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

No. 98380174401

Issued 04/21/98
Expires 10/21/98
Revenue Code 3157

FEES: $150.00

Establishment
BRAD SOUTHWICK
T9N R8E SEC 29 QTR NW
W/2 OF SWQTR/ NWQTR

TOTAL $150.00

Permittee
BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

Issued By Health Director
Lincoln-Lancaster County Health Department

007232

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:

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 8800 So. 120th St. City _____ NE, Zip _____
(no rural route)

Legal Description ~~NW SW NW~~ 29 9N 8E 27 F.T.
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 Don Henslee Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So. 72 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 _____ 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 4/20/98 Date frwd 4/20/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4.20.98 Date frwd 4.20.98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/20/98 Date frwd 4/20/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

4/22/98 J.C.H.

Installation Final Written Approval

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

Date APRIL 22, 1998

Business Office Use Only

Date Rec'd 04/20/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 2967

FORM 23-100 10-96

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 5-19-97 to 5-20-97 . Weather: Precip. 0 Temp. 80 .

Holes 4-6 Had Water From Pre-Sat. Period

OWNER: Julie + Don Hensley

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in)
1	36"	5-19	500P	5-20	1030A	5-20	1030A	6"	1100A	5¼	30min	3/4	
2	36"	5-19	500P	5-20	1030A	5-20	1030A	6"	1100A	5¼	30min	3/4	
3	36"	5-19	500P	5-20	1030A	5-20	1030A	6"	1100A	5½	30min	1/2	
4	36"	5-19	500P	5-20	1030A	5-20	1030A	6"	1100A	6	30min	0	
5	36"	5-19	500P	5-20	1030A	5-20	1030A	6"	1100A	6	30min	0	
6	36"	5-19	500P	5-20	1030A	5-20	1030A	6"	1100A	6	30min	0	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Brian Shafer
Signature of Person Conducting Test

Address 2700 Dan Ave., Lincoln, NE Phone 402-464-0638

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

4-21. Called over to Heat Brown Heard Back it was wrong

Signature of Reviewing Official

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner Don Heusler Address _____

Soil Type (SCS) Clay Loam Percolation Rate _____ min/inch

Date of Tests 7-27-97 to 7-28-97 Weather: Precipitation 0 Temperature 90

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 Rate (Min/in)
1	36	7-27	10 AM	7-28	6PM	7-28	6PM	6	7-28	8:00PM	30min	1/2	
2	36	7-27	10 A	7-28	6P	7-28	6P	6	7-28	8P	30	1/2	
3	36	7-27	10A	7-28	6P	7-28	6P	6	7-28	8P	30	3/4	
4	36	7-27	10A	7-28	6P	7-28	6P	6	7-28	8P	30	1/2	
5	36	7-27	10A	7-28	6P	7-28	6P	6	7-28	8P	30	3/4	
6	36	7-27	10A	7-28	6P	7-28	6P	6	7-28	8P	30	3/4	

Person Conducting Percolation Tests

Name: [signature]

Phone: 424-0638

Address 2700 Dan Ave.

Sum of Percolation Rates _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner Don Henslee Addresss _____

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

Date of Tests 7-29 to 7-30-97 Weather: Precipitation C Temperature 85

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	7-29	9:30	7-30	10:30	7-30	2:00	9	2:30	2:30	30	1	30
2			A		A			8 7/8				1 1/4	24
3								8 5/8				1 1/8	28
4								10 3/8				1 1/2	20
5								10 3/8				1 1/4	24
6								3 1/8				7/8	34
7								8 7/8				7/8	34
8								7 1/2				1	30
9								3 1/8				7/8	34

Sum of Percolation Rates: 258
Average of Rates: 29
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Brad Southard
Phone: 475-2462 / 430-7606
Address 17201 So 72nd St
Harrison, Ne

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

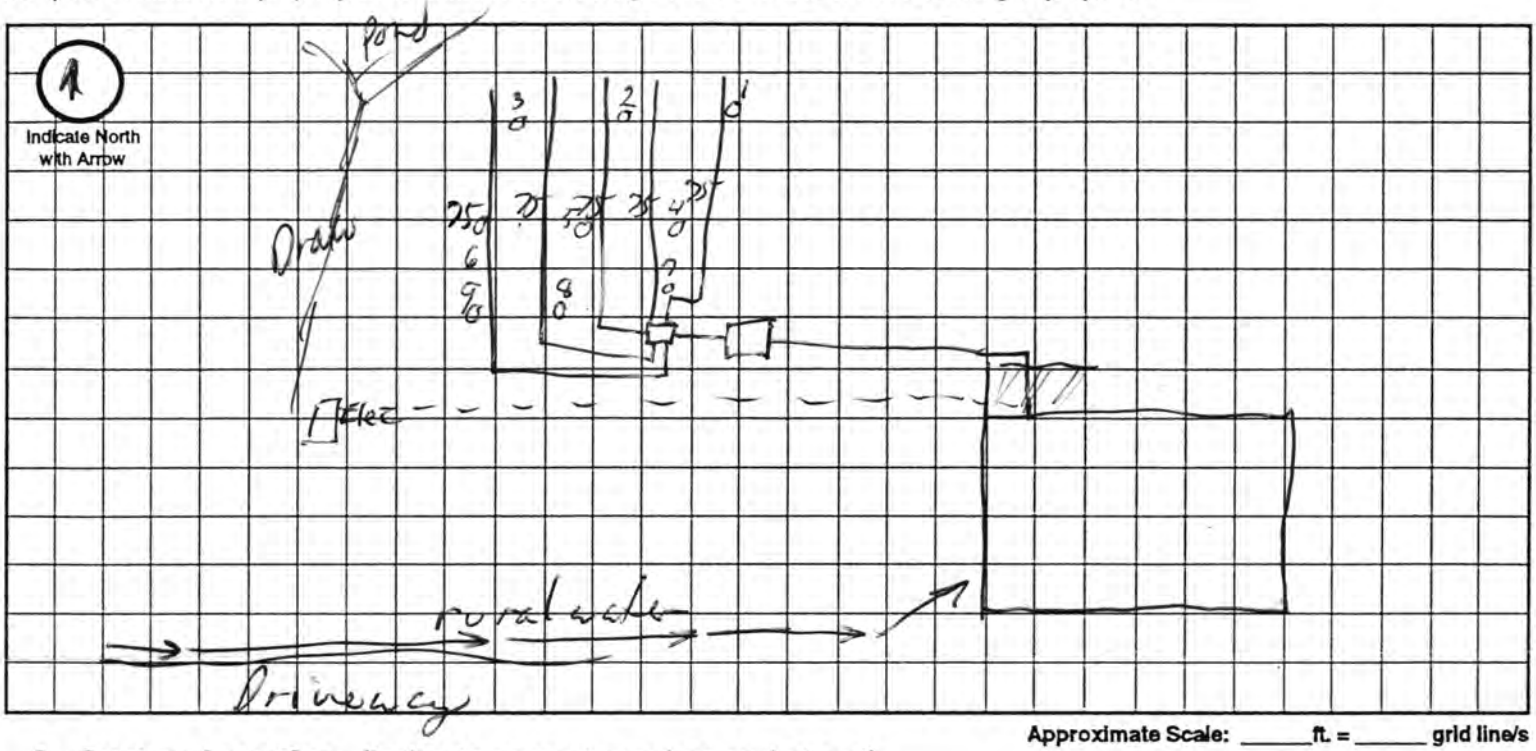
C

Permit Number:

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 Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: JUC Land Slope: 1 %

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

Total Square Feet of Field Required: 1250 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 375 ft. Number of Trenches 5 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 Micheal Builders Micheal Manzitto

Home Building Contractor _____ Date _____

Installer Brad Scott Date 4-20-98

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 4-22-98

System Location (Indicate correct number and street)

Address 8900 So 120 (no rural route) City Lincoln NE, Zip 68526

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and septic tank: 100 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line NA ft.
   stream NA ft.
   pressure line > 30 ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 9 in.
   Over outlet, diameter 12 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 7 in.
8. Distances to: Well or suction line NA 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: 39 ft.

D. Absorption Field

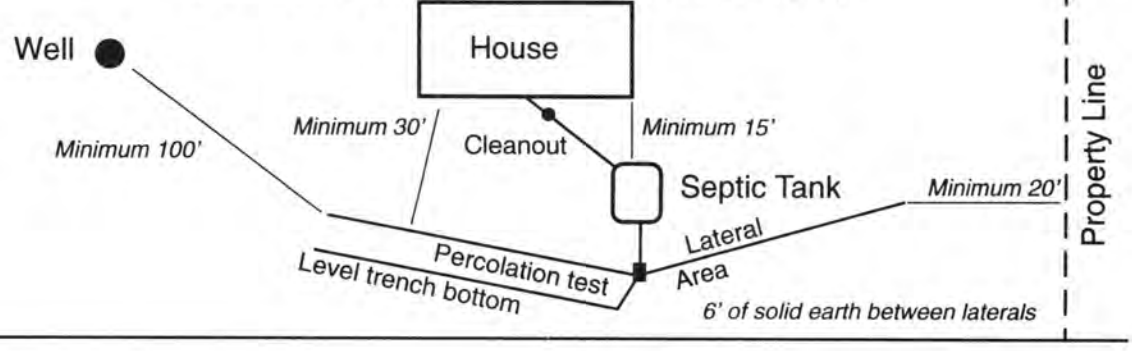
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 83 ft. 92 ft.
   100 ft. 100 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 5 in/100 ft.
   Average depth 38 in
4. Filter material: Road Gravel
   Depth of material 15 in.
5. Distances to: Well or suction line NA ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

Indicate North with Arrow

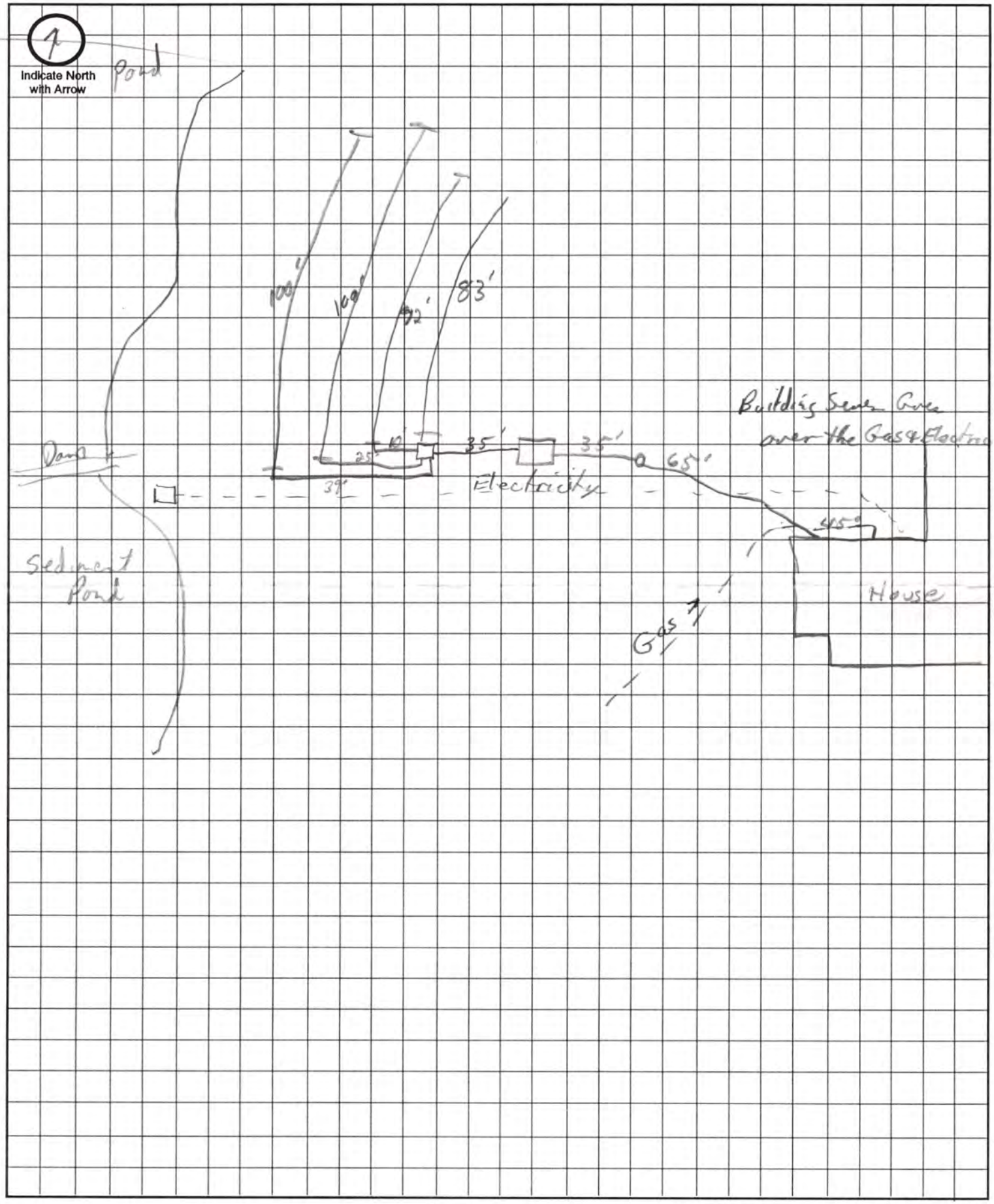
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s