LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 98380173601

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/08/98
Expires 10/08/98
Revenue Code 3157

Establishment

BOB MCNALLY
T12N R6E SEC 32 QTR NW
EAST 1/2
3001 W BRANCHED OAK RD

FEES: $150.00

PAID

TOTAL $150.00

Permittee

BOB MCNALLY
601 W SALLY ST
LINCOLN NE 68521-4349

Gregg M Wright MD

Issued By ~~M. Jane Ford~~
Health Director

6349

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: 98380173G

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 3000 W. Branched Oak Rd (no rural route) City Lincoln NE, Zip 68524

Legal Description E½ NW¼ NE¼ 32 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 Bob McNally Signature Bob McNally

Address 601 W. Sally City/State/Zip Lincoln NE. 68521

☐ Check if owner designed system Home Phone 438-1073 Work Phone _____

C. Contractor

Name Bob McNally Company Name _____

Address 601 W. Sally City/State/Zip Lincoln NE. 68521

☐ Check if contractor designed system Work Phone _____

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

Designer Name John Strohmyer Firm Excavating Inc Work Phone 430-6023

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 4/8/98 Date frwd 4/8/98
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   LESS THAN 20 ACRES BUILDING PERMITS REQ.
   Date rec'd 4/8/98 Date frwd 4/8/98
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

3. **City or County Engineer**
   Date rec'd 4/8/98 Date frwd 4/8/98
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

Installation Final Written Approval

By _____

Date 8-11-98

Business Office Use Only

Date Rec'd 04/08/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 9296

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

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

B

Permit Number: 9838 01736

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3000 W. Branched Oak Rd. (no rural route) City Lincoln NE, Zip 68524

Owner Bob McNally Addresss 601 W. Sally LNK 68521

Soil Type (SCS): Silty Clay loam (SHARPSBURG) Percolation Rate: _____ min./inch

Date of Tests 4/4/98 to 4/5/98 Weather: Precipitation damp Temperature 70°

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	24	4/4	9:00	4/5	9:00	4/5	1:00	6"	4/5	1:30	30	3/4"	
2	24	4/4	9:00	4/5	9:00	4/5	1:00	6"	4/5	1:30	30	1 1/4"	
3	26	4/4	9:00	4/5	9:00	4/5	1:00	6"	4/5	1:30	30	1 1/4"	
4	24	4/4	9:00	4/5	9:00	4/5	1:00	6"	4/5	1:30	30	3/4"	
5	27	4/4	9:00	4/5	9:00	4/5	1:00	6"	4/5	1:30	30	1 1/4"	
6	24	4/4	9:00	4/5	9:00	4/5	1:00	6"	4/5	1:30	30	1 1/4"	

Person Conducting Percolation Tests

Name: John Strohmyer
Phone: 420-3100
Address 6667 N. W. 48th
Lincoln NE 68524

Sum of Percolation Rates: _____
Average of Rates: 30 min.
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 8, 1998

FORM 23-101 10-96

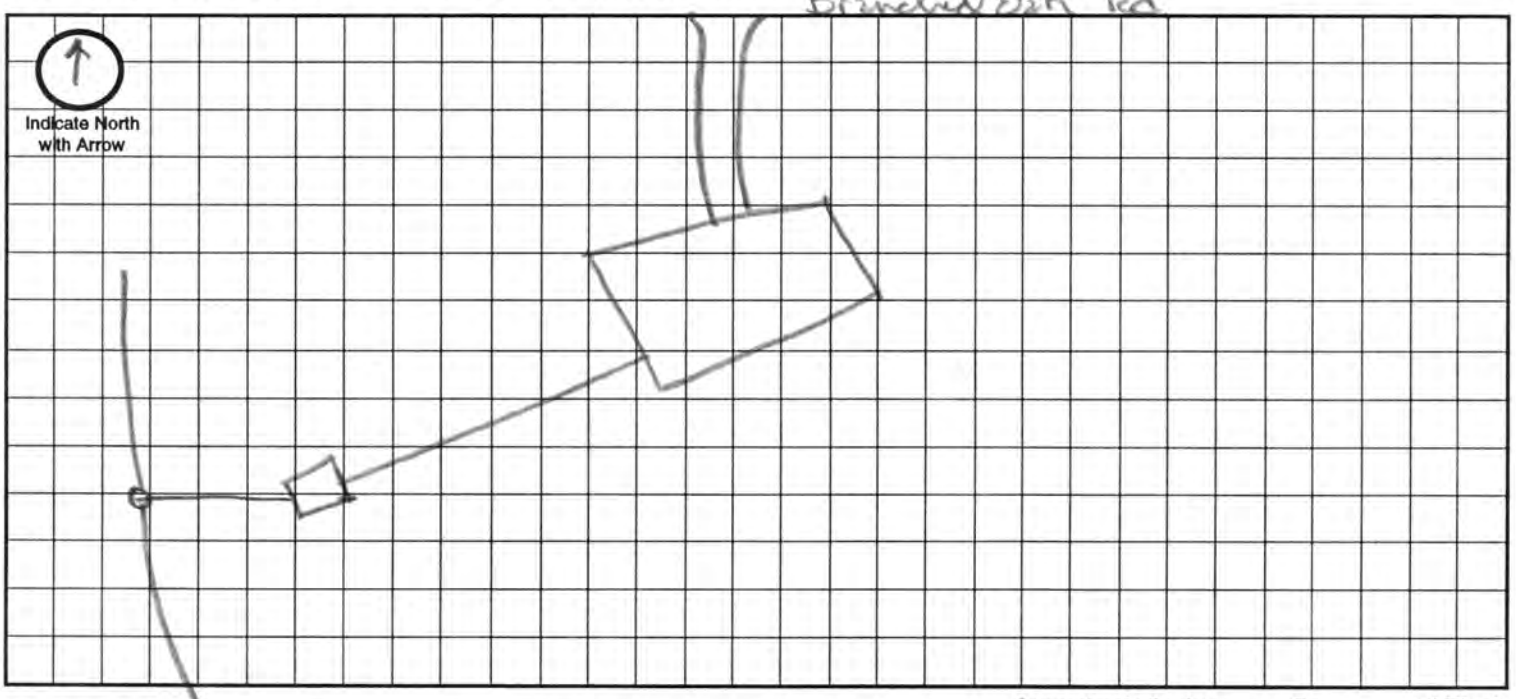
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98380 1736

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) 3000 W. Branched Oak Rd City Lincoln NE, Zip 68524

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: Silty Clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 252 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 180 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 Bill McNulty Date 4/8/98

Installer John Strohmyer Date 4/8/98

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: 9838 01736

Sewage Disposal System

As Built Plans & Specifications

Date 8-11-98

System Location (Indicate correct number and street)

Address 2101 N. Branch Oak (no rural route) City RAYMOND NE, Zip _____

A. Building Sewer

1. Material: SCH 40 + 35 PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 37 in.
3. Distance between dwelling and septic tank: 89 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 89+ ft.
   property line 100+ 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 _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade 12 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 100+ ft.
   Stream 100+ ft.
   Pressure line 89+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 17 ft.

D. Absorption Field

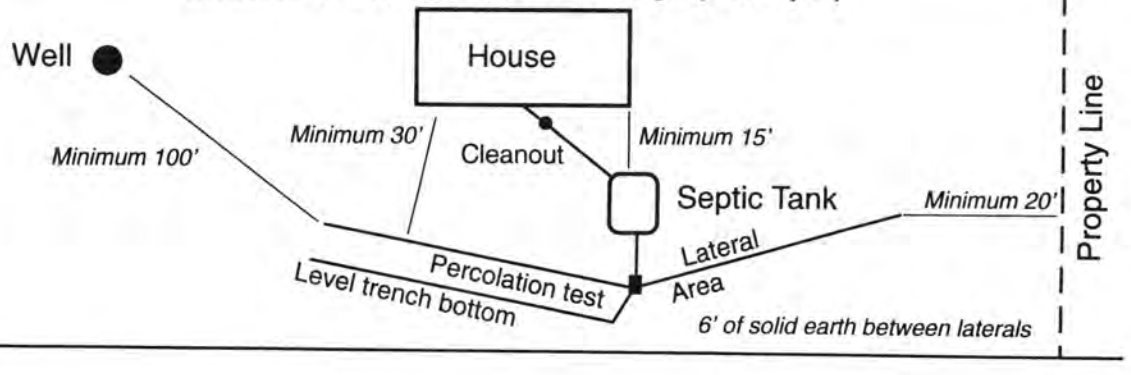
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other INFILTRATOR
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope -0- in/100 ft.
   Average depth 24 in
4. Filter material: ROAD SPALLS
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

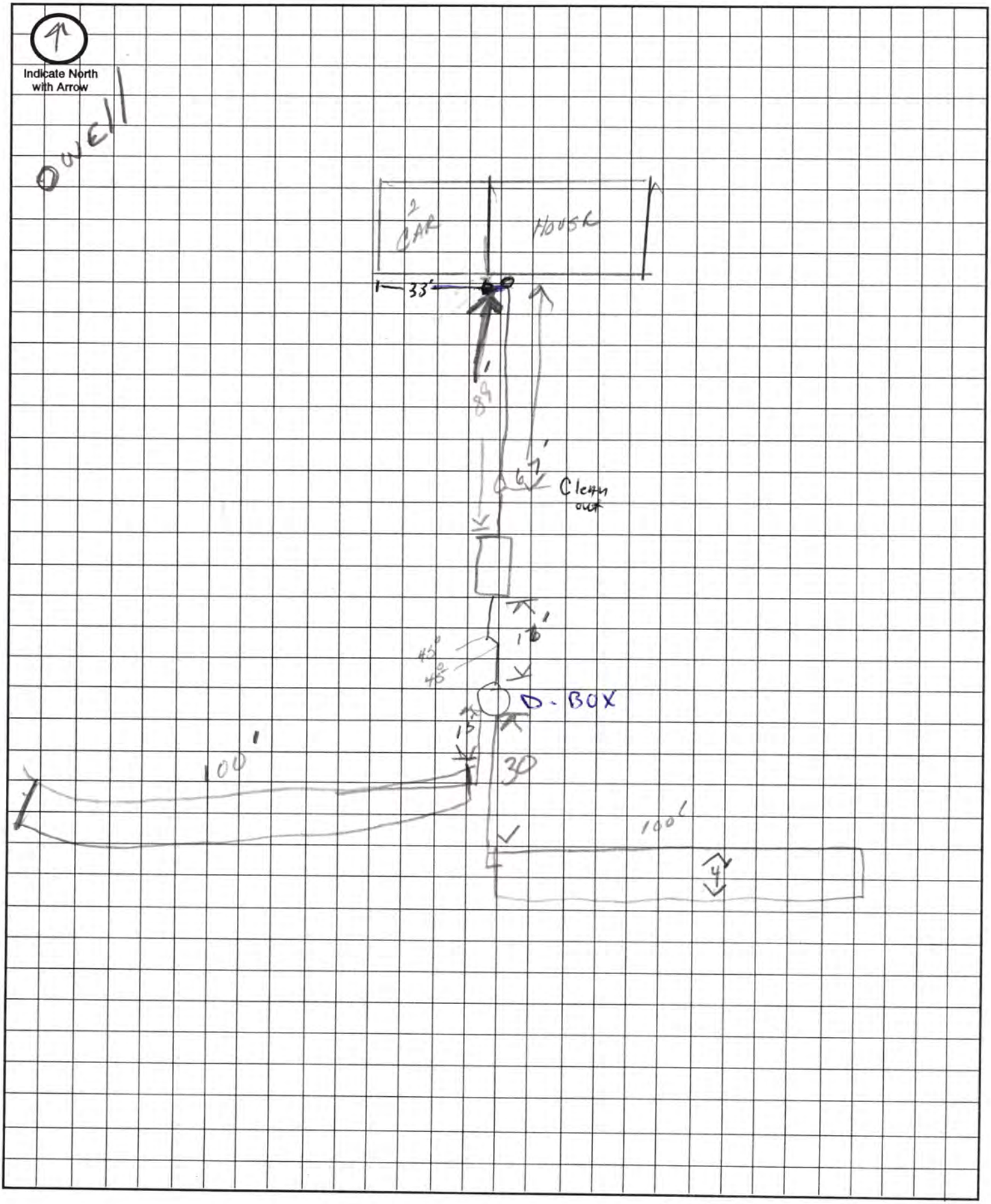
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s