Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

LARRY BRAINARD
T11N R7E SEC 36 QTR SW
NOBLUE LOT 12
9900 FLETCHER AVE

Permittee

LARRY BRAINARD
9900 FLETCHER AVE
LINCOLN NE 68527

Permit # 02380242801

Issued 03/06/02
Expires 09/06/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000617

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

A

Permit Number: 023802428

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 9900 Flechen AVE (no rural route) City Lincoln NE, Zip _____

Legal Description SW¼ SW¼ 36 11N 7E _____ Lot 12 I.T.
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 Larry Blaingard Signature _____

Address 9900 Flechen City/State/Zip Lincoln

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name ~~Mr~~ Michael P Dietze Company Name Waverly Plumbing & Well

Address PO Box 116 City/State/Zip Waverly NE 68462

☒ Check if contractor designed system Work Phone 560 - 2923

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 0 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify Storage

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 3/6/02 Date frwd 3/6/02	**ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Wood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 3/6/02 Date frwd 3/6/02	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 3-6-02 Date frwd 3-6-02	**ACTION** ☒ Approved ☐ Disapproved Signature Dennis Bartels	

pm 3-13-02, need drawing

Installation Final Written Approval

By Ron Mayhew

Date 3-18-02

Business Office Use Only

Date Rec'd 3/6/02
Amt Paid 200.00
Rec'd By CEW Cash/Check No. 20560.

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

Larry Brainard

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

B

Permit Number: 02380428

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 _____ Addresss _____

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

Date of Tests 7-14-01 to 7-15-01 Weather: Precipitation dry 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	36	7-14	3:00	7-15	3:15	7-15	3:15	6	7-15	3:45	30	5/8	48
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	3/4	40
3	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	7/8	34
4	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1 1/8	27
5	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1 1/2	20
6	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1 1/4	24
													7 20 mpi variation

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 48 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sharpsburg soil

Signature of Reviewing Official Ron Moyer Date _____

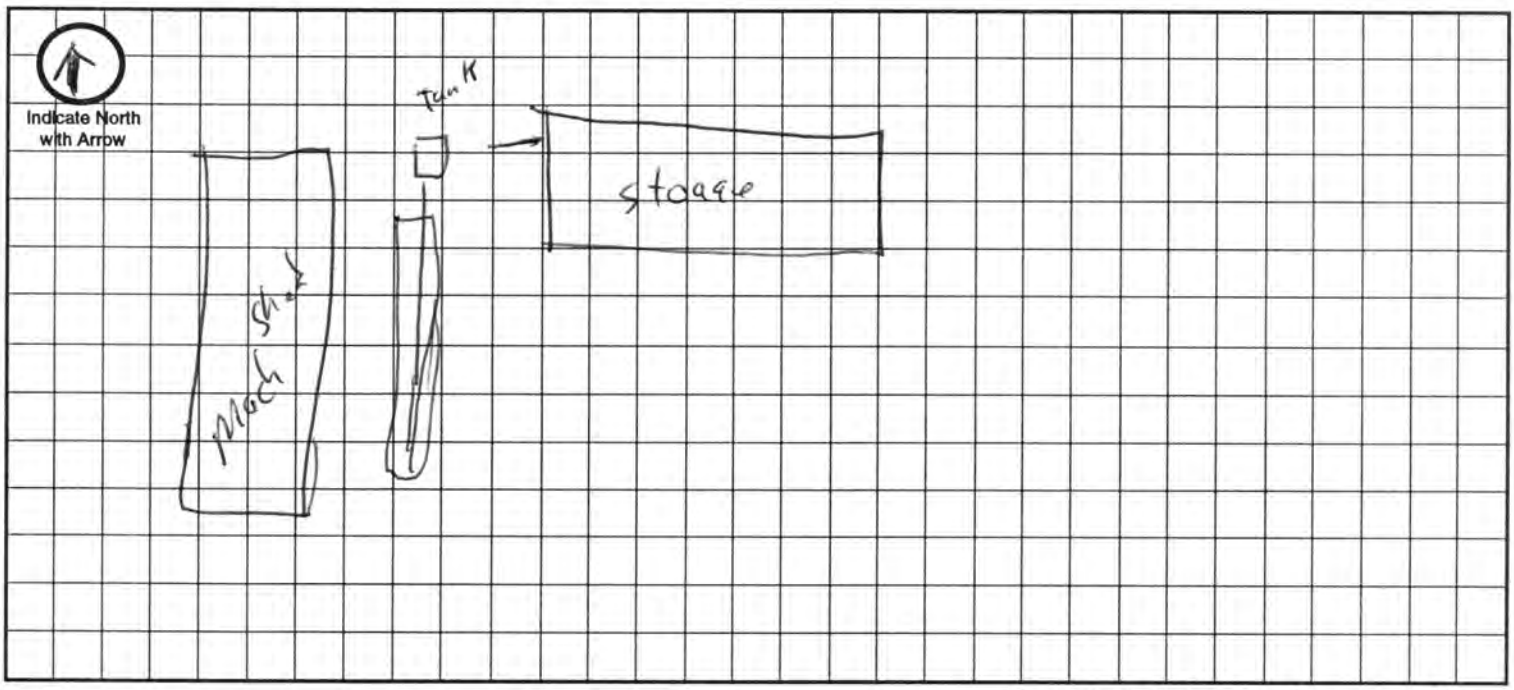
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802428

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) 9900 City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 48 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 625 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width 4 feet

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 ☒	NA ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	NA ☐	40 ☐	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Mike Dutz Date 3-6-02

FORM 23-102 10-96

Waverly Plumbing & Well
786-5620

Attn: Ron Marquart MAR 1 5 2002

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 3-13-02

System Location (Indicate correct number and street)

Address 9900 Flechen (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: PVC SDR-26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 23.6" ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100' ft.
   stream NA ft.
   pressure line 100' ft.
   property line 80 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Riser: ☒ above ☐ below grade 0" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 36 in.
8. Distances to: Well or suction line 100 ft.
   Stream NA ft.
   Pressure line 100 ft.
   Property line 80 ft.

C. Distribution Box

1. Material: None
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

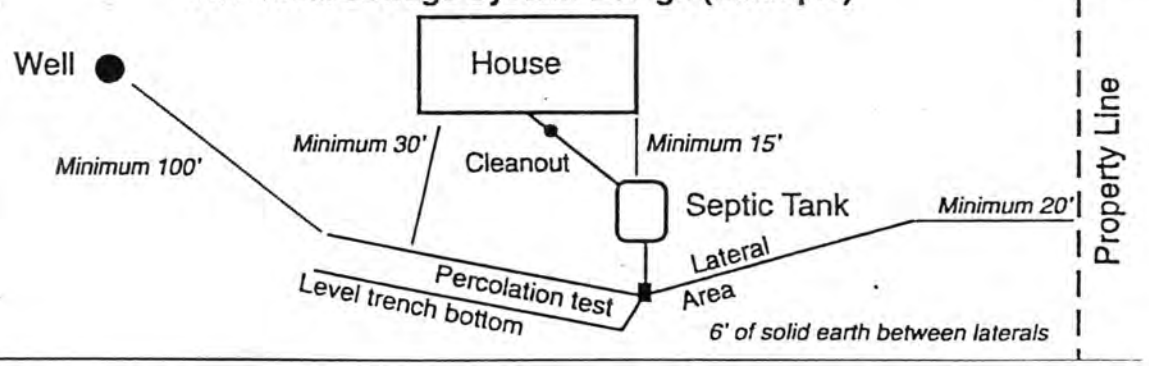
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: INT. Flow
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 50 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 100 ft.
   Stream NA ft.
   Pressure line 100 ft.
   Property line 100 ft.

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

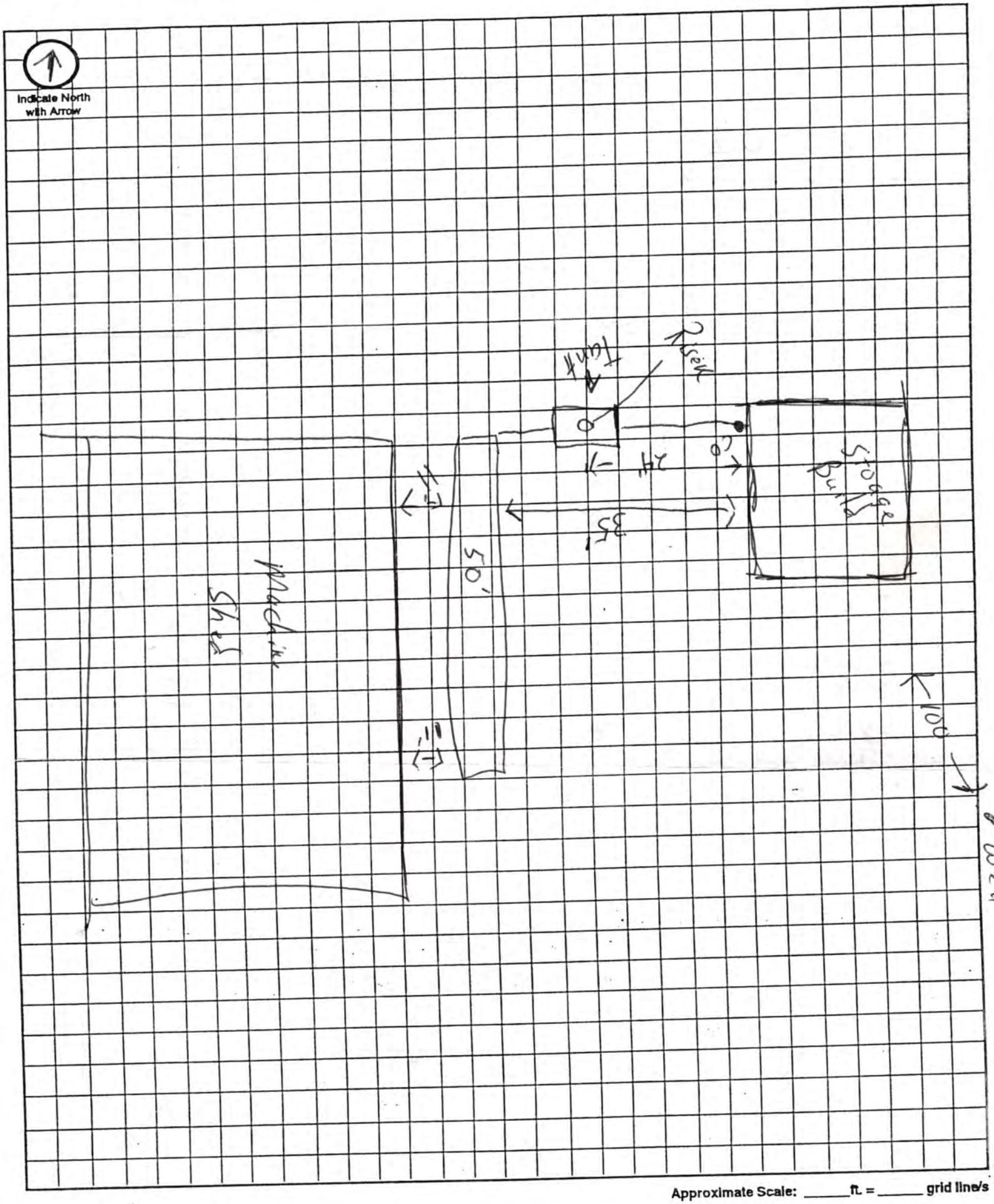
Indicate North with Arrow

Individual Sewage System Design (Example)



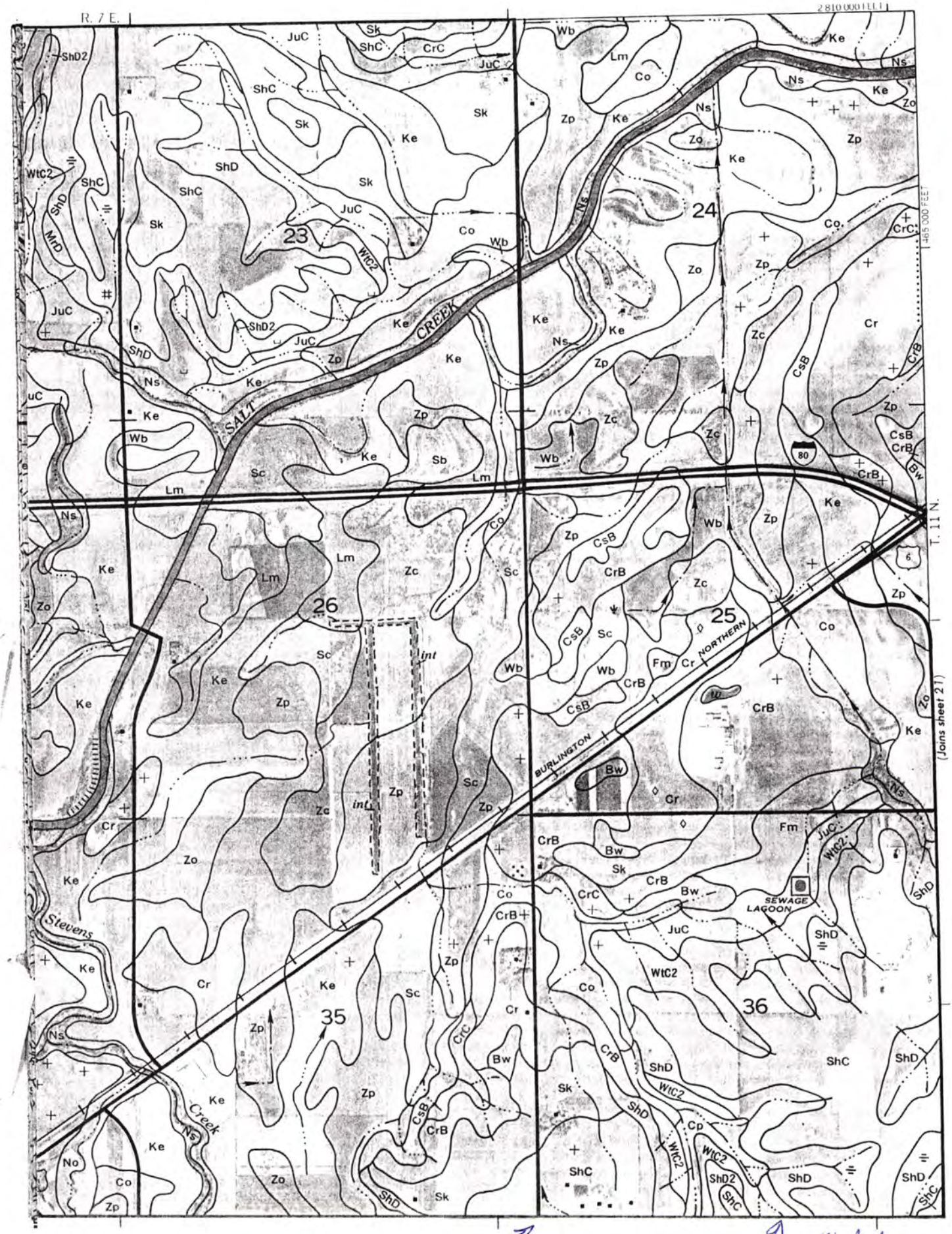
FORM 23-103 10-96

As Built Drawing



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

NEBRASKA — SHEET NUMBER 20



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

4980

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 01-30-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 11N; RANGE R7E; SECTION SW¼ 36; BLOCK ____

LOT 12 (part of lot 6 + 10 ft); ADDITION _____; Street Address _____

Directions to Property North on 84th street to Fletcher AVE Turn Right – one mile East 2nd home past 98th ½ brick second house on left side of road

Location of Well East side of house (flower garden) Tap Location: Inside ☐ Outside ☒ (NW side)

Location of Sewage System 20 ft? West of house (W.) Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Larry BRAINARD	9900 Fletcher AVE	466 6239 (477-1447)
Tenant/Buyer:			wk. 786-3845
Return to:	Larry BRAINARD	Same add.	

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Larry M Brainard Address 9900 Fletcher AVE 68527

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HEALTH DEPARTMENT USE ONLY

Date Received 1-30-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1-31-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☐	Approved: ☐	Date 1-31-92 by rm
Bacteria	☒ treated	☐ raw	Provisional: ☒	Date 2-12-92 by rm
Nitrate	# ☒ 3.5 ppm	☒ 10.2 ppm	Disapproved: ☐	Date _____ by ____

Comments: Sewage disposal installation apparently predates county regulations. The septic system appears to be satisfactory. Thus, a provisional approval. Recommend checking to see if septic tank needs pumping. Recommend moving livestock corral to north of barn, so that if it is used in the future, the corral will be more than 100 ft from well. ☐ See Attached Letter

FINAL STATUS # Approval applies to treated water only.

# WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☐	Provisional Approval: ☒

APPROVED BY Ron Mangan RS DATE 2-14-92

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832