Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

DON & DEE STEINER
T12N R5E SEC 19
BRNCHD OAK LKSIDE AC LOT 5

Permittee

DON & DEE STEINER
6540 S 32 ST
LINCOLN NE

Permit # 01380237701

Issued 10/11/01
Expires 04/11/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000161

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 13550 West Lake View Rd. (no rural route) City Lincoln. NE, Zip NEBR.

Legal Description 1/4 1/4 Section 19 Township 12N Range 5E Subdivision BRANCHED OAK. LAKESIDE ACRES Addition Block 5 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Don & Dee Steiner. Signature _____

Address 6540 So 32nd. City/State/Zip 68516

☐ Check if owner designed system Home Phone 421-6114 Work Phone _____

C. Contractor

Name Mike Rezac Company Name Rezac Const.

Address 140 North. 1st City/State/Zip Lincoln. 68508.

☐ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm Vogt. Exc. Work Phone 560-4267

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 10/11/01 Date frwd 10/11/01 ACTION ☒ Approved ☐ Disapproved Signature Carroll E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/11/01 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature MCW
3. **City or County Engineer** Date rec'd 10/11/01 Date frwd 10/11/01 ACTION ☒ Approved ☐ Disapproved Signature _____

4-11-02, Appears to be Stevens loam soil ~~Final~~ Provisional (refer to letter)

Installation ~~Final~~ Written Approval

By _____

Date 4-12-02

Business Office Use Only
Date Rec'd 10/11/01
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 5066

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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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 Lot 5 (no rural route) City NE, Zip

Owner Don Steiner Addresss Steinauer loam soil

Soil Type (SCS): ~~Colby~~ Shorthorn Silty Clay Loam Percolation Rate: min./inch

Date of Tests 7-30-01 to 7-31-01 Weather: Precipitation 0 Temperature 85

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	30	7-30	11:00	7-31	11:00	7-31	11:00	6	7-31	11:30	30	1/2	60
2	30	7-30	11:00	7-31	11:00	7-31	11:00	6	7-31	11:30	30	3/4	45
3	30	7-30	11:00	7-31	11:00	7-31	11:00	6	7-31	11:30	30	2 5/8	11.43
4	30	7-30	11:00	7-31	11:00	7-31	11:00	6	7-31	11:30	30	3/4	45
5	30	7-30	11:00	7-31	11:00	7-31	11:00	6	7-31	11:30	30	1 1/8	26.67
6	30	7-30	11:00	7-31	11:00	7-31	11:00	6	7-31	11:30	30	4	7.5

Sum of Percolation Rates: 195.6

Average of Rates: 32.6

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Dave Voigt

Phone: 560-4267

Address P.O. Box 181
Elmwood, NE 68349

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood Date OCTOBER 11, 2001

FORM 23-101 10-96

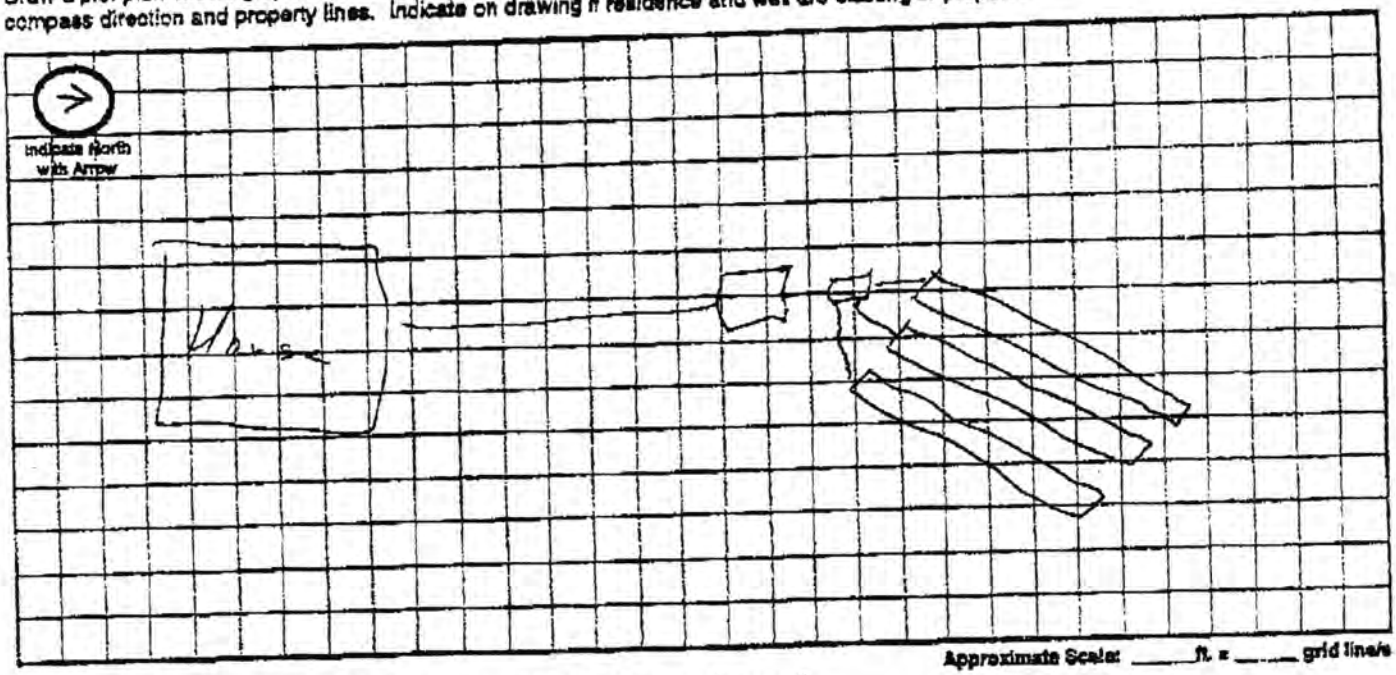
C

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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) _____ 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: Clay Land Slope: 6 %

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: _____

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

Total Length of Laterals 268 ft. Number of Trenches 3 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 10/10/01

Installer _____ Date 10-10-01

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address Lake shore Estates (no rural route) City _____ NE, Zip _____

Rezec

A. Building Sewer

1. Material: Plastic Pipe
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 68 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 14 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: Plastic
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6 ft.

D. Absorption Field

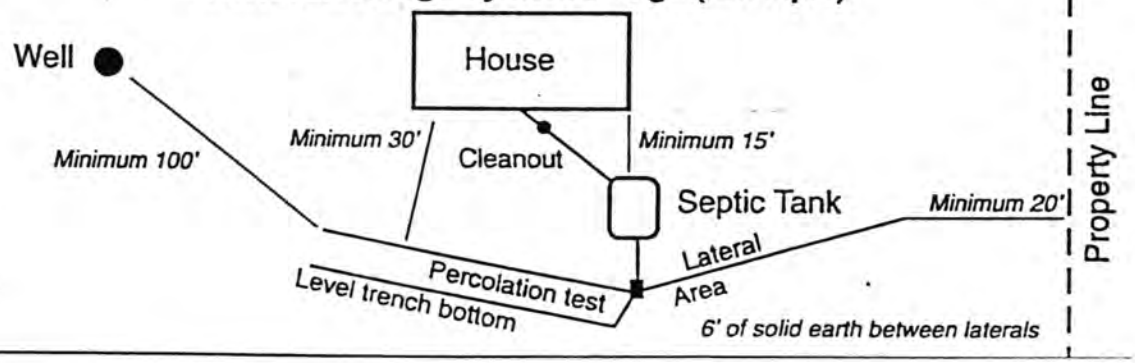
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe Infiltrators
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: 88' ft. 88' ft.
   80 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Level in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line _____ 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)



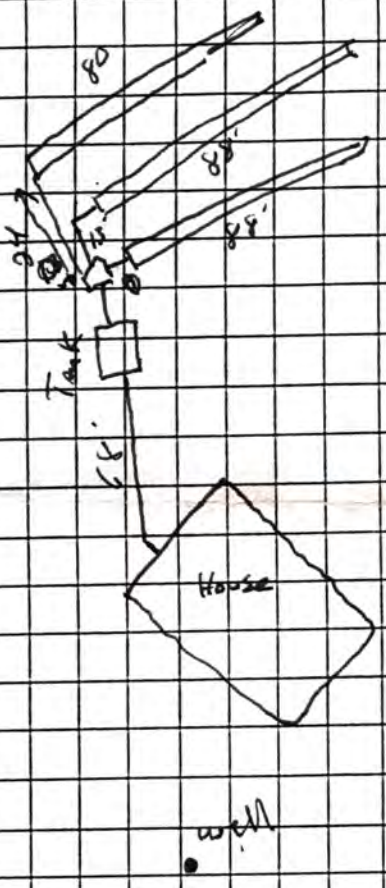
FORM 23-103 10-96

As Built Drawing

13550 West Lake View

N

Indicate North with Arrow



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