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. 97380158401

Issued 05/28/97
Expires 11/28/97
Revenue Code 18754

Establishment

BRAD SOUTHWICK
T12N R5E SEC 22
LOT 25

FEES: $150.00

Permittee

BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4648

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:

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 — 42 ACRES ADDRESS LATER

A. System Location (Indicate correct number and street)

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

Legal Description NW 22 T12N R5E 25
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 John W. Brown Signature _____

Address Apple City/State/Zip Lincoln Ne 68503

☐ 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 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 5/27/97 Date frwd 5/27/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-27-97 Date frwd 5-27-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/27/97 Date frwd 5/27/97 ACTION ☒ Approved ☐ Disapproved Signature _____

8-1-97 rm - No house yet or sewer line from house to tank.

Installation Final Written Approval

By Ron Maynard

Date 8-15-14

Business Office Use Only 3244

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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:

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 John Brown Addresss _____

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

Date of Tests 3-16-97 to 3-17-97 Weather: Precipitation 0 Temperature 30-40

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"	3-16	4:15P	3-17	5:20P	3-17	5:20	6"	3-17	6:50P	30min	1/2	60
2	"	"	"	"	"	"	"	6"	"	"	30	1/2	60
3	"	"	"	"	"	"	"	6"	"	"	30	3/8	
4	"	"	"	"	"	"	"	6"	"	"	30	3/4	40
5	"	"	"	"	"	"	"	6"	"	"	30	3/4	40
6	"	"	"	"	"	"	"	6"	"	"	30	1 1/4	24
7	"	"	"	"	"	"	"	6	"	"	30	1	30
8	"	"	"	"	"	"	"	6	"	"	30	1/2	60

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: BRIAN R. SHAFER
Phone: 464-0638
Address 2700 DAN AVENUE
LINCOLN, NE 68504

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

N
30
≈ 40'
01
02
03
04
05
06
07
08

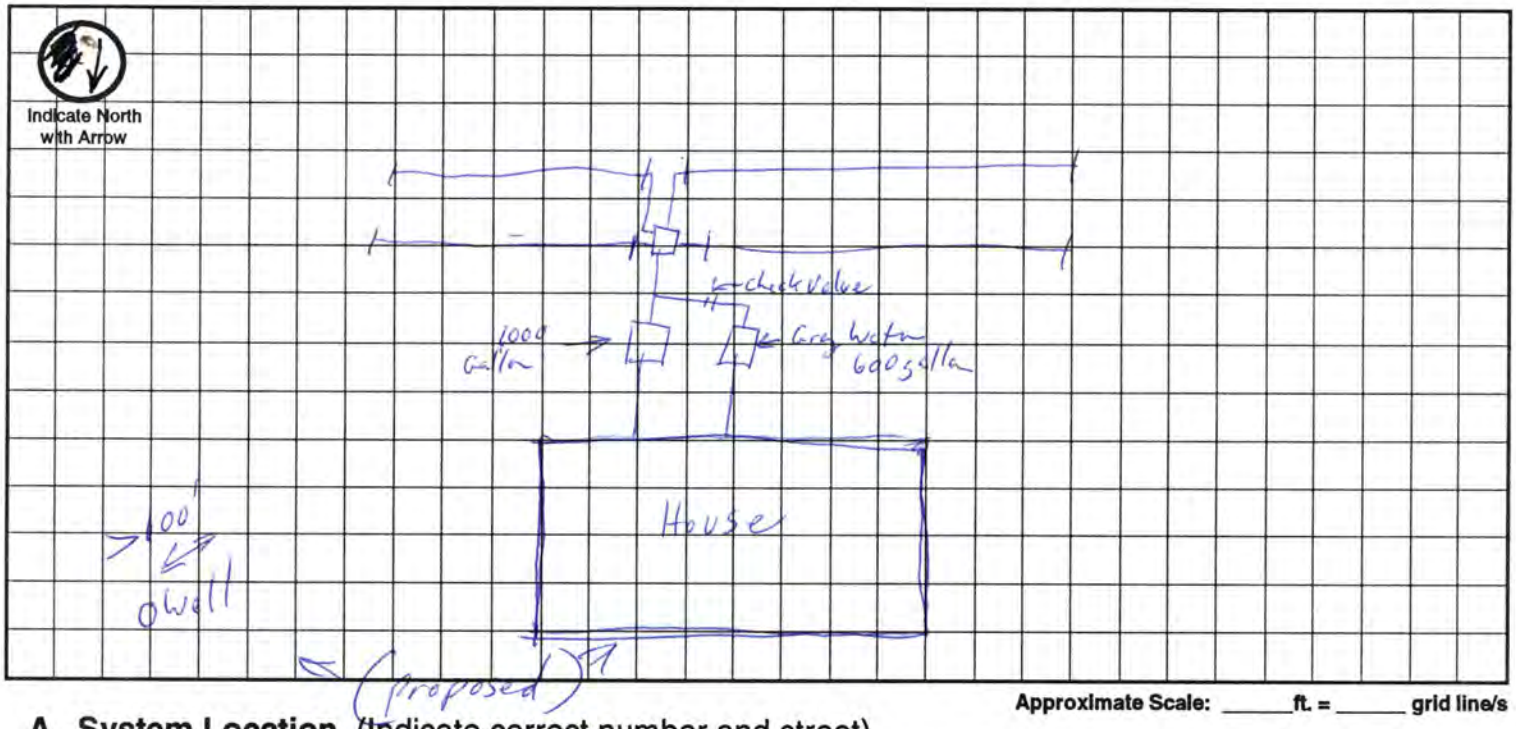
Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

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) Lot 25 NW¼ of Sec 22 T12N. R5E City Lancaster County NE, Zip _____
9B by NW and Rock Creek Road

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other 2- Tanks

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

Percolation Rate 60 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1008 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator ½ round

Capacity of Septic Tank 1000 / 600 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 252 ft. Number of Trenches 4 (60, 60, 66, 66) Trench Width 4'

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 _____ Date 5/15/97

Installer Brad Southwick Date 5-5-97

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-1-97

System Location (Indicate correct number and street)

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

A. Building Sewer

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

B. Septic Tank (2)

1. Material: Concrete
   Number of compartments: 1000 + 600
2. Capacity: 1600 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 9 in.
   Over outlet, diameter 15 in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 11 in.
8. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10' ft.

D. Absorption Field

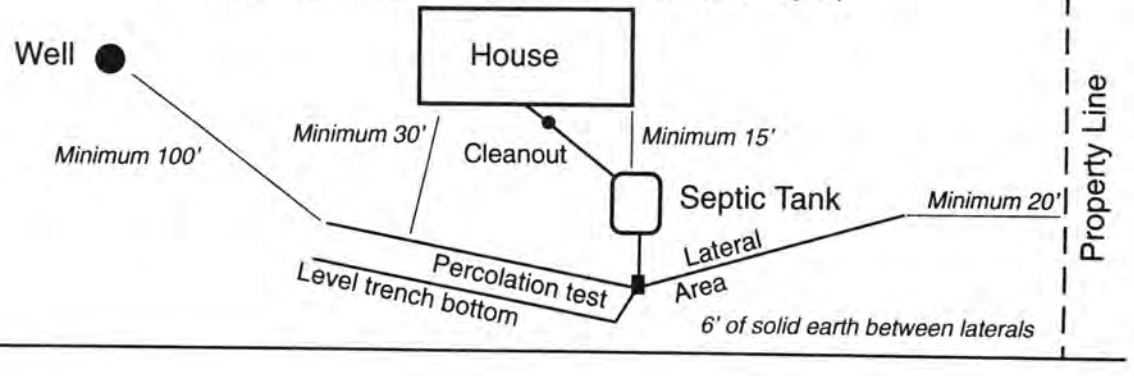
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12 - INFILTRATOR
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 85 ft. 85 ft.
   85 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth 33 in
4. Filter material: Road Gravel
   Depth of material 15 in.
5. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 20 ft.

Indicate North with Arrow

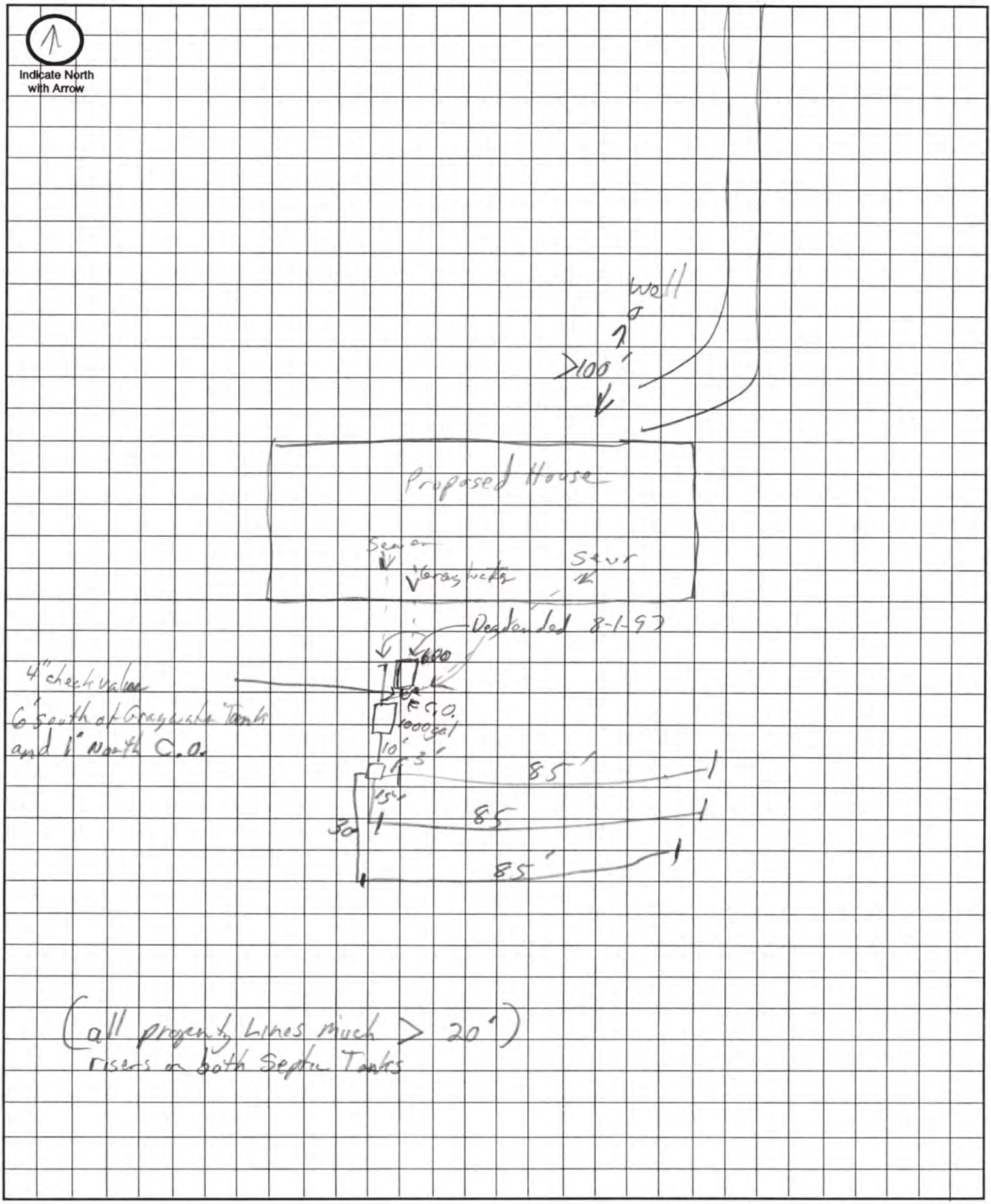
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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


5 E.
MhC3
(Joins sheet 1)
7
N
1 Mile
5000 Feet
Scale 1:20000
(Joins sheet 8)
485 000 FEET
2 735 000 FEET
(Joins sheet 12)
21
22
23
26
27
28
33
34
35
MeC2
AREA
Spillway
Oak
Creek
ShD
ShD2
ShC
JuC
Ke
Zp
Ns
Co
CrB
BpF
MrD2
StF
StD
SuD2