LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380175501

Issued 05/07/98
Expires 11/07/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment
PAUL DINGES
T10N R5E SEC 28 QTR NE
601 SW 98 ST

Permittee
PAUL DINGES
601 SW 98 ST
LINCOLN NE 68532-9165

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007327

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

A. System Location (Indicate correct number and street)

Address _____ (no rural route) City Lincoln NE, Zip ~~NE~~ 68532

Legal Description NE¼ (1/4) 28 (1/4) 10N (Section) SE (Township) of the 6th P.M. (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 Paul Dinges Signature _____

Address 601 S.W. 98th City/State/Zip Lincoln NE 68532

☐ Check if owner designed system Home Phone 402-475-5703 Work Phone 402-441-7528

C. Contractor

Name David Beach Company Name Beach Construction

Address 4516 Sherman St. City/State/Zip Lincoln NE 68506

☐ Check if contractor designed system Work Phone (402) 432-8138

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 400 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 5/6/98 Date frwd 5/7/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-7-98 Date frwd 5-7-98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/7/98 Date frwd 5/7/98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jerrold C. Wood

Date FEBRUARY 22, 1999

Business Office Use Only

Date Rec'd 05/06/98

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 2941

FORM 23-100 10-96

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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 401 SW, 98th St. (no rural route) City Lincoln NE, Zip 68532

Owner Paul Dinges Addresss SW, 98th Lincoln NE 68532

Soil Type (SCS): _____ Percolation Rate: .0628 in/min min./inch

Date of Tests 4/25/98 to 4/26/98 Weather: Precipitation none Temperature 60's

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)~~ in/min
1	36"	4/25	12:30pm	4/26	1:00pm	4/26	1:50	13 5/8	4/26	5:50	240	1 1/2"	.00625 in/min
2	36"	4/25	12:30pm	4/26	1:00pm	4/26	1:50	12 5/8	4/26	5:50	240	1 5/8"	.00668 in/min
3	36"	4/25	12:30pm	4/26	1:00pm	4/26	1:50	10 7/8	4/26	5:50	240	1 1/4"	.0061 in/min
4	36"	4/25	12:30pm	4/26	1:00pm	4/26	1:50	13 1/4	4/26	5:50	240	1 3/8"	.00573 in/min
5	36"	4/25	12:30pm	4/26	1:00pm	4/26	1:50	12 3/4	4/26	5:50	240	1 5/8"	.0069 in/min
6	36"	4/25	12:30pm	4/26	1:00pm	4/26	1:50	15 5/8	4/26	5:50	240	1 1/4"	.0061 in/min

Person Conducting Percolation Tests

Name: David Beach

Phone: 483-4268

Address 4516 Sherman St. Lincoln NE 68506

Sum of Percolation Rates: .03766

Average of Rates: .0629 in/min

Rate Used for Calculation: .0628 in/min

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

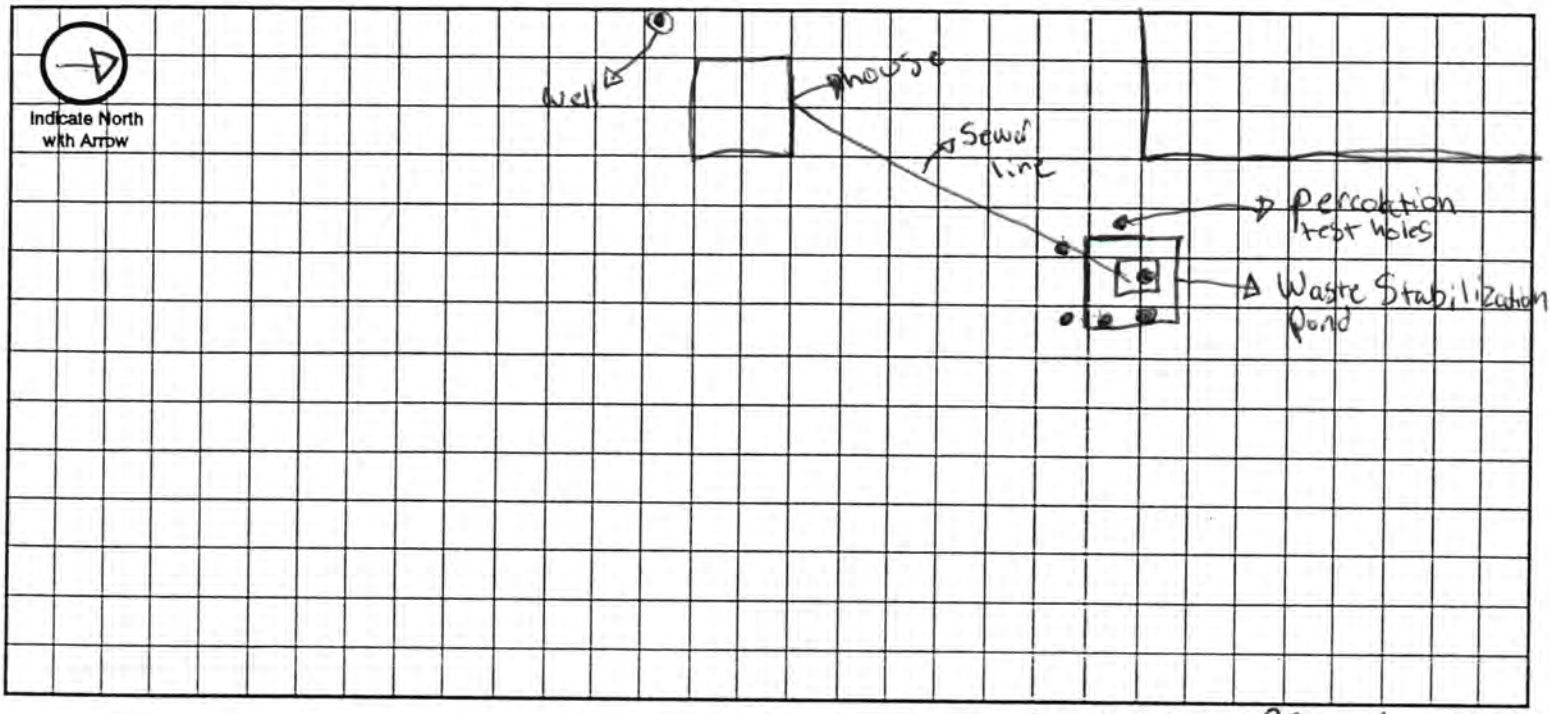
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C

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 401 S.W. 98th St. City Lincoln NE, Zip 68

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Stabilization Pond

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

Percolation Rate .0628 (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 _____ 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 David Beach Date 5/5/98

Installer David Beach Date 5/5/98

FORM 23-102 10-96