Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006646

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380299601

Issued 04/11/05
Expires 04/11/06
Revenue Code 3157

Establishment
CHARLES F VINSON
T12N R8E SEC 23 QTR NW
LOT 7IT
18900 N 162-GREENWOOD

FEES: $200.00

Permittee
CHARLES F VINSON
19000 N 162 ST
GREENWOOD NE 68366

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 05380299601

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 19000 N 162ed (no rural route) City Green Wood NE, Zip 68366
18900

Legal Description NW¼ 23 12N 8E T.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 Charles Vinson Signature Charles T. Vinson

Address 19000 N 162ed City/State/Zip Green Wood 68366

☐ Check if owner designed system Home Phone 789-7345 Work Phone _____

C. Contractor

Name _____ 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 Mel Wagner Firm Wagner Const Work Phone 432-5698

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify FACILITY TO WASH EGGS/W BATHROOM

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 4/11/05 Date frwd 4/11/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/11/05 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/11/05 Date frwd 4/11/05 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Wagner

Date 4-27-05

Business Office Use Only

Date Rec'd 04/11/05

Amt Paid 200.00

Rec'd By _____ Gash/Check No. 2660

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: 053802996

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19000 N 162nd (no rural route) City Greenwood NE, Zip 68366

Owner Charles Vinson Addresss SAME

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

Date of Tests 4-9-05 to 4-10-05 Weather: Precipitation Mist Temperature 63

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	30	4-9-05	4:00	4-10	3:00	4-10	3:15	6	4-10	3:45	30	5/8	
2	36	"	"	"	"	"	"	"	"	"	"	3/4	
3	32	"	"	"	"	"	"	"	"	"	"	3/4	
4	32	"	"	"	"	"	"	"	"	"	"	5/8	
5	31	"	"	"	"	"	"	"	"	"	"	7/8	
6.	32	"	"	"	"	"	"	"	"	"	"	3/4	
			"										

Person Conducting Percolation Tests

Name: Mel Loewer
Phone: 432-5698
Address 4810 W Cairo Ave
Lincoln NE. 68523

Sum of Percolation Rates: _____
Average of Rates: _____
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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 4-25-04

System Location (Indicate correct number and street)
Address 19000 N 162ed (no rural route) City GREENWOOD NE, Zip 68366

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: NA in.
3. Distance between dwelling and septic tank: 10 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line 40 ft.
   property line OVER 200 ft.

B. Septic Tank

1. Material: CONCRET
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 2 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 60 ft.
   Property line OVER 200 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 117 ft.

D. Absorption Field

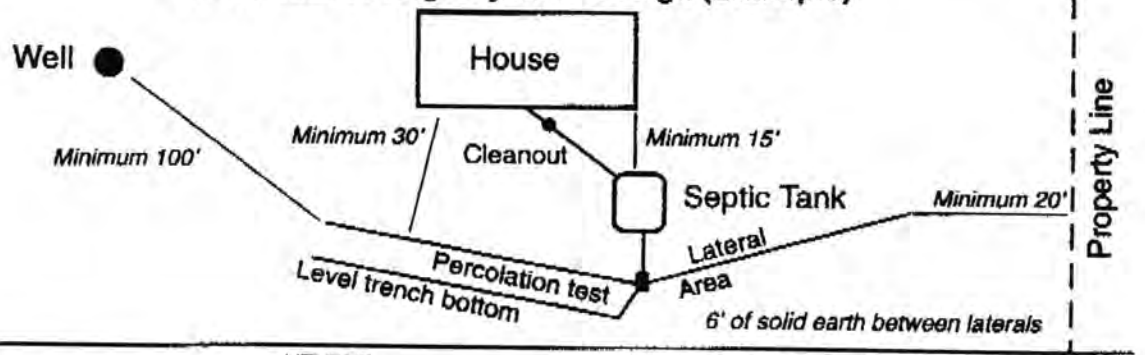
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 1
   Length of each line: 100 ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream OVER 50 ft.
   Pressure line OVER 40 ft.
   Property line OVER 200 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

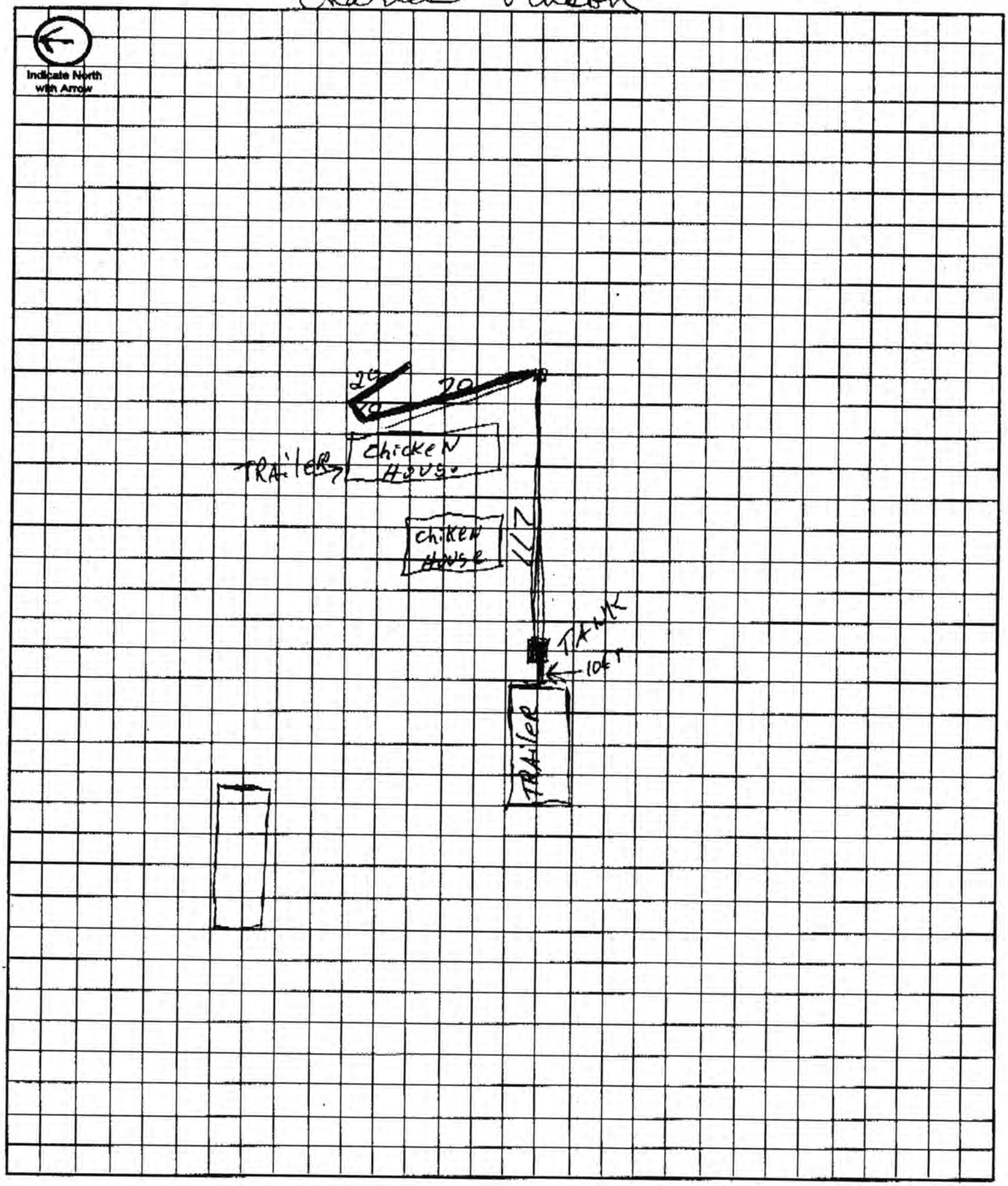


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As Built Drawing

Charles Vinson



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