Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380208901

Issued 09/22/99
Expires 03/22/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Establishment

SIEDSCHLAG BUILDERS
T11N R7E SEC 11
FINIGAN ESTATES-1ST BLK 1 LOT 3
9000 PEARL RD

Permitee

SIEDSCHLAG BUILDERS
5410 S 78 ST
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010992

OUTSIDE 3 MILE LIMIT, NO WELL CONST. PERMIT REQUIRED, BC 990117

A

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

Permit Number: 9938 02089

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 9000 PEARL RD (no rural route) City ~~HAVELOCK~~ LINCOLN NE, Zip

Legal Description // T11N R7E FINIGAN ESTATES / / 3
1/4 1/4 Section Township Range 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 KEN & LORI CAULKINS Signature

Address 3511 N 78th ST City/State/Zip Lincoln NE 68507

☐ Check if owner designed system Home Phone 464-1513 Work Phone

C. Contractor

Name LYNN SIEOSCHLAG Company Name SIEOSCHLAG BUILDERS

Address 5410 S. 78th ST City/State/Zip LINCOLN, NE 68516

☒ Check if contractor designed system Work Phone 450-8004

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

Designer Name Firm GENERAL EXCAVATING Work Phone

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3/4 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 9-22-99 Date frwd 9/23/99	**ACTION** ☒ Approved ☐ Disapproved Signature John Thomas	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9/23/99 Date frwd 9/23/99	**ACTION** ☒ Approved ☐ Disapproved Signature Gary Gross	
3. **City or County Engineer**	Date rec'd 9/23/99 Date frwd 9/23/99	**ACTION** ☒ Approved ☐ Disapproved Signature Dennis Pollard	

2-1-00, pm

Installation Final Written Approval

By Ron Mayhew

Date 2-2-00

Business Office Use Only

Date Rec'd 9/22/99
Amt Paid #150.00
Rec'd By Cash/Check No. 1607

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
Phone: 402-441-8022

B

Permit Number: 993802089

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9000 Pearl Rd (no rural route) City ~~Hickory~~ Lincoln NE, Zip

Owner Ken & Lori Caulkins Address 3511 N 78th St Lincoln

Soil Type (SCS): ~~UDSC~~ SHARPSBURG SILTY CLAY LOAM (Dark brown silty clay) Percolation Rate: min./inch

Date of Tests 9-17-99 to 9-18-99 Weather: Precipitation NONE Temperature 80

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)	LAST 30 MIN
1	36	9-17	10:30	9-18	11:00	9-18	12:00	22 1/4	9-18	4:00	240	8 1/4	29 30	1
2	36	9-17	"	9-18	"	"	"	21 3/4	"	"	240	7 3/8	30 40	3/4
3	36	9-17	"	9-18	"	"	"	22 1/8	"	"	240	8 -	30 30	1
4	36	9-17	"	9-18	"	"	"	21 7/8	"	"	240	8 1/8	28 26	1 1/8
5	36	9-17	"	9-18	"	"	"	21 3/4	"	"	240	8 5/8	28 24	1 1/4
6	36	9-17	"	9-18	"	"	"	22 1/8	"	"	240	8 3/8	29 26	1 1/8
7	10'	9-17	10:30	9-18	11:00						NO	Ground Water		

Sum of Percolation Rates: 174 176

Average of Rates: 29 ~~29~~

Rate Used for Calculation: 29 29

Person Conducting Percolation Tests

Name: Lynn Siedschlag

Phone: 450 8004

Address 5410 S. 78th St
Lincoln NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Approved JC Myers

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

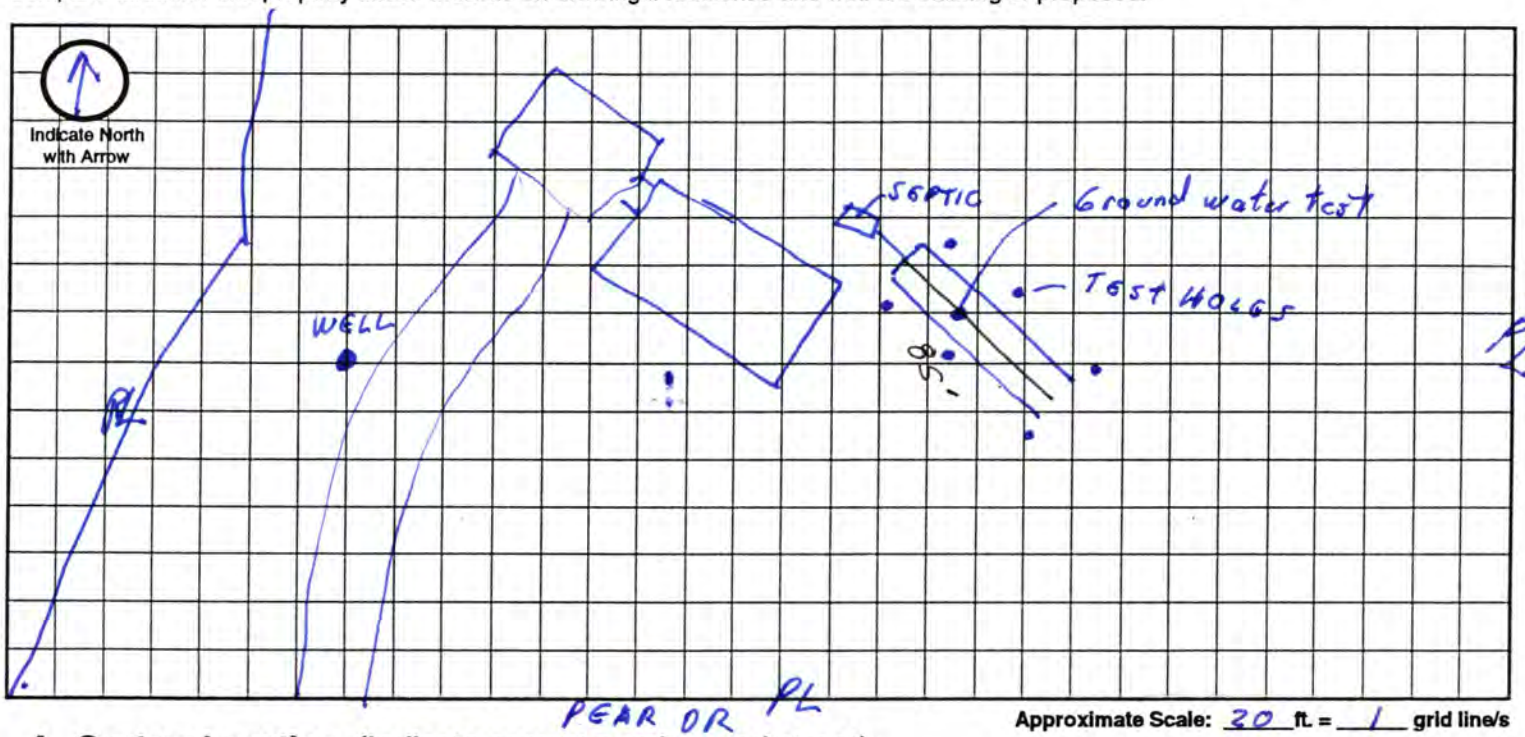
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 993802089

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 9000 PEARL RD City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 29 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 6 %

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

Total Square Feet of Field Required: 984 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: ~~2~~ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~246~~ 246 ft. Number of Trenches 3+ Trench Width ~~2~~ 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 Tyler Sickels Date 9-21-99

Installer Tyler Sickels Date 9-21-99

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:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 9000 Pearl RD (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: SDR-26
   Diameter: 4 in.
2. Distance above basement floor: 24 in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 35 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line 100 ft.
   stream NA ft.
   pressure line 75 ft.
   property line 75 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade 12" 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 100 ft.
   Stream NA ft.
   Pressure line 100 ft.
   Property line 75 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

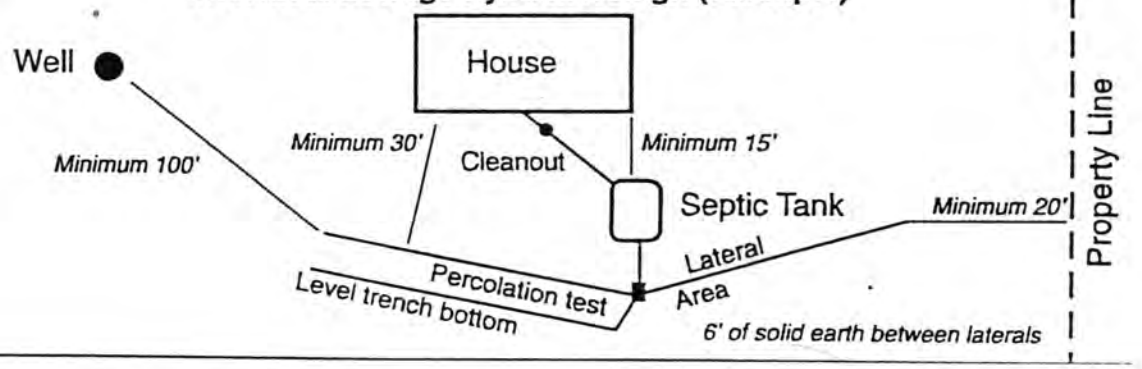
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 100
   Length of each line: 100 ft. 56 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36" in
4. Filter material: gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 120 ft.
   Stream NA ft.
   Pressure line 38 ft.
   Property line 30 ft.

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

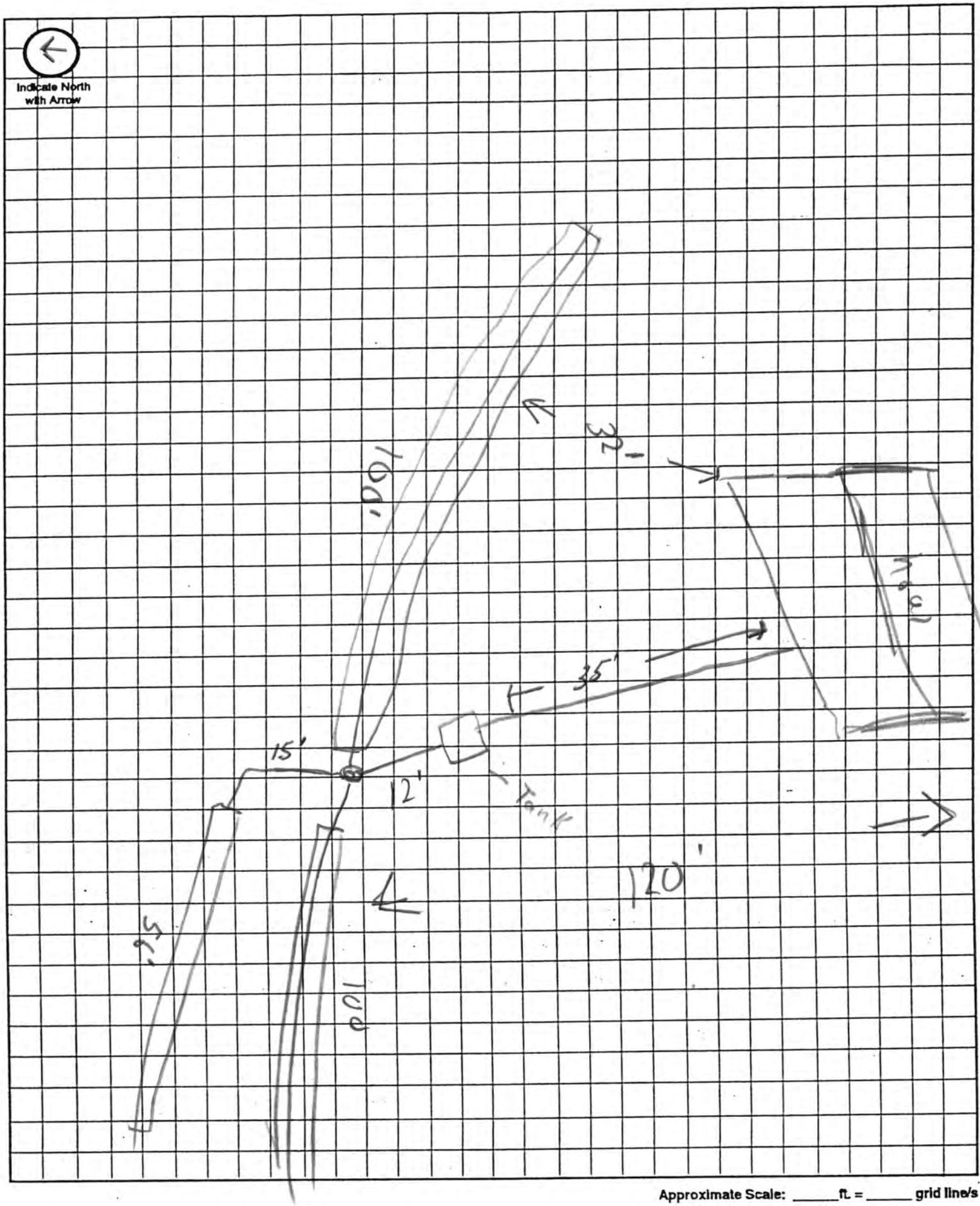
Indicate North with Arrow

Individual Sewage System Design (Example)

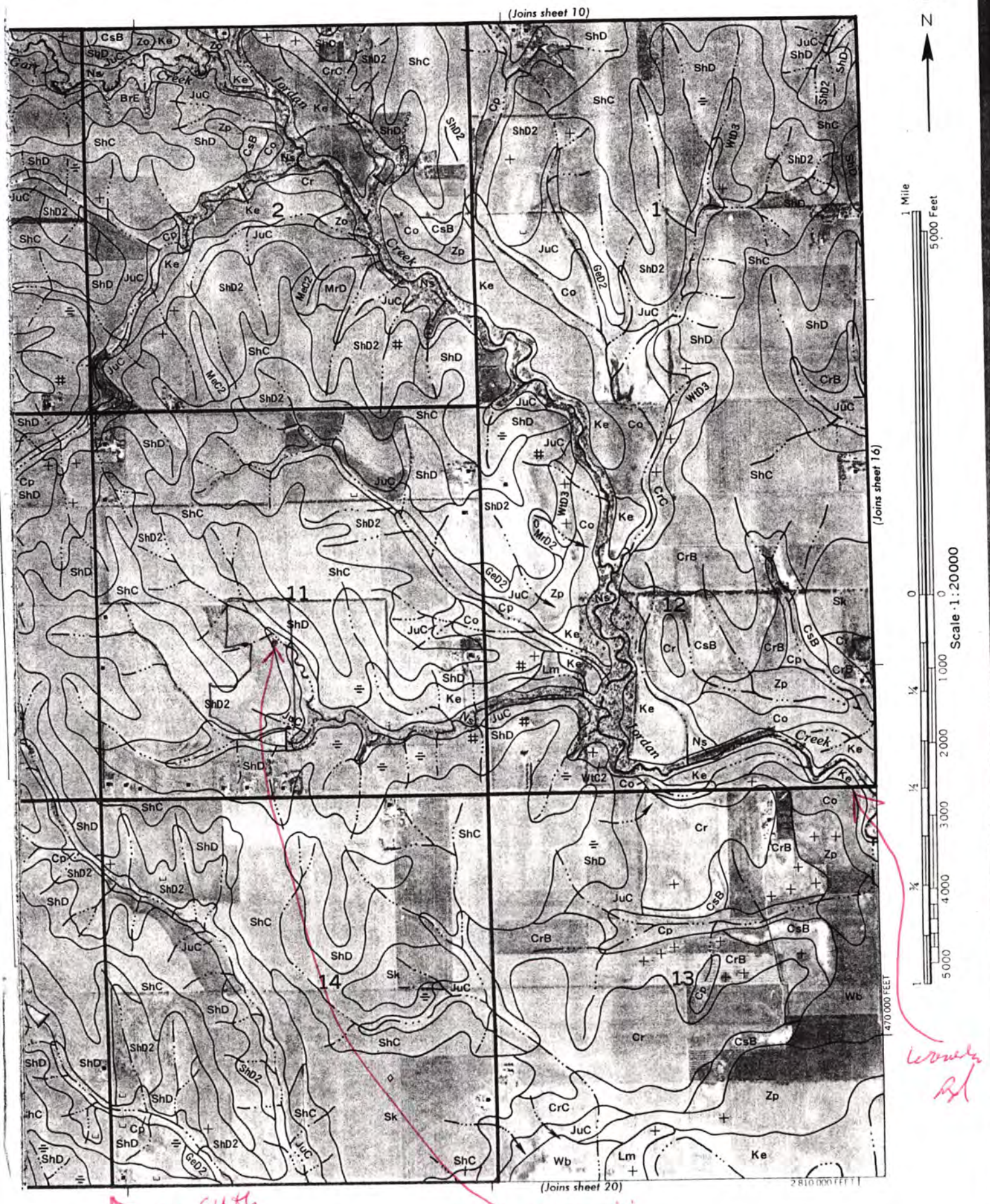


FORM 23-103 10-96

As Built Drawing



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


(Joins sheet 10)
(Joins sheet 16)
(Joins sheet 20)
N
1 Mile
5000 Feet
Scale 1:20000
470 000 FEET
2810 000 FEET
Garl Creek
Jordan Creek
1
2
11
12
13
14
ShD
ShD2
ShC
JuC
Ke
Co
Zp
Ns
Cr
CsB
CrB
Cp
Sk
Wb
Lm
CrC
WtD3
GeD2
MrD2
MeD2
MaC2
WtC2
BrE
Zo