Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005402

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380286901

Issued 07/29/04
Expires 01/29/05
Revenue Code 3157

Establishment

TIM B WEIXELMAN
T11N R7E SEC 14 QTR SW
NW 1/4 OF SW 1/4
8701 LIANA LANE

FEES: $200.00

Permittee

TIM B WEIXELMAN
1331 N 79 ST
LINCOLN NE 68505

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

A

Permit Number: 04380286901

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 8701 Linga Lane (no rural route) City Lincoln NE, Zip 68517

Legal Description NW SW 14 11N 7E PINICAN VIEW 5
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude -096 36' 03.70" Latitude 40 55' 12.90"

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

B. Owner

Name Tim Weixelman Signature

Address 1331 N 79th Rd City/State/Zip Lincoln NE 68505

☐ Check if owner designed system Home Phone 489-5885 Work Phone Tim 483-2809

C. Contractor

Name Michael P Dietze Company Name Waverly Plumbing & Well

Address PO Box 116 City/State/Zip Waverly NE 68462

☐ Check if contractor designed system Work Phone 402-786-5620

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

Designer Name Firm Work Phone

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 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 7/29/04; Date frwd 2-30-04 — ACTION ☒ Approved ☐ Disapproved; Signature Ron Mayent
   12-3-04, Two laterals have too much drop between 1'-8" Corrected 12-6-04
2. **Supt. Bldg. Insp. or Village Clerk** — Date rec'd 7/30/04; Date frwd — ACTION ☑ Approved ☐ Disapproved; Signature
3. **City or County Engineer** — Date rec'd 7/30/04; Date frwd 7/30/04 — ACTION ☒ Approved ☐ Disapproved; Signature Chase Baker

Installation Final Written Approval

By Ron Mayent

Date 4-14-05

Business Office Use Only

Date Rec'd 7-29-04

Amt Paid 200.00

Rec'd By CW Cash/Check No. 22373

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

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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 _____ Lianne Ln City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

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

Date of Tests 7/20 to 7/21 Weather: Precipitation None Temperature 85°F

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	38	7/20	4:00	7/21	4:40	7/21	8:10	31½	7/21	8:40	30	1	30
2	37	7/20	4:00	7/21	4:40	7/21	8:10	33½	7/21	8:40	30	1	30
3	37	7/20	4:00	7/21	4:40	7/21	8:10	34	7/21	8:40	30	½	60
4	39	7/20	4:00	7/21	4:40	7/21	8:10	35	7/21	8:40	30	1	30
5	36	7/20	4:00	7/21	4:40	7/21	8:10	30¼	7/21	8:40	30	¾	40
6	39	7/20	4:00	7/21	4:40	7/21	8:10	33⅛	7/21	8:40	30	¾	40

Sum of Percolation Rates: 230
Average of Rates: 38
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name CLAUDE Oie PE-3939
Phone: 423-0614
Address 5910 So. 56th St. Ct.
Lincoln NE. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of

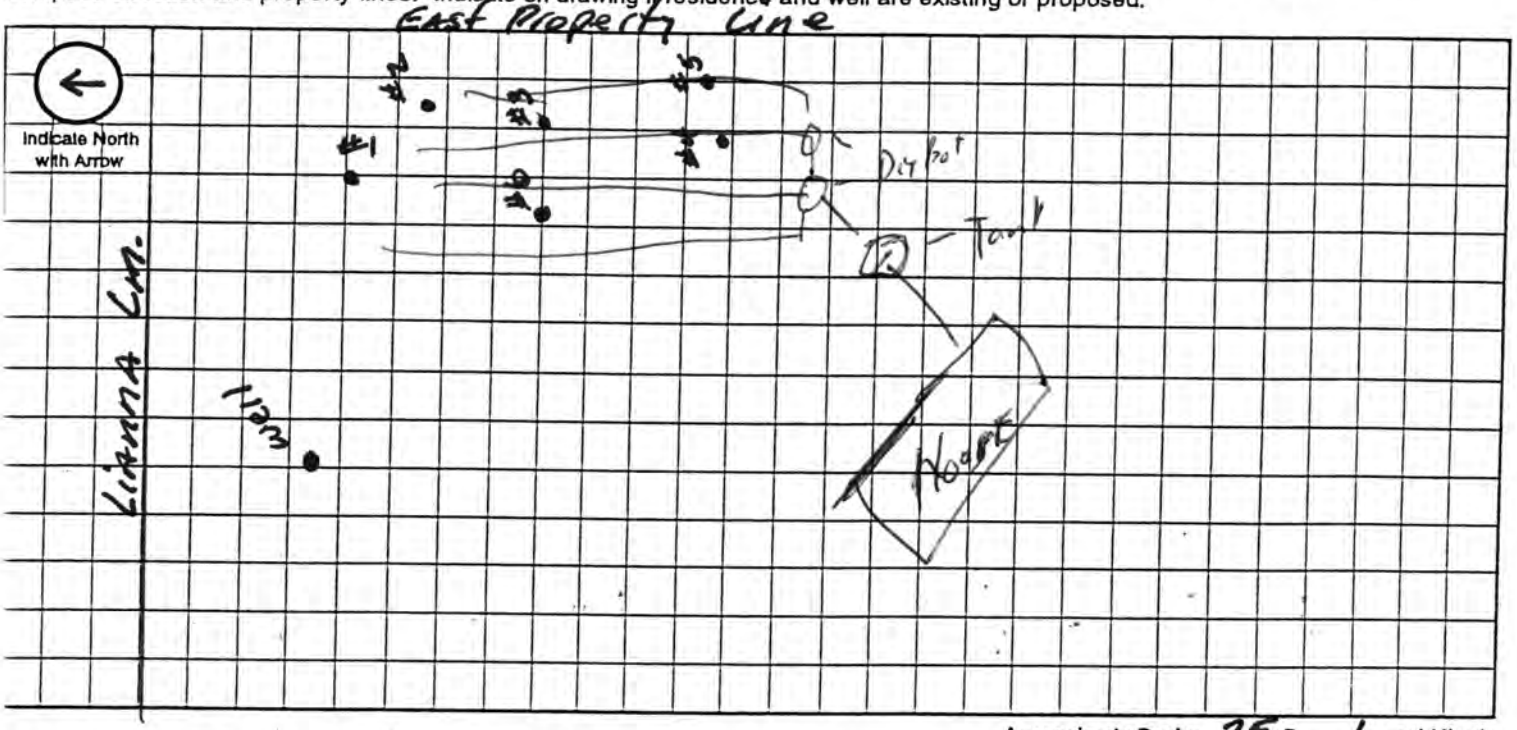
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C

Permit Number: 043802869

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 8701 Liana Lane City Lincoln NE, Zip 68517

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: _____ %

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

Total Square Feet of Field Required: 1750 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrair w Gravel

Capacity of Septic Tank 1750 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 438 ft. Number of Trenches 4 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 _____ Date _____

Installer Michael P Pretz Date 7-28-04

Scott Simmons 610-1617

RM 23-102 10-96

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 1-30-05

System Location (Indicate correct number and street)

Address 8701 Lianna Lane (no rural route) City WAVERLY NE, Zip 68462

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: 0 in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 25 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line Over 100 ft.
   stream NONE ft.
   pressure line Over 100 ft.
   property line 135 ft.

B. Septic Tank

1. Material: Concrete TANK
   Number of compartments: 2
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter 30 in.
   Riser: ☒ above ☐ below grade 1 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line Over 100 ft.
   Stream NONE ft.
   Pressure line NONE ft.
   Property line 125 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 9
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 FT ft.

D. Absorption Field

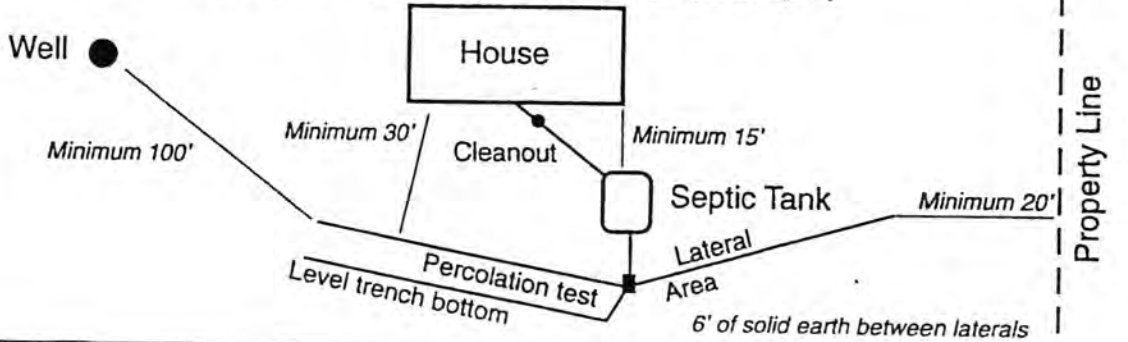
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 24 INCh Across
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 4 38 FT
   Length of each line: 112 ft. 112 ft.
   112 ft. 106 ft., ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 24 in
4. Filter material: NONE
   Depth of material NONE in.
5. Distances to: Well or suction line Over 100 ft.
   Stream NONE ft.
   Pressure line NONE ft.
   Property line 20 ft.

Indicate North with Arrow

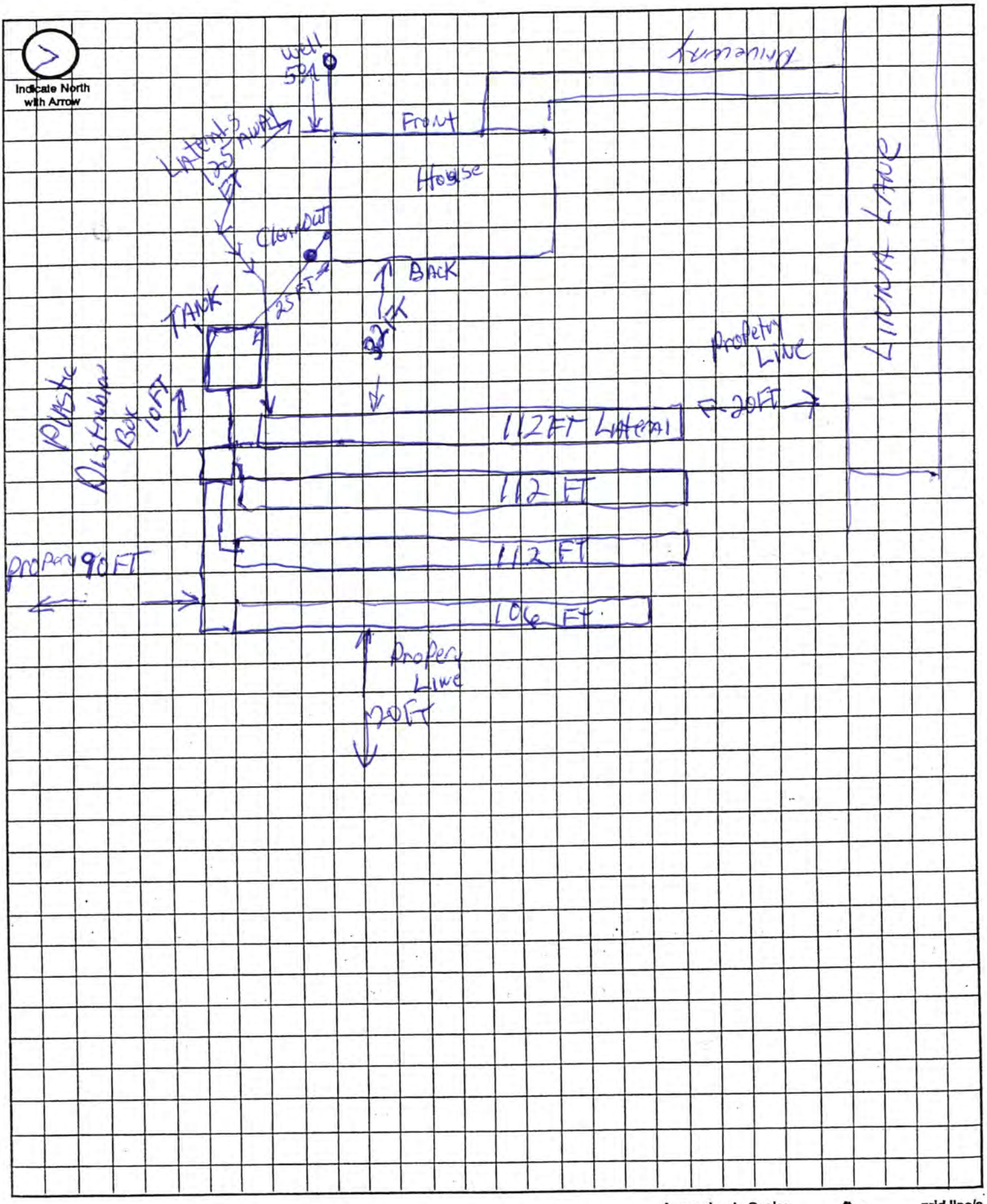
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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