LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380185801

Issued 10/01/98
Expires 04/01/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
LESTER JOHNSON
T10N R5E SEC 12
5900 W ADAMS ST

Permittee
LESTER JOHNSON
5900 W ADAMS ST
LINCOLN NE

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008169

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: 98980185Y01

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 5900 West Adams (no rural route) City Lincoln NE, Zip 68524

Legal Description 12 10N 5E 230 Acres
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 Leo Johnson Signature Leo Johnson

Address 5900 West Adams City/State/Zip Lincoln Nebr. 68524

☒ Check if owner designed system Home Phone 470-3677 Work Phone _____

C. Contractor

Name Leo Johnson Company Name _____

Address 5900 west Adams City/State/Zip Lincoln Nebr. 68524

☐ Check if contractor designed system Work Phone 470-3677

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 10-1-98 Date frwd 10/1/98 **ACTION** ☒ Approved ☐ Disapproved Signature Ron Mayhew
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-1-98 Date frwd MKB **ACTION** ☒ Approved ☐ Disapproved Signature MKB
3. **City or County Engineer** Date rec'd 10-1-98 Date frwd 10-1-98 **ACTION** ☒ Approved ☐ Disapproved Signature Dennis Bartels

10-14-98 sewerline only
10-23-98 tanks, lift station once located

Installation Final Written Approval

By JBare

Date 10-26-98

Business Office Use Only

Date Rec'd 10/01/98
Amt Paid 150 ck
Rec'd By ~~Cash~~/Check No. 4737

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: 9737017 S801

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5701 West Adams (no rural route) City Lincoln Ne NE, Zip 68524

Owner Johnson Addresss same

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

Date of Tests 5-10-98 to 5-11-98 Weather: Precipitation NO Temperature _____

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	24"	5-10	11AM	5-10	4PM	5-11	11AM	6"	5-11		60	4 3/4	1 1/4 48 mpi
2	"	"	"	"	"	"	"	"	"	12	60	4 3/4	1 1/4 48
3	"	"	"	"	"	"	"	"	"	12	60	4 3/4	1 1/8 53
4	"	"	"	"	"	"	"	"	"	12	60	4 3/4	1 1/8 53
5	"	"	"	"	"	"	"	"	"	12	60	4 3/4	1 1/4 48
6	"	"	"	"	"	"	"	"	"	12	60	4 3/4	1 1/4 48

Sum of Percolation Rates: 298

Average of Rates: 50

Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Austin Sr. TO Austin

Phone: 435-8848

Address 4210 N07

925 ft²

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Border between Burchard + Judson soil.

Signature of Reviewing Official Ron Mayhew Date 10-1-98

FORM 23-101 10-96

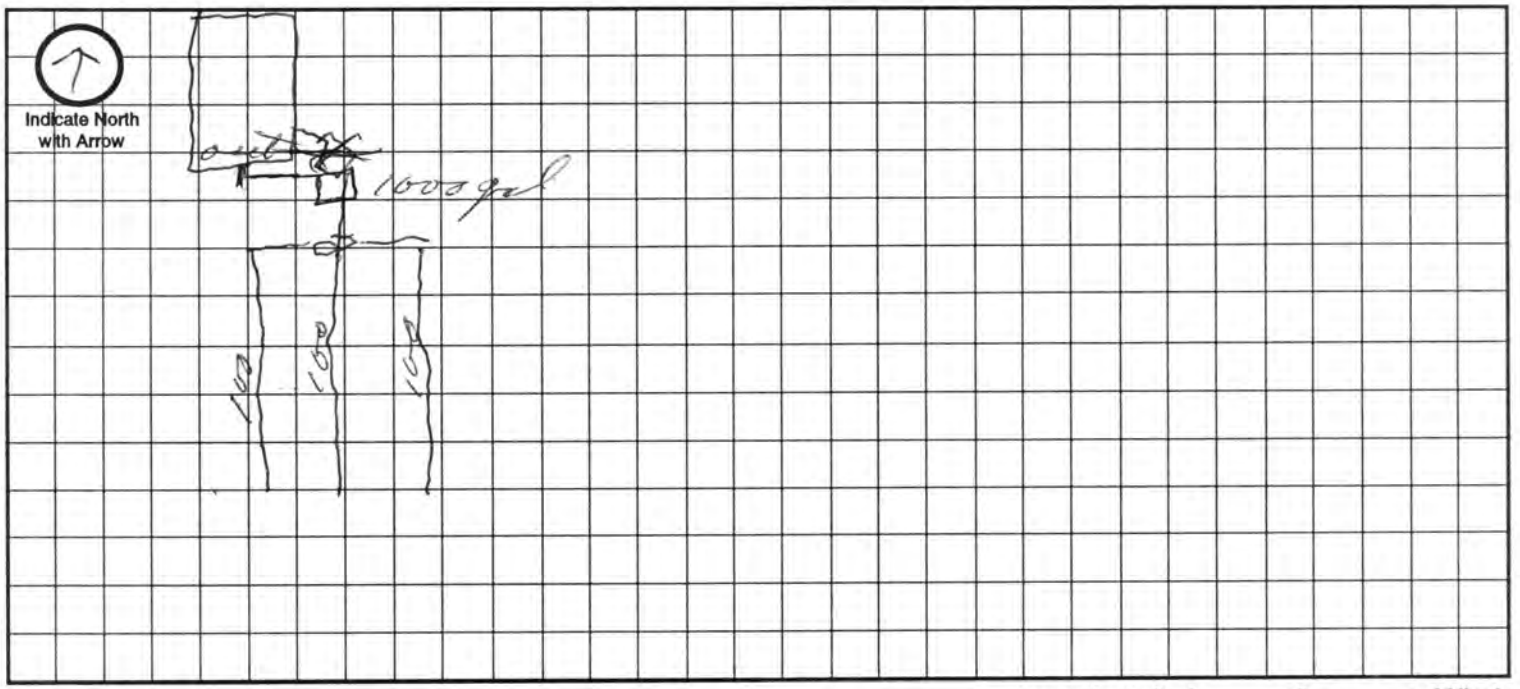
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98380185801

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) 5900 West Adams. 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 50 (min. per inch) Soil Type: border between Burchard & Judson Land Slope: _____ %

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

Total Square Feet of Field Required: 925 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 308 ft. Number of Trenches 4 Trench Width 3 ft.

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 Lisa Johnson Date 10-1-99

Installer Lisa Johnson Date 10-1-99

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: 98380185801

Sewage Disposal System
As Built Plans & Specifications

Date 10-26-98

System Location (Indicate correct number and street)
Address 5902 West Adams (no rural route) City Lincoln NE, Zip 68524

A. Building Sewer
1. Material: Sch 40 4"
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 2 ft in.
3. Distance between dwelling and septic tank: 50 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 600 ft.
   stream 1200 ft.
   pressure line _____ ft.
   property line 140 ft.

B. Septic Tank
1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 ft in.
8. Distances to: Well or suction line 650 ft.
   Stream 1200 ft.
   Pressure line _____ ft.
   Property line 140 ft.

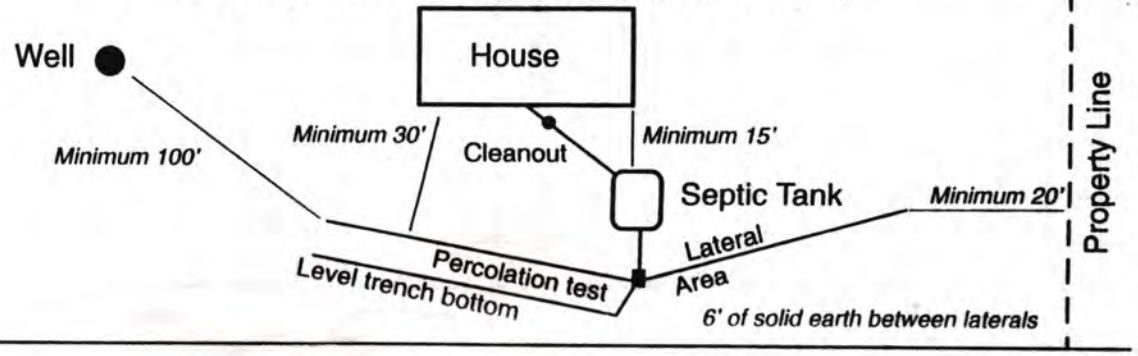
C. Distribution Box
1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 7 ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 10" Infiltrators
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 72 ft. 72 ft.
   72 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 24 in
4. Filter material: Read Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line 600 ft.
   Stream 1200 ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

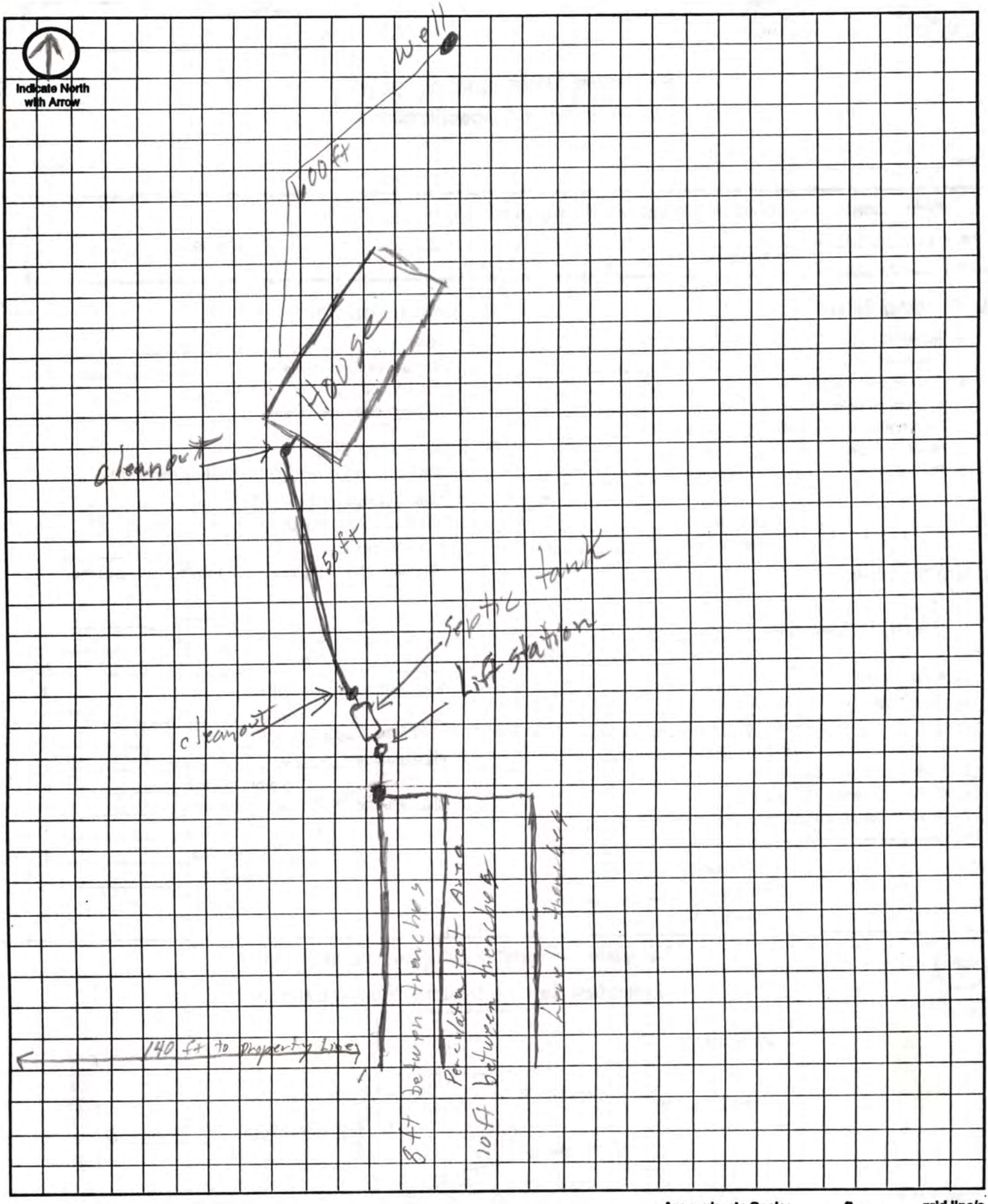
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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


NW 56th
2 740 000 FEET
R. 5 E.
R. 6 E.
450 000 FEET
T. 10 N.
(Joins sheet 22)
Huskerville
NW 70th
W. Adams
W Holdrege
New septic
NW 56th
NW 48th