LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380185501

Issued 09/28/98
Expires 03/28/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

SCOTT E HARRIS
T12N R6E SEC 15 QTR NW
W1/2 OF NW1/4 LOT 19&20

TOTAL $150.00

Permittee

SCOTT E HARRIS
6719 LEIGHTON AVE
LINCOLN NE 68507

Issued By Health Director
Lincoln-Lancaster County Health Department

008155

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: 98801855

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 _____ (no rural route) City _____ NE, Zip _____

Legal Description W½ NW¼ 15 12N 6E 6th P.M. I.T. 19 20
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 Scott E. Harris Signature Scott E Harris

Address 6719 Leighton Ave City/State/Zip Lincoln, Ne 68507

☒ Check if owner designed system Home Phone 402-467-3906 Work Phone 402-435-8510

C. Contractor

Name John Dahlgren Company Name A-1 Carpentry

Address 1308 So 22nd City/State/Zip Lincoln, Ne 68502

☐ Check if contractor designed system Work Phone 477-3563

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 9-28-98 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Ron Hayward
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9.29.98 Date frwd 9.29.98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-29-98 Date frwd 9-29-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 10-13-98

Business Office Use Only

Date Rec'd 09/28/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 541

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner Scott Harris Addresss 6719 Leighton Ave Lincoln, Ne

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

Date of Tests 5/23/98 to 5/24/98 Weather: Precipitation 5" rain on 5/22 Cloudy overcast Temperature 60° - 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	36"	5/23	10 AM	5/24	11:00AM	5/24	10:07AM	5 1/4"	5/24	3:10PM	33min	3/4"	33min / 3/4" 40
2	37"	5/23	10:03AM	5/24	11:00AM	5/24	11:11AM	5 1/2"	5/24	3:12PM	31min	1/2"	31min / 1/2" 60
3	36"	5/23	10:06AM	5/24	11:00AM	5/24	11:16AM	5 1/4"	5/24	3:17PM	31min	3/4"	31min / 3/4" 40
4	36"	5/23	10:09AM	5/24	11:00AM	5/24	11:20AM	5 3/4"	5/24	3:21PM	31min	5/8"	31mn / 5/8" 48
5	36"	5/23	10:14AM	5/24	11:00AM	5/24	11:25AM	5 3/8"	5/24	3:25PM	30min	5/8"	30min / 5/8" 48
6	36"	5/23	10:20AM	5/24	11:00AM	5/24	11:29AM	5 1/2"	5/24	3:29PM	30min	1/2"	30min / 1/2" 60

Person Conducting Percolation Tests

Name: Scott Harris
Phone: 467-3908
Address 6719 Leighton Ave
Lincoln, Ne 68507

Sum of Percolation Rates: _____
Average of Rates: 20 min variation
Rate Used for Calculation: 60/inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Shapsburg Soil

Signature of Reviewing Official Ron Maynt Date 9-29-98

FORM 23-101 10-96

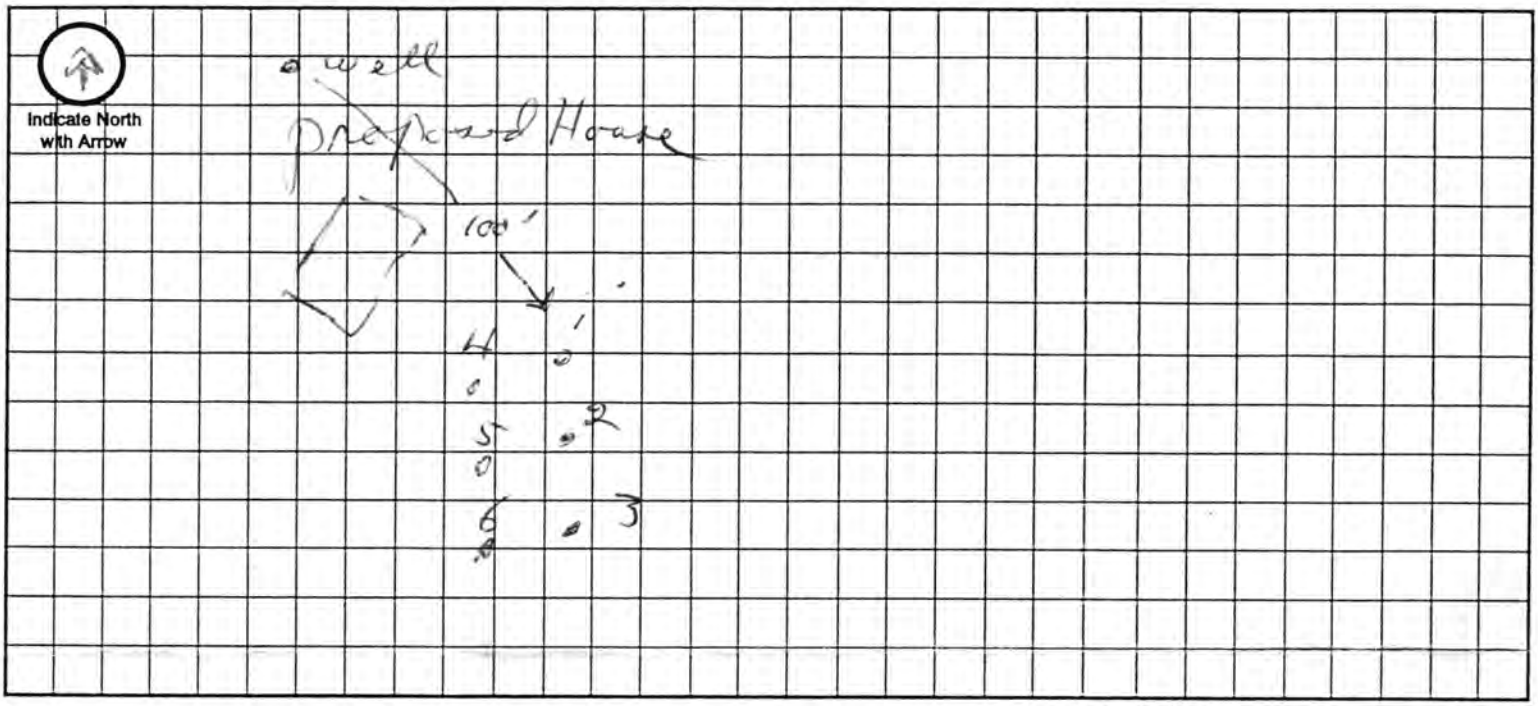
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) Agnew Rd. City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: ? Land Slope: 1% %

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: Infiltrator

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 247 ft. Number of Trenches 3 Trench Width 4

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied Flood Plain?

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 _____ Date 9-23-98

Installer Larry Schwarck Date 9-27-98

Lincoln-Lancaster County Health Department
Environmental Health Division
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D

Permit Number: 98 3801855

Sewage Disposal System

As Built Plans & Specifications

Date 10-13-98

System Location (Indicate correct number and street)

Address NW 12th / Agnew Rd (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 48 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1250 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: 6" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 14 ft.

D. Absorption Field

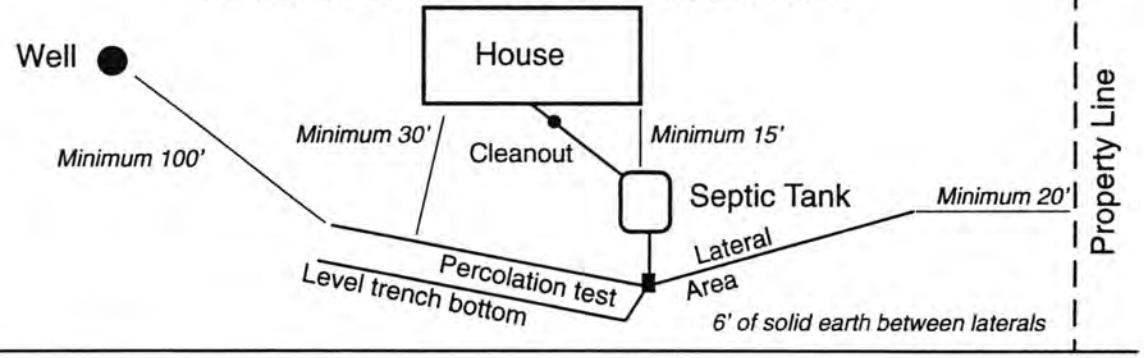
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ~~4~~
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 6 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 130' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

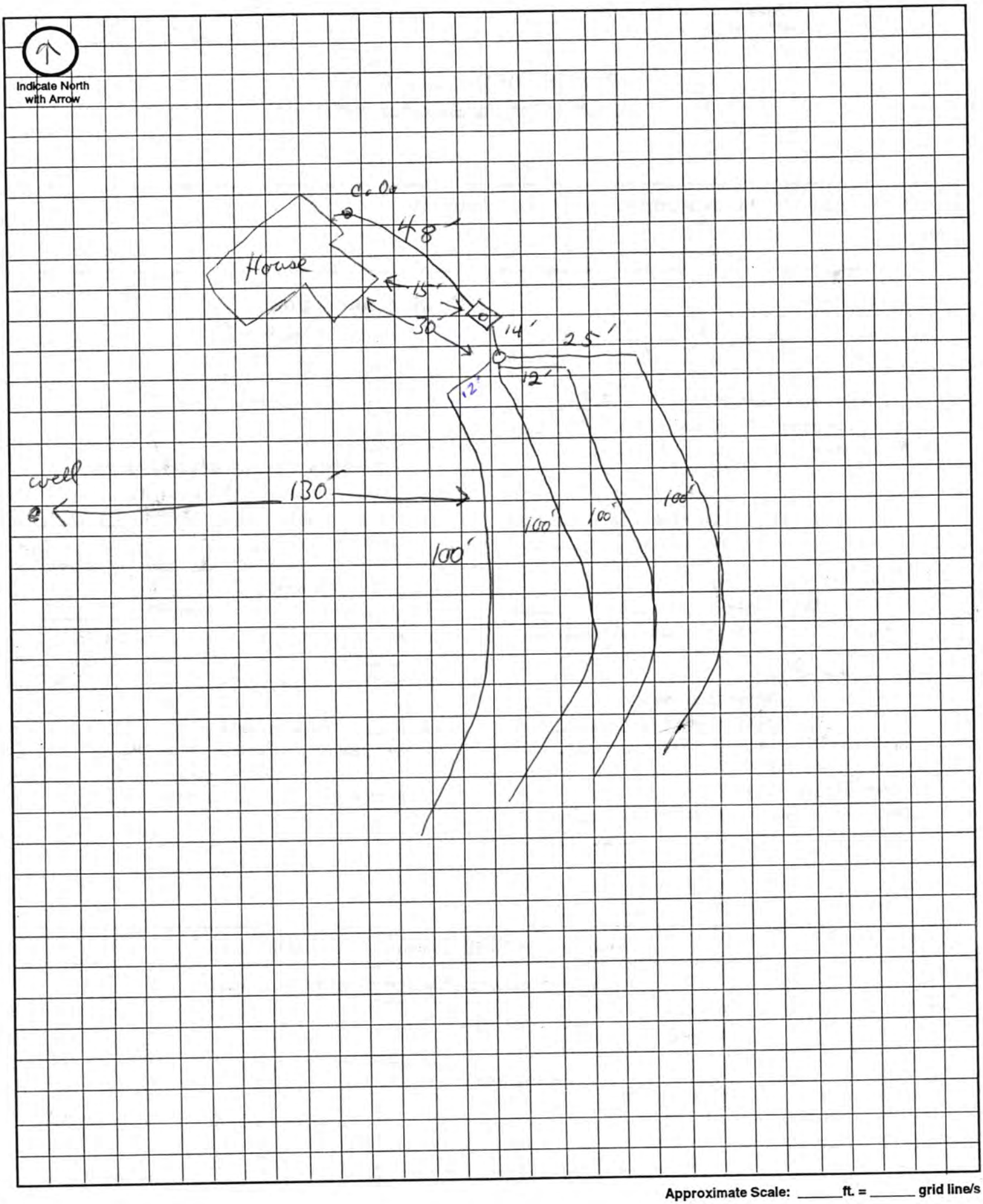
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing By Larry Schwaack



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


SAUNDERS COUNTY
2 765 000 FEET
510 000 FEET
T. 12 N.
(Joins sheet 2)
JuC
Ke
MeC2
ShD
ShC
McD
McF
MrD
SuG
PaC2
BrE
BrD
ShD2
MhC3
SmD
PaD2
BpF
ShE2
GeD2
PbC3
StF
No
MrD2
10
11
14
15

NW 12th