Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380198901

Issued 05/13/99
Expires 11/13/99
Revenue Code 3157

FEES: $150.00

Establishment

MARK WILLET
T12N R6E SEC 35 QTR NW
NW1/4OFNW1/4-40ACRES
BRANCHED OAK RD & W 1 ST

TOTAL: $150.00

Permitee

MARK WILLET
6435 COLFAX AVE
LINCOLN NE 68507

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010278

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

A

Permit Number: 99380198 9

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

Legal Description NW NW 35 12N 6E _____
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 Mark Willet Signature Mark Willet by Jim Christo

Address 6435 Colfax Ave City/State/Zip Lincoln, NE 68507

☐ Check if owner designed system Home Phone 580-3692 Work Phone _____

C. Contractor

Name Christo Const. Company Name Jim Christo

Address 641 So. 21st City/State/Zip Lincoln, NE 68510

☐ Check if contractor designed system Work Phone 402-432-0590

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 3 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 5/11/99 Date frwd 5/11/99 **ACTION** ☒ Approved ☐ Disapproved Signature Lenrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-11-99 Date frwd 5-11-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-11-99 Date frwd 5-11-99 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Pluym

7-10-99, no need for drainage OK

Installation Final Written Approval

By Ron Mayhew

Date 11-12-99

Business Office Use Only

Date Rec'd 05/11/99

Amt Paid 150 ck

Rec'd By _____ ~~Cash~~/Check No. 24232

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

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B

Permit Number: 9938019 89

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Address _____

Soil Type (SOS): Silty Clay Loam (SHARPSBURG) Percolation Rate: 35 min./inch

Date of Tests 5-1-99 to 5-2-99 Weather: Precipitation 0 Temperature 40

Percolation Test Data Table

Christo 1st + Buried oak

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	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	3/4	40 MIN/IN
2	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	3/4	40 MIN/IN
3	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	1	30 MIN/IN
4	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	1	30 MIN/IN
5	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	1	30 MIN/IN
6	36	5-1	2:00	5-2	5:00	5-2	5:00	6	5-2	9:00	30	3/4	40 MIN/IN

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 35

Person Conducting Percolation Tests

Name: Brian Shafer / Design Ass.
Phone: 474-3000
Address Pershing SQ.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Wood Date MAY 11, 1999

fax 475-0717

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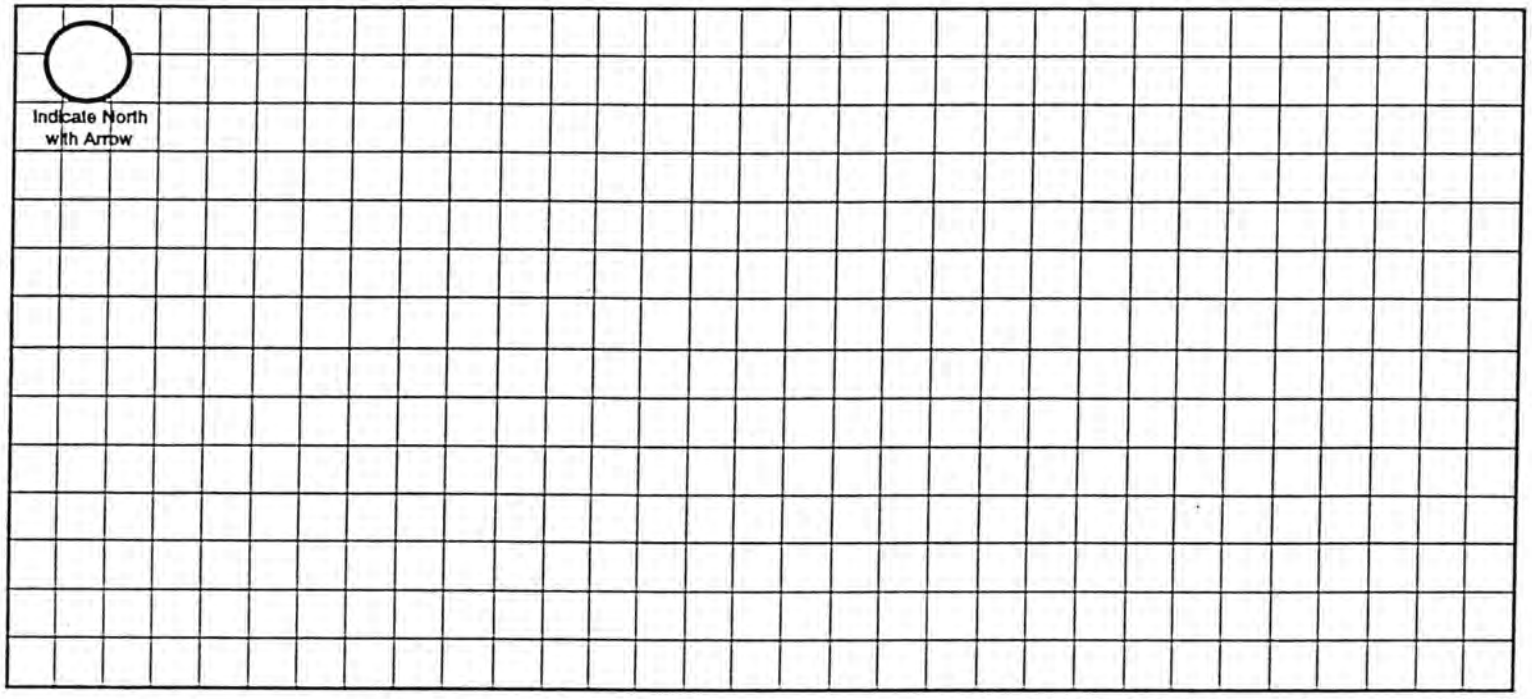
C

Permit Number: 9938 01989

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

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

Total Square Feet of Field Required: 810 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 202 ft. Number of Trenches 2 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 Christo Const. Co. Jim Christo Date 5-11-99

Installer Hiedbrink Const. Date _____

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

RECEIVED OCT 28 1999

Date Sept. 99

System Location (Indicate correct number and street)

Address 333 Branched Oak Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: P.V.C.
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: ~~4'~~ 18 in.
3. Distance between dwelling and septic tank: 25 ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line NA ft.
   property line ~~100~~+ ft.

B. Septic Tank

1. Material: Concrete (Precast)
   Number of compartments: one
2. Capacity: 1,000 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: 14 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line ~~100~~+ ft.

C. Distribution Box

1. Material: Concrete (Precast)
   Number available outlets: ~~Six~~ Five
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

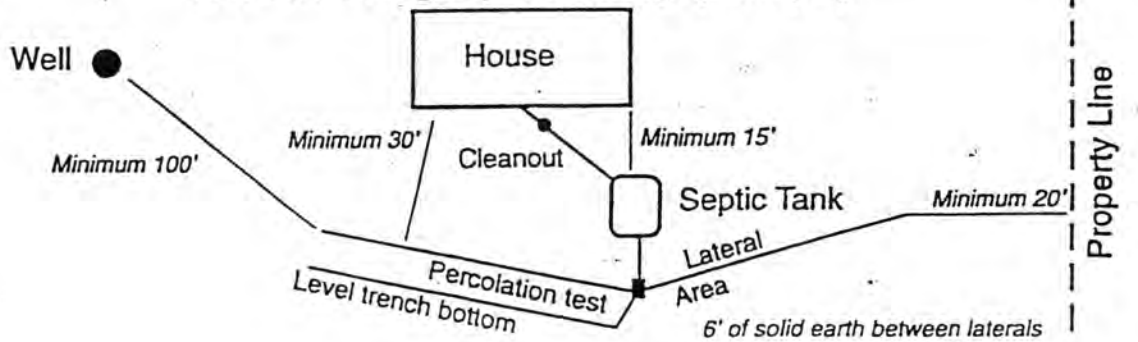
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other (Equalizer)
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 4" in/100 ft.
   Average depth ~~3~~ 30 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 102 ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 40 ft.

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

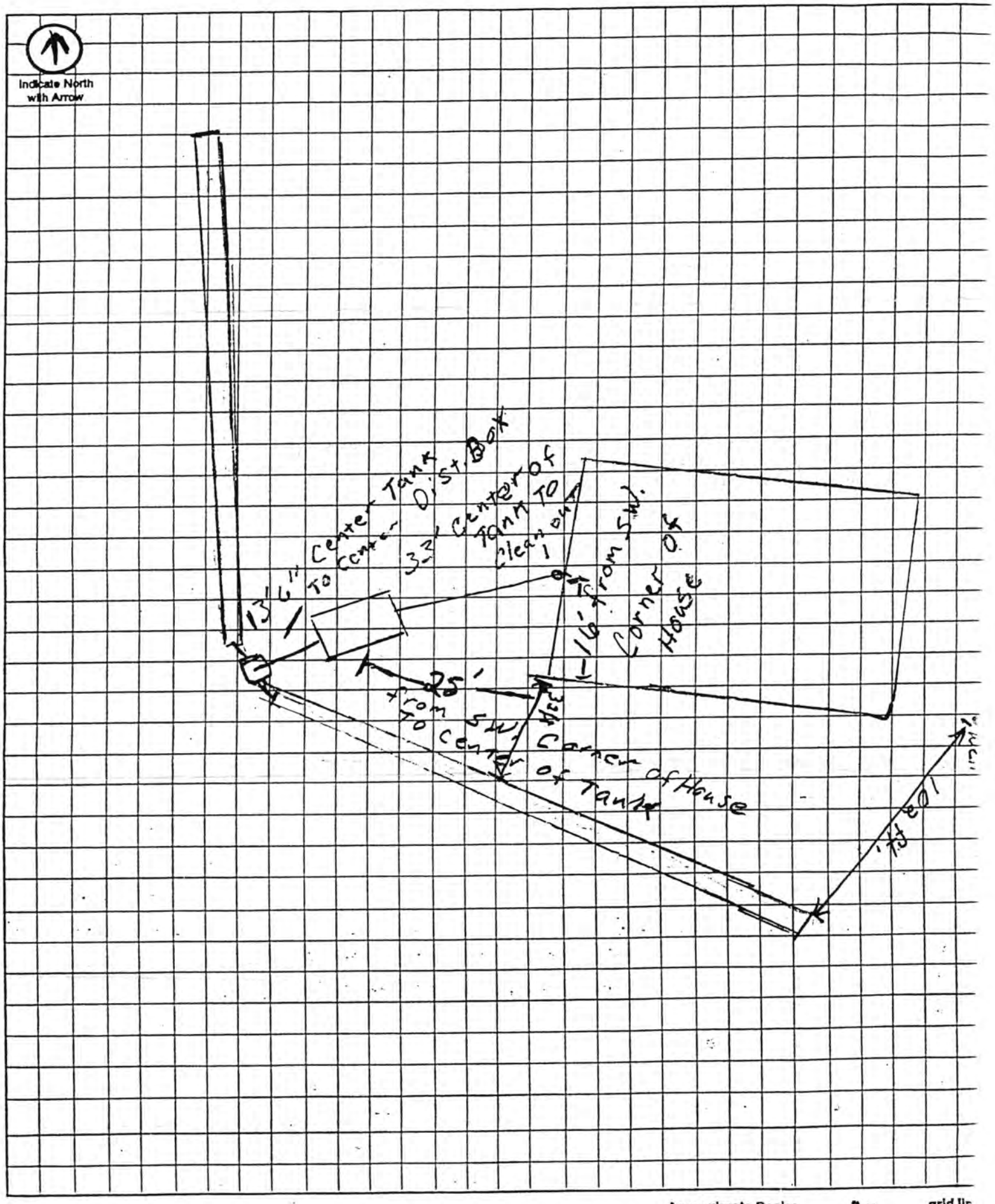
Indicate North with Arrow

Individual Sewage System Design (Example)

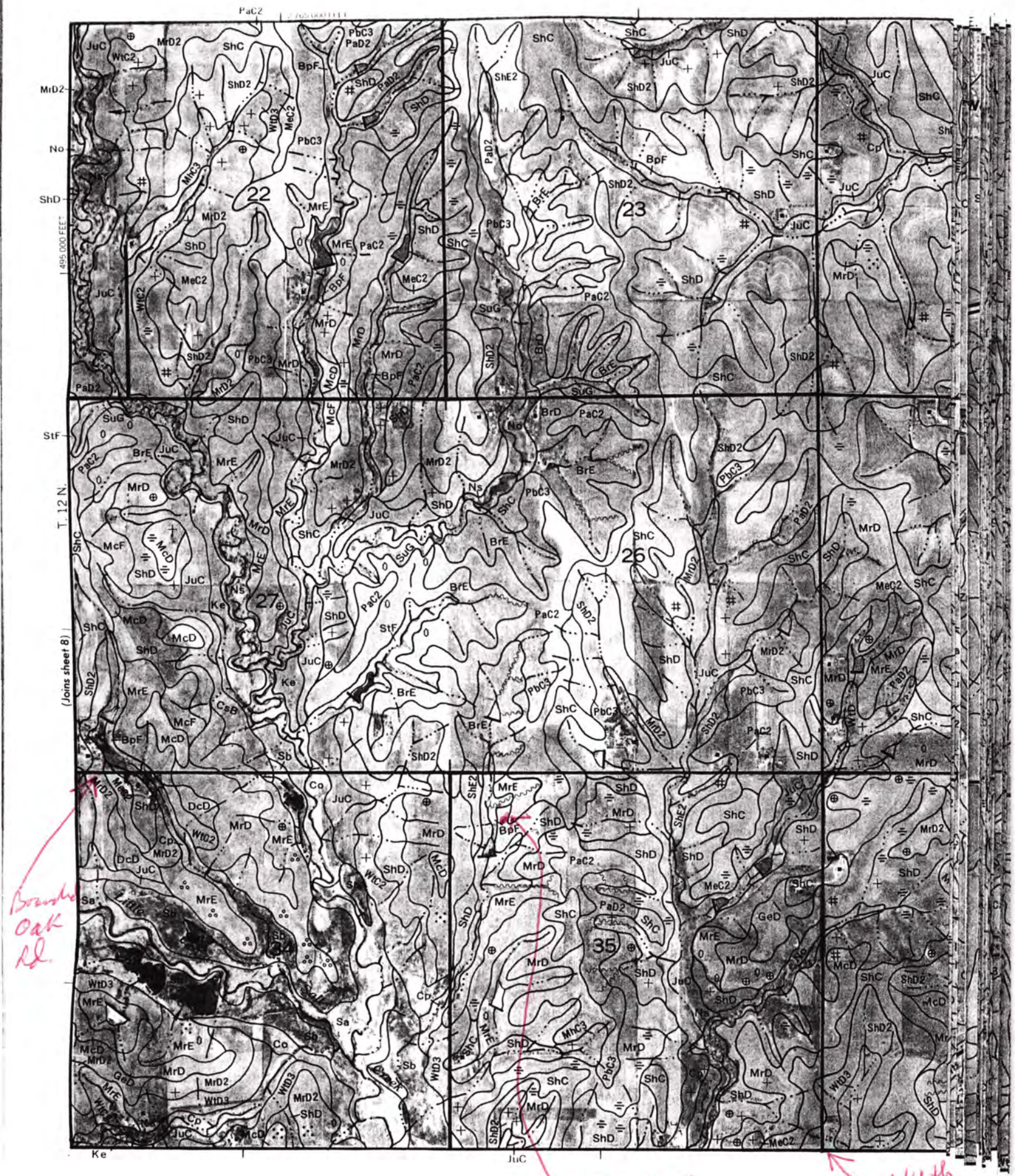


FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid lir


PaC2
MrD2
No
ShD
495 000 FEET
StF
T. 12 N.
(Joins sheet 8)
22
23
26
27
34
35
Ke
JuC
Boundary Oak Rd.
Near Septic
N. 14th