Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380248201

Issued 05/31/02
Expires 12/01/02
Revenue Code 3157

Establishment

PAUL LARSEN
T11N R7E SEC 11
FINIGANS-1ST ADDN BLK 1 LOT 2
8930 PEARLE RD

FEES: $200.00

TOTAL: $200.00

Permittee

PAUL LARSEN
7500 WHITLOCK PL
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002351

MAY 3 0 2002

MAY 3 1 2002

A

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

Permit Number: 023802482

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 8930 PEARLE ROAD (no rural route) City LINCOLN NE, Zip 68517

Legal Description: 1/4 NE 1/4 Section 11 Township 11N Range 7E Subdivision FINIGANS Addition 1ST Block 1 Lot 2

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Paul Larsen Signature [signature]

Address 7500 Whitlock PL City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 423-7356 Work Phone 540-3047 / 466-5626

C. Contractor

Name Mike Pietza Company Name Waverly Plumbing & Well Co.

Address PO Box 116 Waverly NE City/State/Zip PO BOX 116 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 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 5/31/02 Date frwd 6/3/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/3/02 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 6/3/02 Date frwd 6/3/02 ACTION ☒ Approved ☐ Disapproved Signature [signature]

Tank, line, lateral need "D" 7/11/03 DE

Installation Final Written Approval

By Ron Mangum

Date 12-17-03

Business Office Use Only
Date Rec'd 05/31/02
Amt Paid 200.00
Rec'd By [signature] Cash/Check No. 2673

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

FROM :THE NEWS FAX NO. :7862344 May. 24 2002 11:07AM P1

MAY 3 1 2002

B

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

Permit Number: 0238 02482

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8930 PEARLE RD (no rural route) City LINCOLN NE, Zip 68517

Owner Paul Larson Address 7500 WHITLOCK PL, LINCOLN, NE 68516

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

Date of Tests 5-13-02 to 5-14-02 Weather: Precipitation Dry 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	36"	5-13	5 pm	5-14	5:30p	5-14	5:30p	6"	5-14	6:30p	30	2"	15 MIN/IN
2												2"	15 MIN/IN
3												1 3/4"	17 MIN/IN
4												5/8"	48 MIN/IN
5												1 1/2"	20 MIN/IN
6												1 3/4"	17 MIN/IN

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 48 MIN

Person Conducting Percolation Tests

Name: Dave Dietze

Phone: 402-786-2682

Address 9651 N. 149th Place

Waverly NE 68462

Dave L. Dietze 5-14-02

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official: Jerrold C. Hood R.E.H.S. Date JUNE 3, 2002

FORM 23-101 10-96

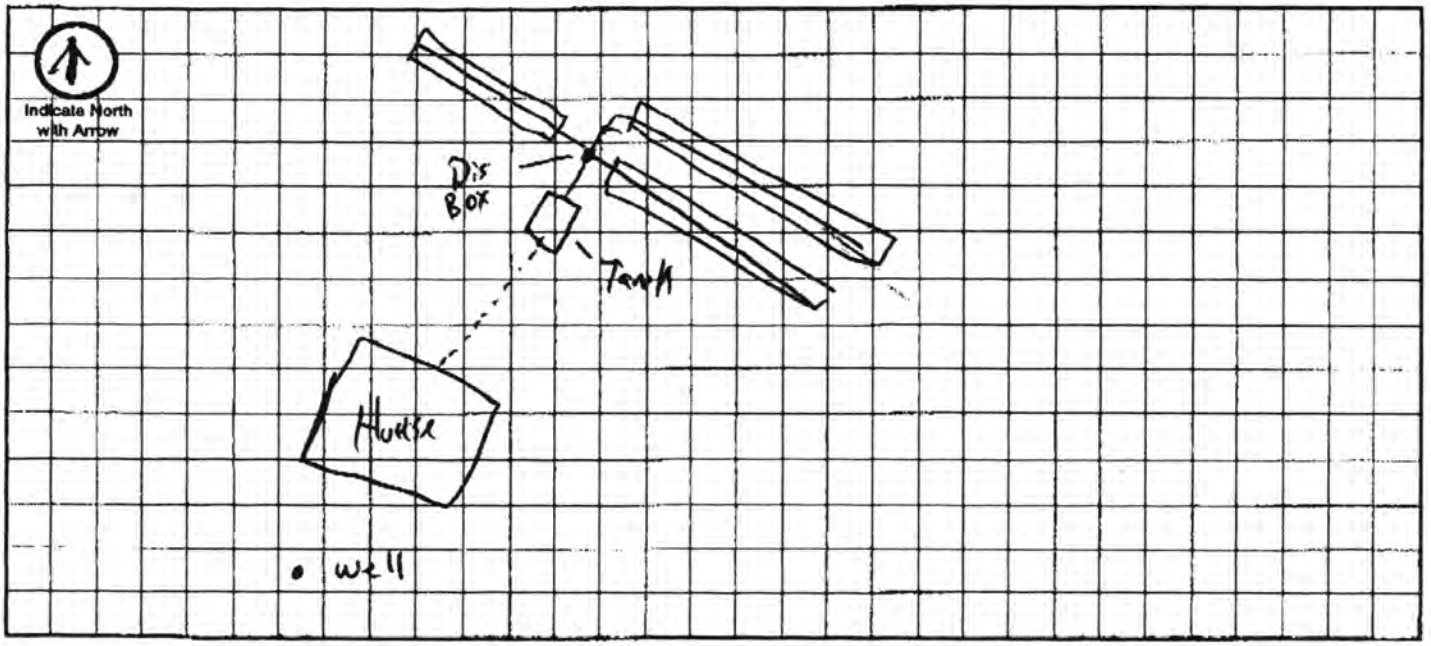
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 02302482

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) 8930 PEARLE Rd 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 48 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

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

Total Length of Laterals 248 ft. Number of Trenches _____ Trench Width 4 feet

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well N/A	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 Paul D Larson PAUL LARSON Date 5/29/02

Installer Michael Pietsa Waverly Plumbing & Well Date 5-24-02

FORM 23-102 10-86

FROM : THE NEWS FAX NO. : 7862344 May. 24 2002 11:08AM P2

Paul Larson

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

D

Permit Number:

Doug

Sewage Disposal System
As Built Plans & Specifications

Date 7- -03 11-11-1

System Location (Indicate correct number and street)
Address 8930 Pearl Rd (no rural route) City Lincoln NE, Zip

A. Building Sewer
1. Material: PVC SDR-26
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 20 in.
3. Distance between dwelling and septic tank: 12 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100' Plus ft.
   stream N A ft.
   pressure line 100 Plus ft.
   property line 100' Plus ft.

B. Septic Tank
1. Material: Concrete
   Number of compartments: 2 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 10 in.
   Over outlet, diameter 16 in.
   Riser: ☐ above ☐ below grade ____ 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 300 ft.
   Stream N A ft.
   Pressure line 200 ft.
   Property line ~~200~~ 50 ft.

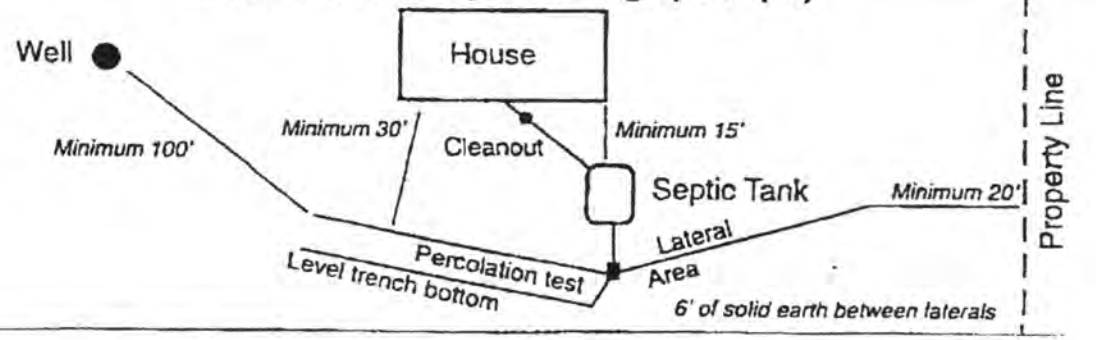
C. Distribution Box
1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12 ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infi Tank
2. Lateral lines: Number 3
   Length of each line: 85 ft. 35 ft.
   60 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft ft.
   Slope 6" in/100 ft.
   Average depth 40 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 400 ft.
   Stream N A ft.
   Pressure line 200 ft.
   Property line 40 ft.

Indicate North with Arrow

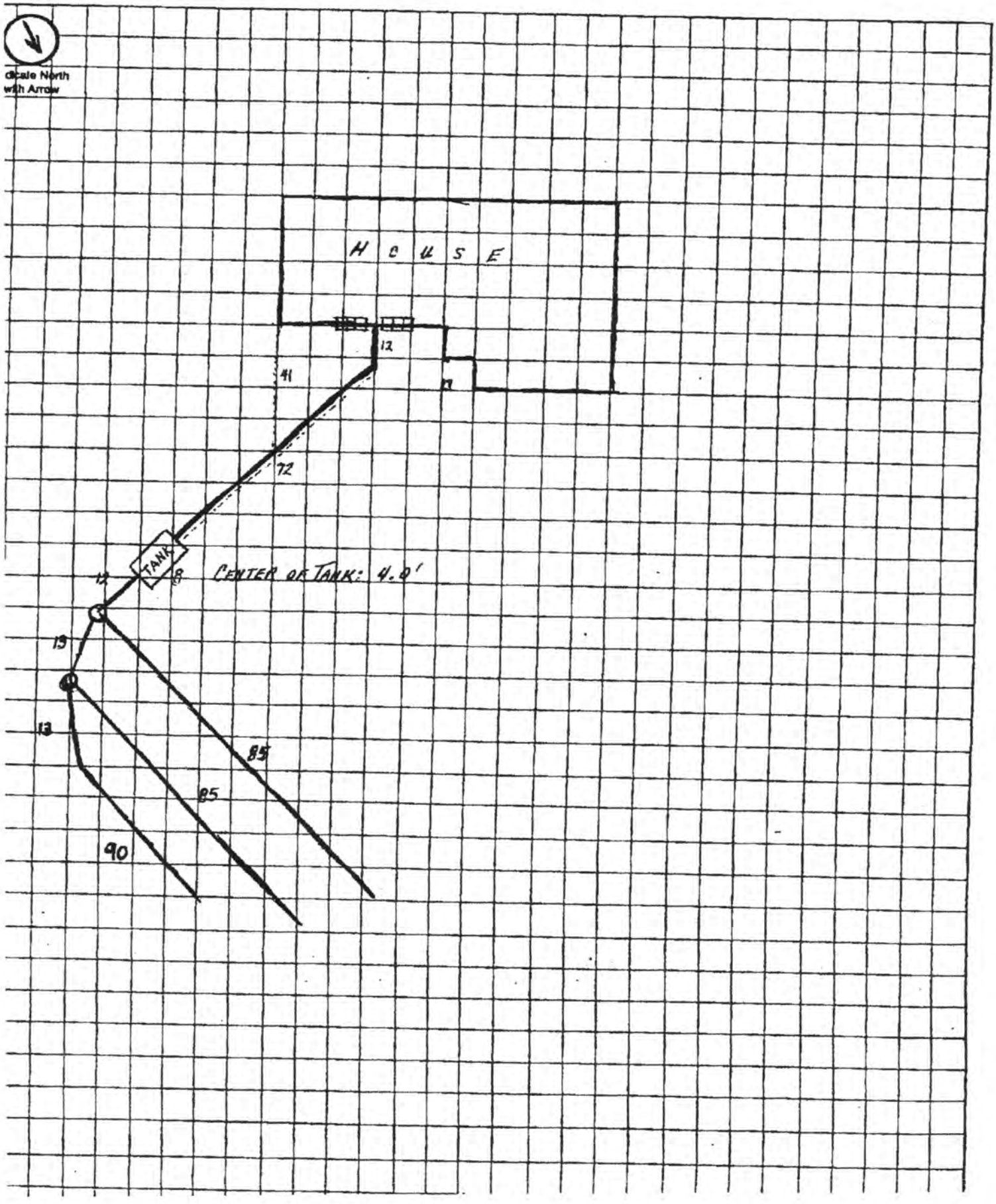
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

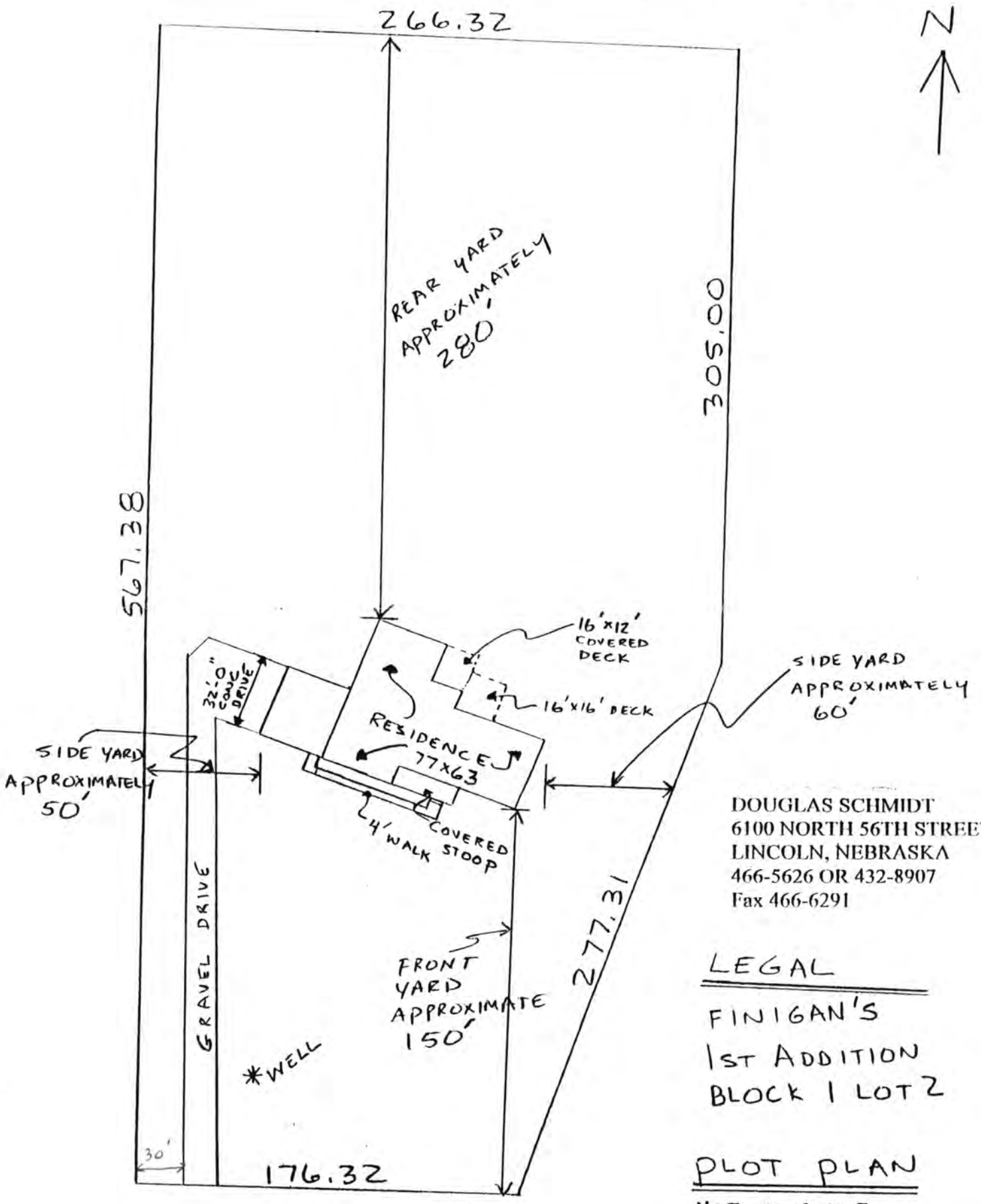


FORM 23-103 10-96

s Built Drawing



023802482



DOUGLAS SCHMIDT
6100 NORTH 56TH STREET
LINCOLN, NEBRASKA
466-5626 OR 432-8907
Fax 466-6291

LEGAL

FINIGAN'S
1ST ADDITION
BLOCK 1 LOT 2

PLOT PLAN

NOT TO SCALE