Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380226301

Issued 11/14/00
Expires 05/14/01
Revenue Code 3157

Establishment

JIM CHRISTO
T11N R6E SEC 35 QTR NE
LOT 10IT
6945 N 7 ST

FEES: $200.00

TOTAL: $200.00

Permitee

JIM CHRISTO
6945 N 7 ST
LINCOLN NE 68521

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013892

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

A

Permit Number: 3802263

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 6945 No. 7th (no rural route) City Lincoln NE, Zip 68521

Legal Description NW 35 11N 6E 10 E. 7
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 Jim Christo Signature Jim Christo

Address 6945 No. 7th City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone _____ Work Phone 432-0590

C. Contractor

Name Jim Christo Company Name Christo Const. Co.

Address 6945 No. 7th City/State/Zip 641 So. 21st

☐ Check if contractor designed system Work Phone 475-2422

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.

HAS EXISTING WELL **DO NOT WRITE BELOW THIS LINE**

Approval Process

☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 11/14/00 Date frwd 11/14/00 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-14-00 Date frwd 11-14-00 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Paul Wightman

Date 11-29-00

Business Office Use Only

Date Rec'd 11/14/00

Amt Paid 200 ⁰⁰

Rec'd By _____ Cash/Check No. 25872

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

B

Permit Number: 3802263

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6945 N 7th (no rural route) City Lincoln NE, Zip

Owner Jim Cristo Address

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 10/23/00 to 10/24/00 Weather: Precipitation 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	10/23	5:00	10/24	2:00	10/24	2:00	6	10/24	6:00	30	3/4	40.
2	36	10/23	5:00	10/24	2:00	10/24	2:00	6	10/24	6:00	30	1/2	60.
3	36	10/23	5:00	10/24	2:00	10/24	2:00	6	10/24	6:00	30	3/4	40.
4	36	10/23	5:00	10/24	2:00	10/24	2:00	6	10/24	6:00	30	1	30.
5	36	10/23	5:00	10/24	2:00	10/24	2:00	6	10/24	6:00	30	1/2	60.
6	36	10/23	5:00	10/24	2:00	10/24	2:00	6	10/24	6:00	30	1/2	60.

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone:

Address

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 60

3 0 0 4
2 0 0 5
1 0 0 6

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Jerrold C. Wood R.E.H.S. Date 11/14/00

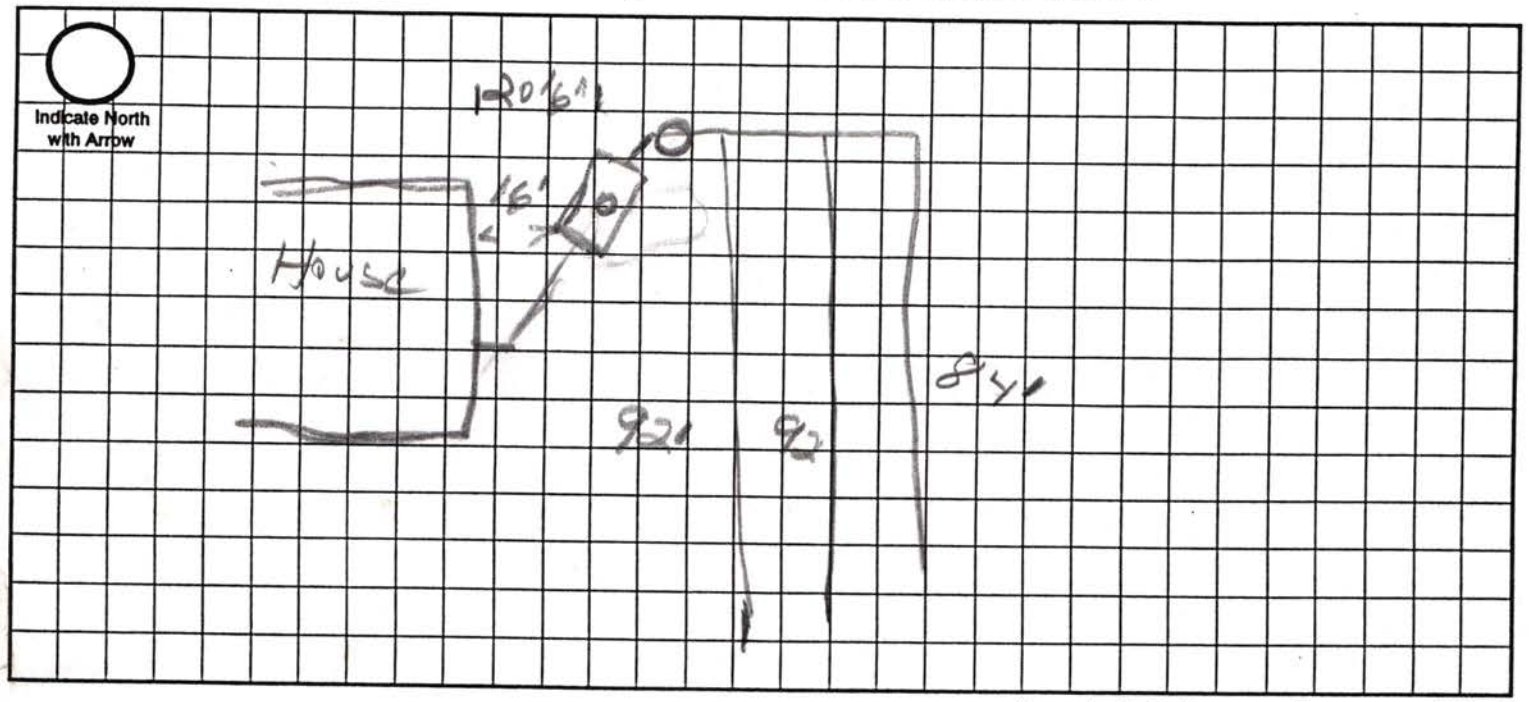
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C

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

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 ft. Number of Trenches 3 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 _____ Date _____

Installer Kent Kindlesparker Date 11-13-00

FORM 23-102 10-96

Dist 3' no of NE Corner of House.
Dist 27'4" East of No. E Corner

NOV 27 2000

D

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Sewage Disposal System
As Built Plans & Specifications

Date 11-14-2000

System Location (Indicate correct number and street)
Address 6945 No. 7th (no rural route) City Lincoln NE, Zip 68521

A. Building Sewer

1. Material: Sched. 40 - Plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: Footing - 36 in.
3. Distance between dwelling and septic tank: 16 ft.
4. Number of clean-outs: 1
5. Distances to: well or ~~suction line~~ 100+ ft.
   stream NA ft.
   pressure line NA ft.
   property line NA ft.

B. Septic Tank

1. Material: Concrete - Precast.
   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 8 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or ~~suction line~~ 100+ ft.
   Stream — ft.
   Pressure line — ft.
   Property line — ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 3 Used - 2 Not used
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 3 ft.

D. Absorption Field

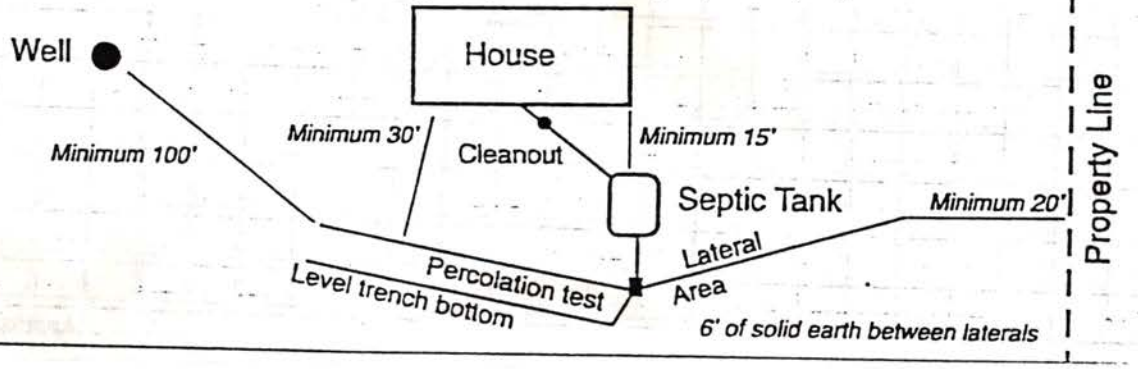
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Precast Plastic
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 92 ft. 92 ft.
   84 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 2'6" in
4. Filter material: Rd Gravel
   Depth of material 1 ft ~~in.~~
5. Distances to: Well or ~~suction line~~ 100+ ft.
   Stream — ft.
   Pressure line — ft.
   Property line — ft.

Indicate North with Arrow

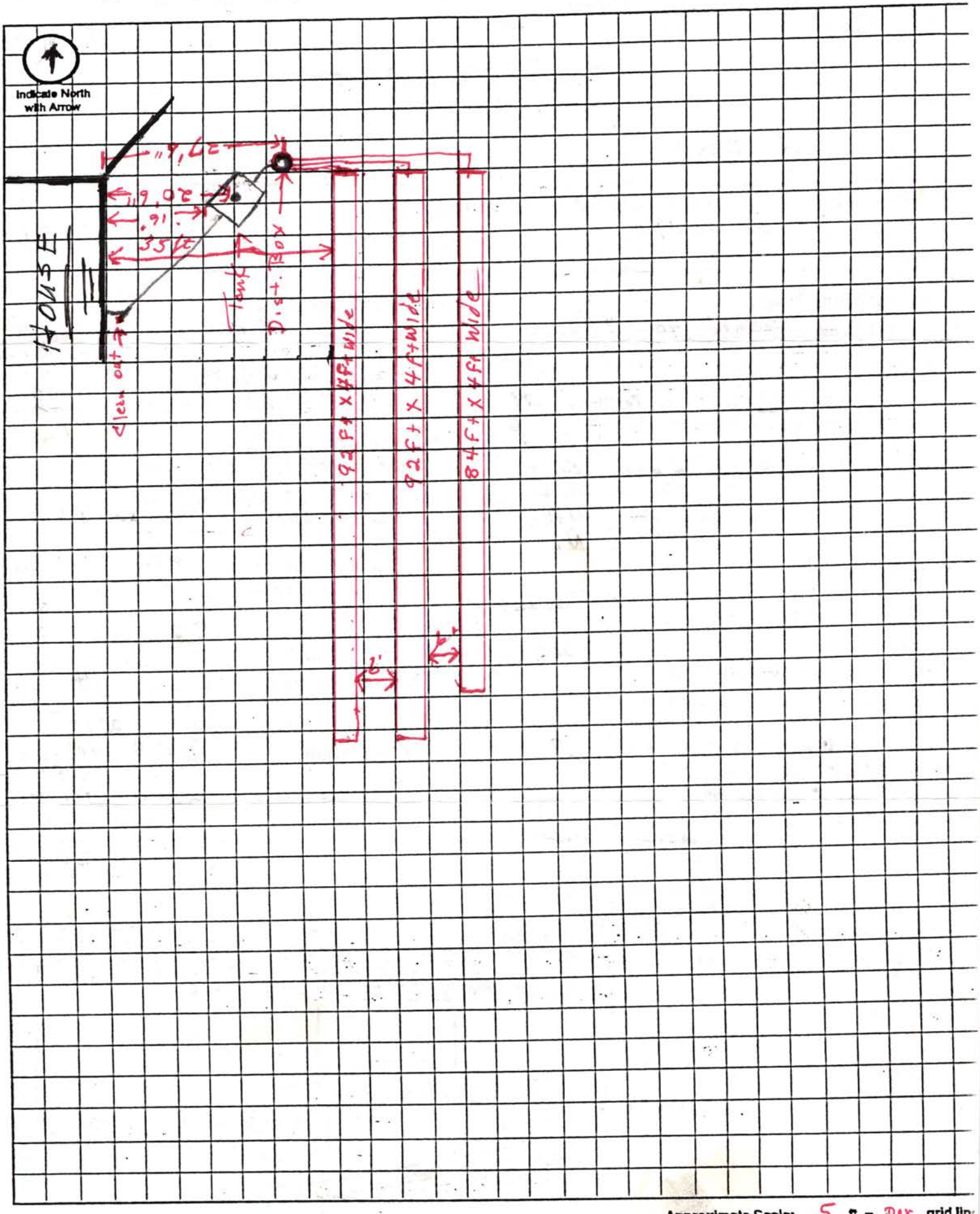
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 5 ft. = per grid lin