Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380223801

Issued 08/31/00
Expires 03/02/01
Revenue Code 3157

Establishment

LEON E MEYER
T10N R5E SEC 10 QTR NW
NE 1/4 OF NW 1/4 LOT 18IT
9[illegible]01 W SUPERIOR ST

FEES: $150.00

Permitee

LEON E MEYER
2110 SW 18 ST
LINCOLN NE 68522-1918

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013723

PID 04-10-100-006-000

A

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

Permit Number: 003802238 HA

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 9301 W Superior City Lincoln NE, Zip 68524
(no rural route)
New LCR 4432

Legal Description NE NW 10 10N 5E 18 I.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 Leon Meyer Signature Leon Meyer

Address 2110 SW 18th St City/State/Zip Lincoln NE 68522

☐ Check if owner designed system Home Phone 438-6336 Work Phone 441-6545

C. Contractor

Name Same Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm Friesen Excavating 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 8-30-00 Date frwd 9/1/00	**ACTION** ☒ Approved ☐ Disapproved Signature John F Nunez	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9/1/00 Date frwd 9/1/00	**ACTION** ☑ Approved ☐ Disapproved Signature Dale	
3. **City or County Engineer**	Date rec'd 9/1/00 Date frwd 9/1/00	**ACTION** ☒ Approved ☐ Disapproved Signature Chase Baker	

Installation Final Written Approval

By Paul Dittman

Date 3-8-01

Business Office Use Only

Date Rec'd 8/29/00

Amt Paid 150.00

Rec'd By CW Cash/Check No. 3278

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

B

Permit Number: 0030 02238

10-10-5
NE¼ of NW¼

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

441. 6545 (N)
438 6336 (E)
560 9089 (C)

System Location (Indicate correct number and street)

Address 9301 West Superior (no rural route) City Lincoln NE, Zip _____

Owner Leon Meyer Addresss _____

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

Date of Tests 8/21/00 to 8/22/00 Weather: Precipitation Trace 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	8/21	5:00	8/22	1:30	8/22	1:30	6	8/22	5:30	30	2	15.
2	36	8/21	5:00	8/22	1:30	8/22	1:30	6	8/22	5:30	30	2 3/4	11.
3	36	8/21	5:00	8/22	1:30	8/22	1:30	6	8/22	5:30	30	2	15.
4	36	8/21	5:00	8/22	1:30	8/22	1:30	6	8/22	5:30	30	2	15.
5	36	8/21	5:00	8/22	1:30	8/22	1:30	6	8/22	5:30	30	2	15.
6	36	8/21	5:00	8/22	1:30	8/22	1:30	6	8/22	5:30	30	1½	20.
													91 / 15
													6

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: _____

Address _____

Sum of Percolation Rates: 91

Average of Rates: 15 mpi

Rate Used for Calculation: _____

60 0'
50 02
40 W 03 South

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Shoemsburg Soil.

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

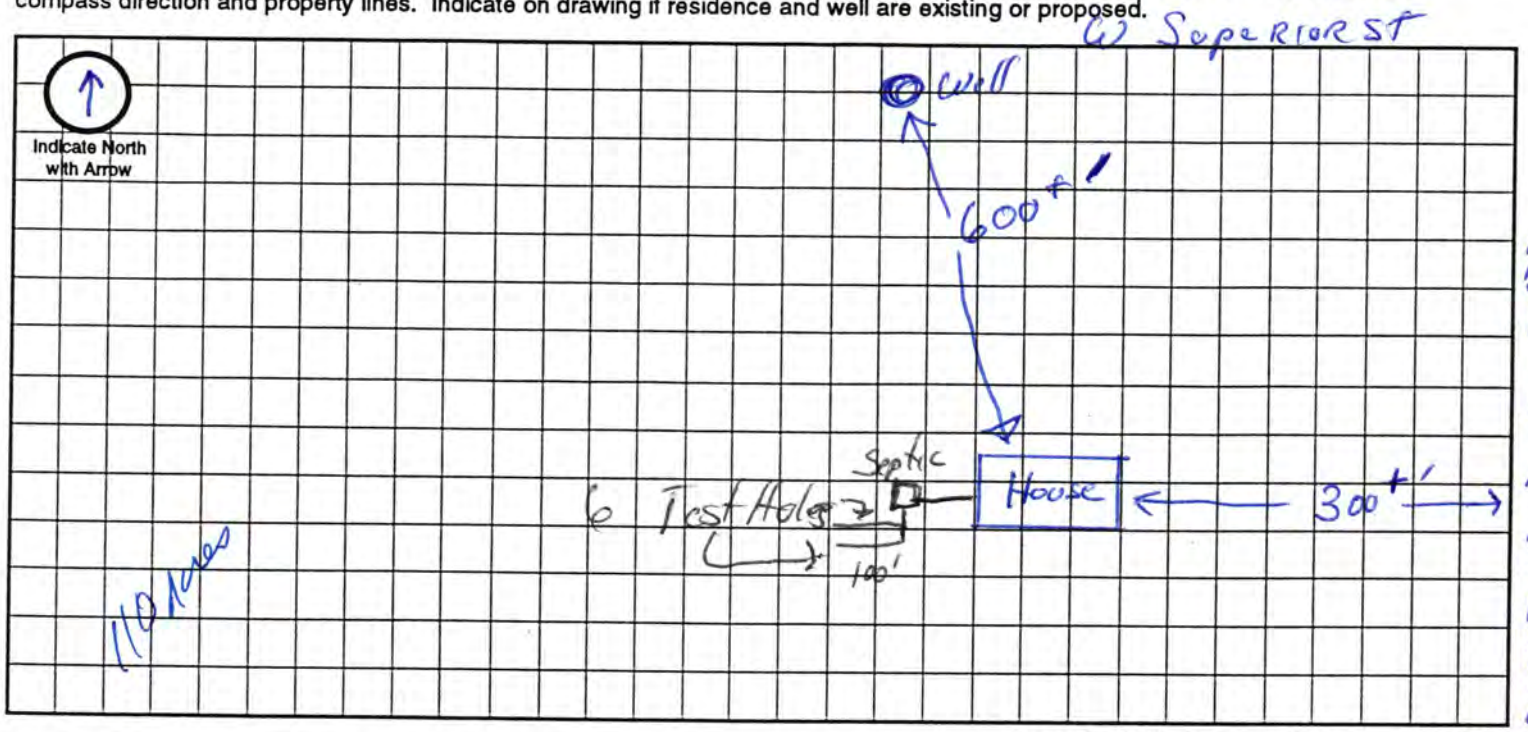
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380238

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) 9301 W Superior 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 15 (min. per inch) Soil Type: Sharpsburg Land Slope: 3 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other IN Filtrator

Total Square Feet of Field Required: 630 sq. ft.

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

Capacity of Septic Tank 1600 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 200 ft. Number of Trenches 8 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 ☐ N/A	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 Leon Meza Date 8/28/00

Installer Dewayne Finesey Date 8/25/00

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: 003802238

Sewage Disposal System

As Built Plans & Specifications

Date 09-07-00

meyer

System Location (Indicate correct number and street)

Address 9301 W. Superior (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC 4" SCD.40
   Diameter: _____ in.
2. Distance above basement floor: ~~Slab~~ Corner in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 68' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 300 + ft.
   stream 1/4 mile ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 22" in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 21" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 62 in.
8. Distances to: Well or suction line 300+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 6 / used 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 3 1/2' ft.

D. Absorption Field

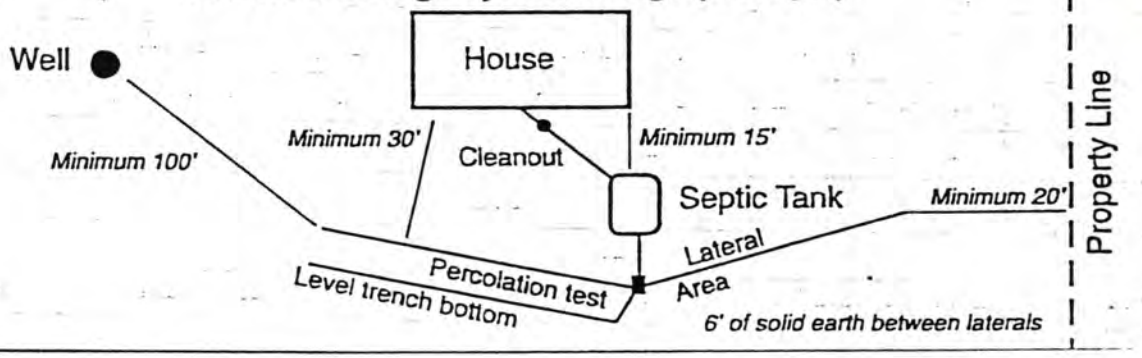
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100' ft. 100' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope grade in/100 ft.
   Average depth 36" in
4. Filter material: 47B or Recad gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 300' ft.
   Stream 1/4 mile ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

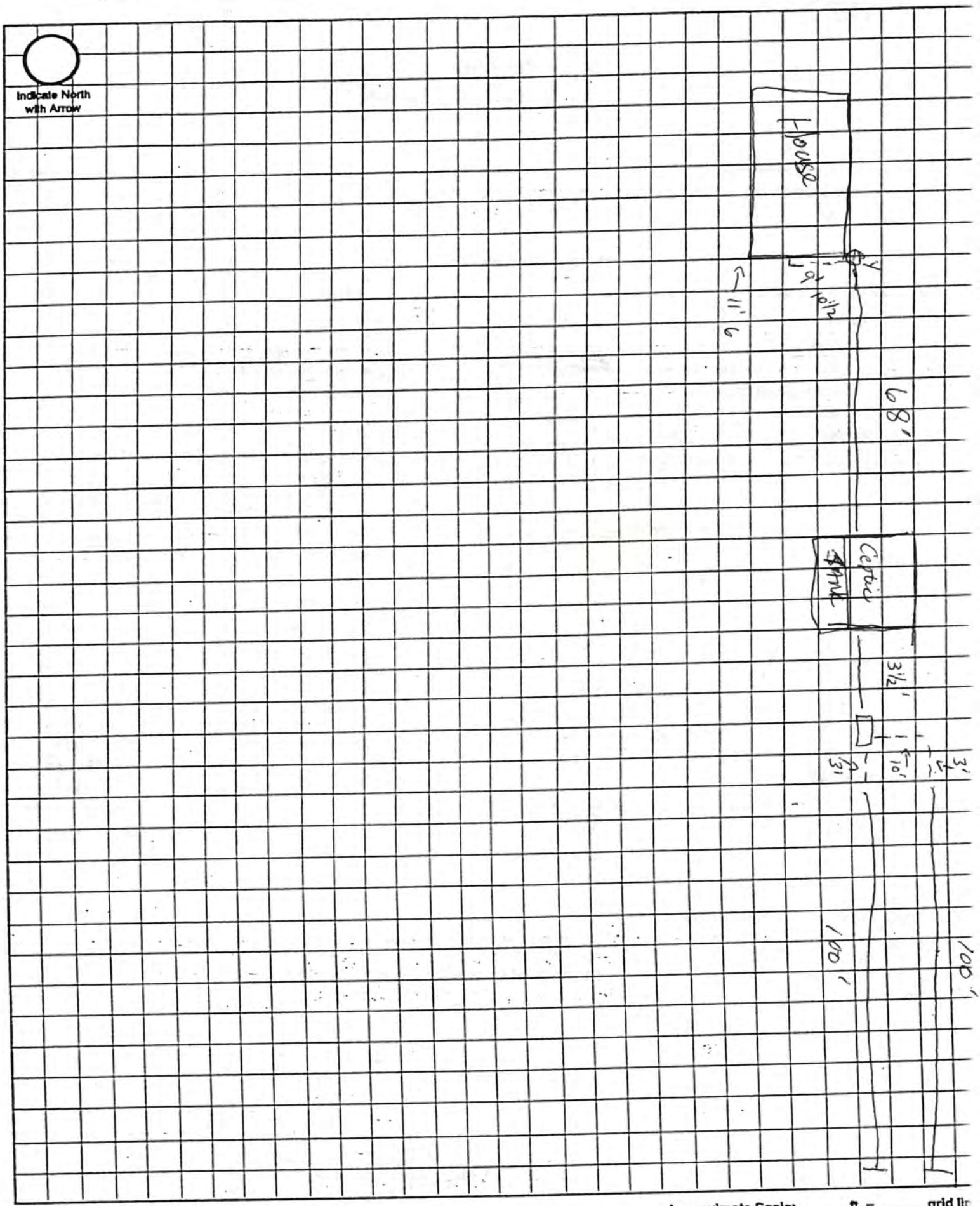
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid lin

NEBRASKA — SHEET NUMBER 22

