Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment
HAL SMITH
T11N R7E SEC 36
KB STABLES LOT 2
6100 N 98 ST

Permittee
HAL SMITH
6100 N 98 ST
LINCOLN NE 68507

Permit # 02380243201

Issued 03/19/02
Expires 09/19/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000852

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

RECEIVED
MAR 19 2002

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 6100 N. 98th St. City Lincoln NE, Zip 68507
(no rural route)

Legal Description KB Stable Lot 2 Parcel ID 18-36-301-002-000
1/4 1/4 Section Township Range Subdivision Addition Block Lot
36 11N 7E KB STABLES 2

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Hal Smith Signature Hal Smith

Address 6100 N. 98th City/State/Zip Lincoln, NE 68507

☐ Check if owner designed system Home Phone 465-8992 Work Phone _____

C. Contractor

Name BILL OVERMAN Company Name B+R PUMP SERVICE

Address 4337 MADISON City/State/Zip LINCOLN NE 68504

☐ Check if contractor designed system Work Phone 464-1745

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

Designer Name BILL OVERMAN Firm B+R PUMP SERVICE Work Phone 464-1745

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 3/19/02 Date frwd 3/20/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-20-02 Date frwd 3-20-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3-20-02 Date frwd 3-20-02 ACTION ☑ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Maynard

Date 7-29-04

Business Office Use Only

Date Rec'd 03/19/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 2295

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

Also Well

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 6100 N. 98th St. (no rural route) City Lincoln NE, Zip 68507

Owner Ken Stading Addresss 6100 N 98th Linc.

Soil Type (SCS): Sharpsburg Silty Clay Loam Percolation Rate: _____ min./inch

Date of Tests 7-28-01 to 7-29-01 Weather: Precipitation .40" day before Temperature 92°

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	7-28	1000	7-29	1100	7-29	1100	6	~~7-29~~	1500	30	5/8	30/ 5/8 48 mpi
2												3/4	30/ 3/4
3												3/4	30/ 3/4
4												5/8	30/ 5/8 48 mpi
5												1/2	30/ 1/2 60 mpi
6												3/4	30/ 3/4
7												1	30/ 1 30 mpi
8												1	30/ 1 30 mpi
9												1 1/4	30/ 1 1/4

Person Conducting Percolation Tests

Name: Hal Smith
Phone: 465-8992
Address 6100 N. 98th
Lincoln NE 68507

Sum of Percolation Rates: 7.25
Average of Rates: .8055
Rate Used for Calculation: 60 mpi

350 / 3)1050 ← as per Jerry LLCHD

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MARCH 19, 2002

FORM 23-101 10-96

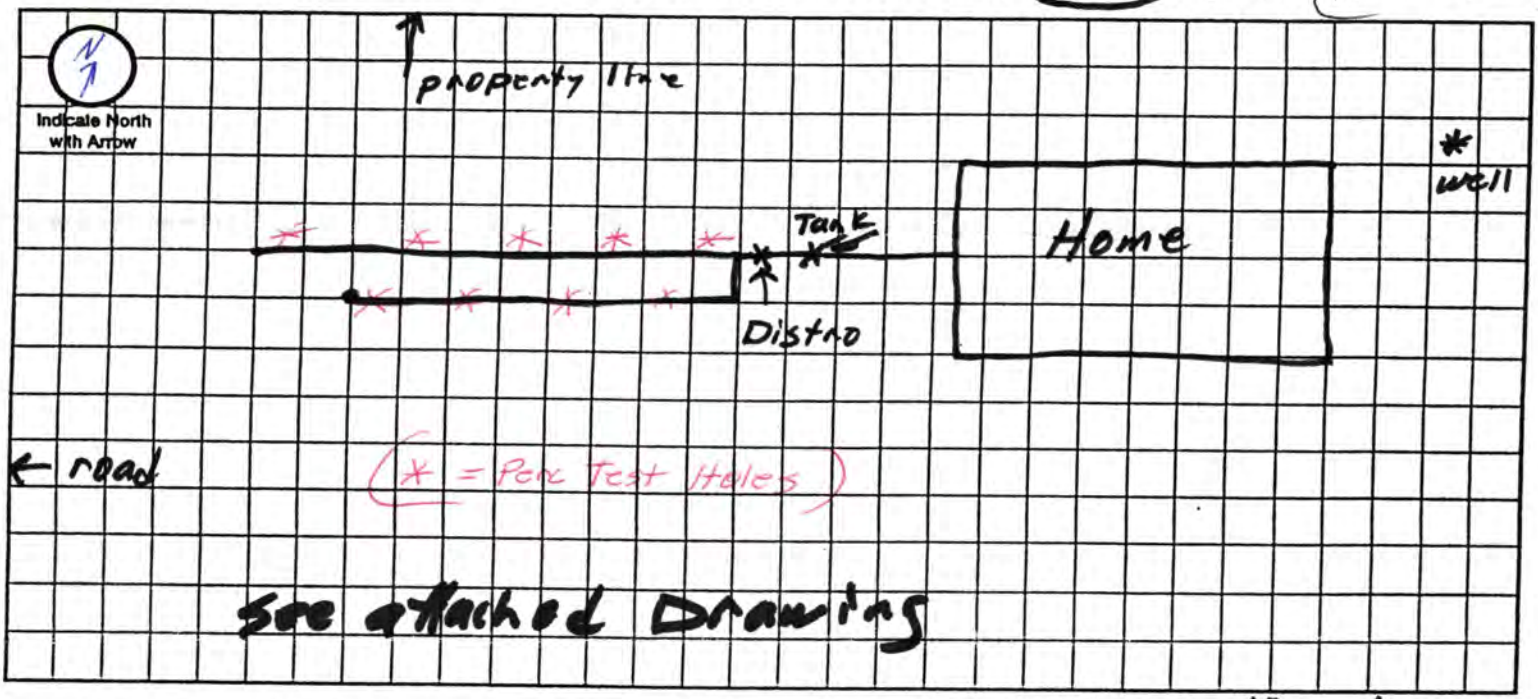
Lincoln-Lancaster County Health Department
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C

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. → all (New home)



Approximate Scale: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6100 N. 98th City Lincoln NE, Zip 68507

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: Sharpsburg Silty Clay Loam Land Slope: 1-2 %

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 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 182 ft. Number of Trenches 2 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

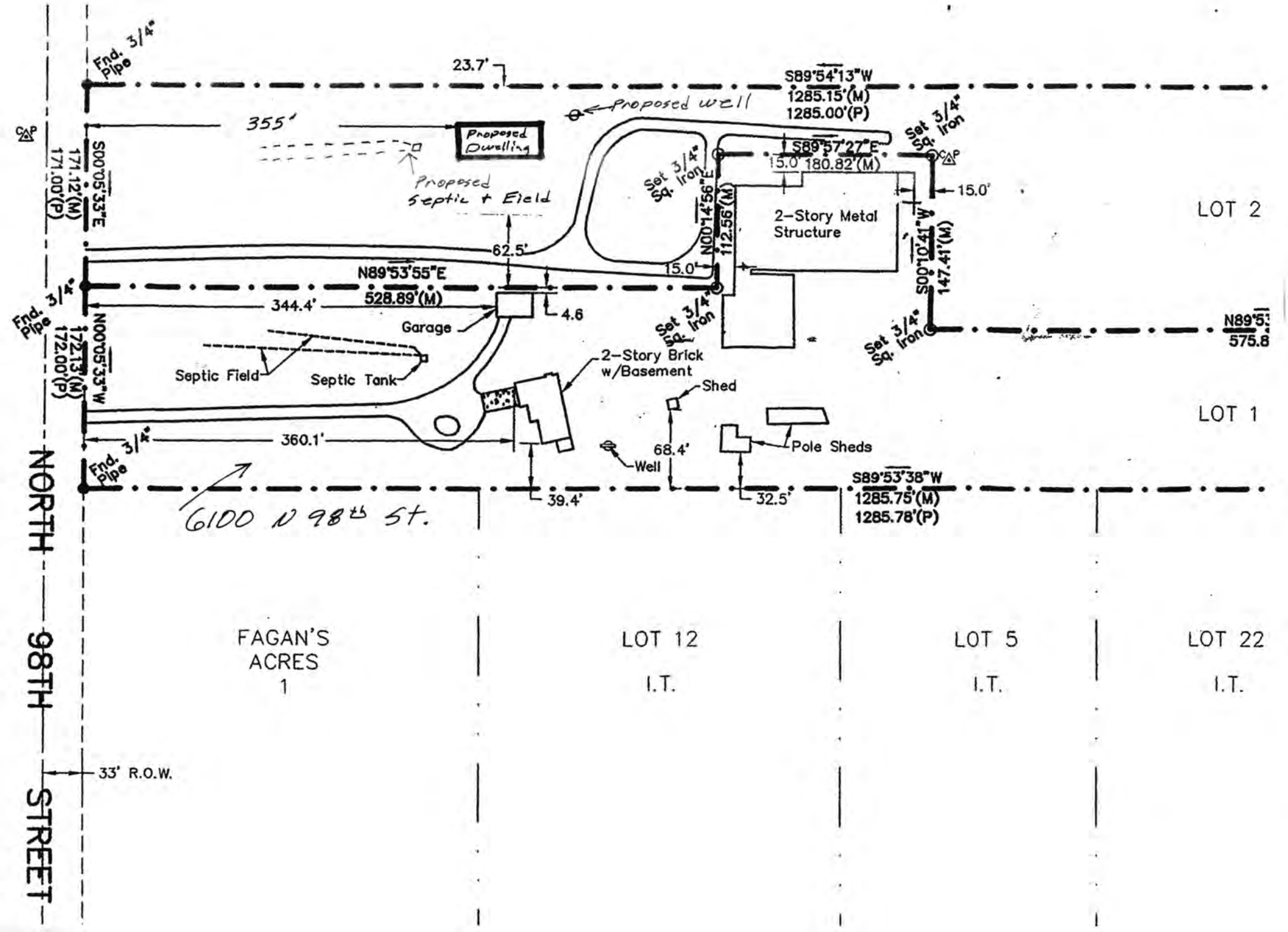
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☐
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☑	500 ☑	50 ☑	N/A ☐	30 ☑	50 ☑	100 ☑	200 ☑	☐

E. Required Signatures

Home Building Contractor [signature] owner builder Date 3-15-02

Installer BILL OVERMAN Date 3-15-02

FORM 23-102 10-96


Fnd. 3/4" Pipe
23.7'
S89°54'13"W
1285.15'(M)
1285.00'(P)
Proposed well
355'
Proposed Dwelling
Proposed Septic + Field
Set 3/4" Sq. Iron
S89°57'27"E
15.0' 180.82'(M)
15.0'
LOT 2
S00°05'33"E
171.12'(M)
171.00'(P)
62.5'
N00°14'56"E
112.56'(M)
2-Story Metal Structure
S00°10'41"W
147.41'(M)
15.0'
N89°53'55"E
528.89'(M)
344.4'
4.6
Garage
Fnd. 3/4" Pipe
N00°05'33"W
172.13'(M)
172.00'(P)
Septic Field
Septic Tank
2-Story Brick w/Basement
Shed
LOT 1
360.1'
68.4'
Pole Sheds
Well
39.4'
32.5'
S89°53'38"W
1285.75'(M)
1285.78'(P)
6100 N 98th St.
NORTH — 98TH — STREET
33' R.O.W.
FAGAN'S ACRES 1
LOT 12 I.T.
LOT 5 I.T.
LOT 22 I.T.