Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

JEANNE KALKWARF
T10N R5E SEC 22 QTR SE
NW 1/4 OF SE 1/4 LOT 92IT
8611 W HAVEN RD

Permittee

JEANNE KALKWARF
8611 W HAVEN RD
LINCOLN NE 68528

Permit # 01380229901

Issued 04/12/01
Expires 10/12/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014661

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

A

Permit Number: 013802299

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 8611 WEST HAVEN ROAD (no rural route) City _____ NE, Zip _____

Legal Description NW of SE 22 T10N R5E 92 Lot
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 Jeanne Kalkwart Signature _____

Address 411 NW 84 City/State/Zip LINCOLN, NE 68528

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72 City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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 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 4/12/01 Date frwd 4/12/01
   ACTION ☒ Approved ☐ Disapproved
   Signature Gerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 6/7/01 Date frwd 6/7/01
   ACTION ☒ Approved ☐ Disapproved
   Signature _____ per ED

3. **City or County Engineer**
   Date rec'd 4/12/01 Date frwd 4/12/01
   ACTION ☒ Approved ☐ Disapproved
   Signature Chase J. Baker

Installation Final Written Approval

By Paul Dritzman

Date 10-15-01

Business Office Use Only
Date Rec'd 04/12/01
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 2568

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number: 01380229

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City LINCOLN (Emerald) NE, Zip 68528
(no rural route)

Owner Joanne Kalkwarf Addresss 411 NW 84 LINCOLN 68528

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

Date of Tests 4-8 to 4-9-01 Weather: Precipitation 0 Temperature 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	30	4/8	12:00	4/9	11:30	4/9	2:40	5 1/8	4/9	3:10	30	1	30
2					AM		PM	4				3/4	40
3								7 1/2				1 3/8	24
4								5 1/4				3/4	40
5								3 1/2				1 1/8	28
6								4				1 3/8	24

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462 / 430-7606
Address 17201 So 72nd St.
Kiaksa, Ne 68372

Sum of Percolation Rates: 186
Average of Rates: 31
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

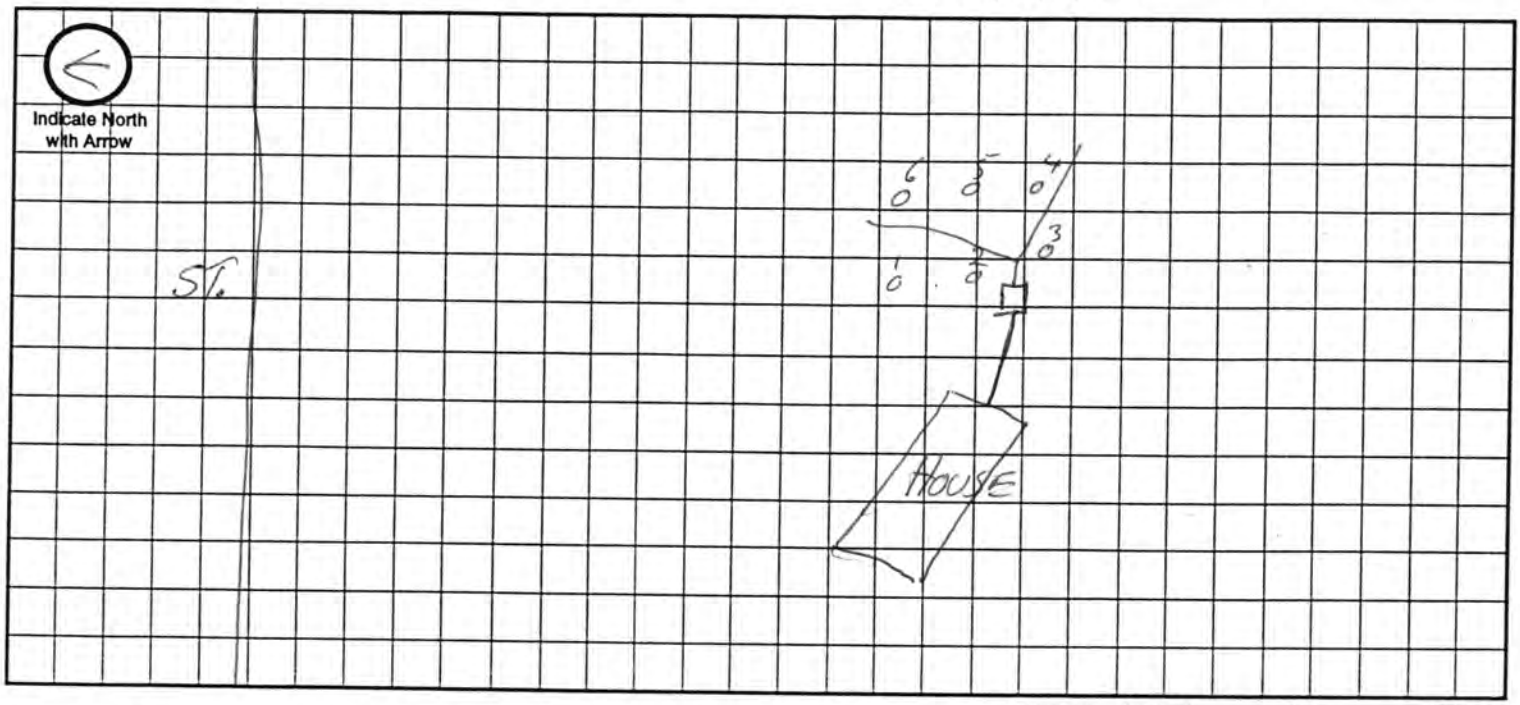
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0138 02299

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)

X Address (no rural route) _____ 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 40 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 550 sq. ft.

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

Capacity of Septic Tank 1,000 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 MANUFACTURED Date _____

Installer _____ Date 4-11-01

102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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D OCT 1 2 2001

Permit Number: 013802299

Jeane Kalkwarf
Emerald

Sewage Disposal System
As Built Plans & Specifications

Date 10/10/01

System Location (Indicate correct number and street)

Address 8611 W Haven (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ 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: Concrete
   Number of compartments: 1
2. Capacity: 1000 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: 2'6" in.
8. Distances to: (Well) or suction line 300 ft.
   Stream N/A ft.
   Pressure line 120 ft.
   Property line 150 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 25 ft.

D. Absorption Field

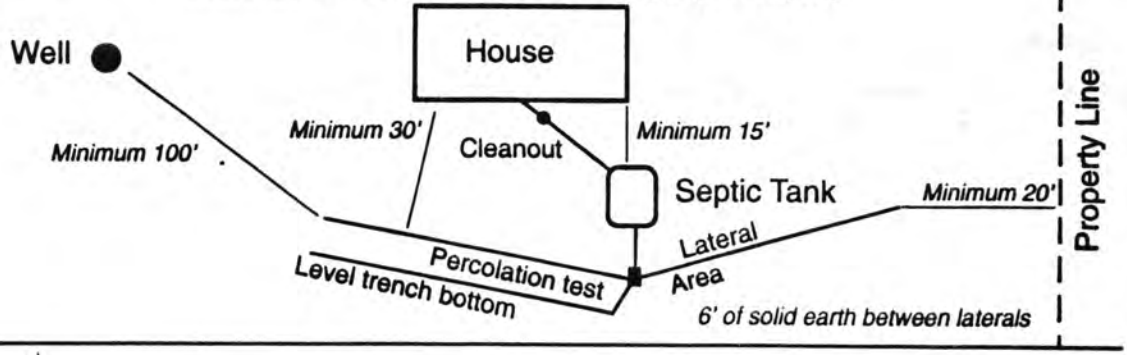
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: Equalizer 24
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 2 in/100 ft.
   Average depth 42 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: (Well) or suction line 280 ft.
   Stream N/A ft.
   Pressure line 90 ft.
   Property line 75 ft.

Indicate North with Arrow

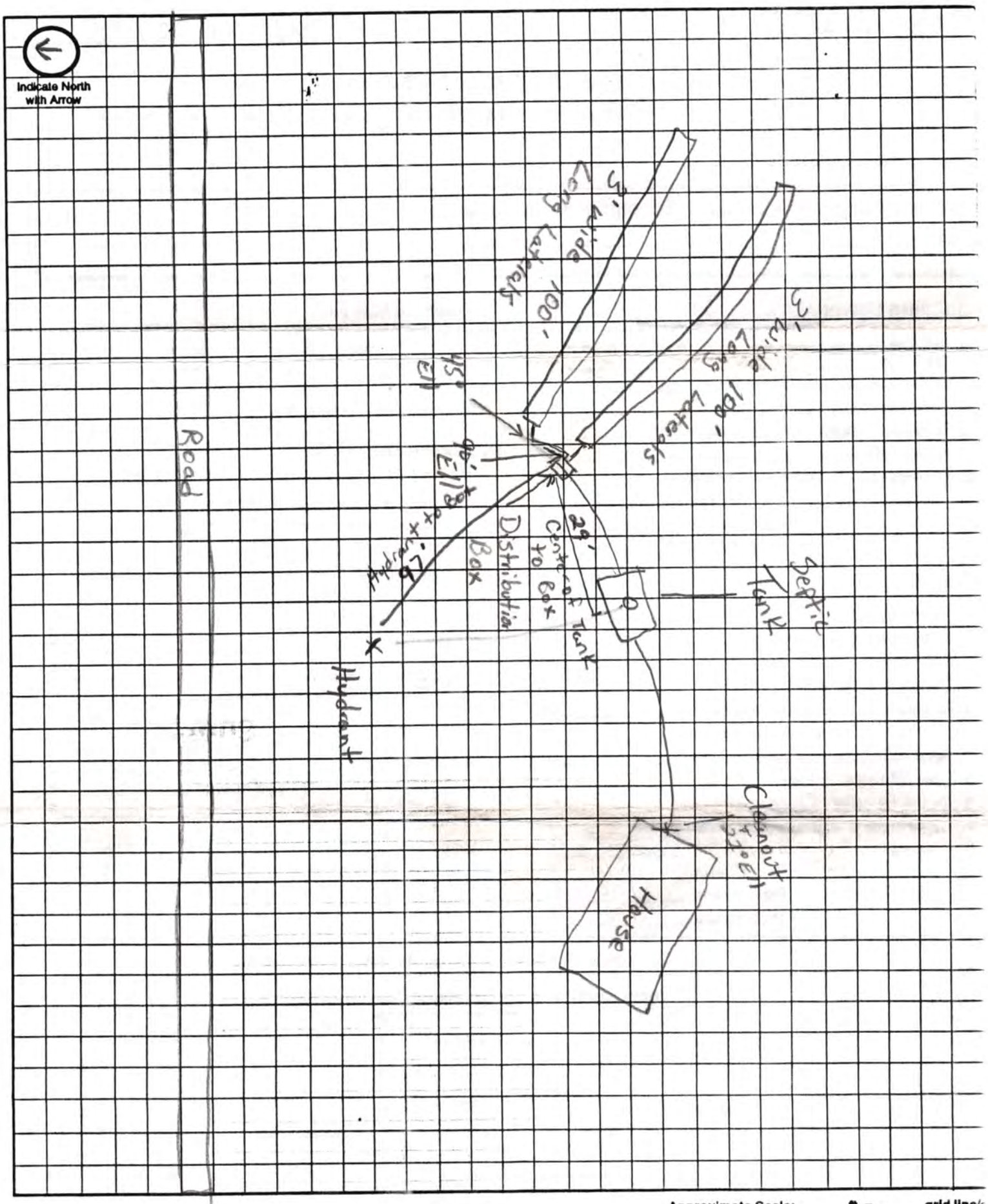
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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