LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 98380186901

Issued 10/16/98
Expires 04/16/99
Revenue Code 3157

Establishment
LARRY E ENGLAND
T11N R6E SEC 28 QTR SE
SE QTR OF SE QTR
7901 NW 12 ST

FEES: $150.00

PAID

TOTAL $150.00

Permittee
LARRY E ENGLAND
1901 W ALVO RD
LINCOLN NE 68531-8906

Issued By Health Director
Lincoln-Lancaster County Health Department

008199

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

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

A

Permit Number:

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 7901 N. W. 12th ST. (no rural route) City Lincoln NE, Zip 68524

Legal Description SE SE 28 11N 6 E 4
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 Larry E. England Signature _____

Address 1901 W Alvo Rd City/State/Zip Lincoln NE

☐ Check if owner designed system Home Phone 470 2185 Work Phone 432 9005

C. Contractor

Name Ben Earnest Company Name Earnest well drilling

Address 2796 W. Milford Rd City/State/Zip Milford, NE

☑ Check if contractor designed system Work Phone 475-3276 / 761-2281

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

Designer Name N/A Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 2 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 10/16/98 Date frwd 10/16/98	**ACTION** ☒ Approved ☐ Disapproved Signature Gerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10/16/98 Date frwd 10/16/98	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 10-16-98 Date frwd 10-16-98	**ACTION** ☐ Approved ☐ Disapproved Signature _____	

12-15-98 mm

Installation Final Written Approval

By Ron Magnuson

Date 12-15-98

Business Office Use Only

Date Rec'd 10/16/98

Amt Paid 150.00

Rec'd By LS Cash/Check No. 4698

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

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 7901 ~~W~~ N W 12TH ST City Lincoln NE, Zip 68524
(no rural route)

Owner William E. England Address 7901 N.W. 12TH ST.

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

Date of Tests 5Oct 98 to 9Oct98 Weather: Precipitation none Temperature 60 - 75

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	10/4	10:05	10/5	10:16	10/5	10:30	12"	10/5	2:35	:30	1 1/4	24 MIN/IN
2	35	10/4	10:09	10/5	10:20	10/5	10:34	12"	10/5	2:40	:30	2	15 MIN/IN
3	36	10/4	10:12	10/5	10:22	10/5	10:37	12"	10/5	2:43	:30	1 1/4	24 MIN/IN
4	36	10/6	11:05	10/7	11:10	10/7	11:20	12"	10/8	3:25	:30	2 1/4	13 MIN/IN
5	34	10/6	11:08	10/7	11:13	10/7	11:24	12"	10/8	3:29	:30	1	30 MIN/IN
6	36	10/6	11:12	10/7	11:15	10/7	11:30	12"	10/8	3:34	:30	1 3/4	17 MIN/IN

Person Conducting Percolation Tests

Name: Larry E. & William E. England
Phone: 470-2185 / 432 9005
Address 1901 West Alvo Rd
Lincoln Nebr 68524

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 21

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Morril or Sharpsburg soil according to Soil map

Signature of Reviewing Official _____ Date 10-14-98

FORM 23-101 10-96

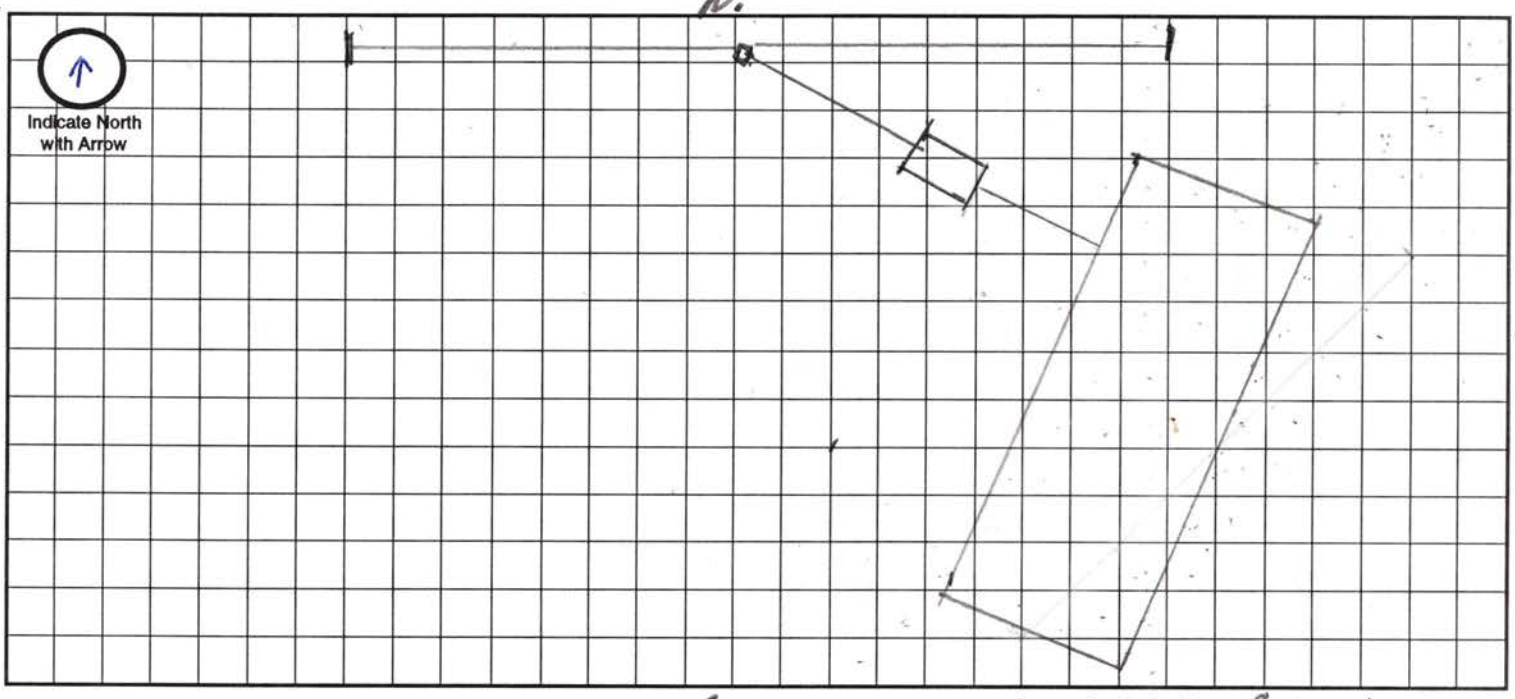
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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C

Permit Number:

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: 8 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7901 NW 12TH ST City LINCOLN NE, Zip 68524

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 21 (min. per inch) Soil Type: SHARPSBURG Land Slope: _____ %

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

Total Square Feet of Field Required: 428 sq. ft. 3 beds 641ft² ea = 160 ft
2 beds 400 = 107 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 1 ft. Number of Trenches 2 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 Bill Engleman Date 5/10/98

Installer _____ Date 5/10/98

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 12-15-98 BILL ENGLAND

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: CLS 160
   Diameter: 4" in.
2. Distance above basement floor: 0 in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: 81 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 50 ft.
   stream 100+ ft.
   pressure line 50 ft.
   property line 100 ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1,250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 1 in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 14' ft.

D. Absorption Field

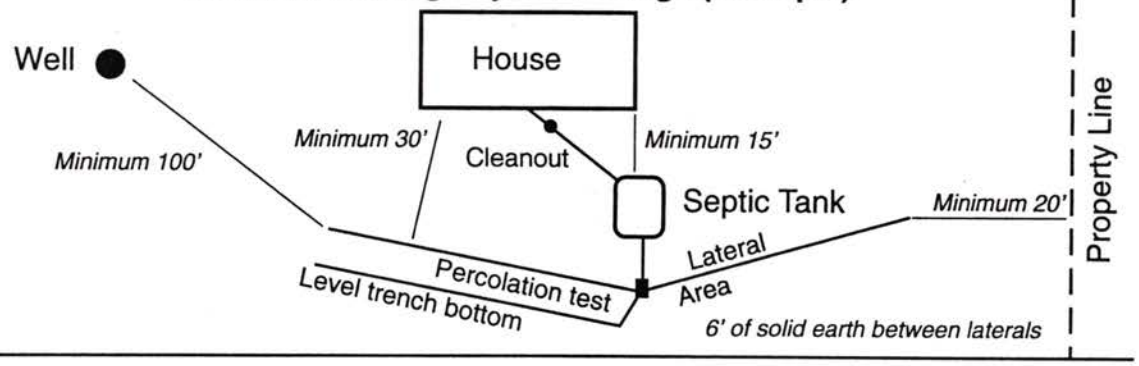
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☑ other INFILTRATOR
2. Lateral lines: Number 2
   Length of each line: 102 ft. 76.5 ft.
   _____ ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL
   Depth of material 18 in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 60 ft.
   Property line 20 ft.

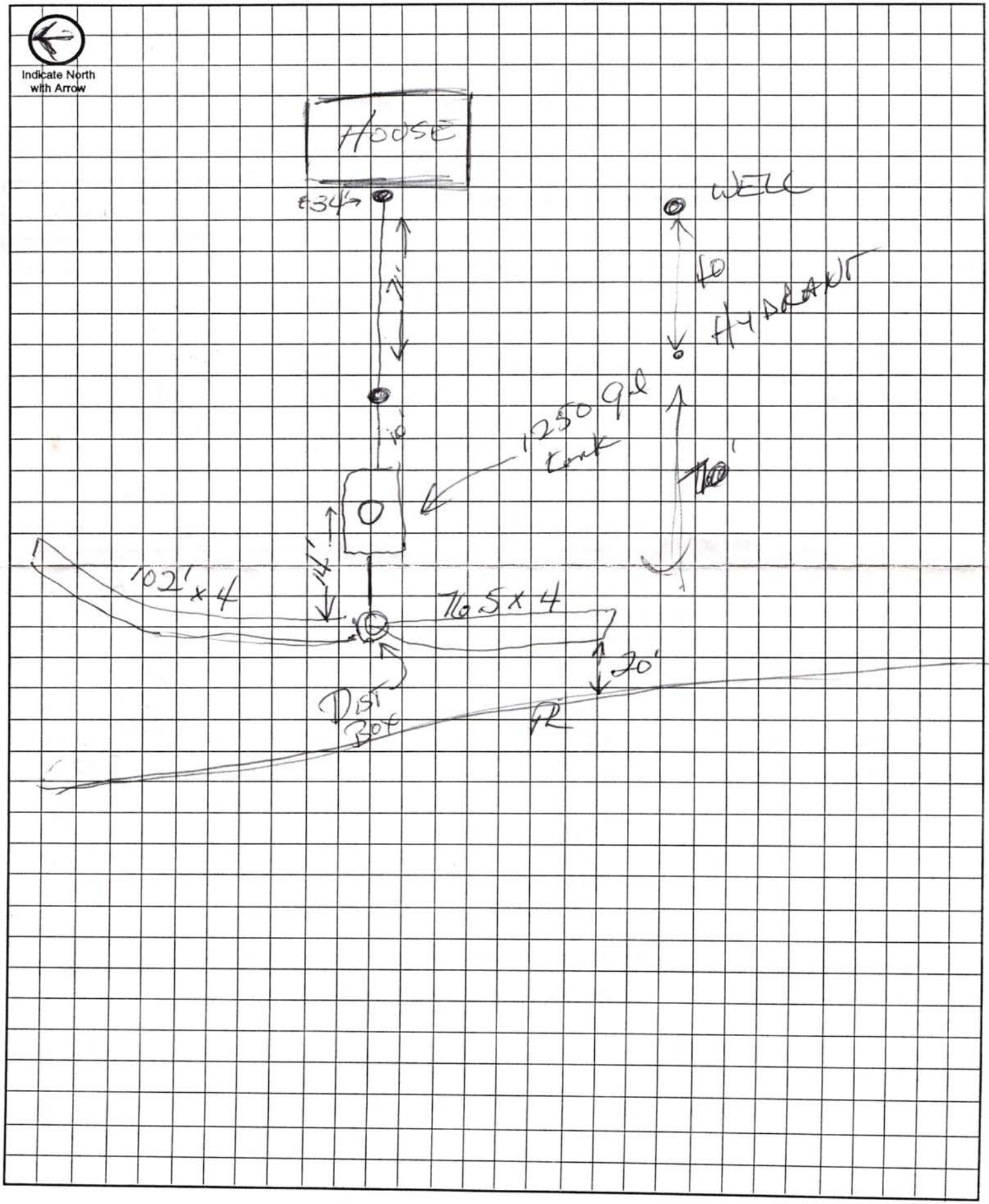
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



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

NEBRASKA — SHEET NUMBER 18

