Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380242601

Issued 02/26/02
Expires 08/26/02
Revenue Code 3157

FEES: $200.00

Establishment

JAY MCKEOWN
T12N R5E SEC 19
BRNCHD OAK LKSIDE AC LOT 2
13700 W LAKEVIEW RD

Permittee

JAY MCKEOWN
7124 GLYNOAKS DR
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000608

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

A

Permit Number: 0238024426

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 13700 W LAKEVIEW RD (no rural route) City _____ NE, Zip _____

Legal Description _____ 19 12N 5E BRANCHED OAK LAKESIDE ACRES 2
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 JAY McKEOWN Signature _____

Address 7124 GLYNOAKS DR City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 483-7910 Work Phone 434-9151

C. Contractor

Name LOECK DESIGNS Company Name DAN LOECK

Address PO BOX 6836 City/State/Zip LINCOLN, NE 68506

☐ Check if contractor designed system Work Phone 450-1500

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

Designer Name LARRY SCHWANCK Firm SCHWANCK 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 2/26/02 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2-27-02 Date frwd 2-27-02 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2/27/02 Date frwd 2/27/02 **ACTION** ☒ Approved ☐ Disapproved Signature _____

2-27-02 need deep bores 3% slope

Installation Final Written Approval

By Ron Maynard

Date 9-3-02

Business Office Use Only
Date Rec'd 02/26/02
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 11230

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

B

FILE NO. 023802426

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 12-8 to 12-10-00. Weather: Precip. — Temp.____.

X OWNER:_____

Address:_____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Start Time (Hr./Min.)	End Date (Mo./Day)	End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Start Time (Hr./Min.)	Start Water Level (in.)	End Time (Hr./Day)	End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
X 1	22	12-8	11:00	12-10	8:10	~~12-10~~	~~1040~~	6	1140	~~5 6~~	30	~~7~~	
2	30							6		X 6		1	30 MIN/IN
3	30									6		5/8	48 MIN/IN
4	30									6		7/8	34 MIN/IN
5	30									6		3/4	40 MIN/IN
6	30									6		5/8	48 MIN/IN
7	30									6		3/4	40 MIN/IN
8	30									6		1/2	60 MIN/IN
9	30									6		3/4	40 MIN/IN
10	30									6		3/4	40 MIN/IN

Larry Schwarck
Signature of Person Conducting Test

Address 8200 SW Cheney Rd Phone 489-7294

Sum of Percolation Rates: _____
Average of Rates: 60
Mean of Rates: _____
60

(Do not write below this line)

REVIEWING ACTION

Remarks: FIELD CHECK SOIL
Soil Type (SCS): PAWNEE CLAY LOAM
Date: FEBRUARY 26, 2002

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

Jerrold C. Hood
Signature of Reviewing Official

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

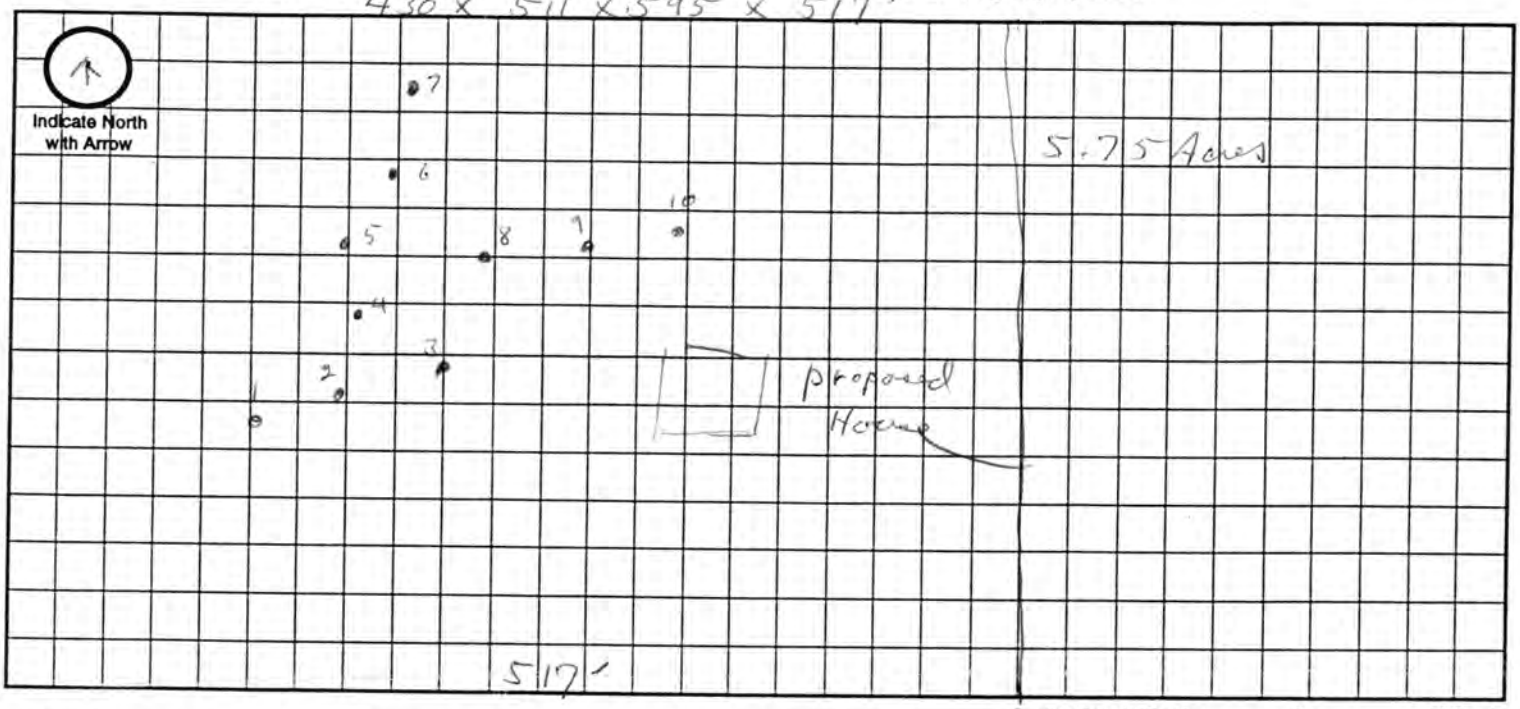
C

Permit Number:

Lot 2 Branched Oak Lakeside Acres

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) 13700 w Lake View Rd. 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: ~~FAIRMONT CLAY LOAM~~ STEINAUER LOAM Wymore ← NO! Land Slope: 3 % %

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

Total Square Feet of Field Required: 1050 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 263 ft. Number of Trenches _____ Trench Width 4

4 Bed + 4 P.

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 Dale R Lee Date 02/26/02

Installer Larry Schwenk Date 12-10-00

FORM 23-102 10-96

Loeck

D AUG 3 0 2002

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

Permit Number: 02380242601

Sewage Disposal System
As Built Plans & Specifications

Date 8-27-2002

System Location (Indicate correct number and street)
Address 13700 W Lake View (no rural route) City _____ NE, Zip _____

A. Building Sewer
1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 98' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line over 200 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank
1. Material: Plastic
   Number of compartments: 1
2. Capacity: _____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 4 in.
8. Distances to: Well or suction line over 200 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

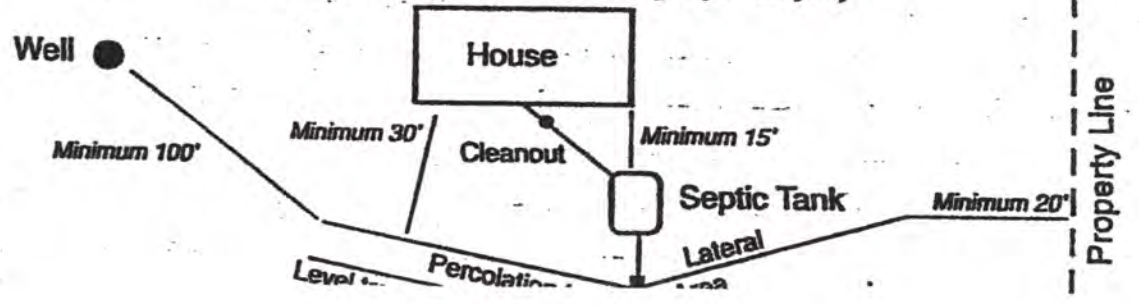
C. Distribution Box (Drop Boxes)
1. Material: Plastic
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: over 200 ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 3011
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 92 ft. 92 ft.
   84 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 30 in
4. Filter material: dirt
   Depth of material 30 in.
5. Distances to: Well or suction line over 200 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing

BOUWENS PLUMBING

