Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC

Permit # 99380202201

Issued 06/23/99
Expires 12/23/99
Revenue Code 3157

FEES: $150.00

Establishment

AL LAMBERT
T9N R8E SEC 10
4300 SO 148 ST

TOTAL: $150.00

Permitee

AL LAMBERT
7141 WILLOW AVE
LINCOLN NE 68507-2175

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010600

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

A

Permit Number: 993802022

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 4300 S 148th St (narrural route) City Lincoln, NE NE, Zip _____

Legal Description W 20.01 ACRES NW NW 10 9N 8E _____ 20.05 Not 20.01

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 Al Lambert Signature _____

Address 7141 Willow Av City/State/Zip Lincoln NE 68507

☐ Check if owner designed system Home Phone _____ Work Phone 466-6688

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S 72nd City/State/Zip Hickman NE 68372

☑ 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 4 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 6/22/99 Date frwd 6/22/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6.22.99 Date frwd 6.22.99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/22/99 Date frwd 6/22/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____

6/23/99 Need drawing I.C.H

Installation Final Written Approval

By _____ per DOH

Date 02/03/00

Business Office Use Only

Date Rec'd 06/22/99
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 1743

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: 9938 02022

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

LA Homes T9 R8 Sec 10 NE/4

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

Soil Type (SCS): ShC Percolation Rate: 48 min./inch

Date of Tests 5-19 to 5-20-99 Weather: Precipitation T Temperature 80

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	5/19	10:30	5/20	10:40	5/20	2:30	9 3/8	5/20	3:00	30	5/8	48
2	↓		A		A		P	12 7/8		P		5/8	48
3								13 5/8				5/8	48
4								9 7/8				5/8	48
5								8 5/8				3/4	40
6								9 1/2				5/8	48

Sum of Percolation Rates: 280
Average of Rates: 47
Rate Used for Calculation: 48

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So 76
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 22, 1999

FORM 23-101 10-96

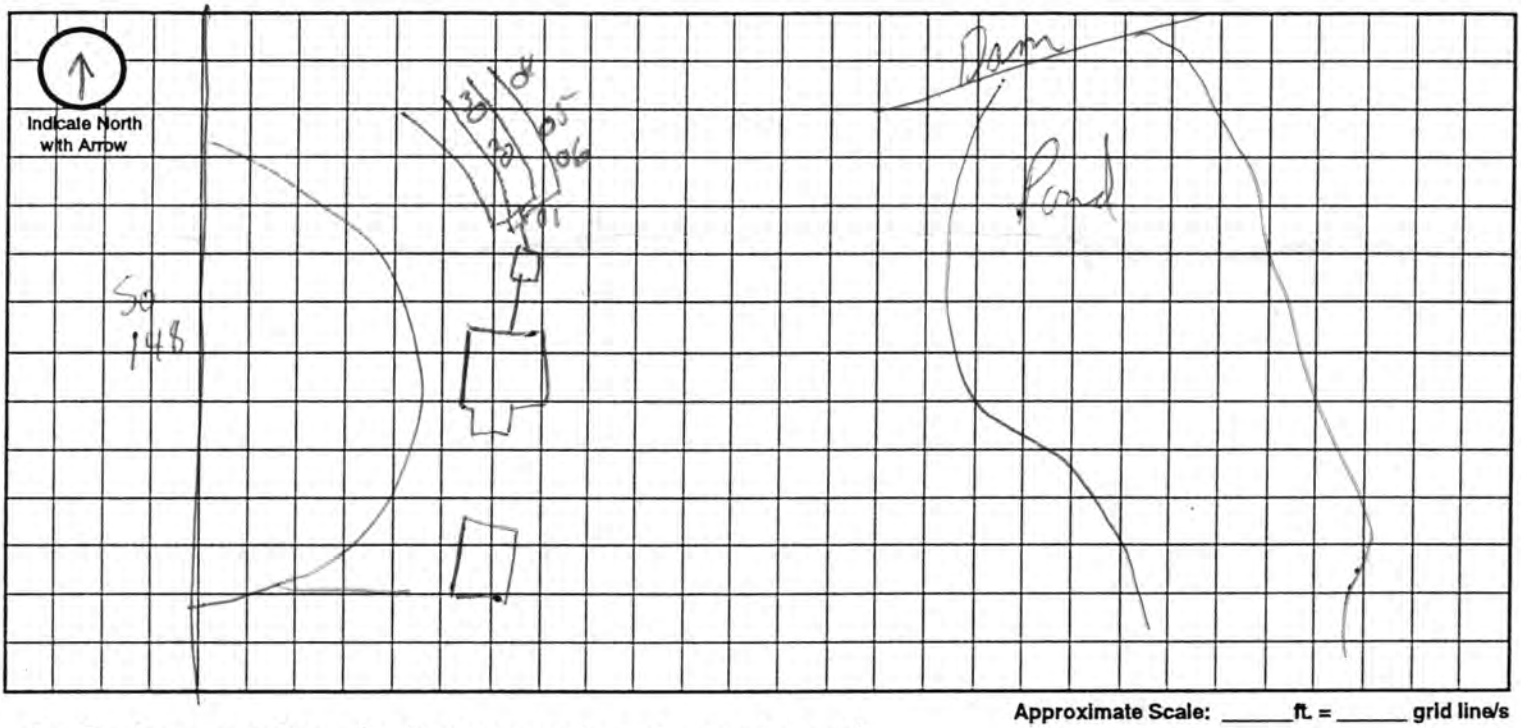
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 993802022

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) _____ 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 48 (min. per inch) Soil Type: Shc Land Slope: _____ %

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

Total Square Feet of Field Required: 1220 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 305 ft. Number of Trenches 4 Trench Width 4

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 ALREADY CONSTRUCTED Date _____

Installer Brad Southwell Date 6-8-99

FORM 23-102 10-96

ATTN: J. Hood FEB 2 2000

D

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Sewage Disposal System

As Built Plans & Specifications

Date 6-99 LA Builders

9N 8E Sec 10 NW/4 T9N R8E

System Location (Indicate correct number and street)

Address 4300 So 148 City Bennet NE, Zip 68317
(no rural route)

A. Building Sewer

1. Material: Sch 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 9 in.
3. Distance between dwelling and septic tank: 88 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line > 5 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6x9 in.
   Over outlet, diameter 6x9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line > 50 ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 64 ft.

D. Absorption Field

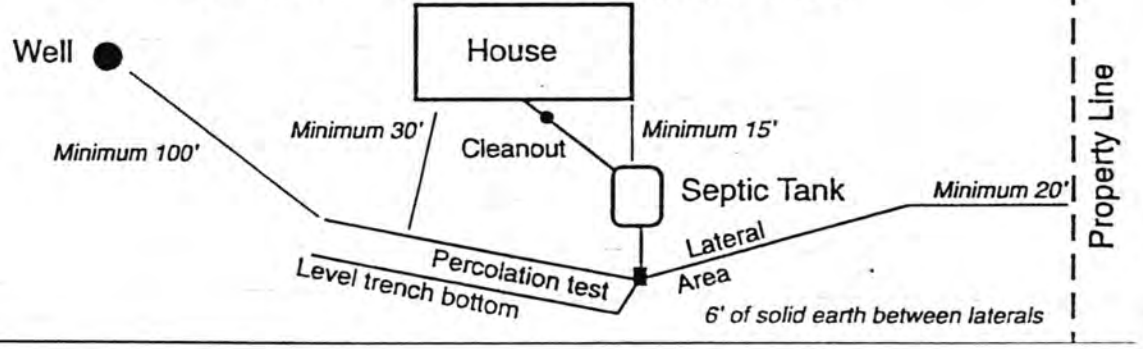
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 14
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 83.3 ft. 83.3 ft.
   83.3 ft. 91.6 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth .34 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

Indicate North with Arrow

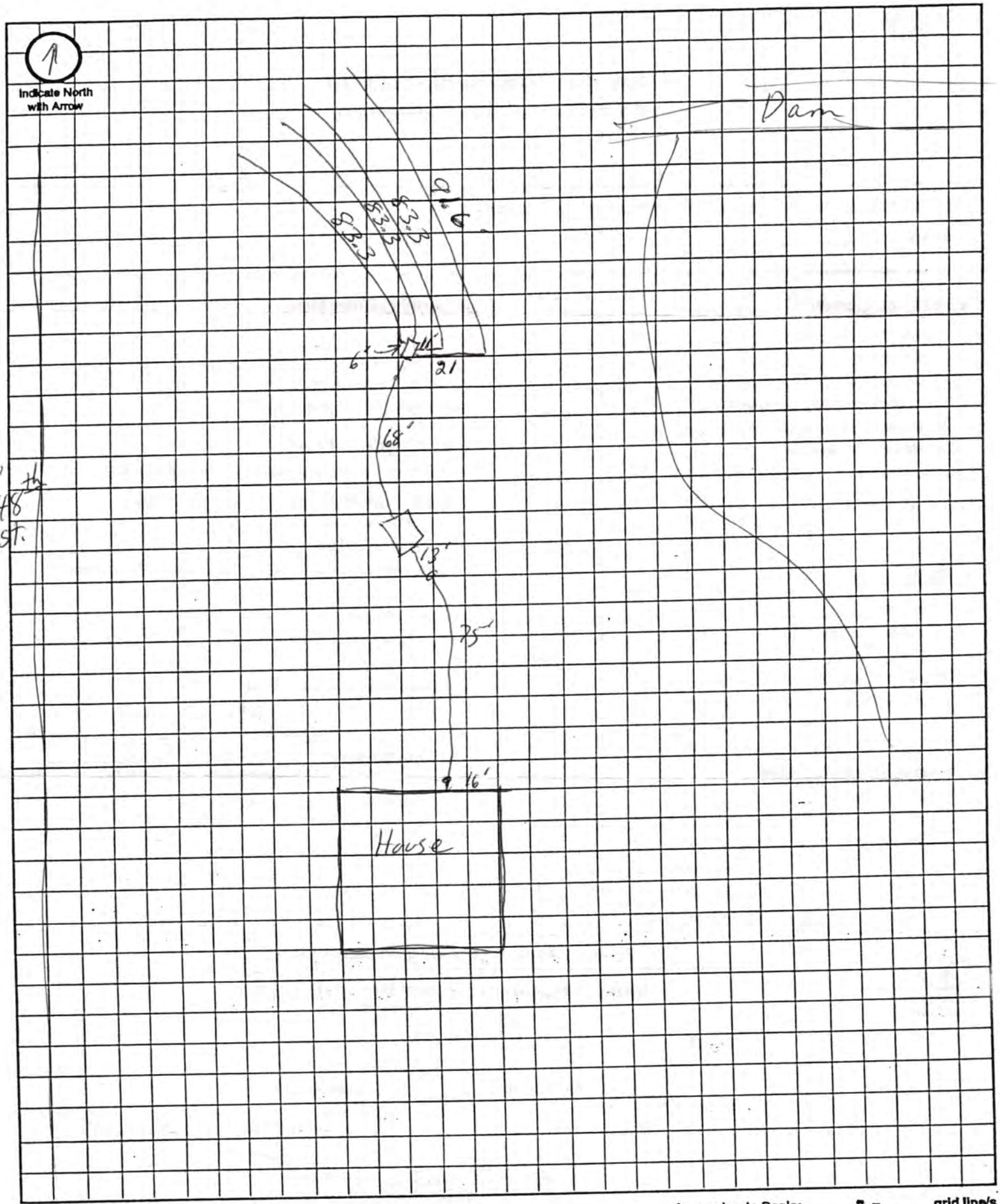
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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