LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380185201

Issued 09/28/98
Expires 03/28/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

MARK MASEK
T11N R7E SEC 11 QTR SW
FINIGANS-1ST ADDN BLK 2 LOT 1
8833 EDWIN LN

Permittee

MARK MASEK
2815 STARR ST
LINCOLN NE 68503-1857

Issued By Health Director
Lincoln-Lancaster County Health Department

008159

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

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

A

Permit Number: 98380185 2
98380185 2.

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 8833 Edwin Lane (no rural route) City Lincoln NE, Zip _____

Legal Description SW (1/4) SW (1/4) 11 (Section) 11 (Township) 7 (Range) Finigans (Subdivision) 1st (Addition) 2 (Block) 1 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Mark Masek Signature Mark Masek

Address 2815 STARR City/State/Zip Lincoln NE 68503

☐ Check if owner designed system Home Phone 476-9184 Work Phone 560-4751

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Brad Southwick Firm Southwest Sewer & Drain Work Phone 480-9606

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 9-23-98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature John E Mueller
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-24-98 Date frwd 9-24-98 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 9-24-98 Date frwd 9-24-98 ACTION ☒ Approved ☐ Disapproved Signature

12-1-98 Inspected sewer line & tank
12-7-98

Installation Final Written Approval

By Ron Mayfield

Date 12-7-98

Business Office Use Only

Date Rec'd 09/24/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 6303

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector (2)

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 8833 Edwin Lane City Lincoln NE, Zip
(no rural route)

Owner Mark Masek Addresss 2815 Starr Lincoln NE 68503

Soil Type (SCS): SHC Percolation Rate: 43 min./inch

Date of Tests 8/31 to 9/1/98 Weather: Precipitation 0 Temperature 80s

Lot 1 Blk 2

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	8/31	10:00	9/1	8:00	9/1	11:30	8 3/8	9/1	12:00	30	.75	40
2			A		A		A	8 1/8		NOON		.625	48
3								9 1/8				.875	34
4								9 5/8				.625	48
5								8 3/4				.625	48
6								9 1/8				.75	40

Sum of Percolation Rates: 258
Average of Rates: 43
Rate Used for Calculation: 43

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address 17201 So 72
Hickman, Ne. 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK.

Signature of Reviewing Official John E Masek Date 9-23-98

FORM 23-101 10-96

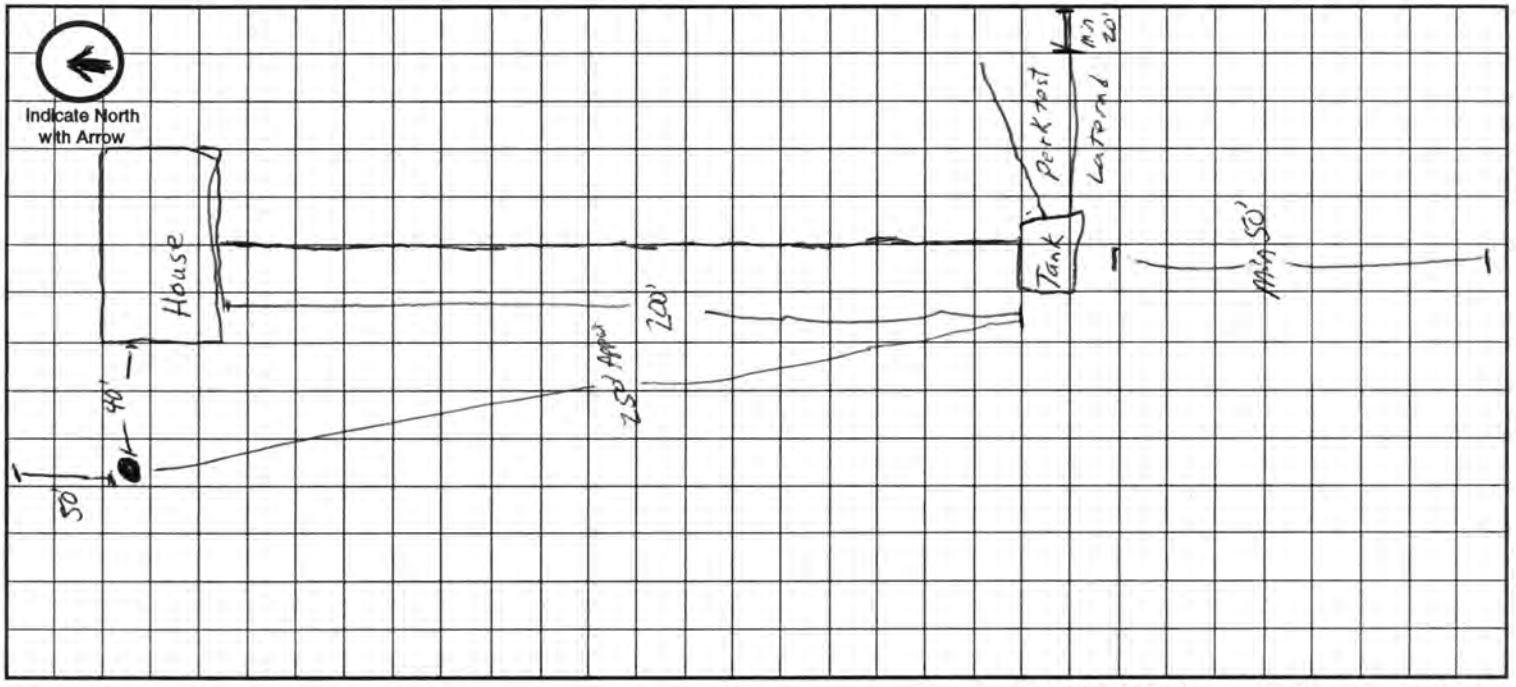
Lincoln-Lancaster County Health Department
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C

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.



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

A. System Location (Indicate correct number and street)

Address (no rural route) 8833 Edwin Lane 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 43 (min. per inch) Soil Type: SHC Land Slope: 4 %

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

Total Square Feet of Field Required: 885 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 295 ft. Number of Trenches 3 Trench Width 3 ft (222 lin ft @ 4 ft)

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 Brad Southwick Date 9-23-98

Exact lateral length unknown
There is plenty ground available

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-4-98

Finnigh Estates Blk 2 Lot 1

System Location (Indicate correct number and street)

Address 6833 Edwin Dr (no rural route) City Lincoln NE, Zip 68517

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 11 in.
3. Distance between dwelling and septic tank: 65 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line > 5 ft.
   property line > 5 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 6x9 in.
   Over outlet, diameter 6x9 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line > 50 ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 5 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 62 ft.

D. Absorption Field

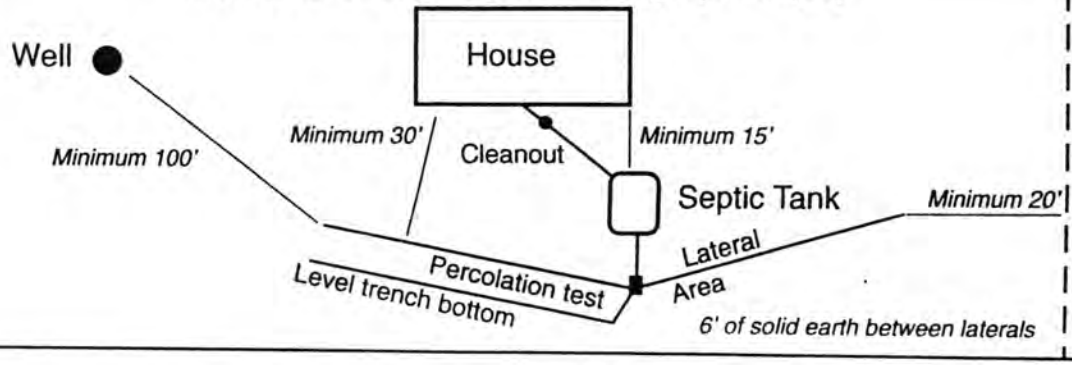
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   96 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3± in/100 ft.
   Average depth 38 in
4. Filter material: Road Gravel
   Depth of material 6 in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 30 ft.
   Property line > 20 ft.

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

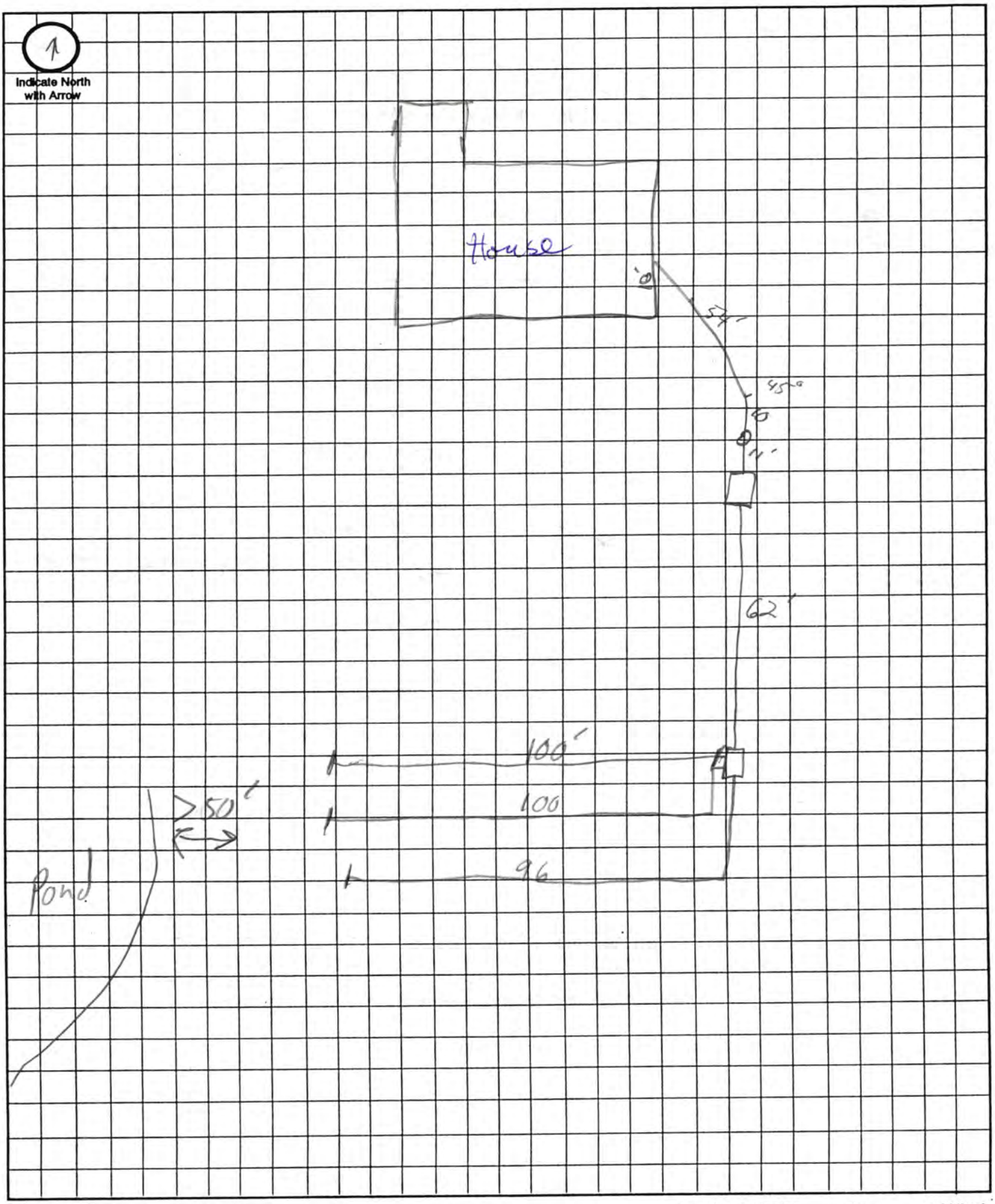
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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


(Joins sheet 10)
(Joins sheet 16)
(Joins sheet 20)
470 000 FEET
N
1 Mile
5000 Feet
Scale 1:20000
0
1000
2000
3000
4000
5000
ShD
ShD2
ShC
JuC
Ke
Co
Zp
CrC
Wb
Lm
CaB