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. 98380191001

Issued 12/09/98
Expires 06/09/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

MARK WINTER
T12N R5E SEC 22 QTR NW
LOT 28
19000 NW 98 ST-VALPARAISO

Permittee

MARK WINTER
7123 FRANCIS ST
LINCOLN NE 68505

Issued By Health Director
Lincoln-Lancaster County Health Department

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

008381

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

A

Permit Number: 98380910

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 19000 NW 98th (no rural route) City Valparaiso NE, Zip 68065

Legal Description NW¼ 22 12N 5E 29
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 moving in middle Dec

B. Owner

Name Mark Winter Signature Mark M. Winter

Address 7123 Francis City/State/Zip Lincoln NE 68505

☐ Check if owner designed system Home Phone 464-0450 Work Phone 430-6077

C. Contractor

Name Action Plumbing Company Name Action plumbing

Address 4101 So 9th City/State/Zip Lincoln NE 68502

☒ Check if contractor designed system Work Phone 423 6960

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

Designer Name Do-Action Plumbing Firm _____ Work Phone 423 6960

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 11/24/98 Date frwd 11/24/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/24/98 Date frwd 11/24/98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/24/98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jim Bane

Date 12-10-98

Business Office Use Only

Date Rec'd 11-23-98
Amt Paid 150.00
Rec'd By TW Cash/Check No. 2109

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DE[PART]MENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 9838 01910

PROPERTY WHERE SOIL TESTED:

Location: Township 12N ; Range 5E ; Section & ¼ Section 22 NW ¼ Lot 28
Property Dimensions: _____ ft. x _____ ft. Area: 21½ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11/21 to 11/22 . Weather: Precip. 0 Temp. 50 .

OWNER: Mark Winter

Address: 7123 Francis Lincoln ne

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	11/21	11:30	11/21	3:30	11/22	3:00	10¼	3:30	11½	30	1¼	24
2	32	11/21	11:30	11/21	3:30	11/22	3:00	10	3:30	11¾	30	1¾	17
3	30	11/21	11:30	11/21	3:30	11/22	3:00	10¼	3:30	11½	30	1¼	24
4	30	11/21	11:30	11/21	3:30	11/22	3:00	10	3:30	11⅜	30	1⅜	22
5	35	11/21	11:30	11/21	3:30	11/22	3:00	9¾	3:30	11⅛	30	1⅝	18
6	32	11/21	11:30	11/21	3:30	11/22	3:00	10	3:30	11¼	30	1¼	24

Mark M Winter
Signature of Person Conducting Test

Address 7123 Francis Phone 464-0650 430-6077

Sum of Percolation Rates: _____
Average of Rates: 22
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

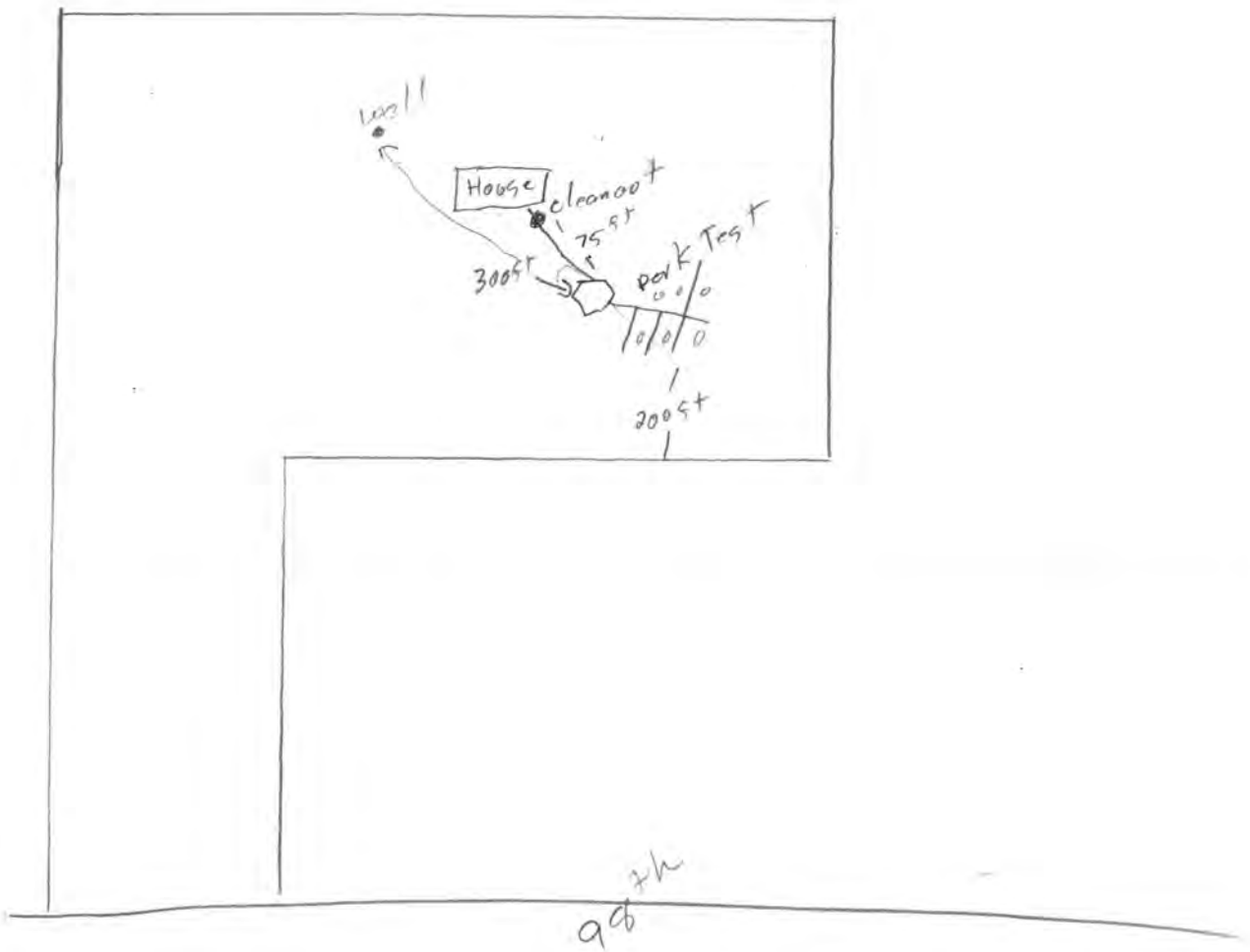
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 983801910

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 163 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 653 sq.ft.

Jerrold
Signature of Reviewing Official

DEC 10 1998

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-3-98

System Location (Indicate correct number and street) UALPARAISO

Address 19,000 N W 98th (no rural route) City ~~Raymond~~ NE, Zip 68065

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 3 ft in.
3. Distance between dwelling and septic tank: 110 ft.
4. Number of clean-outs: 2
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: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ~~24~~ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☒ below grade 0 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12 ft.

D. Absorption Field

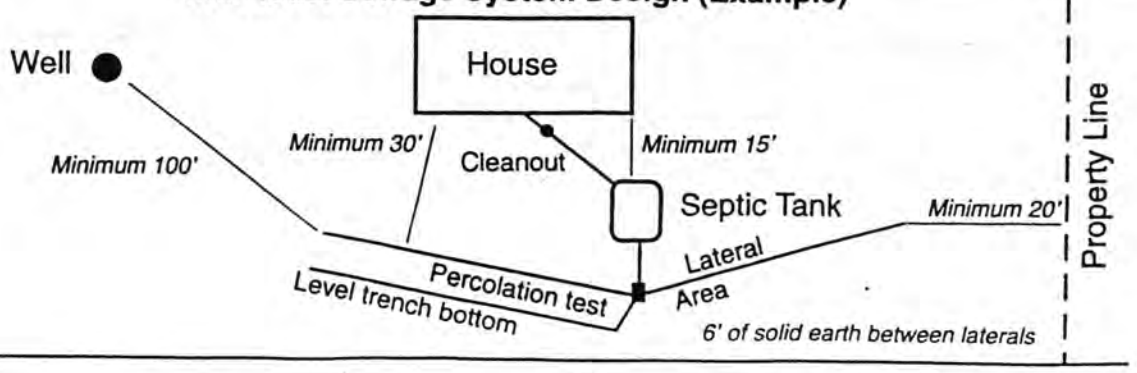
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: Infiltrator
   Material: ~~☒ fiberglass~~ ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 84 ft. 84 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 10 in/100 ft.
   Average depth 24 in
4. Filter material: Gravel
   Depth of material 24 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.

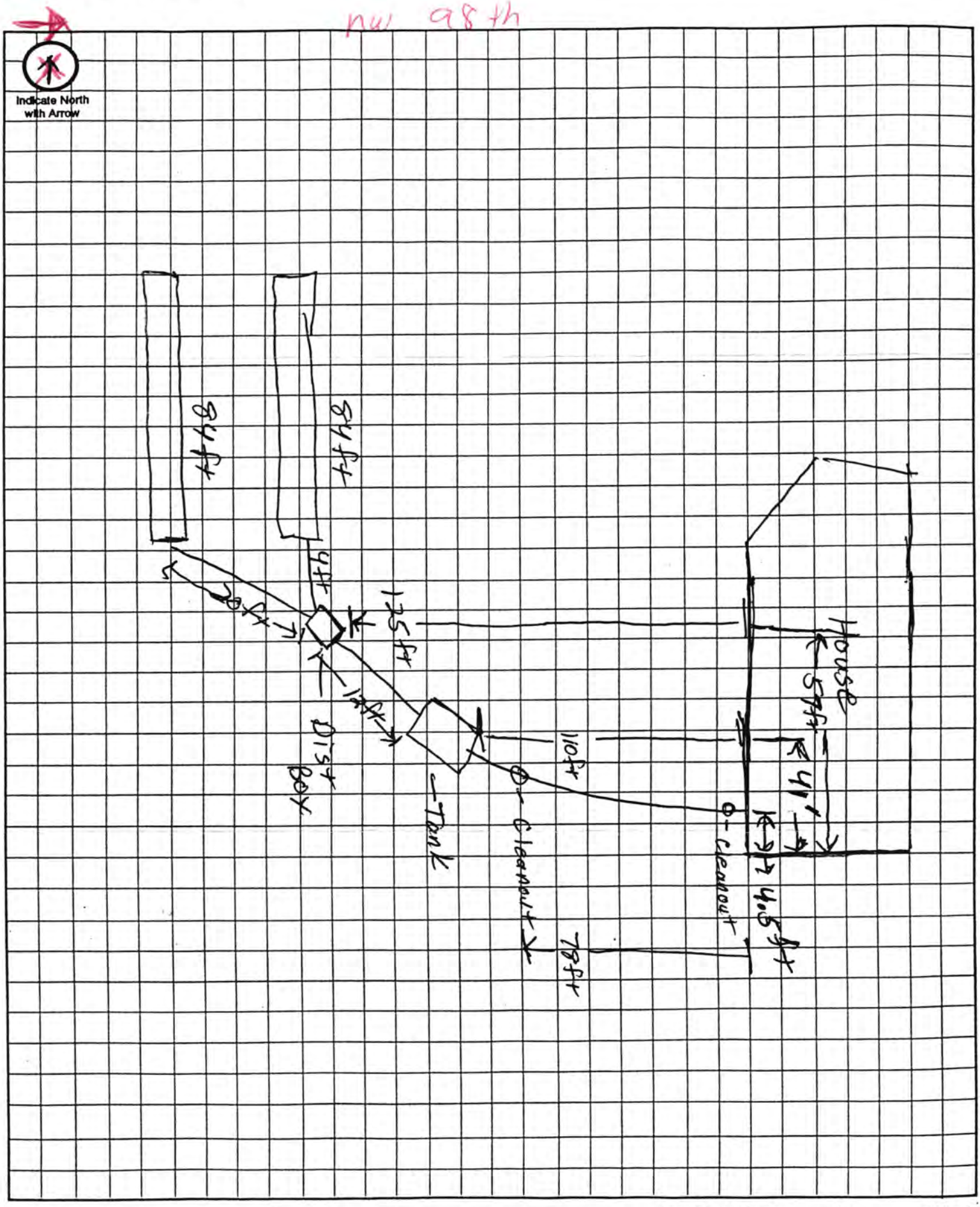
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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