Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

ERIC REES
T12N R5E SEC 19
BRNCHD OAK LKSIDE AC LOT 11
13901 WEST LAKEVIEW RD

Permitee

ERIC REES
BOX0022664
BOX 0022664
LINCOLN NE 68542

Permit # 99380199101

Issued 05/17/99
Expires 11/17/99
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010294

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

A

Permit Number: 9938019910 1

Sewage Disposal System

Request for Site Clearance and Permit

Lot 11

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 13901 West Lake View Rd (no rural route) City _____ NE, Zip _____

Legal Description _____ 19 12N 5E Branched Oak Lakeside acres 11
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 ERIC REES Signature E Rees

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

☐ Check if owner designed system Home Phone 470-2390 Work Phone 540-4895

C. Contractor

Name SAME AS ABOVE Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Larry Schwarck Firm _____ Work Phone 489-7294

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 5/17/99 Date frwd 5/17/99 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-17-99 Date frwd 5-17-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 05/17/99 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Paul Dotzmann

Date 10-13-99

Business Office Use Only

Date Rec'd 5/17/99

Amt Paid #150.00

Rec'd By rdf Cash/Check No. 1001

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

B

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

Permit Number: 9938019901

#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 _____ Address _____

Soil Type (SCS): Clay loam Steinauer Percolation Rate: 51 min./inch

Date of Tests 10-12-98 to 10-13-98 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	36	10-12	830	10-13	600	10-13	600	6	10-13	1000	30	1/2	60 MIN/IN
2	36	10-12	830	10-13	600	10-13	600	6	10-13	1000	30	1/2	60 MIN/IN
3	36	10-12	830	10-13	600	10-13	600	6	10-13	1000	30	5/8	48 MIN/IN
4	36	10-12	830	10-13	600	10-13	600	6	10-13	1000	30	3/4	40 MIN/IN
5	36	10-12	830	10-13	600	10-13	600	6	10-13	1000	30	5/8	48 MIN/IN
6	36	10-12	830	10-13	600	10-13	600	6	10-13	1000	30	5/8	48 MIN/IN

Person Conducting Percolation Tests

Name: Brian Shafer
Phone: 464-0638
Address 2700 Dan Ave.

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 51

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MAY 17, 1999

FORM 93-101 10-95

C

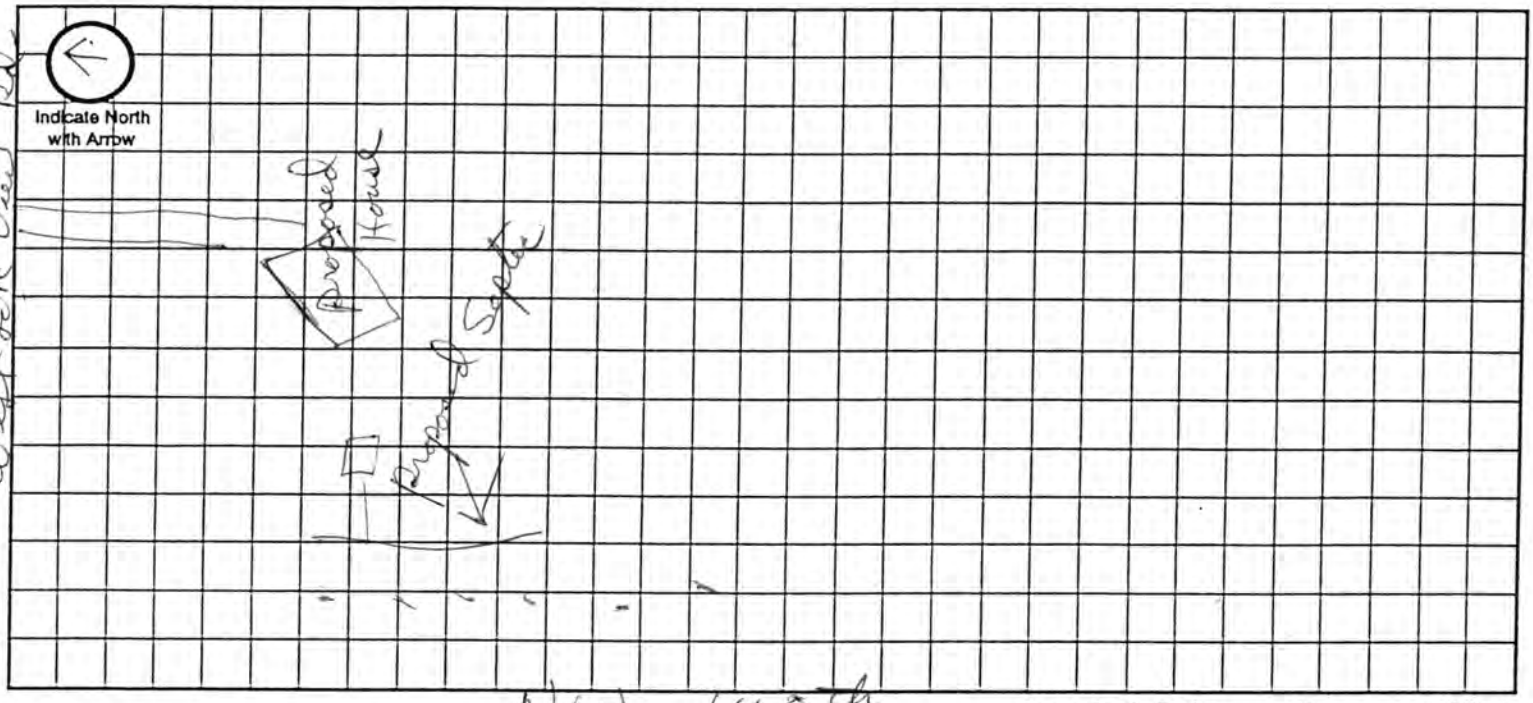
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 99380199101

Lot 11 Branched Oak Lake Sec. 1st Add.
West Lake View

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 51 (min. per inch) Soil Type: Clay loam Steinauer Land Slope: 4 % %

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

Total Square Feet of Field Required: 1239 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 310 ft. Number of Trenches 4 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 Eric Rees Date 5/7/99

Installer Larry Schwarck Date 5-7-99

FORM 23-102 10-96

OCT 12 1999

D

Permit Number: 99380199101

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

Lot 11
Branched Oak Lakeside Acres

Sewage Disposal System
As Built Plans & Specifications

Date 10-8-99

System Location (Indicate correct number and street)

Address 13901 W Lakeview Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 80' 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: 13 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: plastic 2
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 45 & 59 ft.

D. Absorption Field

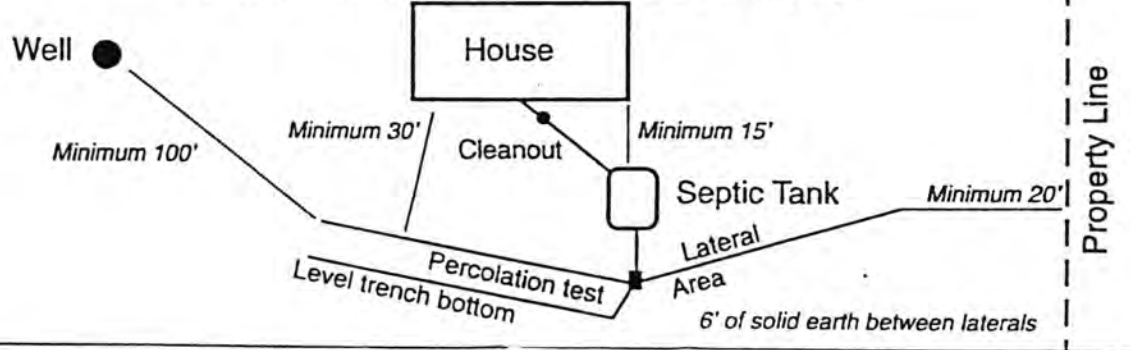
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 102 ft. 102 ft.
   330 86 ft. 44 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 15" in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20' ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

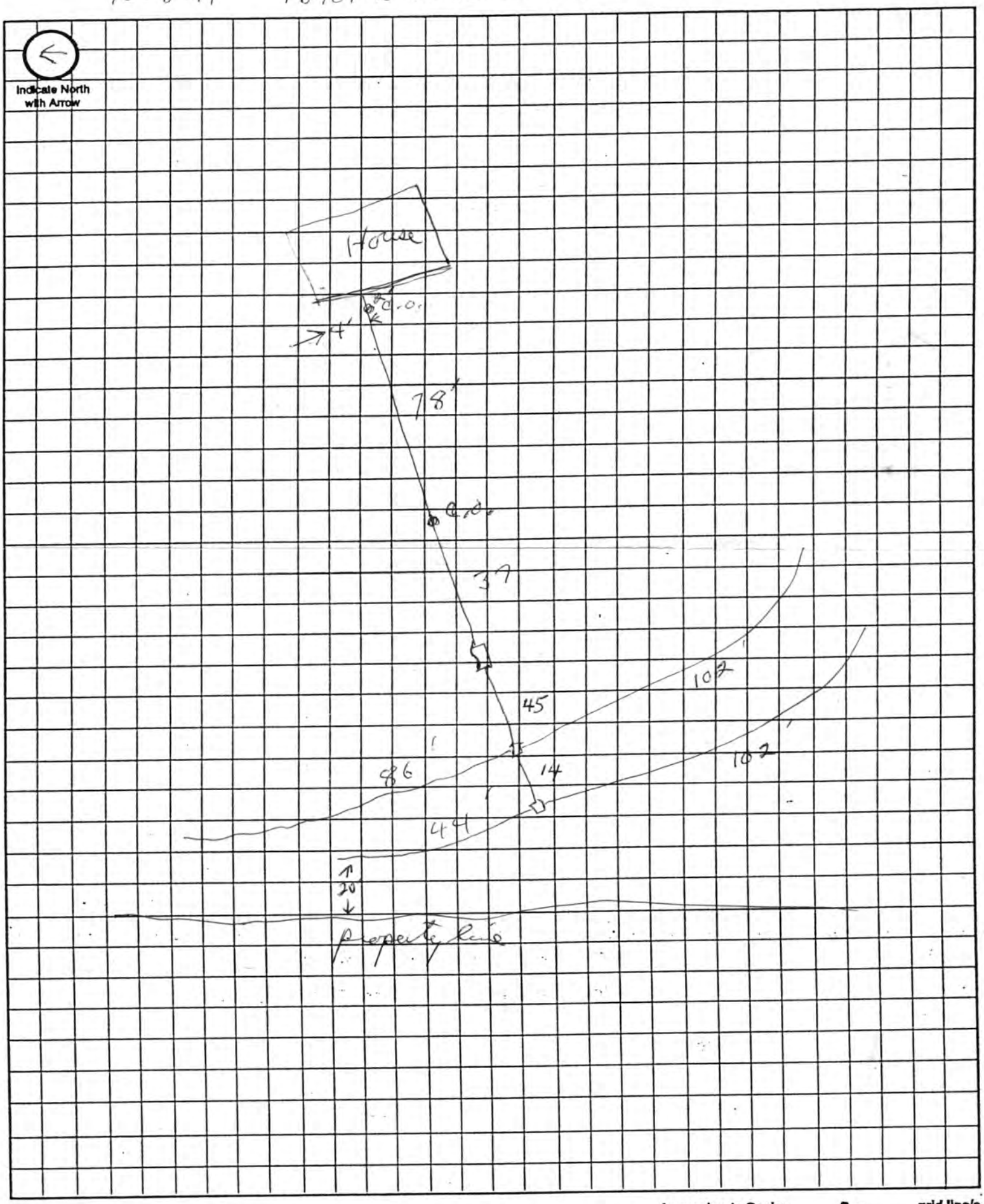


FORM 23-103 10-96

As Built Drawing

by Larry Schwarck

10-8-99 13901 W Lake View Rd. Lot 11



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


2 715 000 FEET
R. 5
T. 12 N.
SEWARD COUNTY
495 000 FEET
BRANCH
OAK
20
29
32
StF
PaC2
BrD
PbC3
Ke
Zp
Cr
BrE
ShC
ShD
MeC2
JuC
SmD
CrB
MrD2
MrD
ShD2
SbD2
ShE2
BpF
PbC3
DcD
Sk
GeD2
SuG
PaD2
Ns
Um
DcD
StD