Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

RICHARD & ROSEMARY WIESE
T10N R5E SEC 1 QTR SW
E 1/2 OF SW 1/4 LOT 1&3IT
6300 W SUPERIOR ST

Permittee

RICHARD & ROSEMARY WIESE
730 PIER 3 ST
LINCOLN NE 68528

Permit # 01380230201

Issued 04/23/01
Expires 10/23/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

014710

POST IN A PROMINENT PLACE • NOT TRANSFERABLE

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

A

Permit Number: 0138 02302

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 6300 West Superior (no rural route) City Lincoln NE, Zip 68524

Legal Description E 1/2 (1/4) SW (1/4) 1 (Section) 10 N (Township) 5 E (Range) & Lots 1&3 IRT in SW 1/4 (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 Rich & Rosemary Wiese Signature Richard Wiese

Address 730 Pier 3 City/State/Zip Lincoln, NE 68528

☒ Check if owner designed system Home Phone 477-2223 Work Phone 477-9501 450-4509

C. Contractor

Name DeWayne Friesen Company Name Friesen Excavating

Address 1901 W. Pleasant Hill Road City/State/Zip Lincoln, NE 68523

☑ Check if contractor designed system Work Phone 423-7076

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 4-23-01 Date frwd 4/24/01	ACTION ☒ Approved ☐ Disapproved Signature Paul Dustman	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 4/24 Date frwd 4/24	ACTION ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 4-27-01 Date frwd 4-23-01	ACTION ☒ Approved ☐ Disapproved Signature Chad Blahak	

Installation Final Written Approval

By Paul Dustman

Date 5-31-01

Business Office Use Only

Date Rec'd 4-23-01

Amt Paid #200.00

Rec'd By MF Cash/Check No. 5211

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: 0138023O2

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6300 West Superior (no rural route) City Lincoln NE, Zip 68524

Owner Rich & Rosemary Wiese Addresss 730 Pier 3 Lincoln 68528

Soil Type (SCS): black dirt & clay Percolation Rate: _____ min./inch

Date of Tests 4-18-01 to 4-19-01 Weather: Precipitation sunny 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)
A	36	4-18	1:00	4-19	10:00	4-19	11:00	6	4-19	3:30	30	3/4	3/4
B	36	4-18	1:00	4-19	10:00	4-19	11:00	6	4-19	3:30	30	5/8	5/8
C	36	4-18	1:00	4-19	10:00	4-19	11:00	6	4-19	3:30	30	3/4	3/4
D	36	4-18	1:00	4-19	10:00	4-19	11:00	6	4-19	3:30	30	5/8	5/8
E	36	4-18	1:00	4-19	10:00	4-19	11:00	6	4-19	3:30	30	5/8	5/8
F	36	4-18	1:00	4-19	10:00	4-19	11:00	6	4-19	3:30	30	3/4	3/4

Person Conducting Percolation Tests

Name: Rich Wiese

Phone: 450-45-09 477-9501

Address 730 Pier 3
Lincoln, NE 68528

Sum of Percolation Rates: 264

Average of Rates: 44

Rate Used for Calculation: 30 min.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Paul Dickman Date 4-23-01

FORM 23-101 10-96

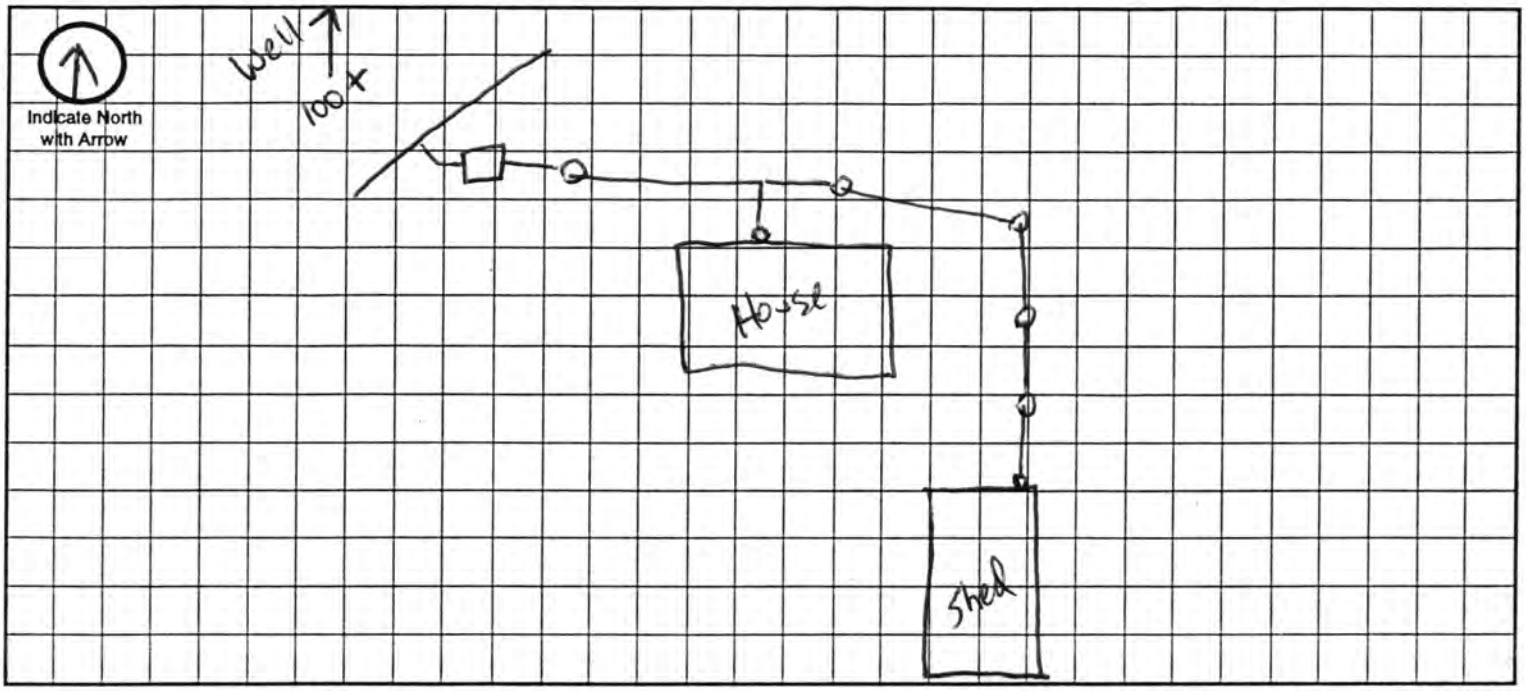
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

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) 6300 West Superior ST City County 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 44 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 596 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 149 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 Richard Wiese Date 4-23-01

Installer DeWayne Friesen Date 4-23-01

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 6300 West Superior (no rural route) City Lincoln NE, Zip 68524

A. Building Sewer

1. Material: plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 44 in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 140 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 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: 4 in.
8. Distances to: Well or suction line 125 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 8
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

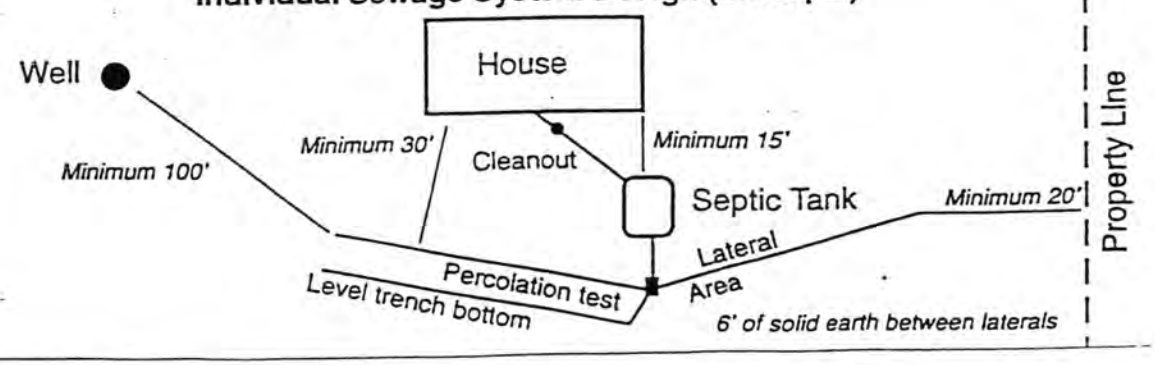
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12 in
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 50 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 120 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

