Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380204601

Issued 07/28/99
Expires 01/28/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Establishment

ROBERT BERNHARDT
T11N R7E SEC 4 QTR NW
IRREGULAR TRACT LOT 13
14900 N 56 ST

Permitee

ROBERT BERNHARDT
14900 N 56 ST
LINCOLN NE 68505

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010798

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

A

Permit Number: 9938 02046

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 14900 North 56th Street (no rural route) City Lincoln NE, Zip 68514

Legal Description NW 4 1/4 1/4 Section 10N Township 7E Range ~~[illegible]~~ Subdivision 13 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 ROBERT BERNHARDT Signature _____

Address 14900 No 56th City/State/Zip LINCOLN, NE 68514

☐ Check if owner designed system Home Phone _____ Work Phone Cell phone 890-2910

C. Contractor

Name Scott Goode Company Name Goode-Guy Const Co.

Address PO Box 6817 City/State/Zip LINCOLN, NE 68506-0817

☐ Check if contractor designed system Work Phone 435-6893

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 7/26/99 Date frwd 7/27/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/27/99 Date frwd 7/27/99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/5/99 Date frwd 8/5/99 ACTION ☒ Approved ☐ Disapproved Signature _____

8-5-99, mm

Installation Final Written Approval

By Ron Mangum

Date 8-6-99

Business Office Use Only

Date Rec'd 07/27/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 114

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: 9938020 46

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14900 N 56th (no rural route) City Lincoln NE, Zip 68514

Owner Robert Bernhardt Address 14900 N 56th Lincoln Ne 68514

Soil Type (SCS): Sharpsburg Silty Clay Loam Percolation Rate: 48 min./inch

Date of Tests 7-24 to 7-25 Weather: Precipitation _____ Temperature _____

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	7-24	11:15	7-25	11:15	7-25	11:15	12	7-25	3:15	30	5/8	48MIN/IN
2	36	7-24	11:15	7-25	11:15	7-25	11:15	12	7-25	3:15	30	1 1/4	24MIN/IN
3	36	7-24	11:15	7-25	11:15	7-25	11:15	12	7-25	3:15	30	1	30MIN/IN
4	36	7-24	11:15	7-25	11:15	7-25	11:15	12	7-25	3:15	30	1 1/2	20MIN/IN
5	36	7-24	11:15	7-25	11:15	7-25	11:15	12	7-25	3:15	30	2 1/4	13MIN/IN
6	36	7-24	11:15	7-25	11:15	7-25	11:15	12	7-25	3:15	30	3 1/8	10MIN/IN

Person Conducting Percolation Tests

Name: Bob Bernhardt
Phone: 890-2910
Address 14900 N 56th
Lincoln Ne 68514

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 48MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Wood Date JULY 26, 1999

FORM 23-101 10-96

Propose

C

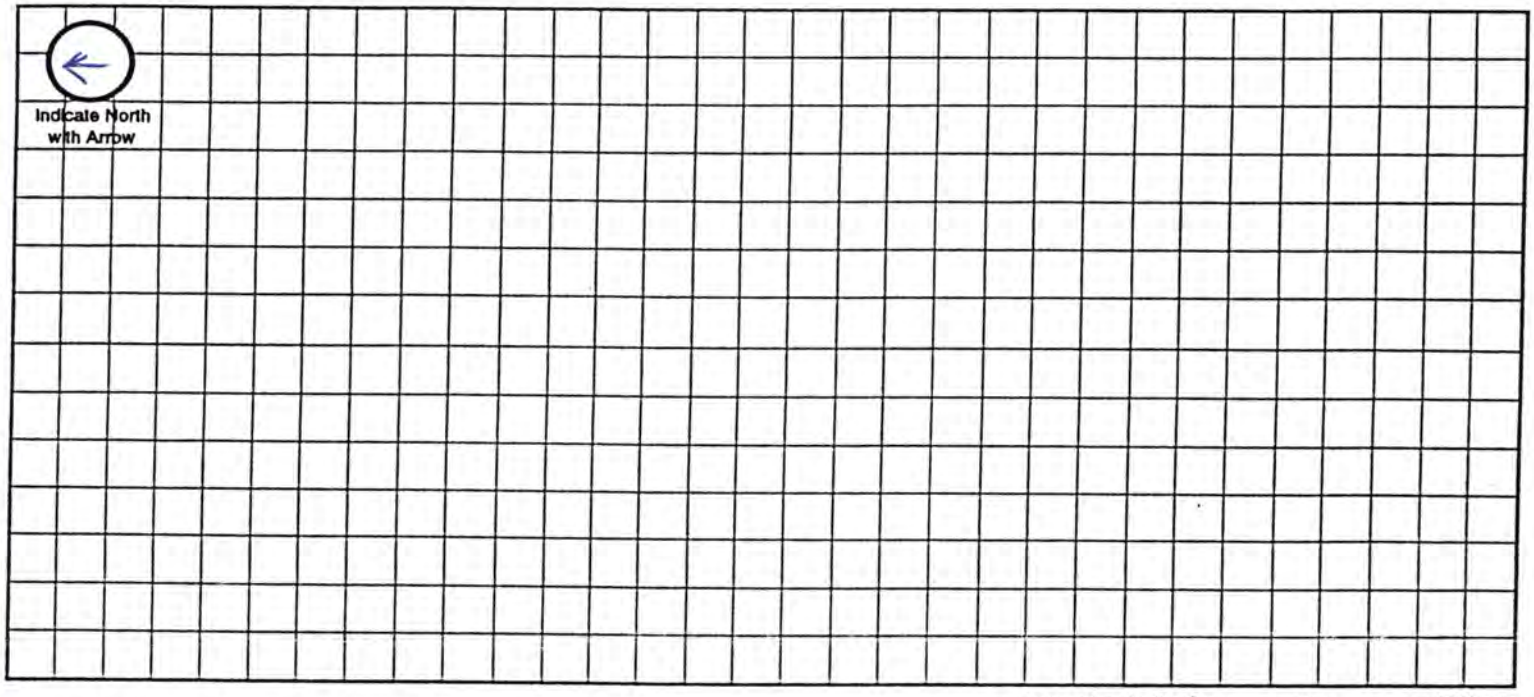
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 9938020 46

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

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

Total Square Feet of Field Required: 676 sq. ft.

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

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

Total Length of Laterals 169 ft. Number of Trenches 2 Trench Width 4'

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 Robert Bernhardt Date 7-26-99

Installer _____ Date _____

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: 9938020466

Sewage Disposal System

As Built Plans & Specifications

Date 8-4-99

System Location (Indicate correct number and street)

Address 14900 N 56 ST (no rural route) City Lincoln NE, Zip 68514

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: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 1'6" ft.

D. Absorption Field

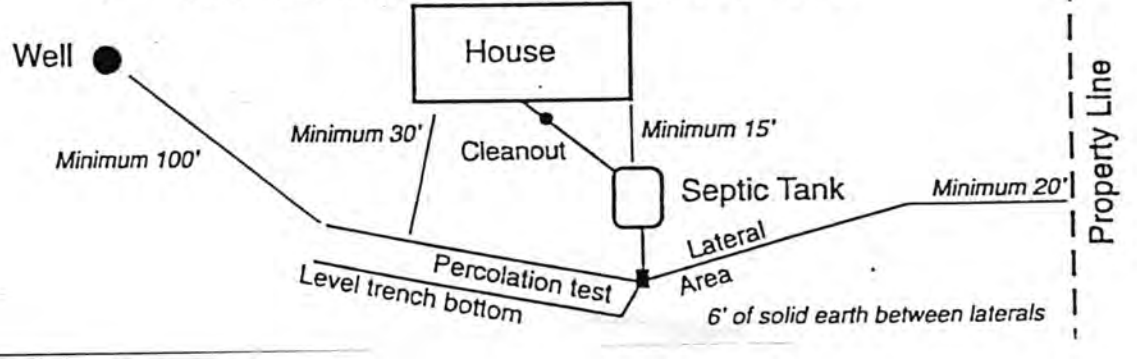
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe Infiltrator System
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 56 ft. 56 ft.
   56 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 1/4" Per 8' in/100 ft.
   Average depth 30" To 48" in
4. Filter material: Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 120 ft.
   Stream None ft.
   Pressure line None ft.
   Property line 110' ft.

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

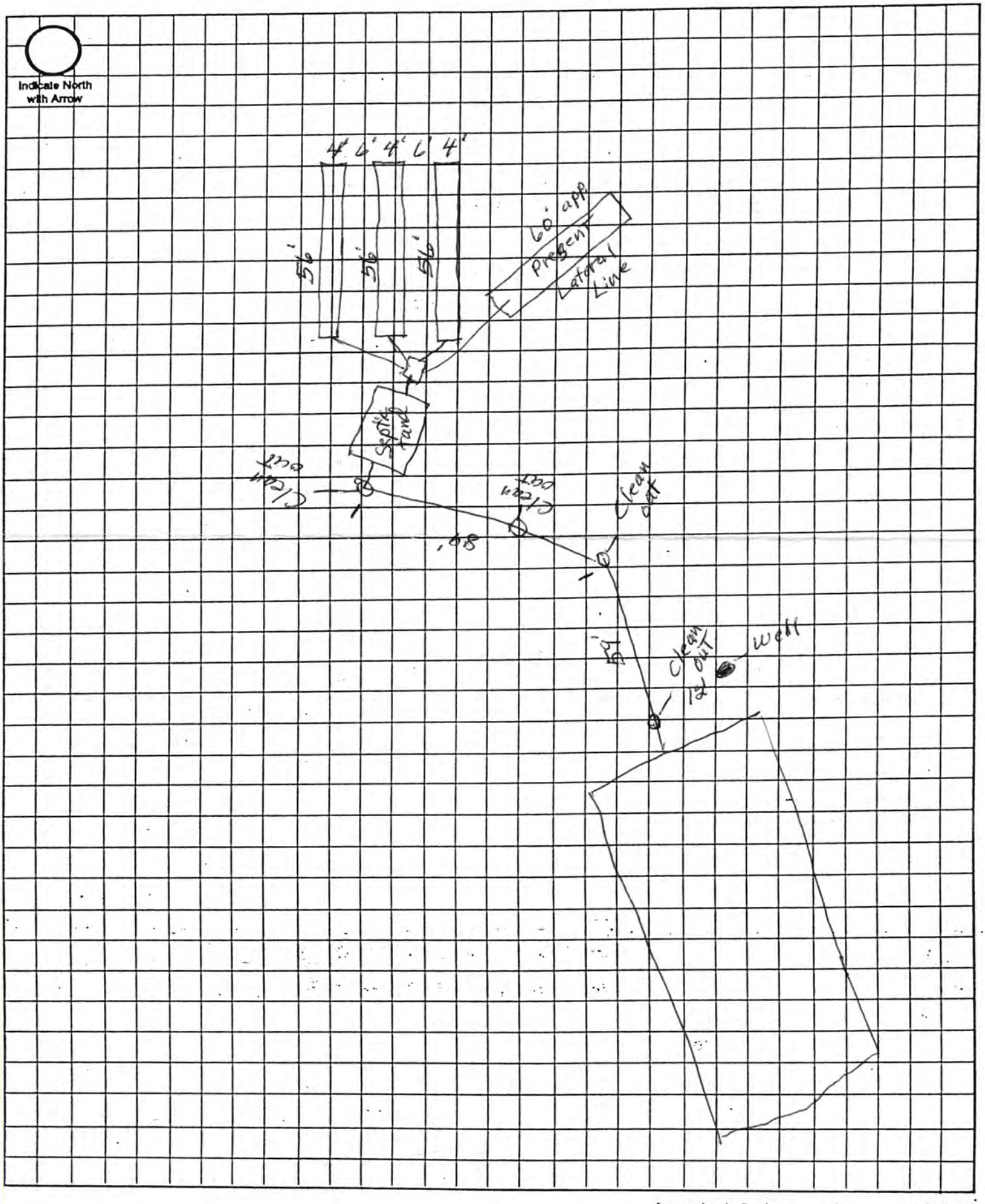
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

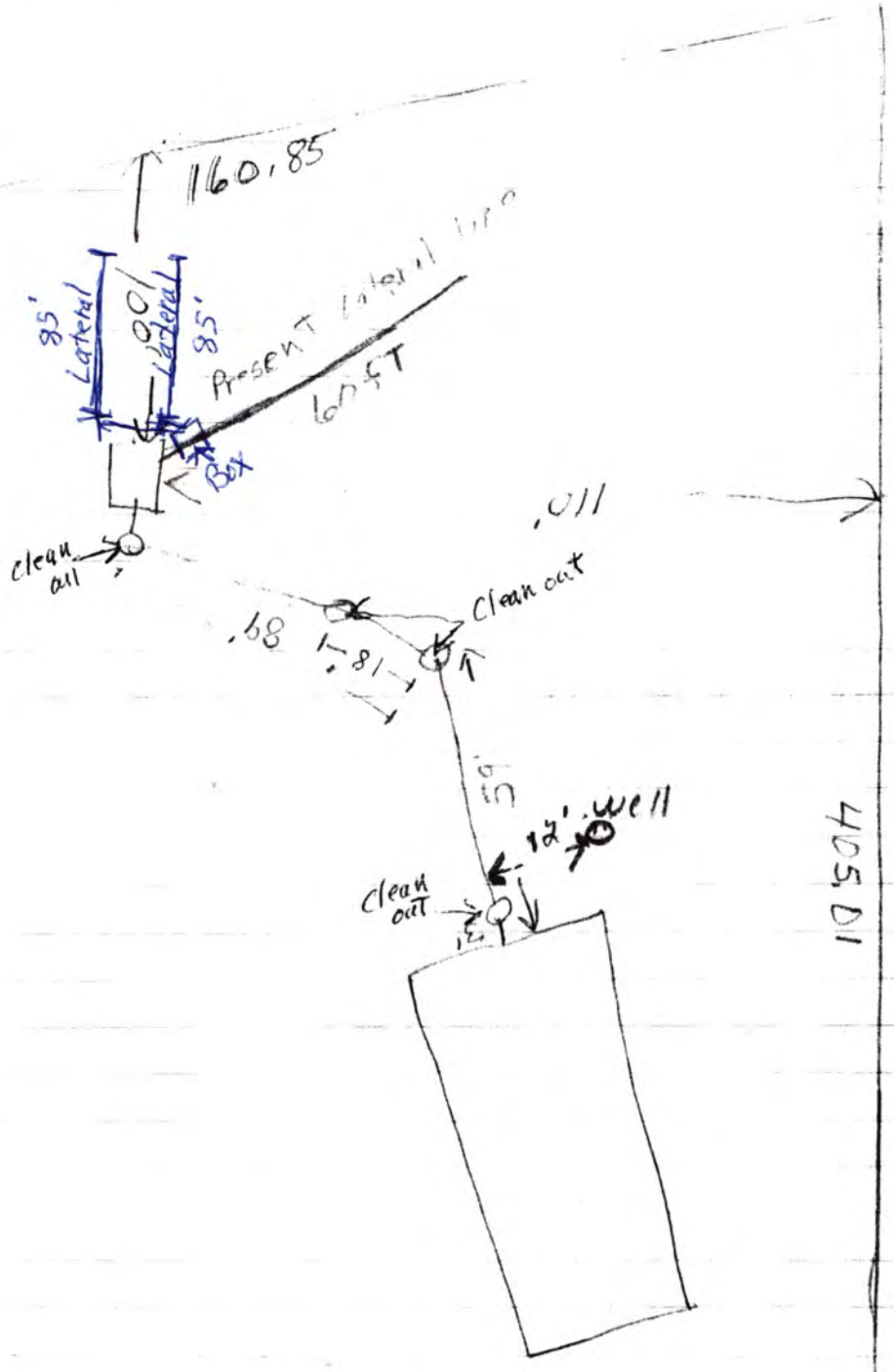
As Built Drawing



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

Parcel I.D.
18-04-100-002-000

N





Robert Bernhardt Residence
T11N, R7E, Sec4
EL - DE Acres

N
W E
S

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Carl Kinkade
7/12/99

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE SYSTEM REPAIR

No. 93390032901

Issued 05/27/93
Expires 11/27/93
Revenue Code 18754

Establishment
CHARLES MALY
T11N R7E SEC 4
EL-DE ACRES LOT 6

FEES: $50.00

TOTAL $50.00

Permittee
CHARLES MALY
14900 N 56 ST
LINCOLN NE 68505

Issued By M. Jane Ford
Health Director

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 5-26-93

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N ; Range 7E ; Section 4 ;
Block ~~A~~ ; Lot ~~6~~ 6 ; Addition EL-DE Acres
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☐; Other ☐

4. Description of proposed alteration, extension or repair:
195 ft Sewer line

5. Work to be done by: Owner ☐ ; or Contractor ☐ , Sitek Service
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	over 1/00

Charles Maly
Signature of Applicant (owner or lessee)

~~NE~~ 14900 No 56 RT3
Address
Lin, Ne 68505

(Do not write below this line)

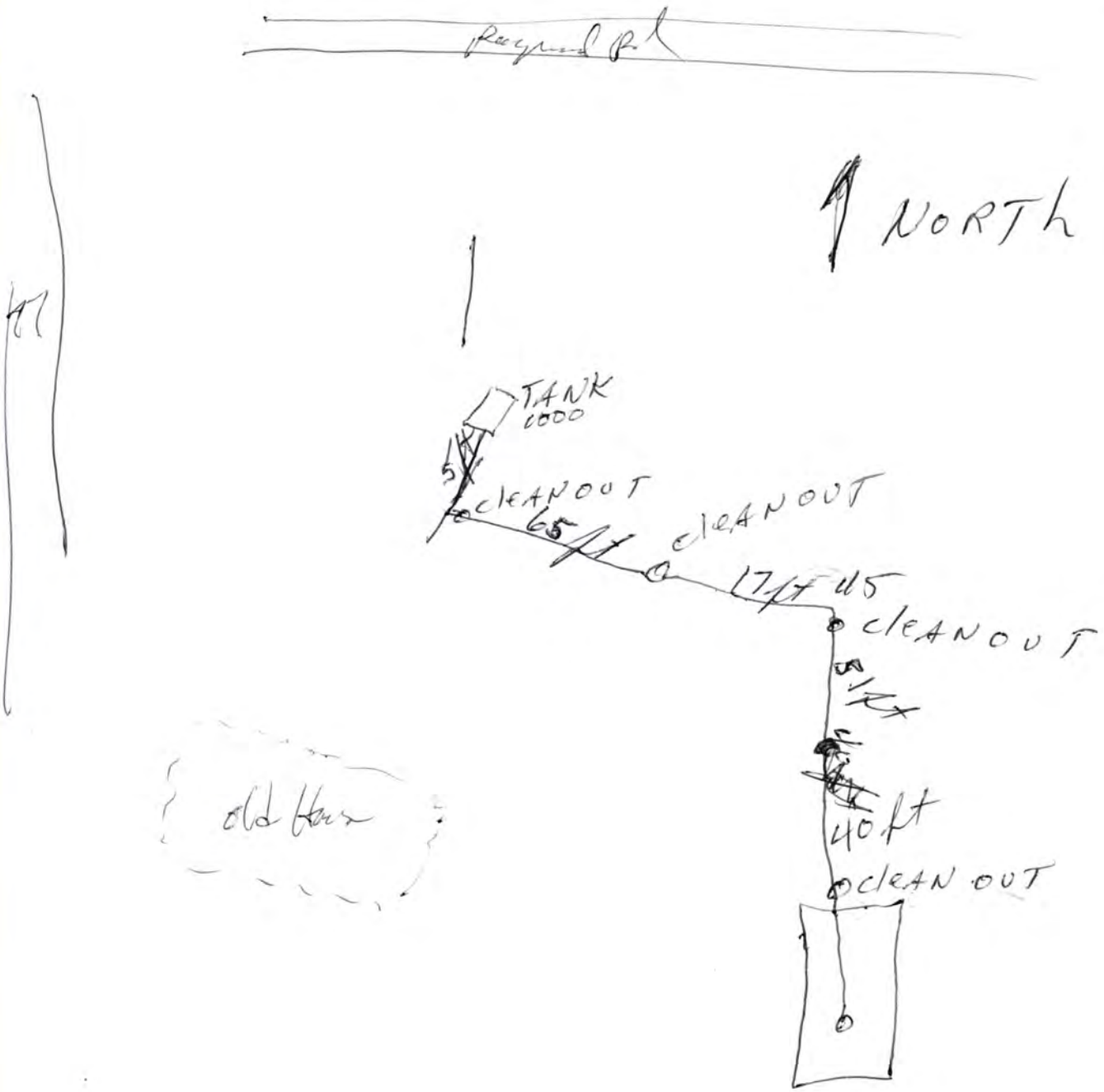
REVIEWING ACTION

1. Date Rec'd: 5-26-93
Filing Fee: $ 60.00

2. Site Visits:
Date: 5-26-93 by: RM
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Mayhew

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-10-93 by: Ron Mayhew


Raymond Rd
NORTH
TANK
1000
5
CLEANOUT
65 ft
CLEANOUT
17 ft
45
CLEANOUT
40 ft
CLEAN OUT
old house