _____ 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 by Larry Schwarck for Bernie Smith
12-10-99

