LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380156601

Issued 04/14/97
Expires 10/14/97
Revenue Code 18754

Establishment

JEAN FRISCHKNECHT
T11N R5E SEC 2
LOT 1
5100 NW 84 STREET

FEES: $150.00

Permittee

JEAN FRISCHKNECHT
3810 S 15 ST
LINCOLN NE 68502

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4376

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 5100 NW 84th (no rural route) City LINCOLN NE, Zip 68524

Legal Description LOT 1 SW 1/4 2 - 10 - 5 APPROX. 0.53 ACRE
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 JEAN FRISCHKNECHT Signature Jean Frischknecht

Address 3810 So. 15th City/State/Zip LINCOLN, NE 68502

☐ Check if owner designed system Home Phone 423-4589 Work Phone _____

C. Contractor

Name WELLMAN PLUMBING Company Name WELLMAN PLUMBING

Address 3301 So. 6th City/State/Zip LINCOLN, NE 68502

☐ Check if contractor designed system Work Phone 434-2400

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

Designer Name Kyle L. Loth Firm E-S-P Work Phone 402-484-5500

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 4/10/97 Date frwd 4/10/97 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hoos
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4.10.97 Date frwd 4.10.97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/10/97 Date frwd 4/10/97 **ACTION** ☒ Approved ☐ Disapproved Signature _____

5-97 rm, need final drawing

Installation ~~Final~~ Written Approval PROVISIONAL Experimental system

By Ron Maynard

Date 8-18-97

Business Office Use Only 3214

Date Rec'd 4/10/97

Amt Paid $150 cc

Rec'd By _____ Cash/Check No. 3000

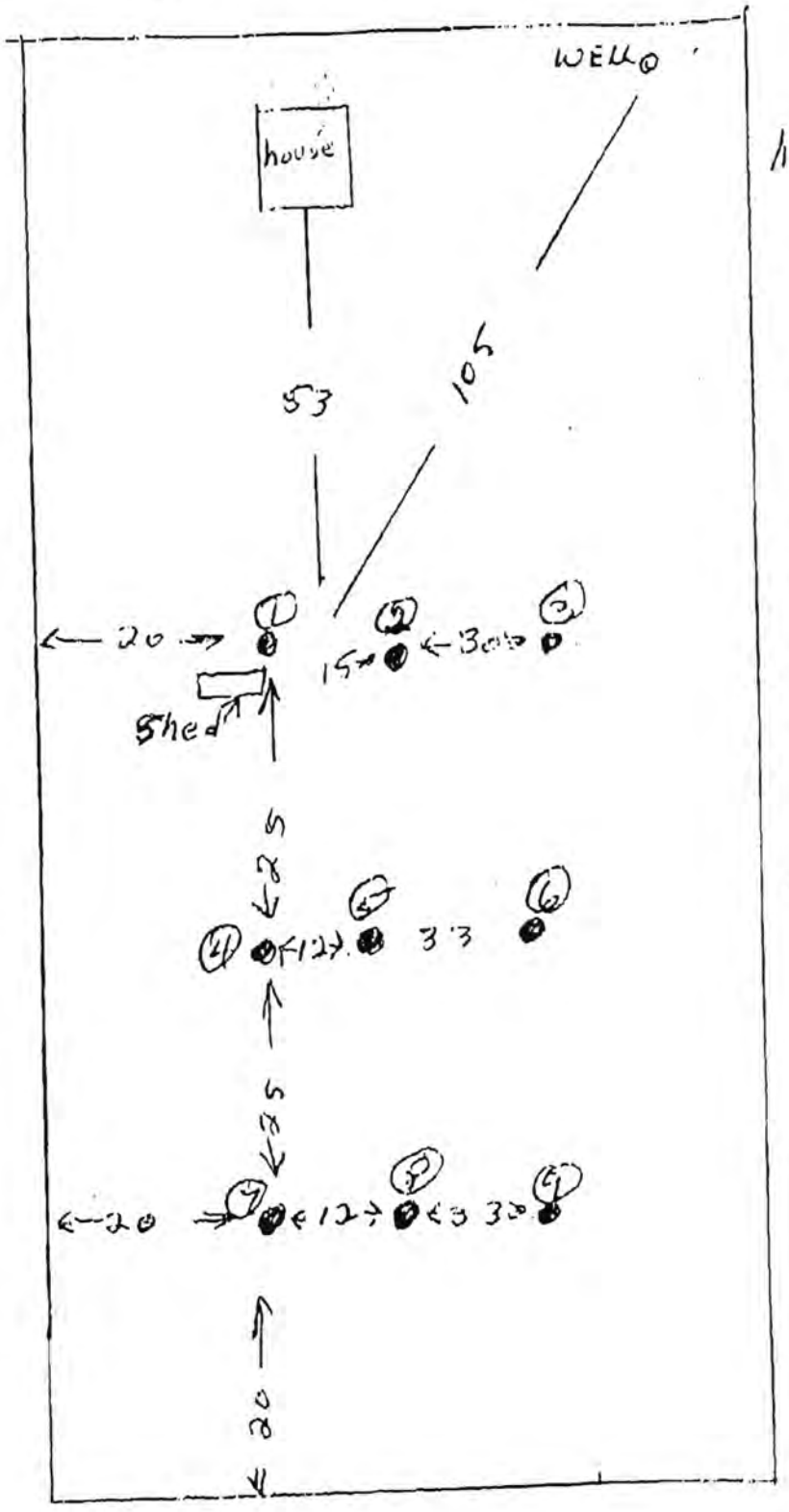
FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Post-it® Fax Note 7671	Date 12-3-96	# of pages ▶ 1
To Roger Harre	From Lyle Lohn	
Co./Dept.	Co. E-S-P	
Phone #	Phone #	
Fax # 436-3249	Fax #	

Roger Harre

by Melvin Wagner

5100 NW 84 TH



hole #	Drop	(6) H.R.
1 - 1/4	240	min/in
2 - 1/8	480	
3 - 1/8	480	
4 - 1	60	
5 - 1/4	240	
6 - 1/8	480	
7 - 3/4	80	
8 - 1/8	240	
9 - 1/8	480	

← NORTH.

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.

Indicate North with Arrow

See Engineers Drawings

Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5100 N. W. 84th. 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 _____ (min. per inch) Soil Type: Sharpsburg Land Slope: _____ %

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

Total Square Feet of Field Required: 900 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 4

Total Length of Laterals see drawing ft. Number of Trenches see drawing Trench Width see drawing

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 + Jean Trischkenecht Date 4-9-97

Installer * Wellmann Plbg. Inc. Lisa Hafferber V.P. Date * 4-9-97

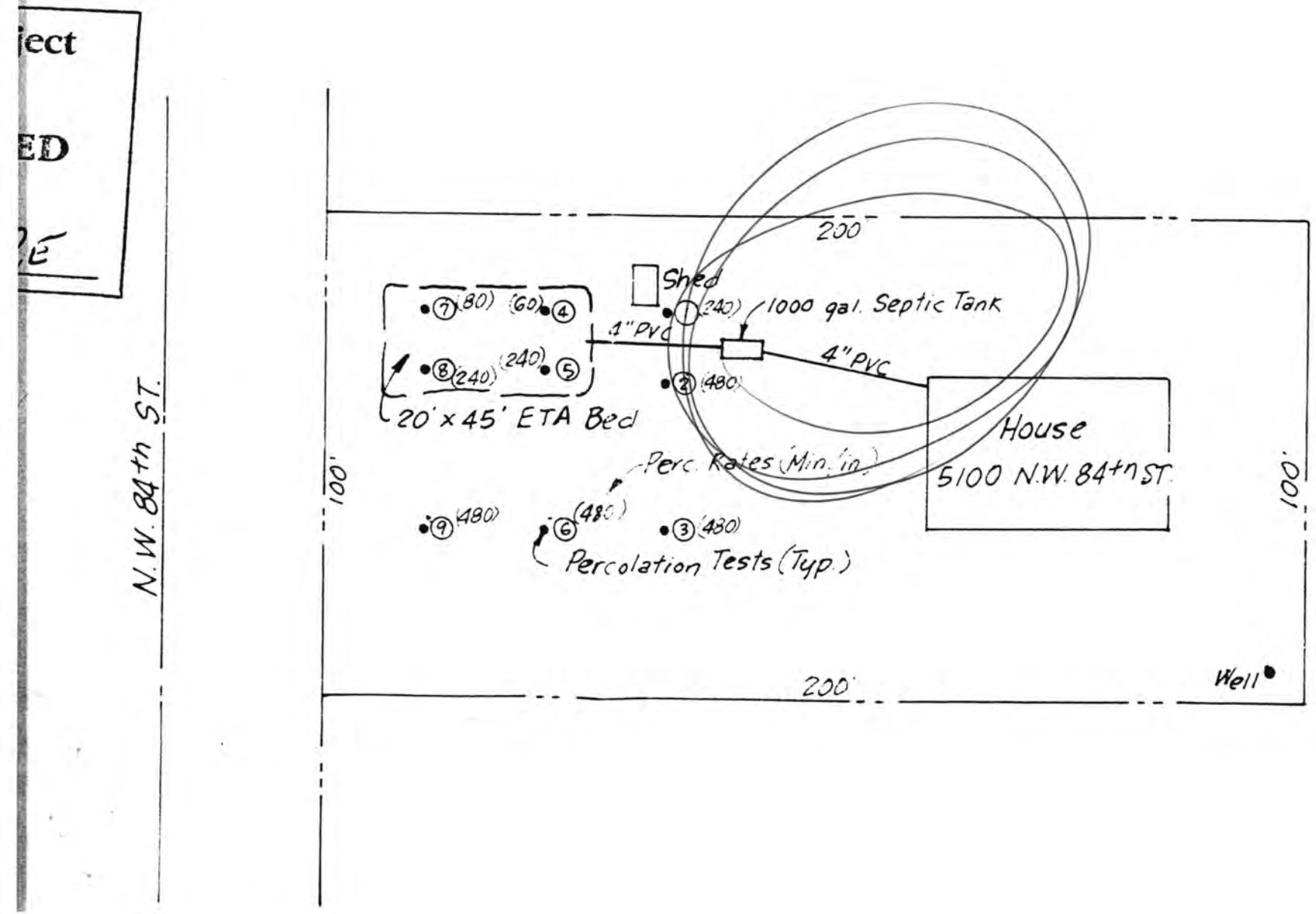
FORM 23-102 10-96

2.5'

45'±

20' x 45' EVAPOTRANSPIRATION/ABSORPTION BED

Scale: 1" = 5'



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 8-1-97

System Location (Indicate correct number and street)
Address 5100 N.W. 84th (no rural route) City Lincoln NE, Zip

A. Building Sewer
1. Material: Sealed 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 30 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 60 ft.
   stream — ft.
   pressure line 15 ft.
   property line 50 ft.

B. Septic Tank
1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter — in.
   Over outlet, diameter — in.
   Riser: ☑ above ☐ below grade 6 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 75 ft.
   Stream — ft.
   Pressure line 50 ft.
   Property line 50 ft.

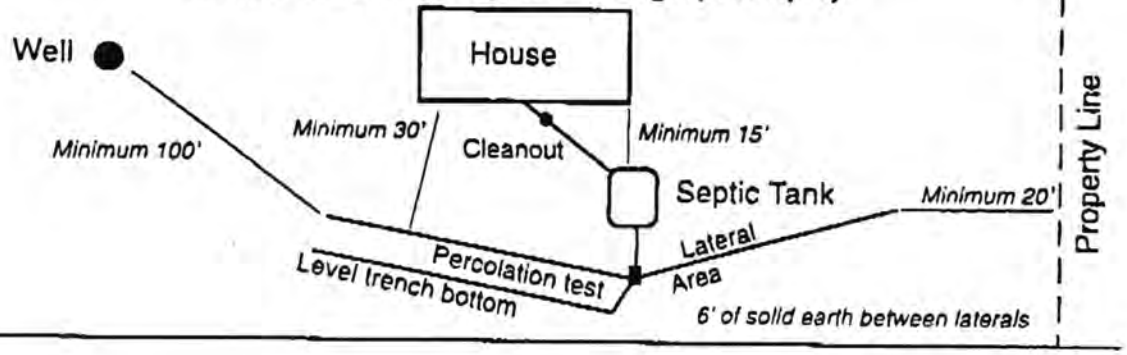
C. Distribution Box
1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 80 ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 12" Infiltrator
   or perforated pipe:
   Material: ☐ fiberglass ☑ plastic ☐ concrete ☐ other
2. Lateral lines: Number 4
   Length of each line: 45 ft. 45 ft.
   45 ft. 45 ft., ft.
3. Trench dimensions: Width 20 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: Washing Sand
   Depth of material 30 in.
5. Distances to: Well or suction line 120 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 20 ft.

Indicate North with Arrow

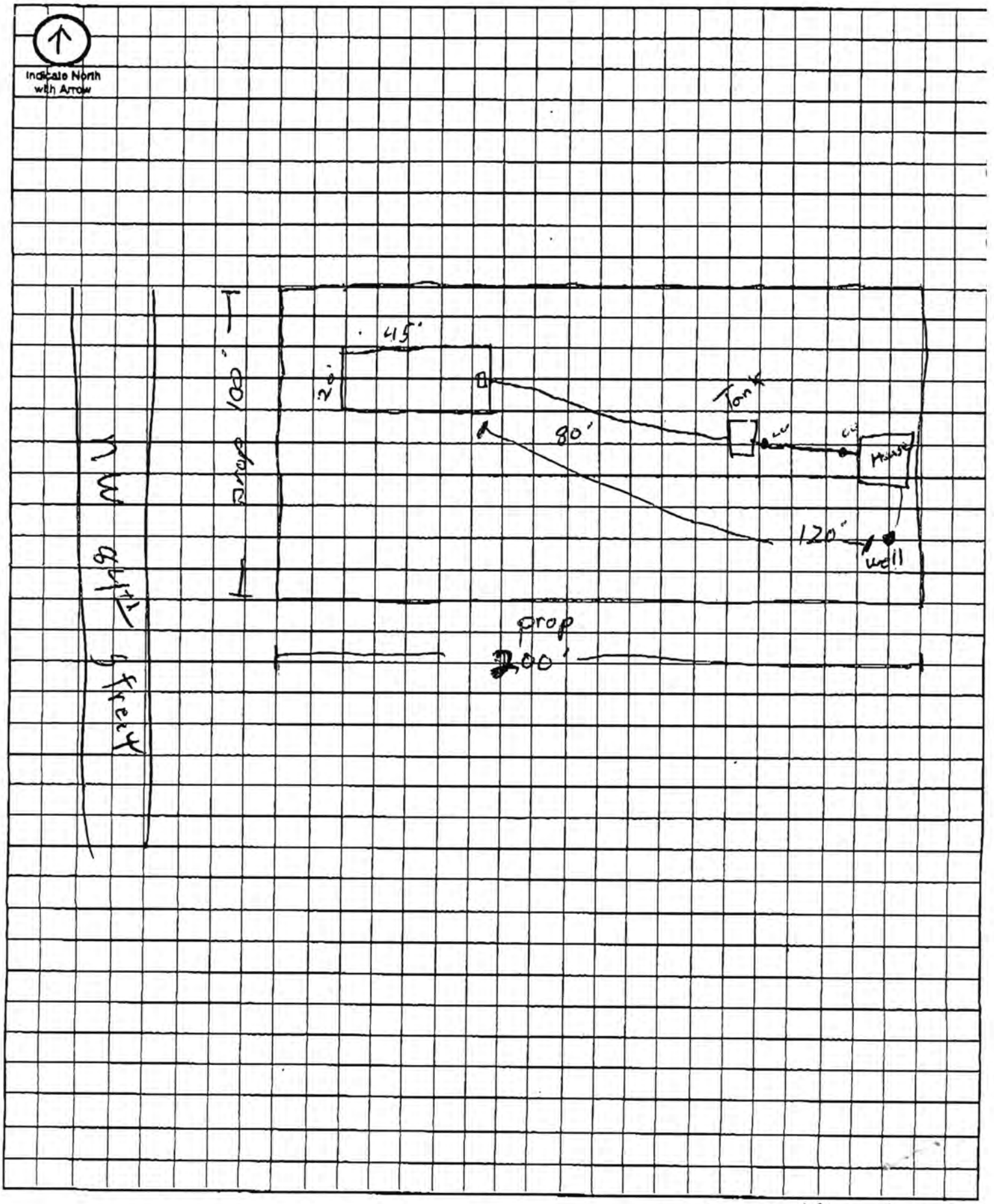
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System LATER TO BE INSTALLED

Legal Description of Property: Street Address 5100 NW 84th

Twp 10 Range 5 Section 2 1/4 SW 1/4 Block ___ Lot 1 Addition ___

Directions to Property 3 1/2 MILES NORTH OF EMERALD - EAST SIDE TURN ON POWER AT POLE

Location of Well S.E. OF CABIN Tap Location: Inside ☐ Outside ☐

Location of Sewage System TO BE INSTALLED Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	JEAN FRISCHKNECHT	3810 S 15TH LINCOLN, NE 68502	423-4589
Tenant/Buyer:	DAVID STAUN	126 TILENDALE WAY LINCOLN, NE 68505	466-5767
Return to:	ROGER HANNAH	HUME REAL ESTATE 225 No. COTNER LINCOLN, NE 68505	436-6670

Signature of Applicant R. A Hume Address SAME AS ABOVE Date 11/15/96

HEALTH DEPARTMENT USE ONLY

Date Received 11/18/96 Received $150.00 Check ☒ #1245 Cash ☐

PRELIMINARY STATUS--By Ron Magnuson **DATE:** 11/18/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒ corrected	☒ to grade & aggregate & piping	Approved ☐	Date 4/24/97 by RM
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 1.7 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

removing covers to seepage pit

Comments: the onsite sewage disposal system serving this home is an experimental evapotranspiration seepage bed. Thus, a provisional approval

See Attached Letter ☐

FINAL STATUS

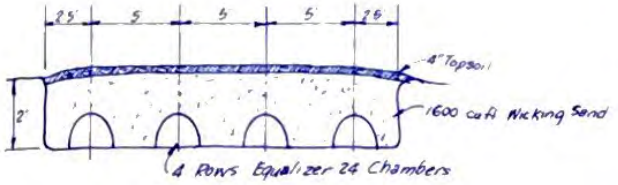
WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by Ron Magnuson, R.S. Date 4/28/97

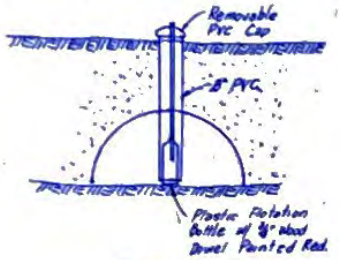
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

EVAPOTRANSPIRATION/ABSORPTION SYSTEM

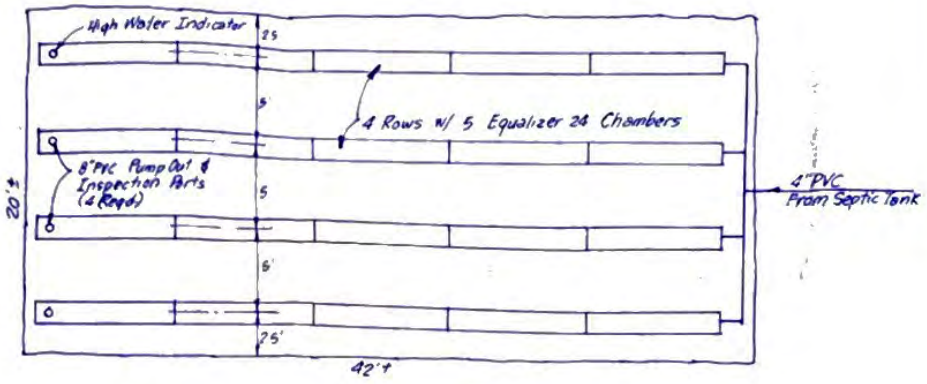
OWNER	Jean Frischknecht
ADDRESS	5100 NW 84th Street
LEGAL	Lot 1 in the SW 1/4 of Section 2-11-5
SIZE OF HOUSE	2 Bedrooms
DESIGN FLOW	2 BR x 150 gal/day/BR = 300 gal/day
PERCOLATION RATE	223 minutes/inch
EVAPORATION LOSS	16" per year = 0.027 gal/sq ft/day
ABSORPTION RATE	Allowable Absorption based on Formula Q = 5/ t t = Percolation Rate For t = 223 min/in, Q = 0.33 gal/day
TOTAL LOSSES	0.027 + 0.33 = 0.357 gal/sq ft/day
REQUIRED AREA	300 gal/day ÷ 0.357 = 840 sq ft 840 sq ft x 25% = 210 sq ft Equalizer Base Area 210 sq ft ÷ 10.4 sq ft per chamber = 20 chambers Use 4 Rows of 5 Equalizer 24 Chambers Bed to be 5 x 8.333' = 42' long x 20' wide = 840 sq ft
STORAGE VOLUME	20 Chambers x 33.3 gal/chamber = 666 gal. 2.04 gal/cu ft of Wicking Sand x 1600 cu ft = 3200 gal Total Storage Volume = 3866 gal.



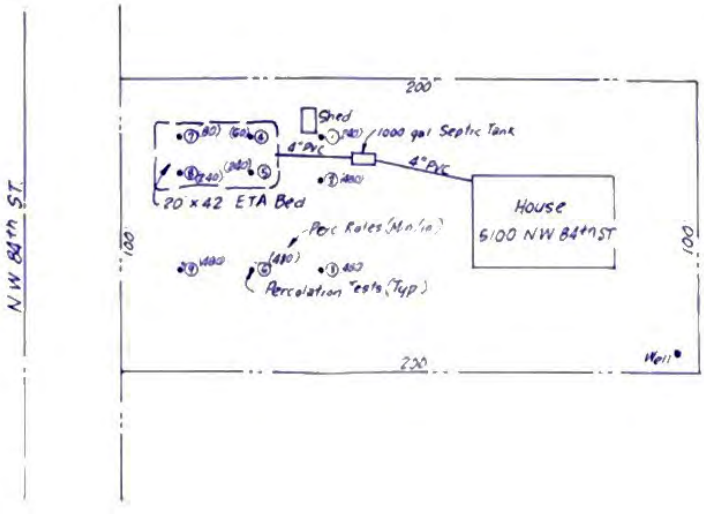
SECTION
(Not to Scale



HIGH WATER INDICATOR
(1 Req'd)



20' x 42' EVAPOTRANSPIRATION/ABSORPTION BED
Scale. 1" = 5'



Scale 1" = 30'

Signed Cath

Jean Frischknecht 5100 NW 84th St	EVAPOTRANSPIRATION/ABSORPTION BED	E-S-P ENGINEERING Lincoln, Nebraska Scale As Shown Date March, 1997	Drwg No