Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380205001

Issued 08/03/99
Expires 02/03/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Establishment

MIELAK REES CONSTRUCTION
T12N R5E SEC 19
BRNCHD OAK LKSIDE AC LOT 9
13737 W LAKEVIEW RD

Permitee

MIELAK REES CONSTRUCTION
BOX0022664
BOX 0022664
LINCOLN NE 68542

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010814

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

A

Permit Number: 99380205001

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☒ Lagoon RS ☐ 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 13737 W. Lake View Rd (no rural route) City _____ NE, Zip _____

Legal Description _____ 19 (1/4) 12 (1/4) 5 (Section) (Township) (Range) BRANCHED OAK LAKESIDE ACRES (Subdivision) 9 (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 _____ Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name MERLAK RUSS COUST Company Name _____

Address PO Box 22664 City/State/Zip LINCOLN, NE 68542

☐ Check if contractor designed system Work Phone 540-4895

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

Designer Name Larry Schwarck Firm Schwarck Trenching Work Phone 489-7294

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 7-29-99 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-2-99 Date frwd 8-2-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 09/30/99 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Paul Dryfoos

Date 10-13-99

Business Office Use Only

Date Rec'd 07/30/99

Amt Paid 150.00

Rec'd By KS Cash/Check No. 1188

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

T12N R5E Sec 19 Lot 9

B

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Permit Number: 9938020500 1

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 MIELAK REES CONST CO Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: ↑ 120 min/in

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks PERC TEST WILL BE REPEATED. IF NOT ACCEPTABLE A SEALED LAGOON WILL BE CONSTRUCTED.

Signature of Reviewing Official _____ Date 7-19-99

FORM 23-101 10-96

Lot 9 Branched Oak Lakeside Acres

AUG 2 0 1999

B

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Phone: 402-441-8022

Permit Number: 99380205001

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 Eric Rees Addresss _____

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

Date of Tests 7/26/99 to 7/27/99 Weather: Precipitation Hot Temperature 92°

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)
X	31	7-26	10:00	7-27	7:30	7-27	11:00	18 1/2	7-27	11:30	30	1/8	
2								19 3/4				3/4	
3								20 1/4				1/2	
4								20 1/2				1/2	
5								19				1/2	
6								18 1/4				1/2	
7								19 1/2				3/4	

Person Conducting Percolation Tests

Name: Larry Schwarck
Phone: 489-7294
Address 8200 Old Cheney Rd.

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

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

C

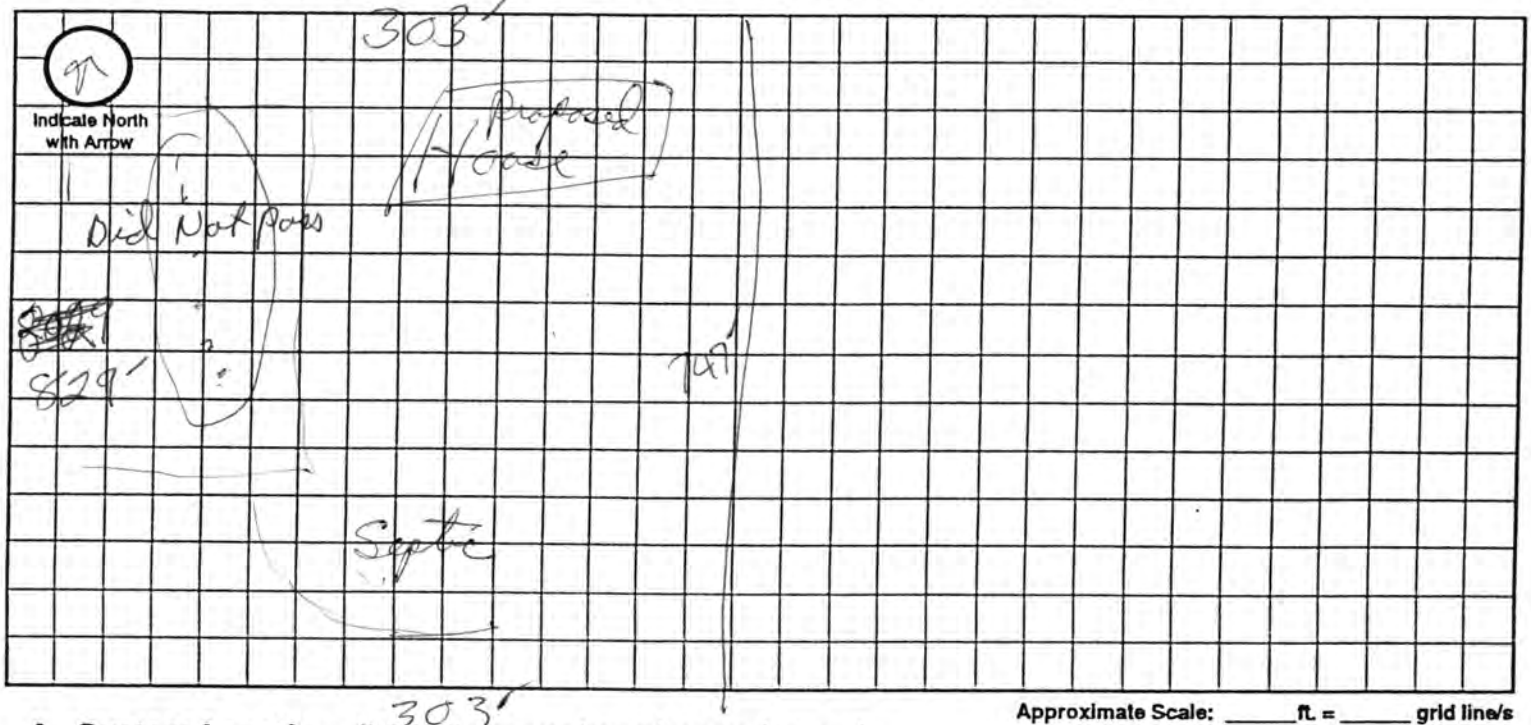
Permit Number: 9938020500 1

Sewage Disposal System

Preliminary Plan Specifications

Lot 9
Branched Oak Lakeside Acres

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) _____ 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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: _____

Capacity of Septic Tank 1000 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

X Home Building Contractor ~~ERIC MCLEAR~~ REES Date _____

Installer Larry Schwarck Date 7-28-99

FORM 23-102 10-96

Lot 9 Brooked out Lakeside Acres

AUG 2 0 1999

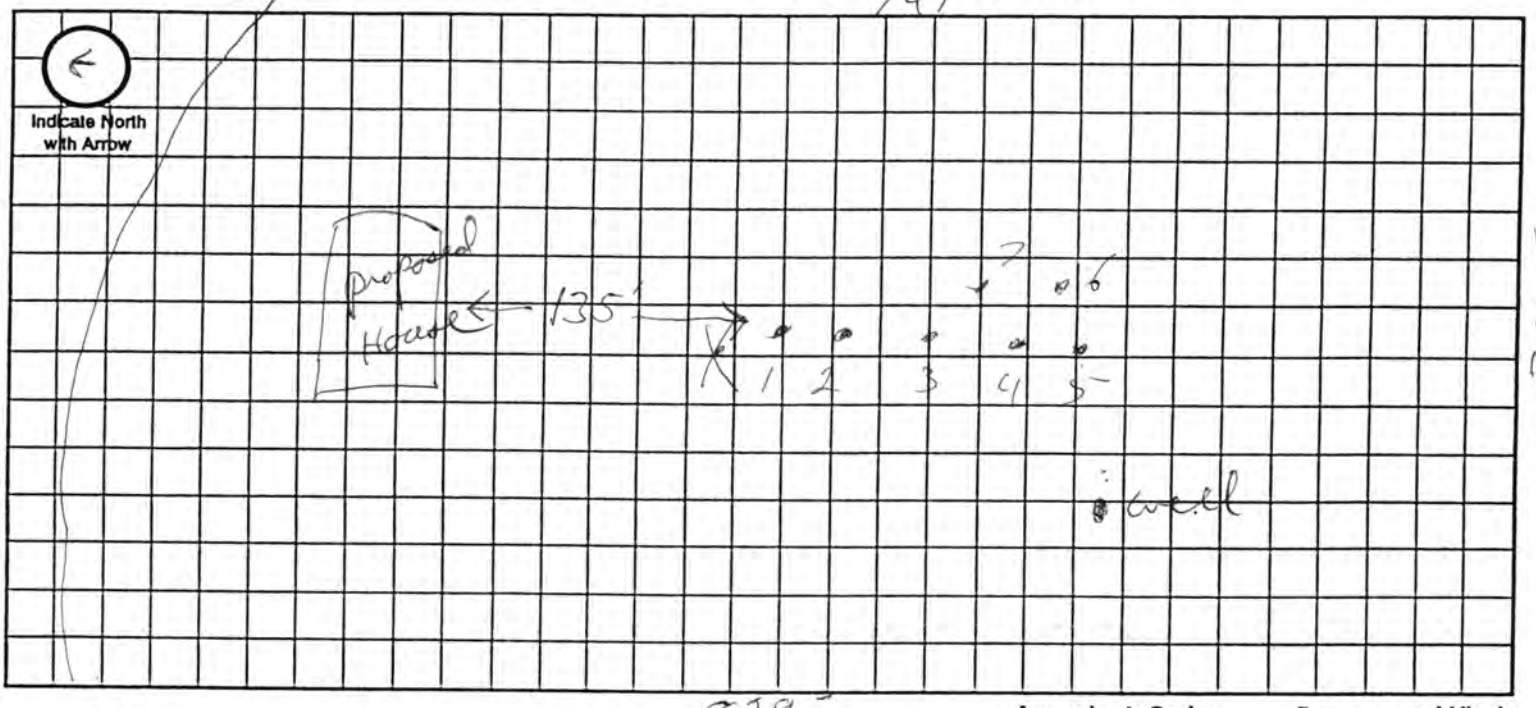
C

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Permit Number: 99380205001

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) _____ 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: _____ %

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

Total Square Feet of Field Required: 988 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 _____ Trench Width 4

3 bed

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

X Home Building Contractor _____ Date _____

Installer Larry Schwarck Date 8-17-99

FORM 23-102 10-96

OCT 1 2 1999

D

Permit Number: 9938020500 1

Lincoln-Lancaster County Health Department
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Lot 9
Bromhead Oak Lakeside Acres

Sewage Disposal System
As Built Plans & Specifications

Date 10-8-99

System Location (Indicate correct number and street)

Address 13737 W Lakeview Rd. City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: 5½' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 178 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: 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: 14 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: 2 plastic laterals
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 & 13 & 10' ft.

D. Absorption Field

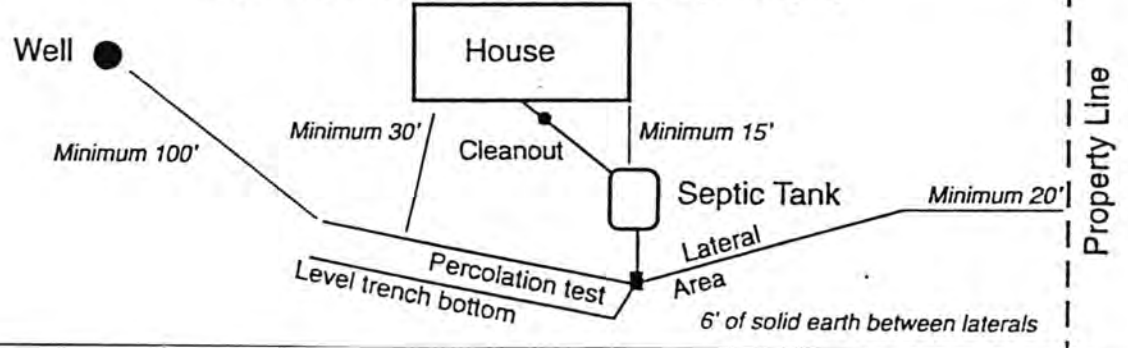
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2 60
   Length of each line: 100 ft. 100 ft.
   60 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 48" in
4. Filter material: Road Gravel
   Depth of material 15 in.
5. Distances to: Well or suction line 100' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20 ft.

Indicate North with Arrow

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

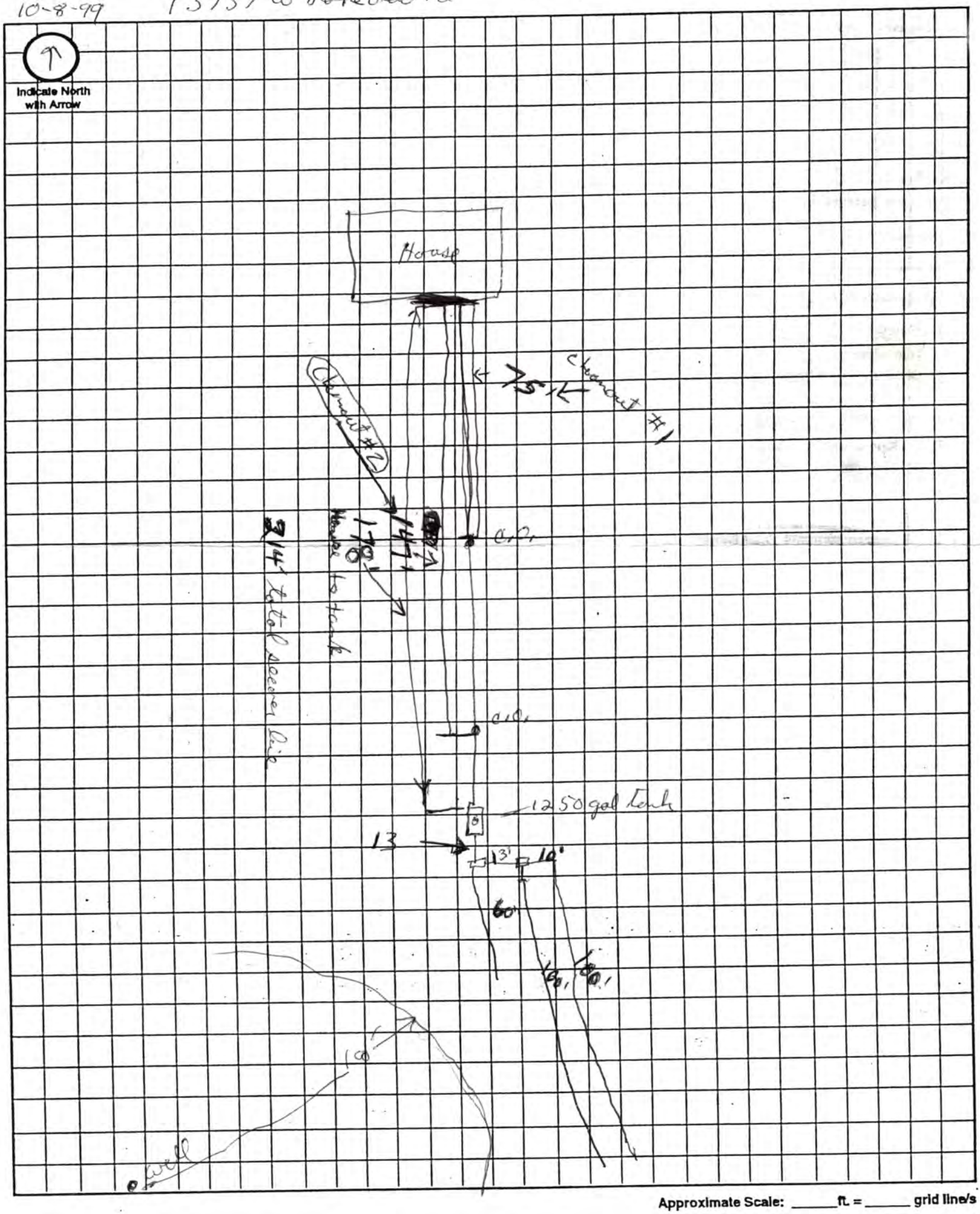
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwarck

10-8-99 13737 W Lakeview Rd Lot 9



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