# Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380205201

Issued 08/03/99
Expires 02/03/00
Revenue Code 3157

FEES: $150.00

Establishment

ADAM STEPHENSON
T11N R7E SEC 11
FINIGAN'S-1ST ADDN BLK 2 LOT 5
8955 EDWIN LN

TOTAL: $150.00

Permitee

ADAM STEPHENSON
5426 MADISON AVE
LINCOLN NE 68504

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010816

BC 990086

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

**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 8955 EDWIN LANE (no rural route) City COUNTY LANCASTER NE, Zip

Legal Description LOT 5 BLOCK 2 FINIGAN'S 1ST ADDITION LANCASTER COUNTY NE
1/4 1/4 Section 11 Township 11N Range ~~Range~~ 7E 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 ADAM STEPHENSON Signature

Address 5426 MADISON AVE City/State/Zip LINC, NE 68504

☐ Check if owner designed system Home Phone Work Phone 467-4659

### C. Contractor

Name SCOTT Mueller Company Name Mueller CONTRACTING

Address City/State/Zip

☑ Check if contractor designed system Work Phone

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

Designer Name SCOTT MUELLER Firm SAA Work Phone

### 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 8/6/99 Date frwd 8/6/99 **ACTION** ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8/6/99 Date frwd 8/6/99 **ACTION** ☒ Approved ☐ Disapproved Signature

11-15-99 rec. need drawing & K

### Installation Final Written Approval

By

Date 12-3-99

***Business Office Use Only***

Date Rec'd 08/02/99
Amt Paid 150
Rec'd By Cash/~~Check~~ No. CASH

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

**Lincoln-Lancaster County Health Department**
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**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 8955 EDWIN LANE City LANCASTER Co NE, Zip NE 685
(no rural route)

Owner ADAM STEPHENSON Addresss 4625 MADISON

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 40 min./inch

Date of Tests 8-31- to 8-1-98 Weather: Precipitation 0 Temperature 80's

Lot 5 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 | 11:35 | 5¼ | 9/1 | 12:05 | 30 | .875 | 34 |
| 2 | | | A | | AM | | AM | 5⅞ | | P.M | | .75 | 40 |
| 3 | | | | | | | | 6 | | | | .75 | 40 |
| 4 | | | | | | | | 6¼ | | | | .875 | 34 |
| 5 | | | | | | | | 6⅜ | | | | .75 | 40 |
| 6 | | | | | | | | 6½ | | | | .75 | 40 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**Person Conducting Percolation Tests**

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

Sum of Percolation Rates: 234 228
Average of Rates: 40 38
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks APPROVED AT 40 MIN/INCH

Signature of Reviewing Official John E Mines Date 8-2-99

FORM 23-101 10-96

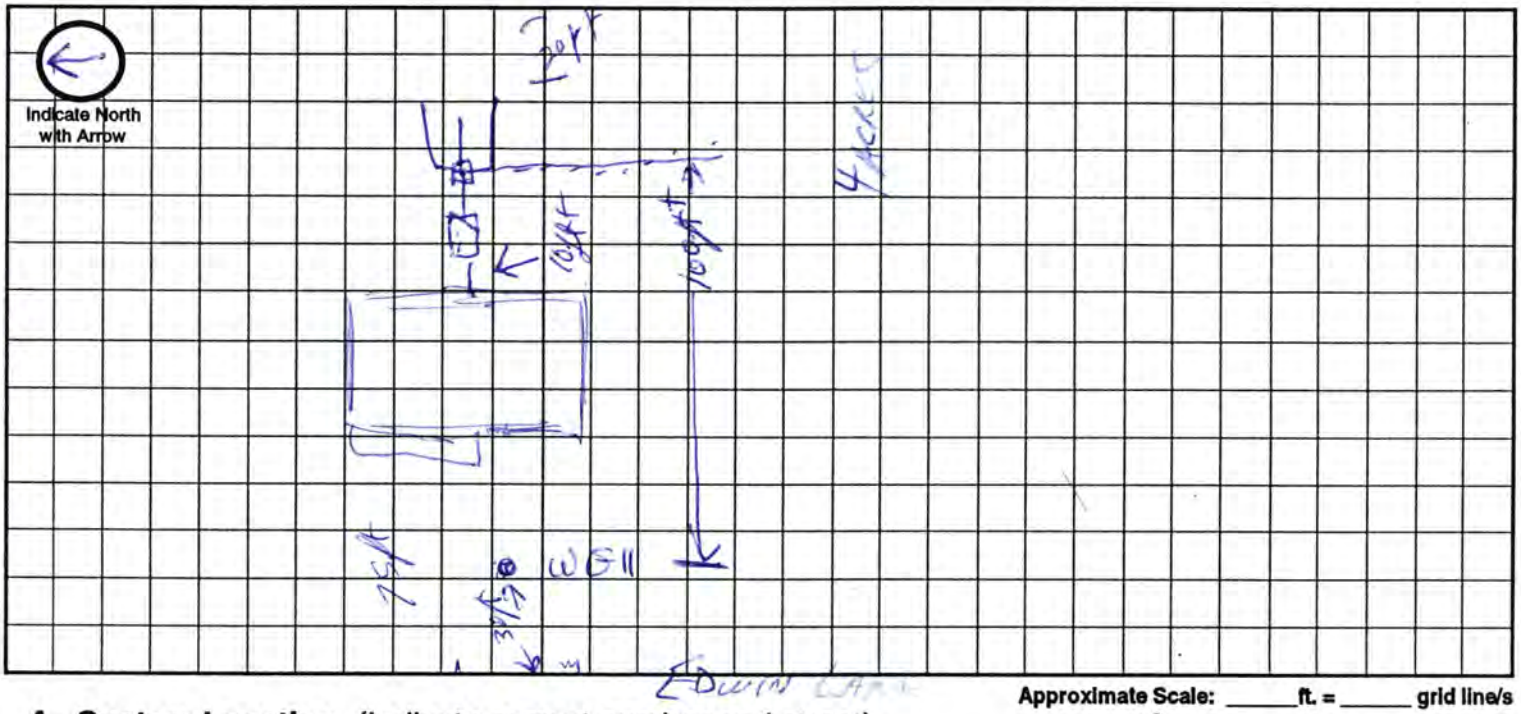
**Lincoln-Lancaster County Health Department**
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**C**

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) 8955 EDWIN LANE City LANCASTER CO NE, Zip _____

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 40 (min. per inch) Soil Type: _____ Land Slope: 3-5 %

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

Total Square Feet of Field Required: 562 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: N/A Number of Distribution Laterals per Bed N/A

Total Length of Laterals 215 ft. Number of Trenches 3 Trench Width 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 SELF Date _____

Installer Scott Mueller Date 1-26-99

FORM 23-102 10-96

NOV 2 9 1999

D

Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

# Sewage Disposal System

## As Built Plans & Specifications

Date 11-15-99

**System Location (Indicate correct number and street)**

Address 8955 Edwin Ln (no rural route) City Lincoln NE, Zip

## A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ 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: Concrete
   Number of compartments: 3
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 3 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 15 in.
8. Distances to: Well or suction line 200 ft.
   Stream NA ft.
   Pressure line 150 ft.
   Property line 300 ft.

## C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12 ft.

## D. Absorption Field

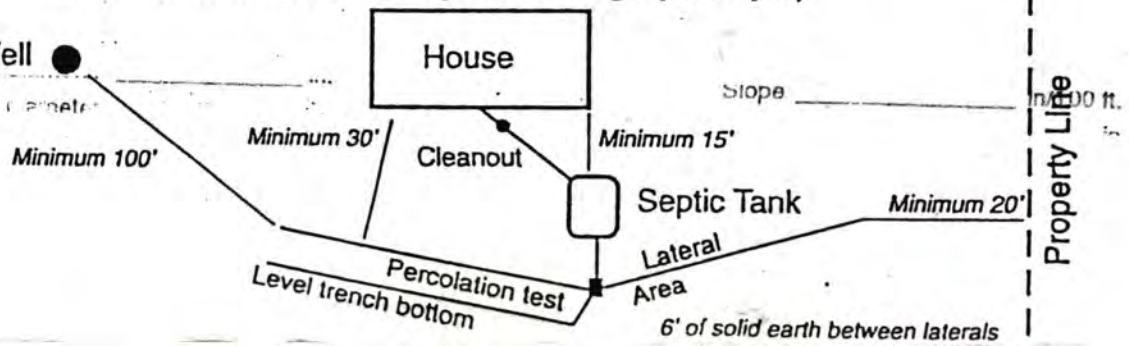
*(Provide as-built drawings on back of this form)*

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 18"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 72 ft. 80 ft.
   72 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 24 in
4. Filter material: Road Gravel
   Depth of material ~~24~~ 20 in.
5. Distances to: Well or suction line 240 ft.
   Stream NA ft.
   Pressure line 100 ft.
   Property line 280 ft.

Indicate North with Arrow

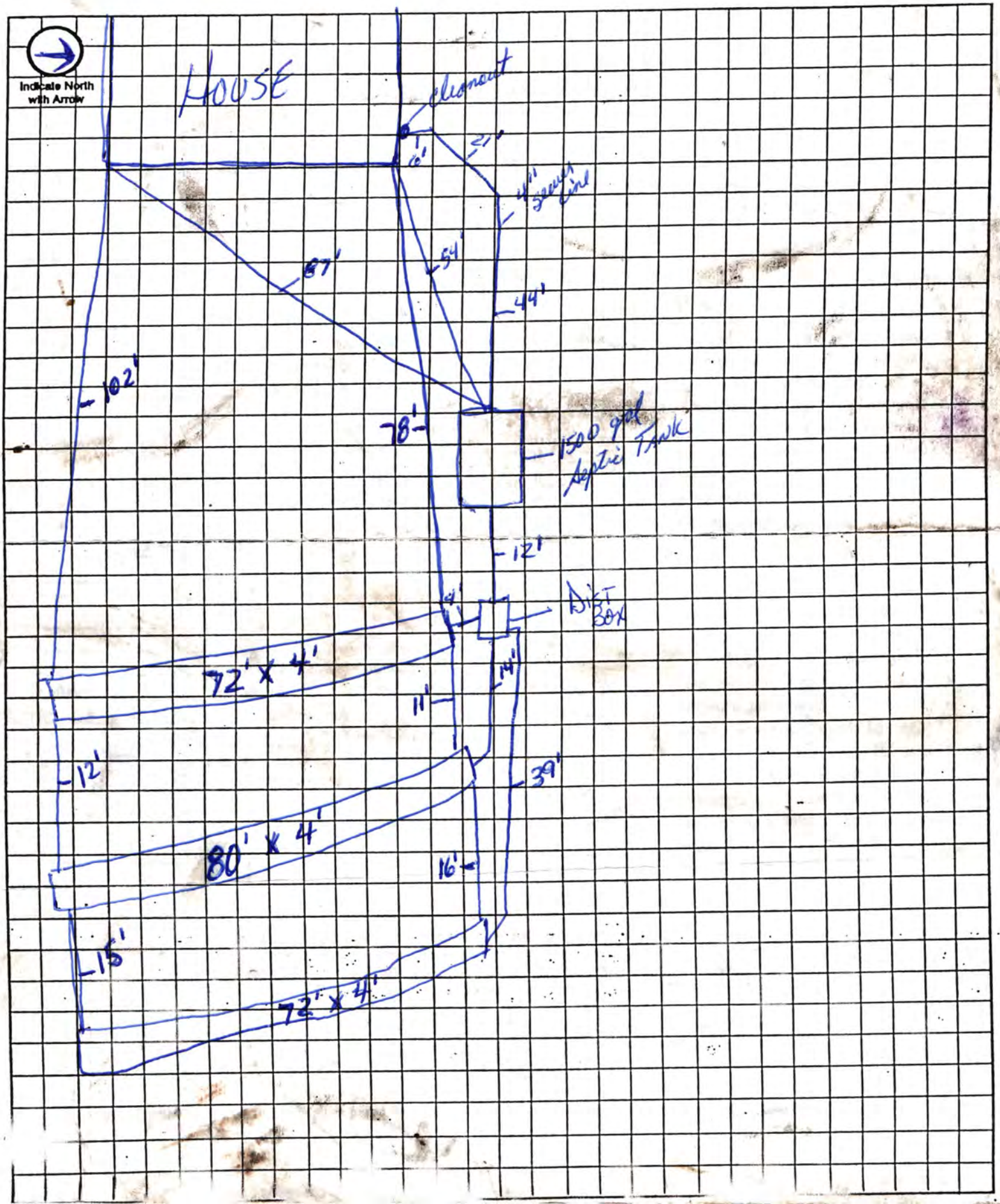
**Complete "As Built" drawing on back of this form.**

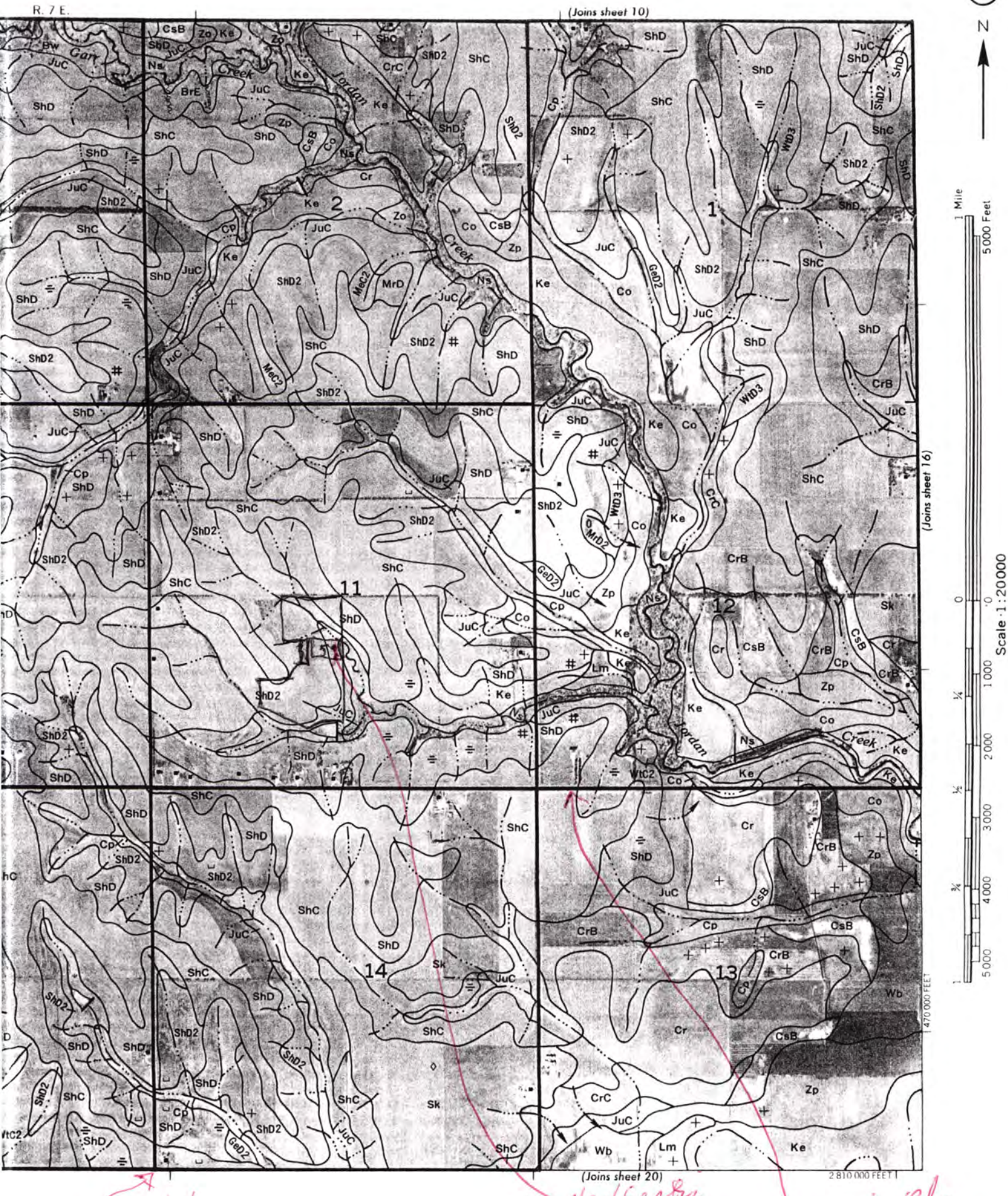
### Individual Sewage System Design (Example)




FORM 23-103 10-96

# As Built Drawing






Eighth

New Septic

Waverly Rd.