Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380199401

Issued 05/25/99
Expires 11/25/99
Revenue Code 3157

FEES: $150.00

Establishment

B & K ENTERPRISES INC
T11N R7E SEC 11
FINIGANS-1ST ADDN BLK 1 LOT 1
8900 PEARLE RD

TOTAL: $150.00

Permitee

B & K ENTERPRISES INC
6210 S 57 ST
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010339

MAY 2 1 1999

A

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

Permit Number: 9938011994

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 8900 Pearle Rd (no rural route) City Lincoln NE, Zip 68

Legal Description: 1/4 | 1/4 | Section 11 | Township 11N | Range 7E | Subdivision Finigan's | Addition 1st | Block 1 | Lot 1

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name B&K Enterprises Company Name _____

Address ~~6710~~ 6210 S. 57th City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone 420-2950

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

Designer Name Larry Schwarck Firm Schwarck Work Phone 489-7294

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 5/25/99 Date frwd 5/26/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/26/99 Date frwd 5/26/99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/26/99 Date frwd 5/26/99 ACTION ☒ Approved ☐ Disapproved Signature _____

6-17-99, need drawing ok

Installation Final Written Approval

By Ron Mayard

Date 6-18-99

Business Office Use Only

Date Rec'd 5/21/99

Amt Paid $150.00

Rec'd By CW Cash/Check No. 1336

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: 993801994

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

Blk 1 Lot 1 Finigan 1st Add

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8900 Pearle Rd (no rural route) City Lincoln NE, Zip 68507

Owner B+K Enterprises Address 6210 S. 57th

Soil Type (SCS): _____ Percolation Rate: 60 min./inch

Date of Tests 5-17 to 5-18-99 Weather: Precipitation — Temperature 70°

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	32	5-17	4:00	5-18	7:30	5-18	11:00	19½	5-18	11:30	30	½	
2								16				¾	
3								22½				1¼	
4								20½				½	
5								19				½	
6								21⅜				½	

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwarek
Phone: 489-7294
Address 8200 Old Cheney Rd.

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

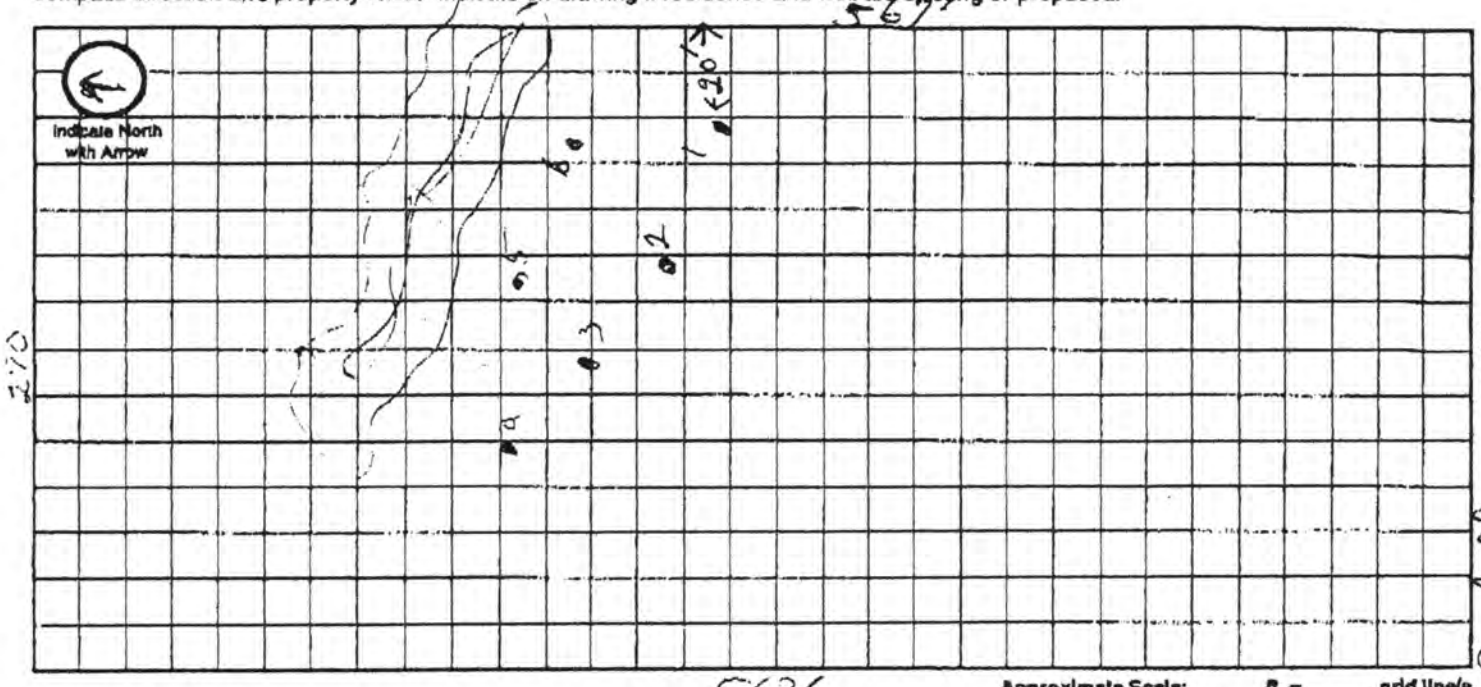
C

Permit Number: 9938 01994

Blk 1 Lot 1 Finigan 1st Add

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 8900 Deanie Rd 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: _____ Land Slope: 1% %

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: Infiltrator

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 247 ft. Number of Trenches 3 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 B & K Enterprises - John A Bazyn Date 5-20-99

Installer Danny Schewarek Date 5-18-99

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:

Fowler

Sewage Disposal System

As Built Plans & Specifications

Date 6-18-99

System Location (Indicate correct number and street)

Address 8900 Pearle Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 68 ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1250 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: 6 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 69 ft.

D. Absorption Field

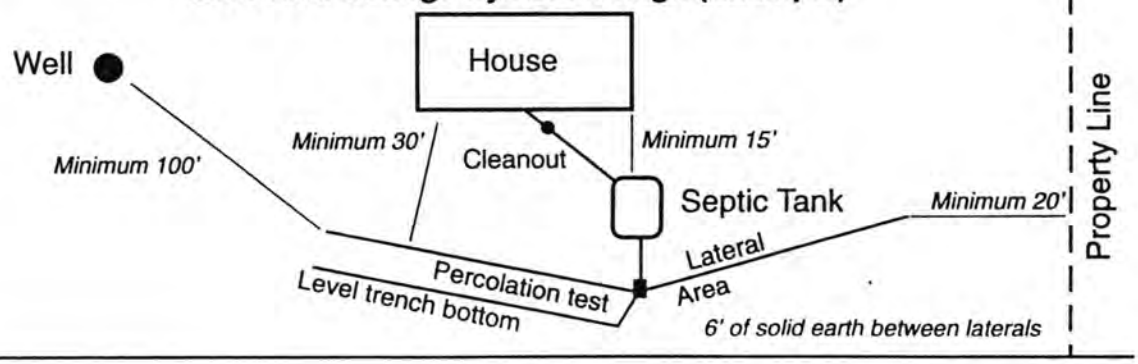
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 15
   or perforated pipe: _____
   Material: ☑ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: 3 Number 260
   Length of each line: 95 ft. 100 ft.
   70 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope — in/100 ft.
   Average depth 28-30 in
4. Filter material: Road Gravel
   Depth of material 15 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

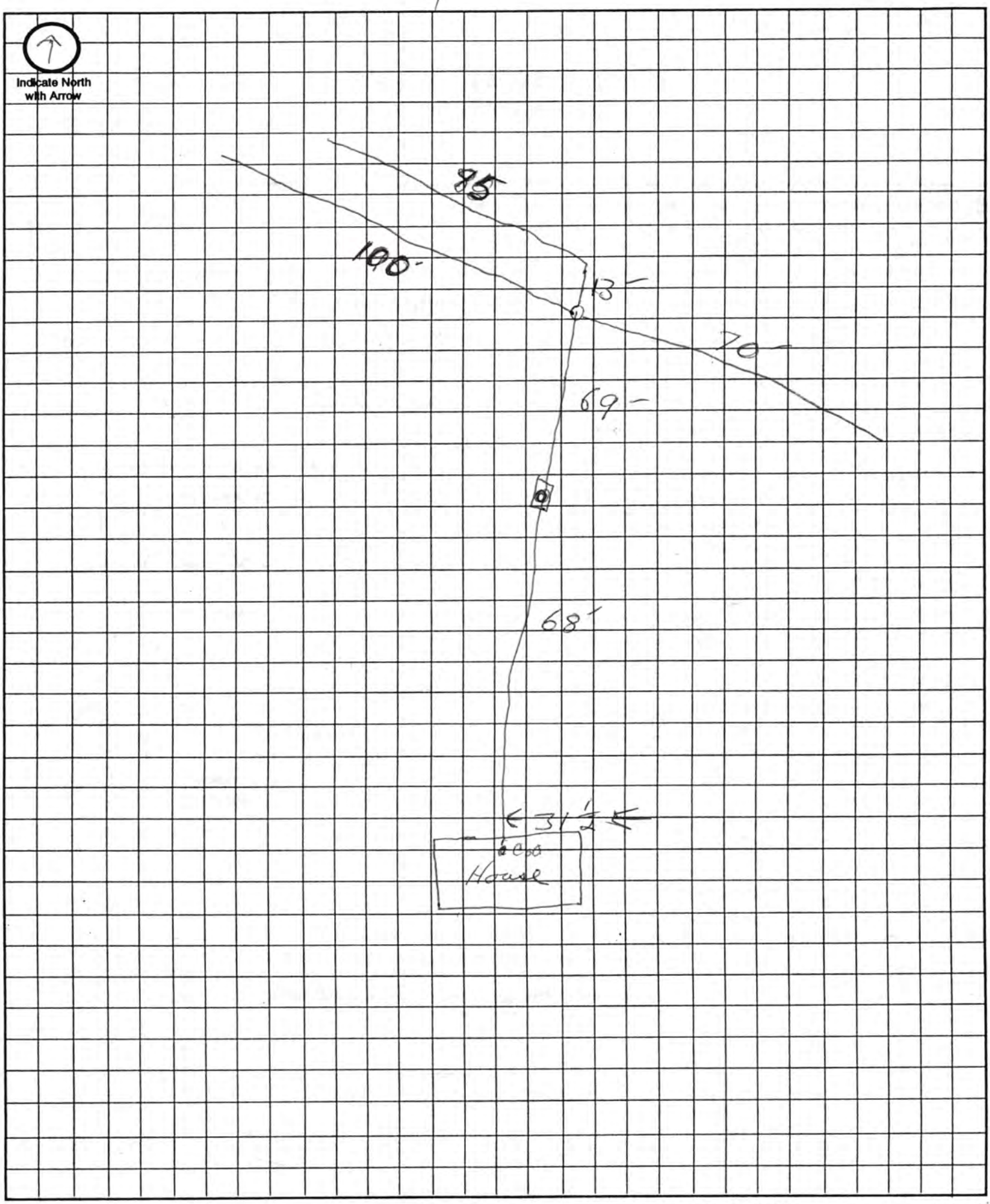
Indicate North with Arrow

Individual Sewage System Design (Example)

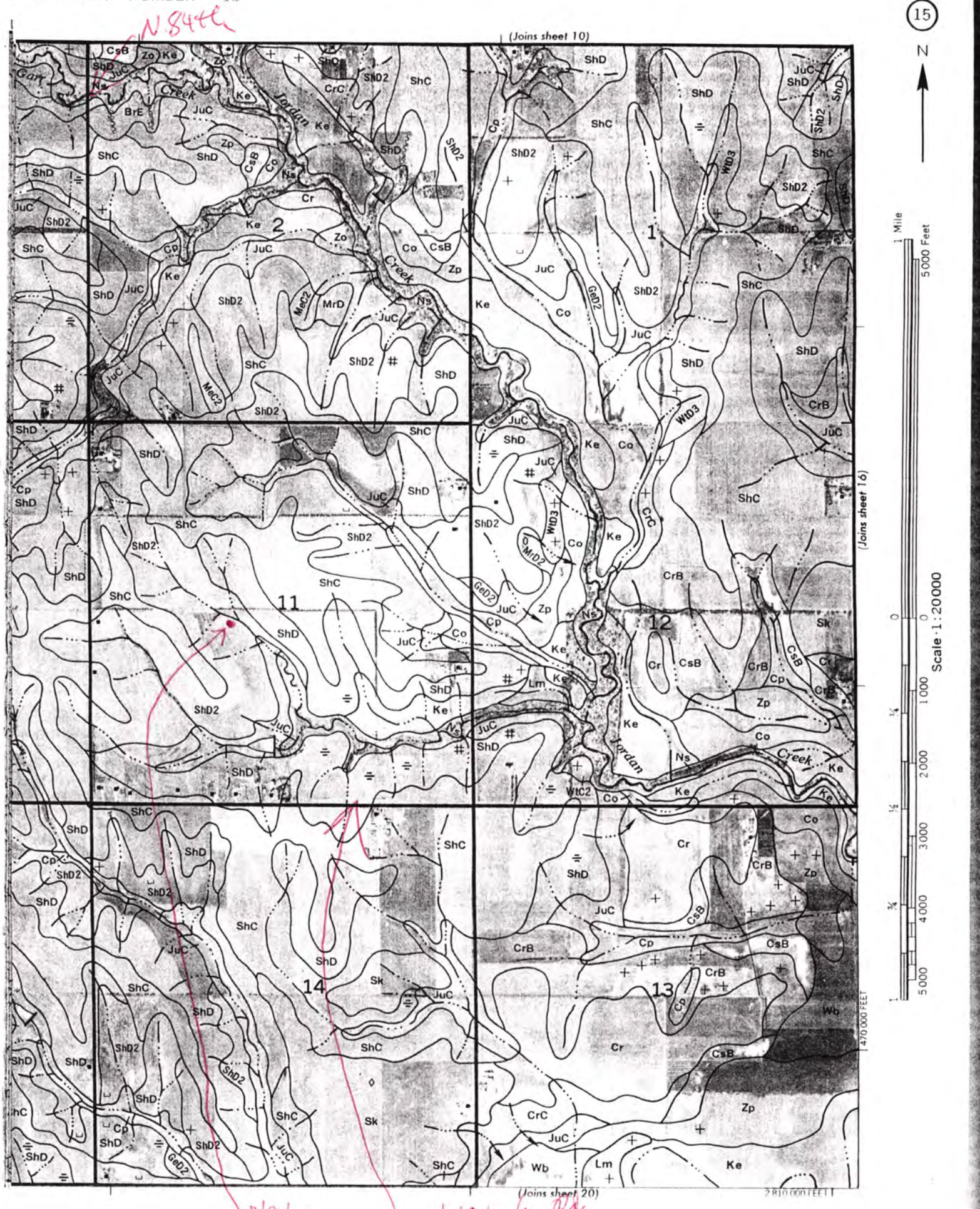


FORM 23-103 10-96

As Built Drawing by Larry Schwanke



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


(Joins sheet 10)
(Joins sheet 16)
(Joins sheet 20)
N
1 Mile
5000 Feet
Scale 1:20000
4700000 FEET
2810000 FEET
Jordan Creek
Gart Creek
11
12
13
14
1
2
ShD
ShD2
ShC
JuC
Ke
Co
Cp
Zp
Ns
Cr
CsB
CrB
CrC
Sk
Wb
Lm
Zo
BrE
MeC2
MrD
GeD2
WtC2
WtD3
MtD2