Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003039

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380270901

Issued 09/03/03
Expires 03/03/04
Revenue Code 3157

Establishment JOHN WESLEY KLEIN
T9N R8E SEC 10 QTR NW
N 1/2 OF NW 1/4
15111 PIONEERS BLVD

FEES: $200.00

Permittee JOHN WESLEY & CHERYL A KLEIN
5109 S 78 ST
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 033802709O1

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 15111 Pioneers Blvd. (no rural route) City Lincoln NE, Zip 68

Legal Description NW2 NW 10 9N 8E 24 I.T.
(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 John Wesley & Cheryl A. Klein Signature _____

Address 5108 SW 78th ST. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 488-7802 Work Phone _____

C. Contractor

Name BILL BARCLAY Company Name BARCLAY CONSTRUCTION COMPANY

Address 12800 W. PARKER ROAD City/State/Zip CRETE, NE. 68333

☐ Check if contractor designed system Work Phone 416-9798

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

Designer Name Melvin Gagner Firm Gagner Const Work Phone 4325698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3½ 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 9/3/03 Date frwd 9/4/03	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9/4/03 Date frwd _____	**ACTION** ☑ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 9/4/03 Date frwd 9/4/03	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

~~9/17/04 Need drawing & Lot~~

Installation Final Written Approval

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

Date SEPTEMBER 17, 2004

Business Office Use Only

Date Rec'd 09/04/03

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 7527

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
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B

Permit Number: 033802709

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 53 min./inch

Date of Tests _____ 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	30	9/1	10:30	9/2	11:40	9/2	11:45	6	9/2	12:15	30	1/2	60
2	31	"	"	"	"	"	"	"	"	"	"	1/2	60
3	29	"	"	"	"	"	"	"	"	"	"	5/8	48
4	32	"	"	"	"	"	"	"	"	"	"	1/2	60
5	31	"	"	"	"	"	"	"	"	"	"	5/8	48
6	28	"	"	"	"	"	"	"	"	"	"	5/8	48

Sum of Percolation Rates: 324
Average of Rates: 54
Rate Used for Calculation: 53 MIN/IN

Person Conducting Percolation Tests

Name: Melvin Degner
Phone: 402-430-5698
Address 4810 W CLAIRE AVE
LINCOLN NE 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date SEPTEMBER 4 2003

FORM 23-101 10-96

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C

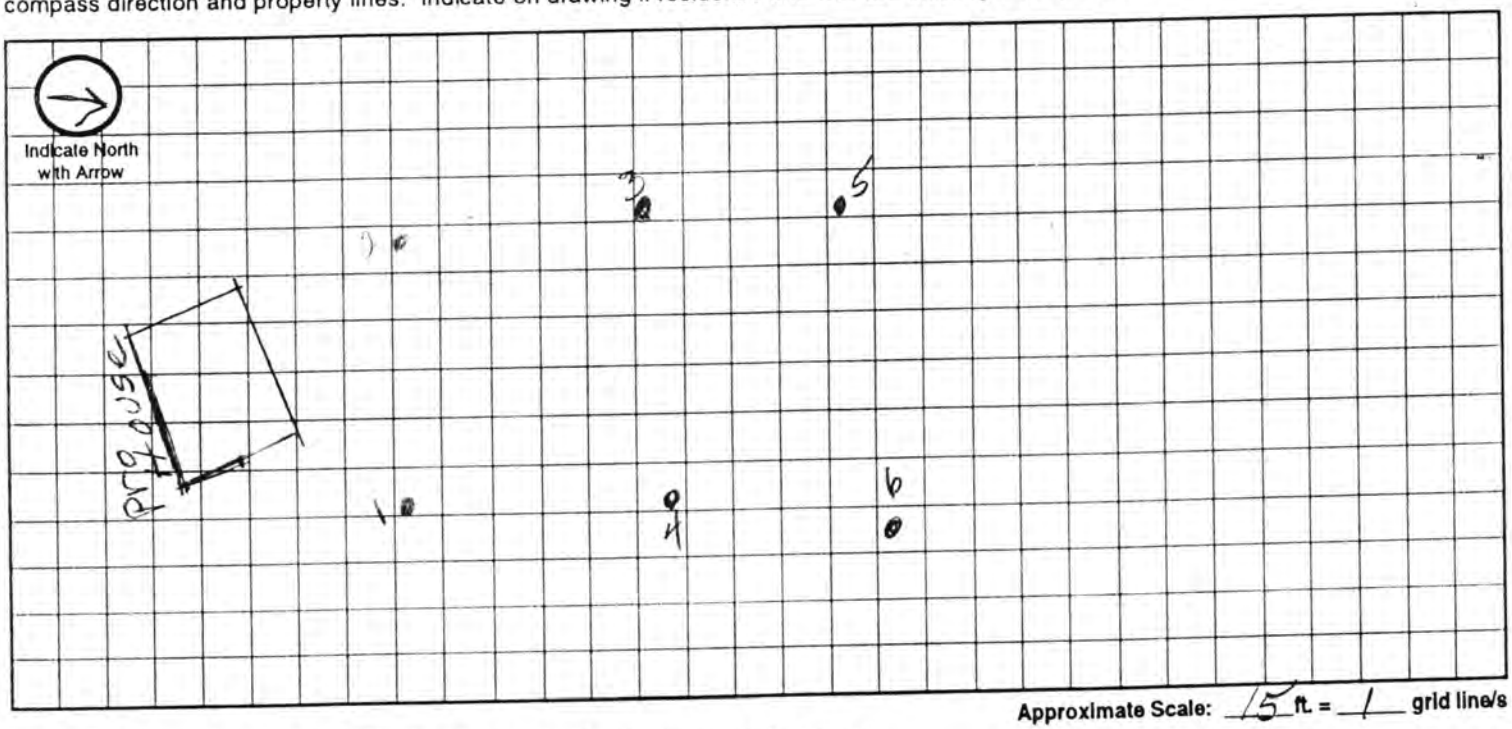
Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 033802709

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ 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 53 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 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 _____ ft. Number of Trenches _____ Trench Width _____

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 Billy Beedy Date 9-3-03

Installer Melvin F. Hagen Date 9/2/03

FORM 23-102 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 9-17-04

System Location (Indicate correct number and street)
Address 15111 PIONEERS (no rural route) City LINCOLN NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 86 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream N/A ft.
   pressure line OVER 75 ft.
   property line OVER 20 ft.

B. Septic Tank

1. Material: CEMENT
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 16 in.
   Riser: ☒ above ☐ below grade ____ 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 N/A ft.
   Pressure line OVER 50 ft.
   Property line OVER 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 37 ft.

D. Absorption Field

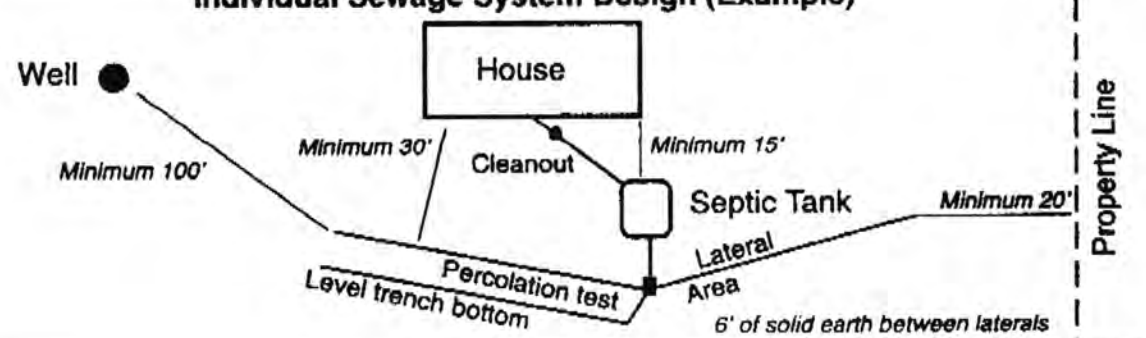
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: INSPECTORS
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 75 ft. 150 ft.
   37.6 ft. ____ ft. 4 ft.
3. Trench dimensions: Width ____ ft.
   Slope 0 in/100 ft.
   Average depth 20 in
4. Filter material: N/A
   Depth of material N/A in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream N/A ft.
   Pressure line OVER 30 ft.
   Property line OVER 30 ft.

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

Indicate North with Arrow

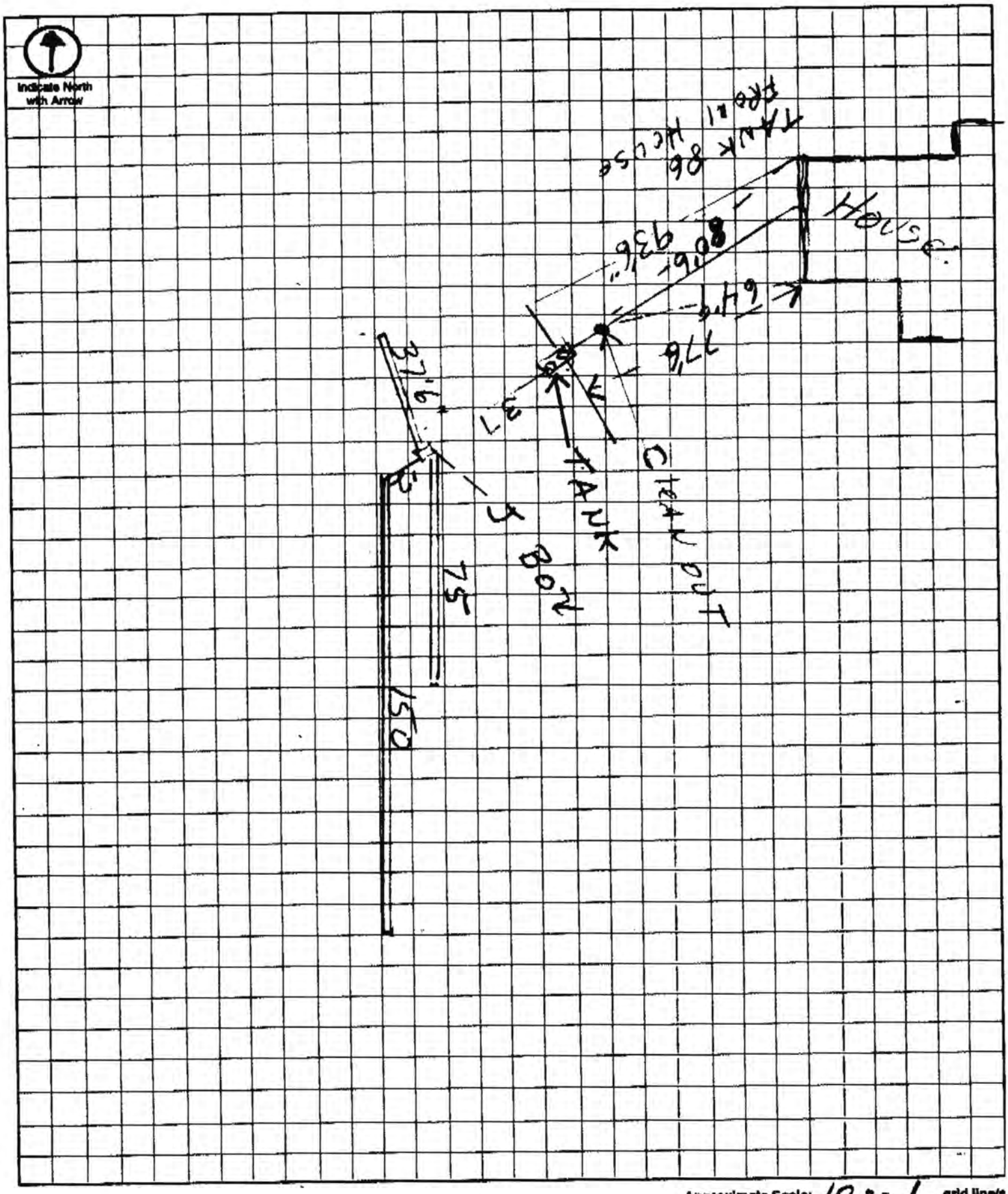
Individual Sewage System Design (Example)



FORM 23-103 10-96

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As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s