Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

CAROLYN BUSBOOM
T10N R5E SEC 7 QTR SE
N 1/2 OF SE 1/4-IT LOT 55&58
3641 NW 126 ST

Permitee

CAROLYN BUSBOOM
400 S 50 ST
LINCOLN NE 68510

Permit # 99380205101

Issued 08/03/99
Expires 02/03/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010808

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

A

Permit Number: 99380205 1

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 3641 N.W. 126th St., (no rural route) City Lincoln NE, Zip 68524

Legal Description N1/2 of SE1/4 7 - 10 - 5 (1/4 of 1/4, Section, Township, Range) Subdivision Lots 55 + 58 I.T 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 Carolyn Dysbroom Signature Carolyn Dysbroom

Address 400 So. 50th, City/State/Zip Lincoln Ne 68510

☐ Check if owner designed system Home Phone 488-8475 Work Phone 489-5235

C. Contractor

Name Bruce Irons Company Name Irons Construction

Address 5151 N. Cotner City/State/Zip Lincoln Ne. 68507

☐ Check if contractor designed system Work Phone 466-9280

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 7-29-99 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-30-99 Date frwd 7-30-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-30-99 Date frwd " ACTION ☒ Approved ☐ Disapproved Signature _____

1012-98, mm

Installation Final Written Approval

By Ron Nagel / Paul Dysbroom

Date 3-1-01

Business Office Use Only

Date Rec'd 7/29/99

Amt Paid $150.00

Rec'd By CW Cash/Check No. 103

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: 993802051

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address N.W. 126th St., (no rural route) City Lincoln NE, Zip 68524

Owner Carolyn Dubbom Addresss 400 So. 50th

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

Date of Tests 7-26-99 to 7-27-99 Weather: Precipitation none Temperature 100°

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"	7-26	7Am	7-27	7Am	7-27	7Am	6"	7-27	11Am	30	3"	10
2	36"	7-26	7Am	7-27	7Am	7-27	7Am	6"	7-27	11Am	30	2"	15
3	36"	7-26	7Am	7-27	7Am	7-27	7Am	6"	7-27	11Am	30	2½"	12.
4	36	7-26	7Am	7-27	7Am	7-27	7Am	6"	7-27	11Am	30	3"	10
5	36	7-26	7Am	7-27	7Am	7-27	7Am	6"	7-27	11Am	30	1"	30
6	36	7-26	7Am	7-27	7Am	7-27	7Am	6"	7-27	11Am	30	2"	15

Sum of Percolation Rates: ~~13.5~~ 92

Average of Rates: ~~2.25~~ 15.3

Rate Used for Calculation: ~~15~~ 30

Person Conducting Percolation Tests

Name: Carolyn Dubbom

Phone: 488-8475

Address 400 So. 50th Lincoln Ne. 68510

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks SOIL IS ACCEPTABLE FOR ABSORPTION SYSTEM. LAGOON MUST BE SEALED

Signature of Reviewing Official _____ Date 7-29-99

FORM 23-101 10-96

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

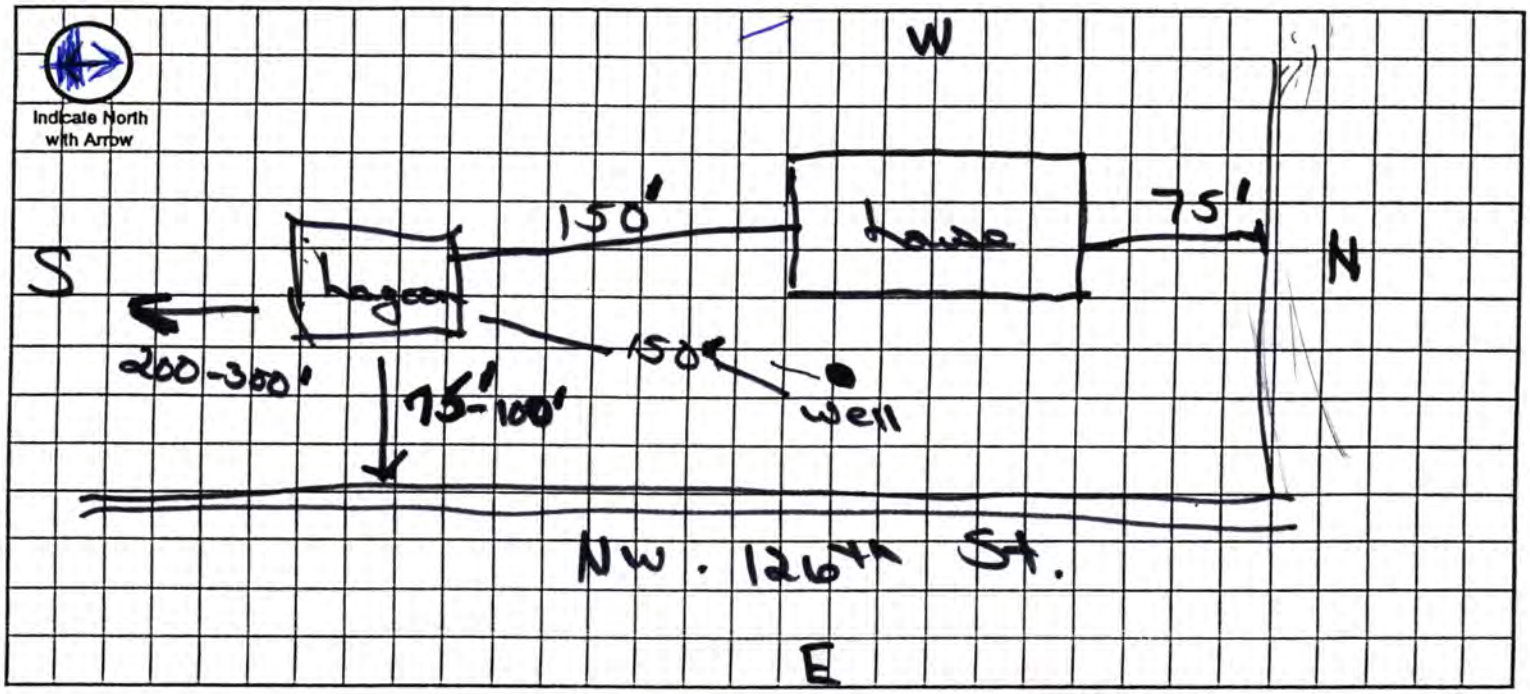
C

Permit Number: 99380205 1

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) NW 126TH City LINCOLN NE, Zip NE

T10 R5E Sec 7

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: _____ Land Slope: _____ %

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 BEACH CONST Date _____

Installer IRONS CONST. Date _____

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

OCT 13 1999

Permit Number: 993802051

Sewage Disposal System

As Built Plans & Specifications

Date 10/9/99 7-10-5 Carolyn Busboom

System Location (Indicate correct number and street)

Address 3641 NW 126th (no rural route) City Lincoln NE, Zip 68524

A. Building Sewer

1. Material: 4" SDR 26 Sewer Pipe
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

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

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ❑ Yes ❑ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

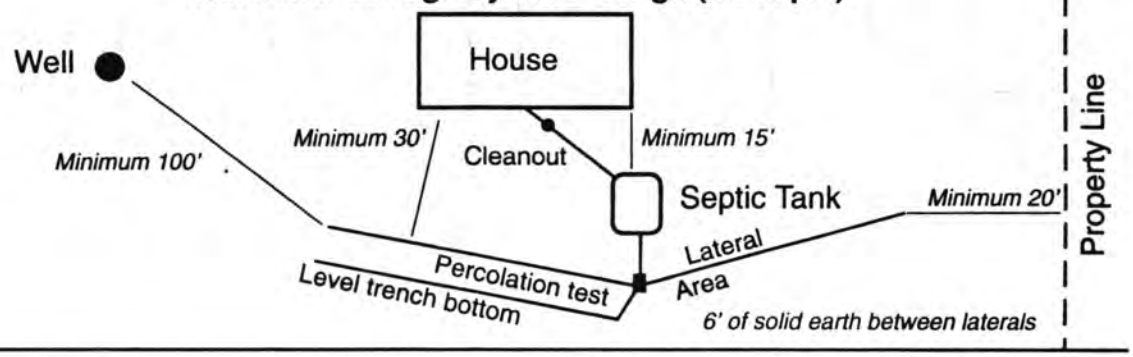
(Provide as-built drawings on back of this form)

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

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

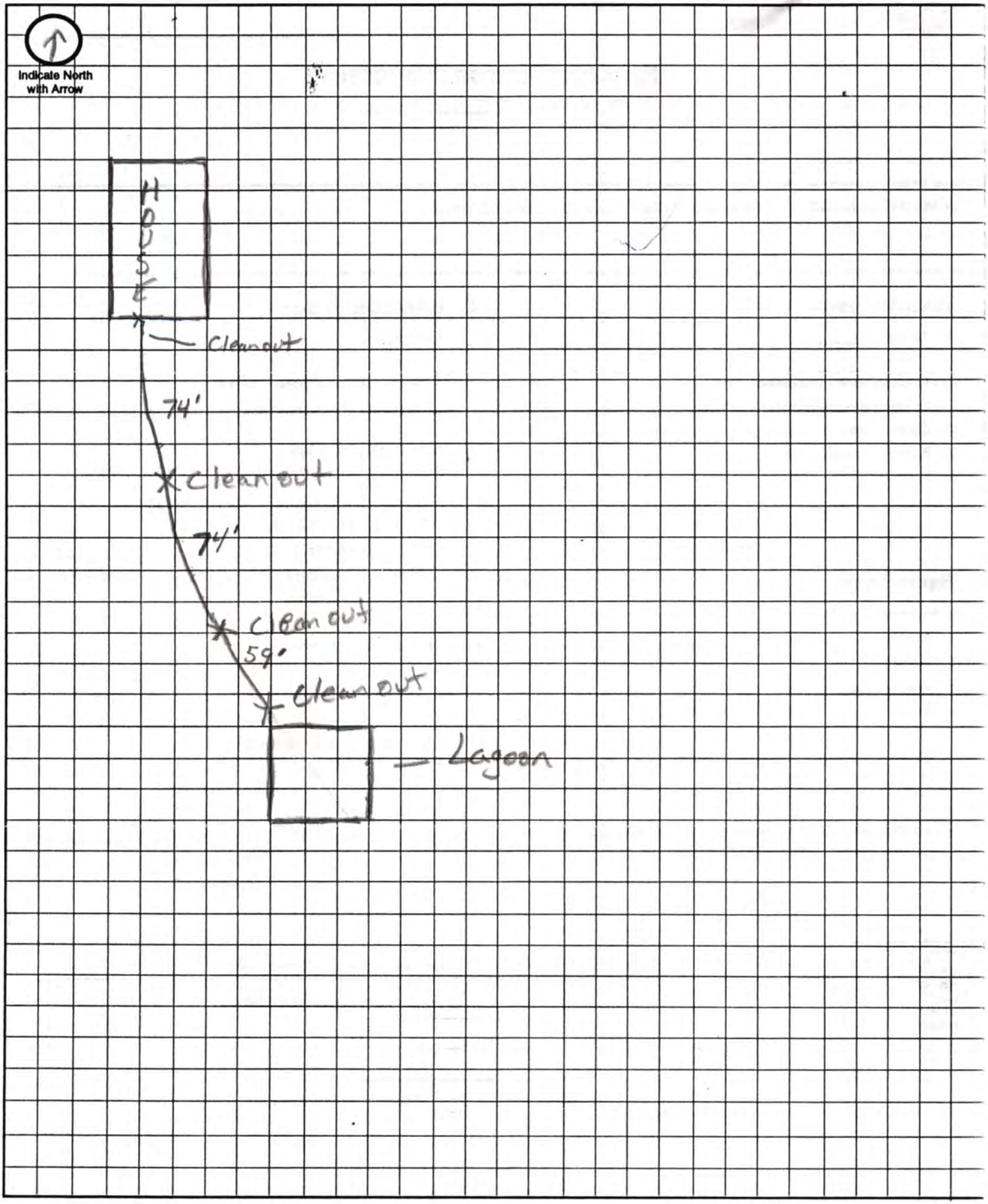
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s