LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380185001

Issued 09/18/98
Expires 03/18/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment
RODNEY D GROSS
T10N R6E SEC 30
CUSHMAN PARK LOT G,H,I
4240 W F ST

Permittee
RODNEY D GROSS
4240 W F ST
LINCOLN NE 68522-9107

Issued By Health Director
Lincoln-Lancaster County Health Department

008144

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

SEP 16 1998

A

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

Permit Number: 98801850

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) CR 3776

Address 4240 West F St (no rural route) City Lincoln NE, Zip 68522

Legal Description 30 (1/4) 10N (1/4) 6E (Section, Township, Range) Cushman Park (Subdivision) Addition G,H,I (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 Rodney D Gross Signature Rodney D Gross

Address 4240 West F St City/State/Zip Lincoln Ne 68522

☐ Check if owner designed system Home Phone 402-435-3137 Work Phone 402-421-8308

C. Contractor

Name Lloyd Jakoubek Company Name Dirt Works Plus Inc.

Address 12800 NW 70 City/State/Zip 12800 NW 70 Raymond Ne 68428

☑ Check if contractor designed system Work Phone 402-783-2663 890-6009

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

Designer Name Lloyd Jakoubek Firm Dirt Works Plus Inc. Work Phone 890-6009

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 Sept 16, 1998 Date frwd Sept. 18, 1998	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9-18-98 Date frwd 9-18-98	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]	
3. **City or County Engineer**	Date rec'd 9-18-98 Date frwd 9-18-98	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]	

10/27/98 Need ~~drawing~~ sealing - fence rate

Installation Final Written Approval

By [signature]

Date 3-12-99

Business Office Use Only

Date Rec'd 7/27/98

Amt Paid $150.00

Rec'd By CW Cash/Check No. 2234

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

SEP 16 1998 **B**

Permit Number: 9838018 50

Lincoln-Lancaster County Health Department
Environmental Health Division
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Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4240 West FST (no rural route) City Lincoln NE, Zip 68522

Owner Rodney D. Gross Addresss 4240 West FST

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

Date of Tests 9-4-98 to 9-5-98 Weather: Precipitation 0 Temperature 87°

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	26"	9/4/98	12:00 Noon	9/5/98	12:00 Noon	9/5	3:30	6	9/5	4:00 PM	30	1¼"	24
2	26"	9/4/98	12:00	9/5/98	12:00	9/5	3:30	6	9/5	4:00 PM	30	1½"	20
3	26"	9/4/98	12:00	9/5	12:00	9/5	3:30	6	9/5	4:00 PM	30	1¼"	24
4	26"	9/4/98	12:00	9/5	12:00	9/5	3:30	6	9/5	4:00 PM	30	1"	30
5	26"	9/4/98	12:00	9/5	12:00	9/5	3:30	6	9/5	4:00 PM	30	1¼"	24
6	26"	9/4/98	12:00	9/5	12:00	9/5	3:30	6	9/5	4:00 PM	30	1"	30

Sum of Percolation Rates: 152
Average of Rates: 25
Rate Used for Calculation: 25

Person Conducting Percolation Tests

Name: Lloyd Jakoubek Dirt Work Plus Inc.
Phone: 402-783-2663 / 890-6009
Address 12800 NW 70 Raymond Ne 68428

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date 3-12-99

FORM 23-101 10-96

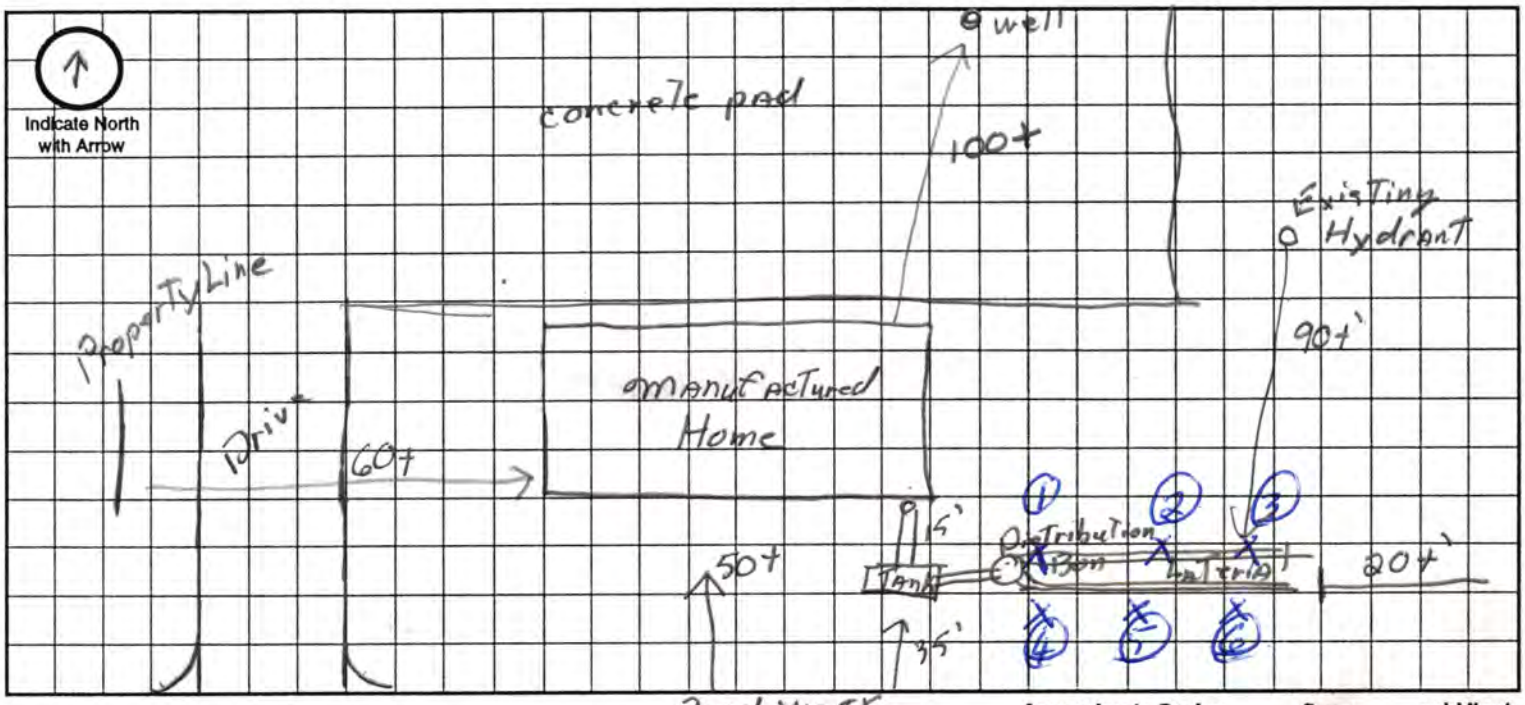
SEP 16 1998 C

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

Permit Number: 98580850

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) 4240 West F 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 _____ (min. per inch) Soil Type: Black Dirt Land Slope: Flat %

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

Total Square Feet of Field Required: _____ sq. ft. AS REQUIRED BY PERC TEST

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: ~~2~~ ~~Number of Distribution Laterals per Bed~~ _____

Total Length of Laterals _____ 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 Rodney D Sipos Date _____

Installer Lloyd J. Jakobb Date 9/5/98

FORM 23-102 10-96

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

D

Permit Number: 98801850

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 4240 (NW) ~~1st~~ _____ City LNK NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: _____
   Diameter: 4" in.
2. Distance above basement floor: 12" in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 250 ft.
   stream 100+/- ft.
   pressure line 5 ft.
   property line 70 ft.

B. Septic Tank

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

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ❑ Yes ❑ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

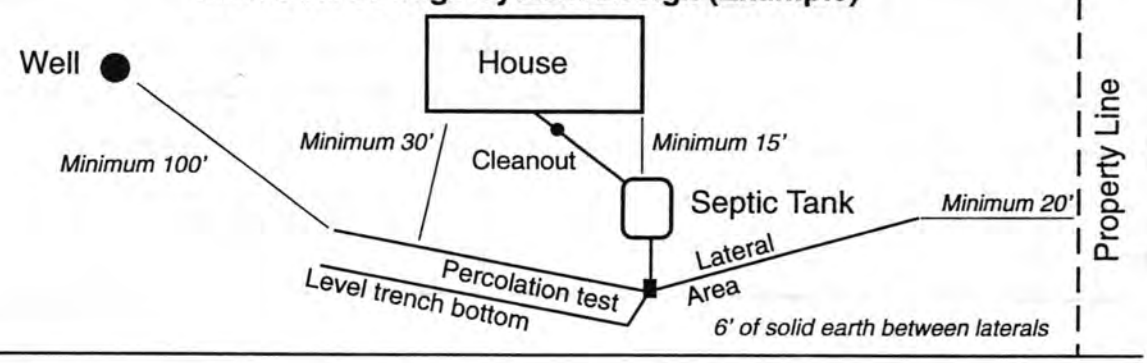
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

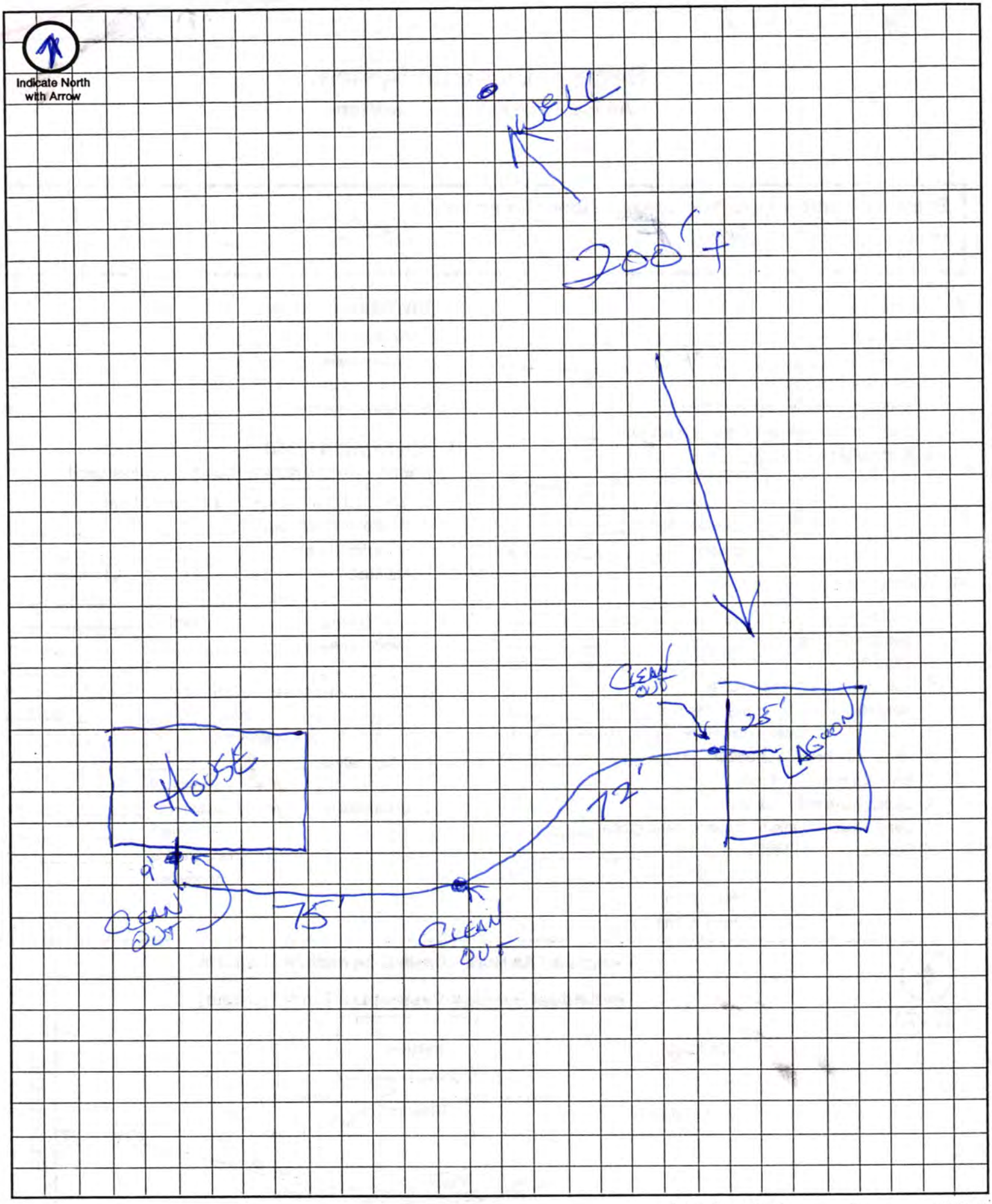
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s