LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 99380194001

Issued 03/05/99
Expires 09/05/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

IRENE NEDVED
T9N R8E SEC 7
20 ACRES
4900 S 112 ST

Permittee

IRENE NEDVED
7150 HOLMES PARK RD
APT 213
LINCOLN NE 68506

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008946

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: 99380194O

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 4900 S 112th (no rural route) City Lincoln NE, Zip 685

Legal Description ___ 1/4 ___ 1/4 Section 27 Township 9N Range 8E Subdivision 20 Acres 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 Irene Nedved Signature ___

Address Apt 213 7150 Holmes Park Rd City/State/Zip Lincoln, Ne 68506

☐ Check if owner designed system Home Phone 327-0751 Work Phone ___

C. Contractor

Name Larry Schwarck Company Name Larry Schwarck Inc

Address 8300 Old Cheney Rd City/State/Zip Lincoln, Ne 68516

☑ Check if contractor designed system Work Phone 489-7294

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 0 Is there a Whirlpool Bathtub YES (NO)

☑ Commercial Establishment/Other Facility Specify Barn

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 3-3-99 Date frwd 3-3-99	ACTION ☒ Approved ☐ Disapproved Signature Ron Mazgent	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 3-3-99 Date frwd 3-3-99	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 3-3-99 Date frwd 3-3-99	ACTION ☒ Approved ☐ Disapproved Signature Bruce Nicholson	

3-4-99, need drawing

Installation Final Written Approval

By Ron Mazgent

Date 3-17-99

4-14-99, Move tank discussion

4-22-99, tank moved

Business Office Use Only

Date Rec'd 03/03/99

Amt Paid 150.00

Rec'd By ___ ~~Cash~~/Check No. 1942

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

Barn

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4900 So 112 (no rural route) City Lincoln NE, Zip

Owner Irene Nedved Addresss

Soil Type (SCS): Percolation Rate: 60 min./inch

Date of Tests 3-1 to 3-2-99 Weather: Precipitation Clear Temperature 40°

Barn Septic

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"	3-1	10:00	3-2	12:00	3-2	2:30	18	3-2	3:00	30	1/2	
2								21 1/4				3/4	
3								22				3/4	
4								23 1/2				1/2	
5								19 1/2				5/8	
6								20				1/2	

Sum of Percolation Rates: 308
Average of Rates: 51 mpi
Rate Used for Calculation: 51 "

Person Conducting Percolation Tests

Name: Larry Scheurich
Phone: 489-7294
Address 8200 old Cheney

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Boundary away Judson, Wymore, and Morrill soils

Signature of Reviewing Official Ron Maynard Date 3-3-99

FORM 23-101 10-96

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

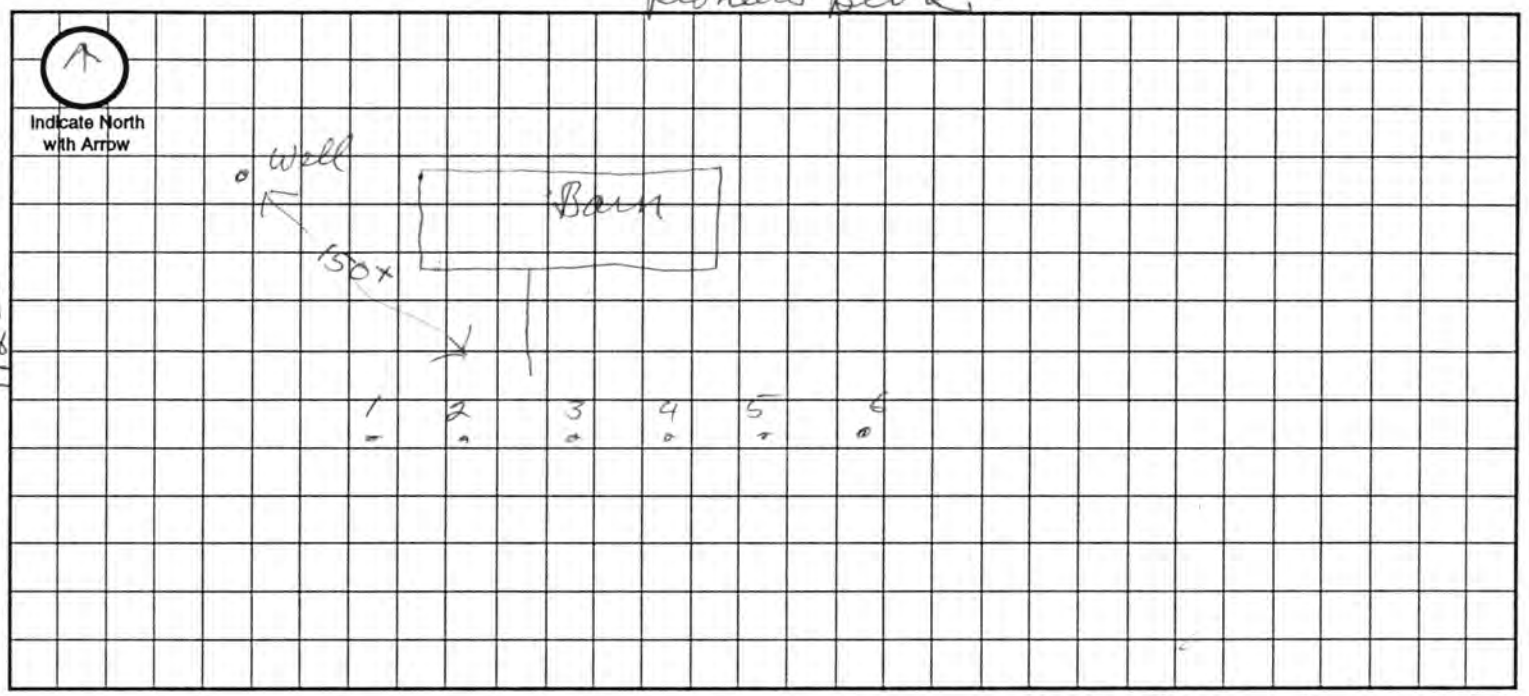
C

Permit Number:

Barn

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) 4900 So 112 City Lincoln 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: Judson, wymore, Morrill boundary Land Slope: 1 % %

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: _____

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

Total Length of Laterals 207 ft. Number of Trenches 2 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

Home Building Contractor Owner Irene Nedved Date 3-2-99

Installer Larry Schwarck Date 3-2-99

FORM 23-102 10-96

MAR 1 2 1999

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 3-4-99

System Location (Indicate correct number and street)

Address 112 + Pioneers (4900 S 12th) (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: ____ in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
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: 1250 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: 6 in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: precast
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

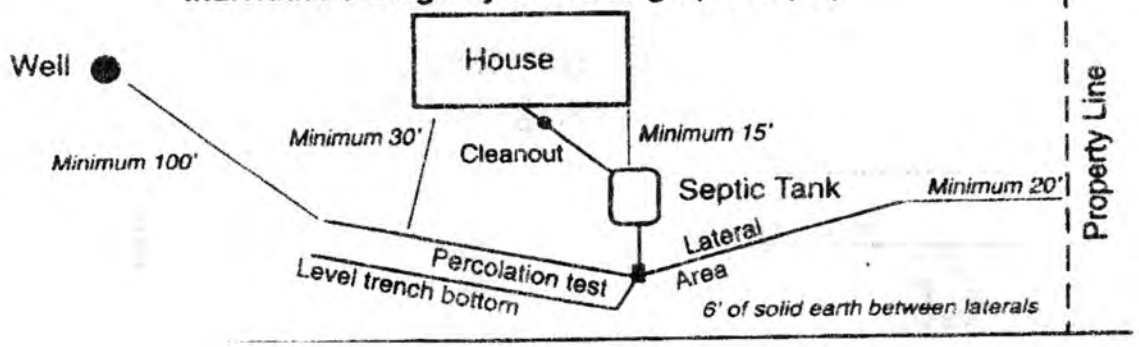
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: 4
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2 (2)
   Length of each line: 100 ft. 100 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 14 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.

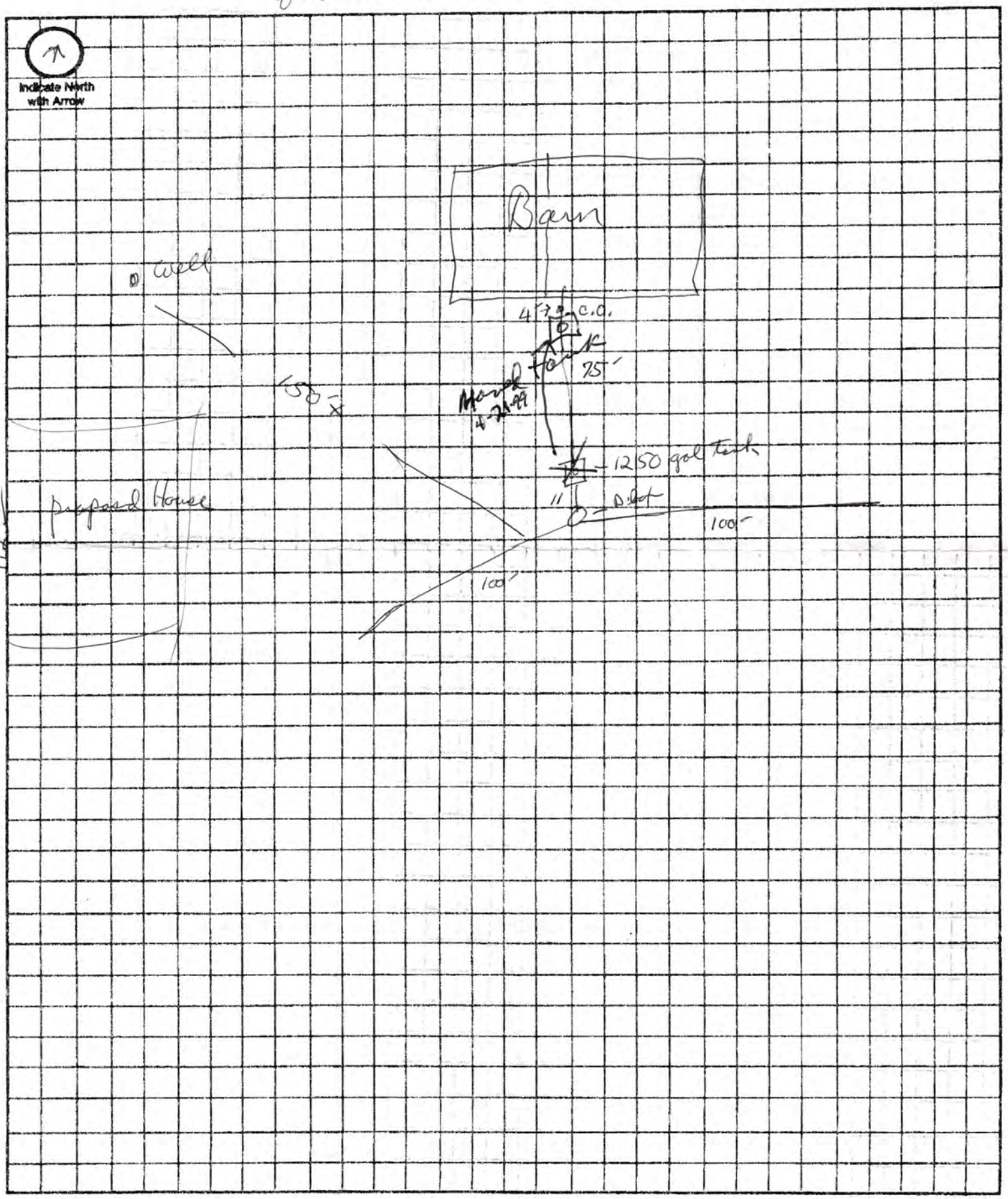
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

by Larry Schwanck
for Irene Nedved



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


112th
new septic
Pioneers
2,615,000 FEET
420,000 FEET
R 8
T 9 N.
(Joins sheet 36)
Steven's Creek