Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380247001

Issued 05/16/02
Expires 11/16/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment
MICHELLE FANCHER
T10N R5E SEC 28
LOT 37
11000 W A STREET

Permittee
MICHELLE FANCHER
11000 W A ST
LINCOLN NE 68532

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002209

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

A

Permit Number: 0 2380247

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 11000 W A (no rural route) City Lincoln NE, Zip 68532

Legal Description 28 10N 5E .37 I.L.
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 Michelle Fancher Signature _____

Address 11000 W A City/State/Zip Lincoln NE 68522

☐ Check if owner designed system Home Phone 438-4111 Work Phone 423 4076

C. Contractor

Name Michelle Fancher Company Name _____

Address 11000 W A City/State/Zip Lincoln NE 68532

☐ Check if contractor designed system Work Phone 423-4076

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

Designer Name Michelle Fancher Firm _____ Work Phone 423 4076

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 5 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 5/16/02 Date frwd 5/17/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-17-02 Date frwd 5-17-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/17/02 Date frwd 5/17/02 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Mark

Date 7/12/02

Business Office Use Only

Date Rec'd 05/16/02

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 7526

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
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B

Permit Number: 02380247

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11000 W A (no rural route) City Lincoln NE, Zip NE 68532

Owner Michelle Fanchor Address 1300 W Ryons

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

Date of Tests 4-6-02 to 4-7-02 Weather: Precipitation None Temperature 56°

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	28	4-6	4:00	4-6	8:00	4-7	4:00	6"	4-7	8:00	30	2 1/4	13
2	28	4-6	4:00	4-6	8:00	4-7	4:00	6"	4-7	8:00	30	1 3/4	17
3	30	4-6	4:00	4-6	8:00	4-7	4:00	6"	4-7	8:00	30	1 1/2	20
4	32	4-6	4:00	4-6	8:00	4-7	4:00	6"	4-7	8:00	30	2	15
5	31	4-6	4:00	4-6	8:00	4-7	4:00	6"	4-7	8:00	30	1 1/4	24
6	29	4-6	4:00	4-6	8:00	4-7	4:00	6"	4-7	8:00	30	2	15

Person Conducting Percolation Tests

Name: Mel Petty

Phone: 1300 W Ryons 438-4111 440-7406

Address Lincoln NE 68522

Sum of Percolation Rates: 104

Average of Rates: 15.23 ? 17.3

Rate Used for Calculation: 17

17-5 bd. - 1,050 sq. ft.
1,500 gallon tank

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

As built

C D

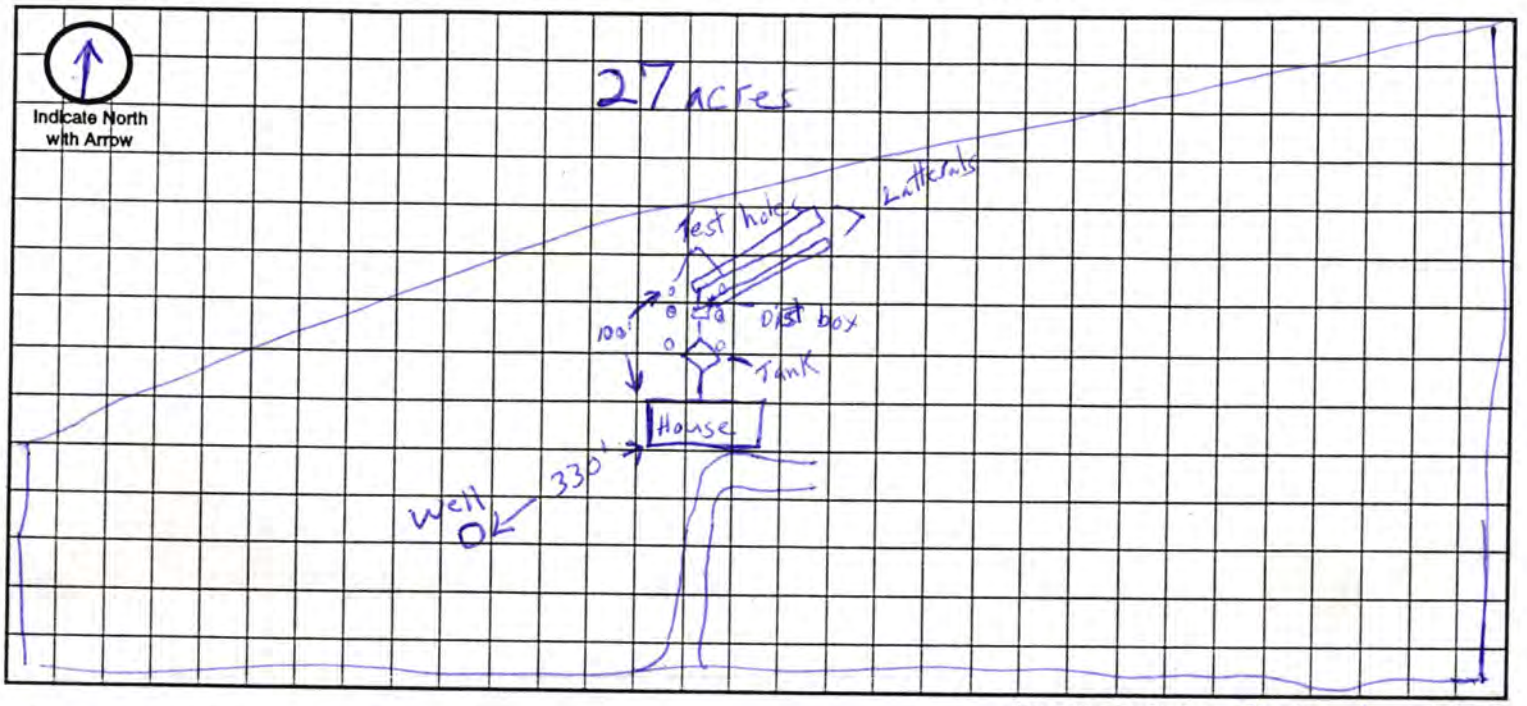
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Instrument Installed

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11000 W A City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 17 (min. per inch) Soil Type: JUDSON SILT LOAM Land Slope: _____ %

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 1500 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 _____ Date 5-1302

Installer _____ Date _____

FORM 23-102 10-96