Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

ROGER D GIBSON
T12N R7E SEC 26 QTR SW
W 1/2
16800 N 84 ST

Permitee

ROGER D GIBSON
16800 N 84 ST
LINCOLN NE 68517

Permit # 00380213401

Issued 01/06/00
Expires 07/06/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011574

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

A

Permit Number: 003802134

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 16800 N 84th (no rural route) City Lincoln Ne NE, Zip 68517

Legal Description W ½ SW ¼ 26 12N 7E
(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 Roger D Gibson Signature Roger D Gibson

Address 16800 N 84th City/State/Zip Lincoln Ne 68517

☐ Check if owner designed system Home Phone _____ Work Phone 325-3533

C. Contractor

Name AWS Well Co Company Name Don Anderson

Address Box 246 Mead City/State/Zip Mead Ne. 68041

☒ Check if contractor designed system Work Phone 402-624-3895

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 2 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 1/6/00 Date frwd 1/10/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-10-00 Date frwd 1-10-00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1/10/00 Date frwd 1/10/00 ACTION ☒ Approved ☐ Disapproved Signature _____

1-6-00 run w/ tank & lateral
1-7-00 run 2nd lateral need drawing

Installation Final Written Approval

By Ron Magnuson

Date 2-16-00

Business Office Use Only
Date Rec'd 1/6/2000
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 6614

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

~~7230 W. RANGER Rd~~

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

B

Permit Number: 00380213C

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16800 N 84th (no rural route) City Lincoln NE, Zip 68517

Owner Roger D Gibson Addresss 16800 N 84th

Soil Type (SCS): _____ Percolation Rate: 48.33 min./inch

Date of Tests 12-1 to 12-2 Weather: Precipitation Dry Temperature 45°

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"	12-1	10:00am	12-2	10:00	12-2	10:00	6"	12-2	11:00	60min	1	60
2	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	1.5	40
3	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	2	30
4	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	1.5	40
5	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	1	60
6	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	〃	1	60

Person Conducting Percolation Tests

Name: AWS well

Phone: _____

Address _____

Sum of Percolation Rates: 290

Average of Rates: 48.33

Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sharpsburg or Wymore Soil

Signature of Reviewing Official Ron Mayer Date 1-6-00

FORM 23-101 10-96

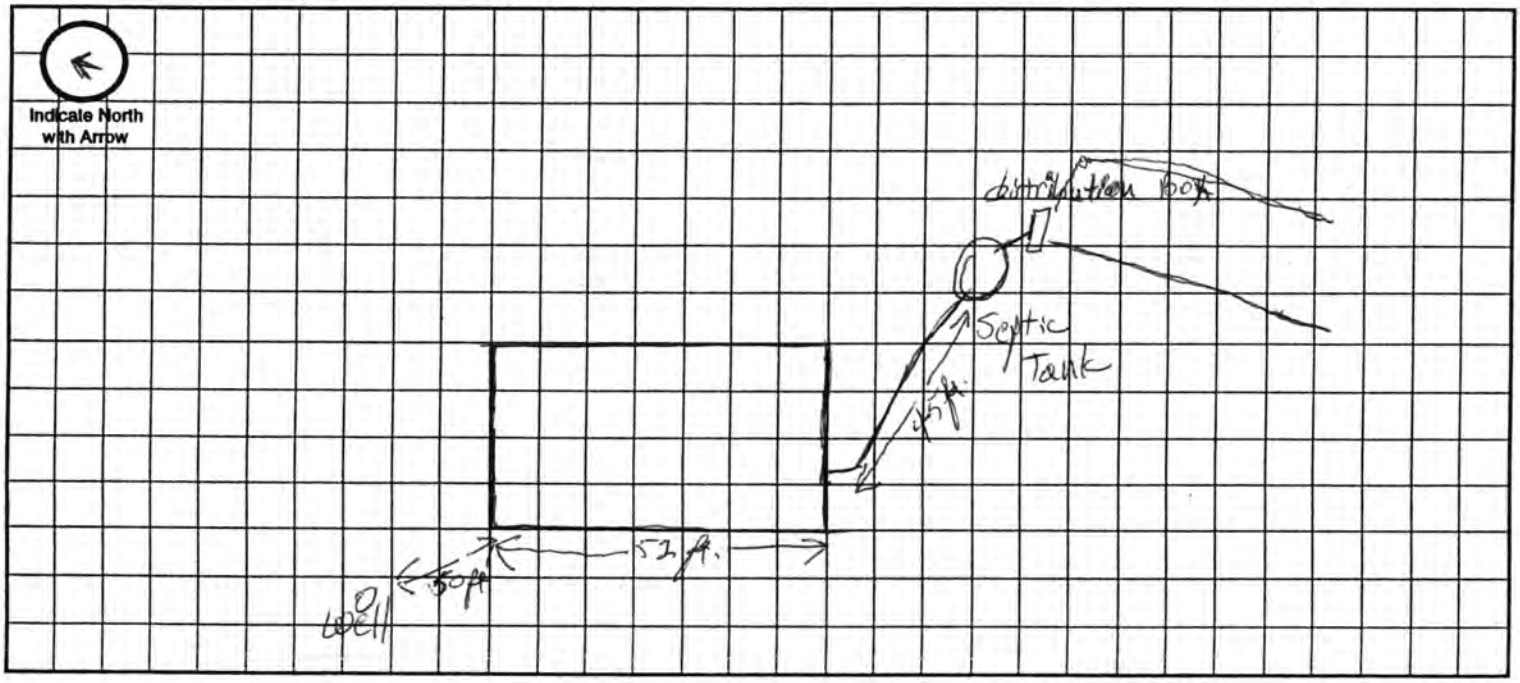
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

C

Permit Number: 003802134

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) 16800 North 84th City Lincoln NE, Zip 68517

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate ~~40~~ 53 (min. per inch) Soil Type: Shelby or Wymore soil Land Slope: _____ %

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

Total Square Feet of Field Required: 660 sq. ft.

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

Capacity of Septic Tank 1500 (1000 min) gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 180 (160 min) ft. Number of Trenches 2 Trench Width 4 ft.

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 EXISTING Date _____

Installer Rod Wemer AWS Well Co. Date _____

FORM 23-102 10-96

Roger Gibson
16800 N 84th
Lincoln Ne 68517

FEB 4 2000

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 1-7-2000 · 26 - 12-7

System Location (Indicate correct number and street)

Address 16800 N. 84th (no rural route) City Lincoln NE, Zip 68517

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ 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: Concrete
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☑ below grade 8 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 200 ft.
   Stream 225 ft.
   Pressure line 40 ft.
   Property line 200 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 20 ft.

D. Absorption Field

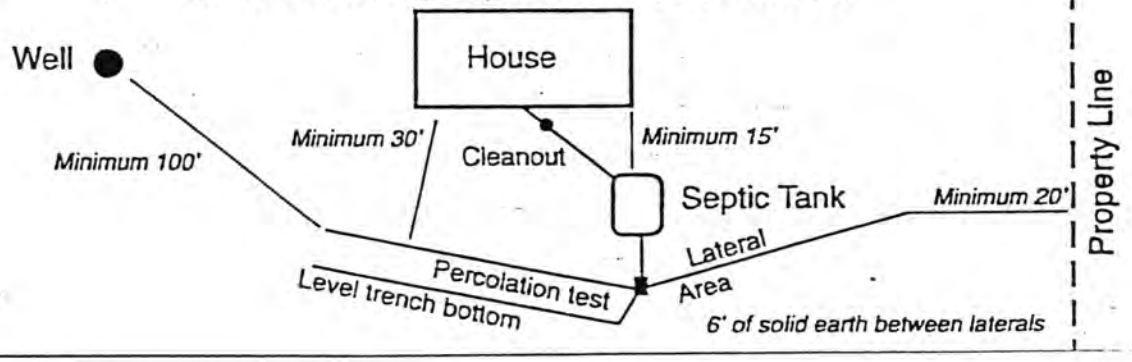
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 80 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth 28 in
4. Filter material: Road Gravel
   Depth of material 16" in.
5. Distances to: Well or suction line 250 ft.
   Stream 200' ft.
   Pressure line 100' ft.
   Property line 250 ft.

Indicate North with Arrow

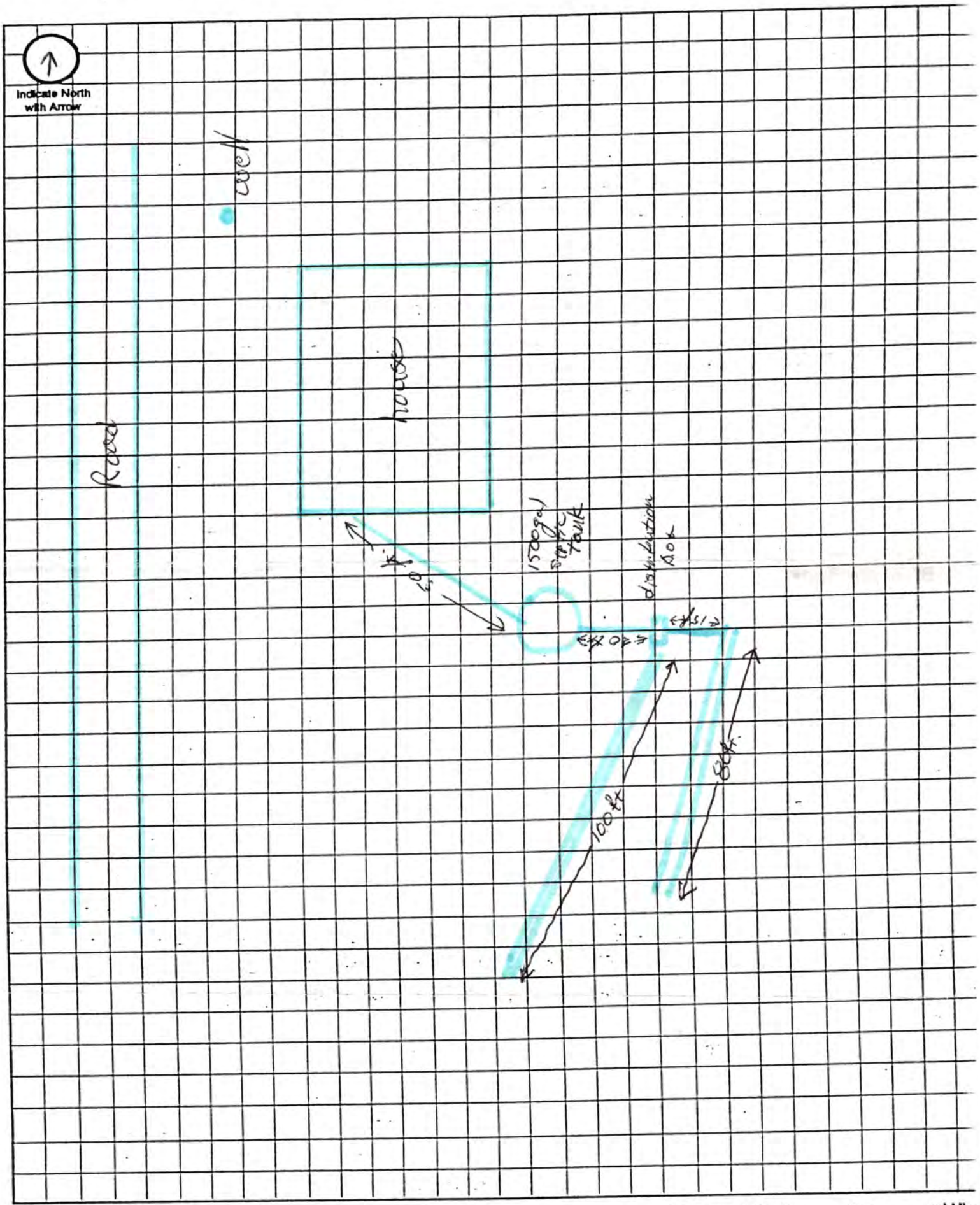
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



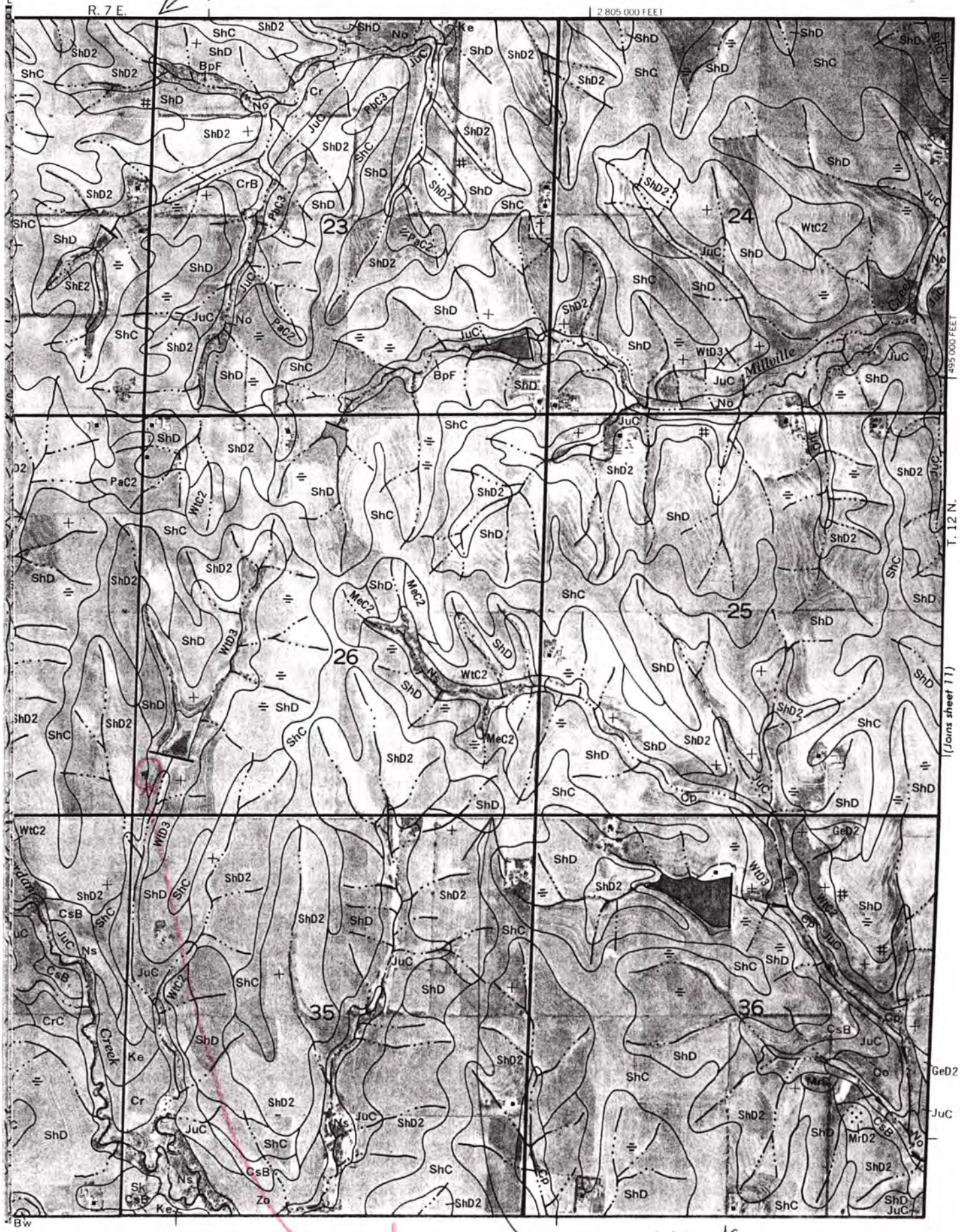
FORM 23-103 10-96

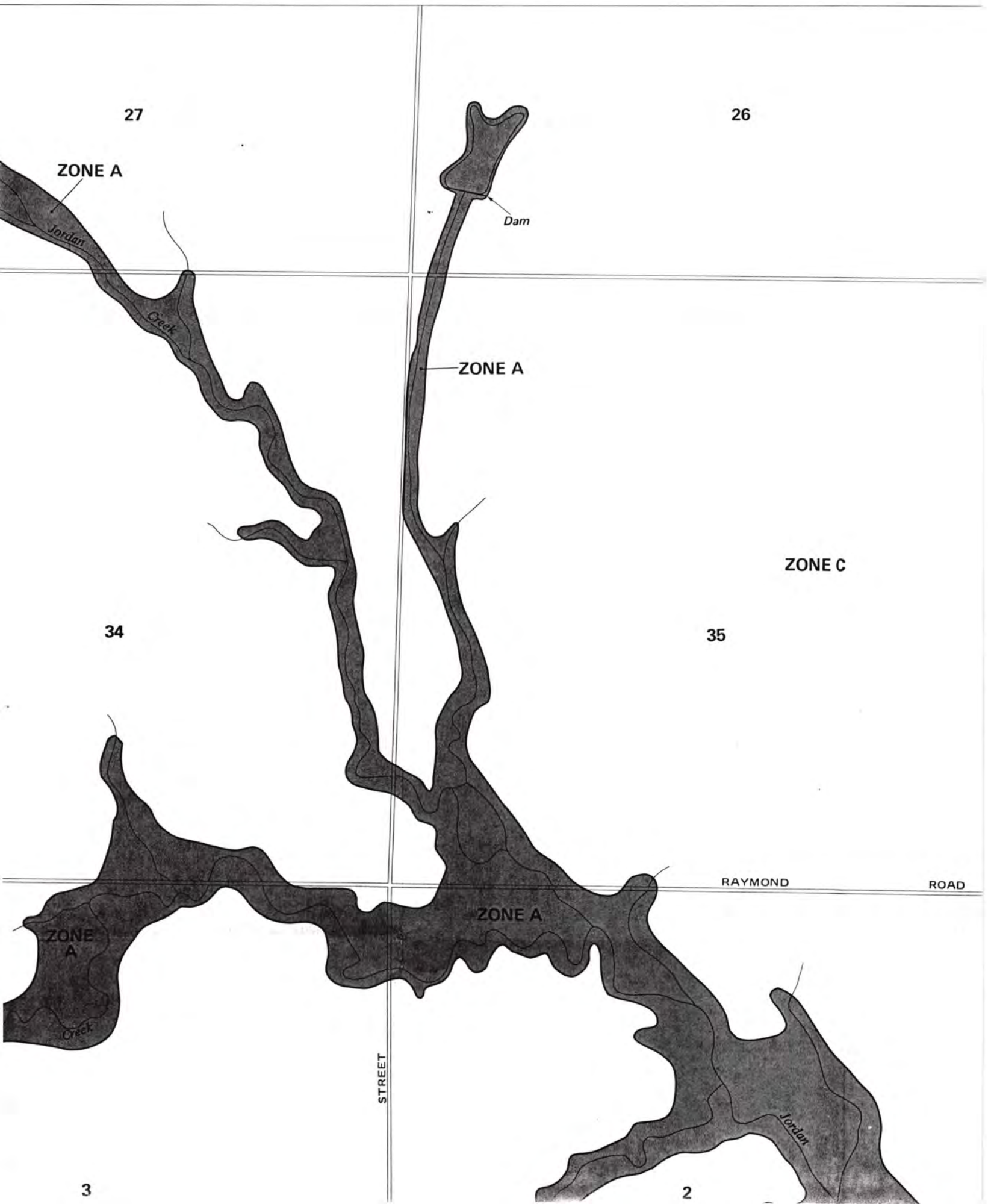
As Built Drawing



Approximate Scale: _____ ft. = _____ grid lin

NEBRASKA — SHEET NUMBER 10




27
26
ZONE A
Jordan
Creek
Dam
ZONE A
ZONE C
34
35
RAYMOND
ROAD
ZONE A
ZONE A
Creek
STREET
Jordan
3
2