Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006616

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380299701

Issued 04/12/05
Expires 04/12/06
Revenue Code 3157

Establishment
DON JOHNSON HOMES
T11N R7E SEC 20
SUNSHINE HILLS BLK 1 LOT 4
4701 HAROLD CT

FEES: $200.00

Permittee
DON JOHNSON HOMES
5901 N 27 ST
LINCOLN NE 68521

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

RECEIVED
APR 12 2005

A

Permit Number: 0538029901

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 4701 HAROLD CT. (no rural route) City Lincoln NE, Zip 68514

Legal Description 20 11N 7E SUNSHINE HILLS 1 4
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 Don Johnson Homes Signature _____

Address 5901 N 27th City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Cell ~~Home~~ Phone 450-1701 Work Phone 436-3228

C. Contractor

Name DON JOHNSON Company Name DON JOHNSON HOMES

Address 5901 N 27TH City/State/Zip LINCOLN NE 68521

☐ Check if contractor designed system Work Phone 436-3228

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

Designer Name Mel Wagner Firm Wagner Const. Work Phone 432-5698

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** 8-18-05, mm
   Date rec'd 4/12/05 Date frwd 4/12/05
   ACTION ☒ Approved ☐ Disapproved
   Signature Gerald C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 4/12/05 Date frwd 4/12/05
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

3. **City or County Engineer**
   Date rec'd 4/12/05 Date frwd 4/12/05
   ACTION ☒ Approved ☐ Disapproved
   Signature Chase Baker

Installation Final Written Approval

By Ron Wagner

Date 8-22-05

Business Office Use Only

Date Rec'd 04/12/05
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 16744

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

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

B

Permit Number: 053802997

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

GL APR 1 8 2008

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4701 HAROLD CT (no rural route) City Lincoln NE, Zip 68514

Owner Don Johnson Homes Addresss 5901 N 27th/Harold Ct.

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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	24	4/8	5:00	4/9	3:00	4-9	3:30	6	4-9	4:00	30	1/2	
2	23	"	"	"	"	"	"	"	"	"	"	1/2	
3	26	"	"	"	"	"	"	"	"	"	"	1/2	
4	23	"	"	"	"	"	"	"	"	"	"	5/8	
5	24	"	"	"	"	"	"	"	"	"	"	1/2	
6	27	"	"	"	"	"	"	"	"	"	"	5/8	

Person Conducting Percolation Tests

Name: MELVIN F WAGNER
Phone: 432-5698
Address 4810 W CLAIRE AVE
LINCOLN NE 68523

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

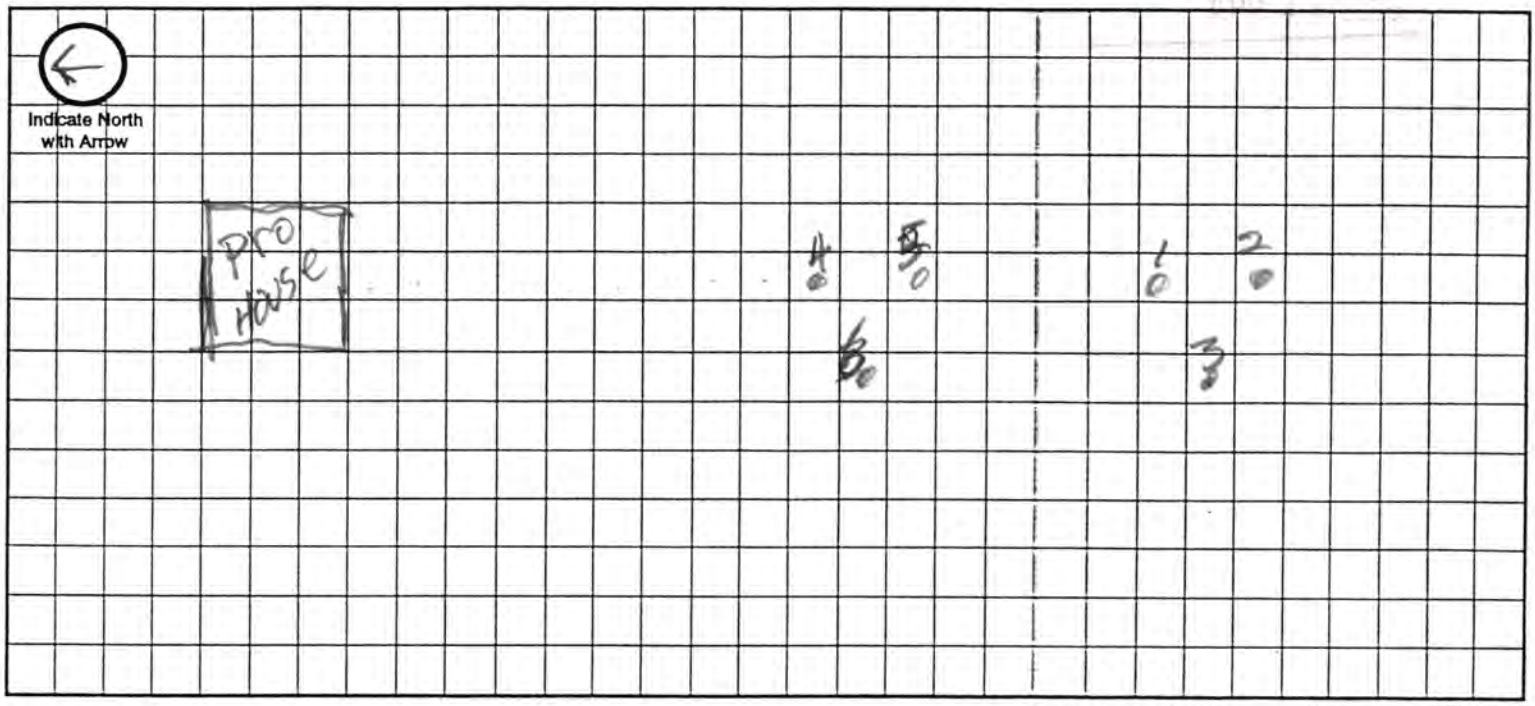
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053802997

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) 4701 HAROLD CT. City LINCOLN NE, Zip 68514

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: _____ Land Slope: _____ %

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 1250 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 _____

Installer Melvin F Wagner Date 4-11-05

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:

Sewage Disposal System
As Built Plans & Specifications

Date 8/19/05

System Location (Indicate correct number and street)
Address 4701 HAROLD CT. (no rural route) City LINCOLN NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 16'6" ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 50 ft.
   stream NA ft.
   pressure line OVER 25 ft.
   property line OVER 100 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☒ above ☐ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line OVER 50 ft.
   Stream NA ft.
   Pressure line OVER 50 ft.
   Property line OVER 100 ft.

C. Distribution Box

1. Material: NA
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 77 ft. TO 1ST LATERAL

D. Absorption Field

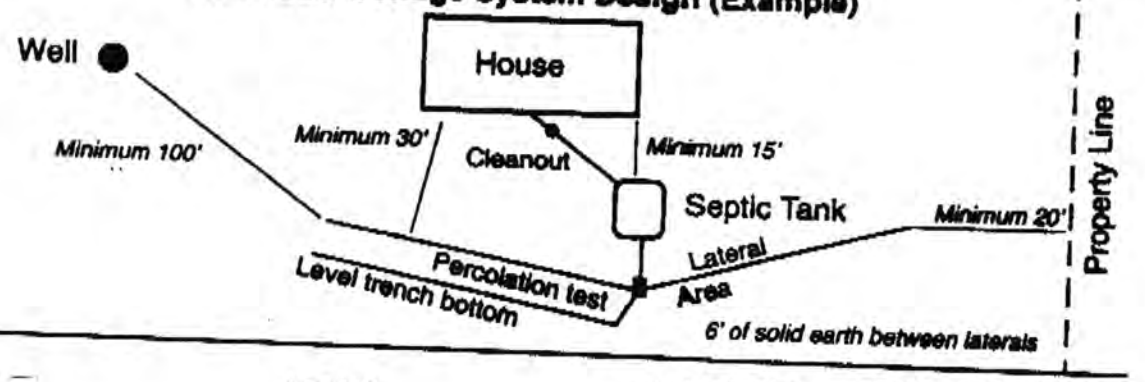
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 150 ft. 150 ft. 50 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 150 ft.
   Property line OVER 40 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)

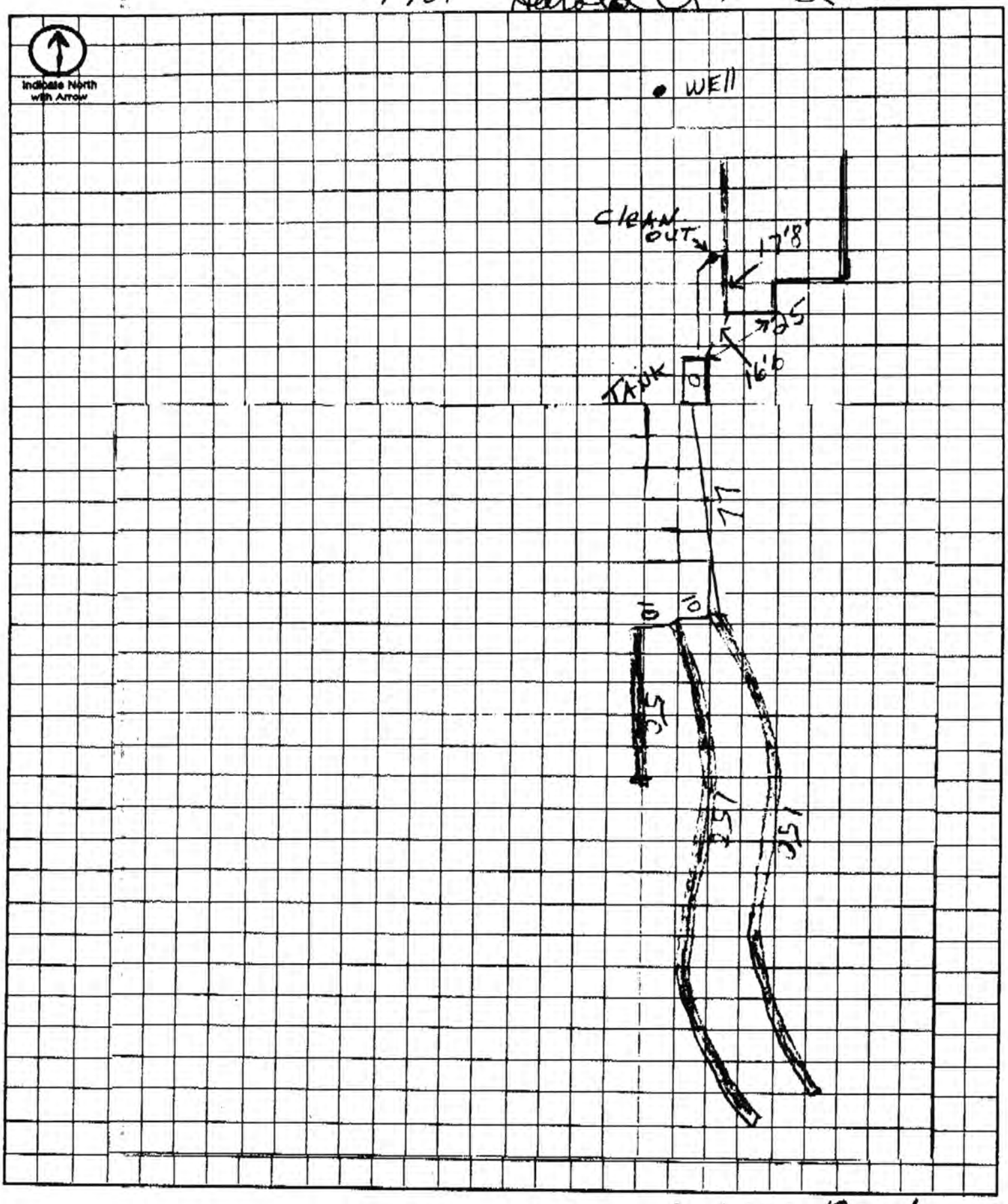


FORM 23-103 10-96

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As Built Drawing

4701 Harold Ct. Lincoln



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

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