Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

L D LEWIS
T11N R6E SEC 19
IRREGULAR TRACT LOT 12IT
10101 NW 40 ST

Permittee

L D LEWIS
5900 W RAYMOND RD
RAYMOND NE 68428

Permit # 02380253401

Issued 09/06/02
Expires 03/06/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002910

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

A

Permit Number: 02380253401

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 10101 NW. 40th (no rural route) City Lincoln NE, Zip 68524

Legal Description ~~NE~~ ~~NE~~ 9 11N 6E 5acres 12 I.T.
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 L.D. LEWIS Signature _____

Address RT. 2, BOX 83A. City/State/Zip RAYMOND, NE

☐ Check if owner designed system Home Phone 783-3865 Work Phone 499-7950

C. Contractor

Name G+A Backhoe Service Company Name Gordon Lukes

Address 2319 S. 214th City/State/Zip Eagle, Ne. 68347

☑ Check if contractor designed system Work Phone 781-2400

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

Designer Name Gordon Lukes 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 9-5-02 Date frwd 9-5-02	**ACTION** ☑ Approved ☐ Disapproved Signature Ron Mayhew	
2. **Supt. Bldg. Insp. or Village Clerk** BUILDING PERMITS REQ	Date rec'd 9/10 Date frwd 9/10	**ACTION** ☑ Approved ☐ Disapproved Signature	
3. **City or County Engineer** 9-6-02 mm	Date rec'd 9-10-02 Date frwd 9-10-02	**ACTION** ☒ Approved ☐ Disapproved Signature Dan Nolte	

Installation Final Written Approval

By Ron Mayhew

Date 10-15-02

Business Office Use Only

Date Rec'd 09/06/02

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 345

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: 023802534

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10101 NW. 40th (no rural route) City Lincoln NE, Zip 68524

Owner Les Lewis Addresss 10101 NW. 40th

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

Date of Tests 8-19-02 to 8-21-02 Weather: Precipitation 1.40" - 8/19 Temperature 90° Humidity 70%-90%

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	48	8-20	8 00 pm	8-21	5 00 pm	8-21	5 15 pm	5 3/4	8-21	7 40 pm	150 min	14 3/16	150/8 5/16"
2	48	8-20	"	"	"	"	"	3 3/4	8-21	"	"	13 1/4	150/9 1/2"
3	48	8-20	"	"	"	"	"	6	"	"	"	15	150/9"
4	36	8-19	4 00 pm	"	"	"	"	5 1/4	"	"	"	9	150/3 3/4"
5	36	8-19	"	"	"	"	"	5	"	"	"	7 1/2	150/2 1/2"
											most holes 1" in 60 min		

Person Conducting Percolation Tests

Name: L. Lewis

Phone: 783-3865

Address 10101 NW. 40th

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Shrewsberry soil

Signature of Reviewing Official _____ Date 9-5-02

FORM 23-101 10-96

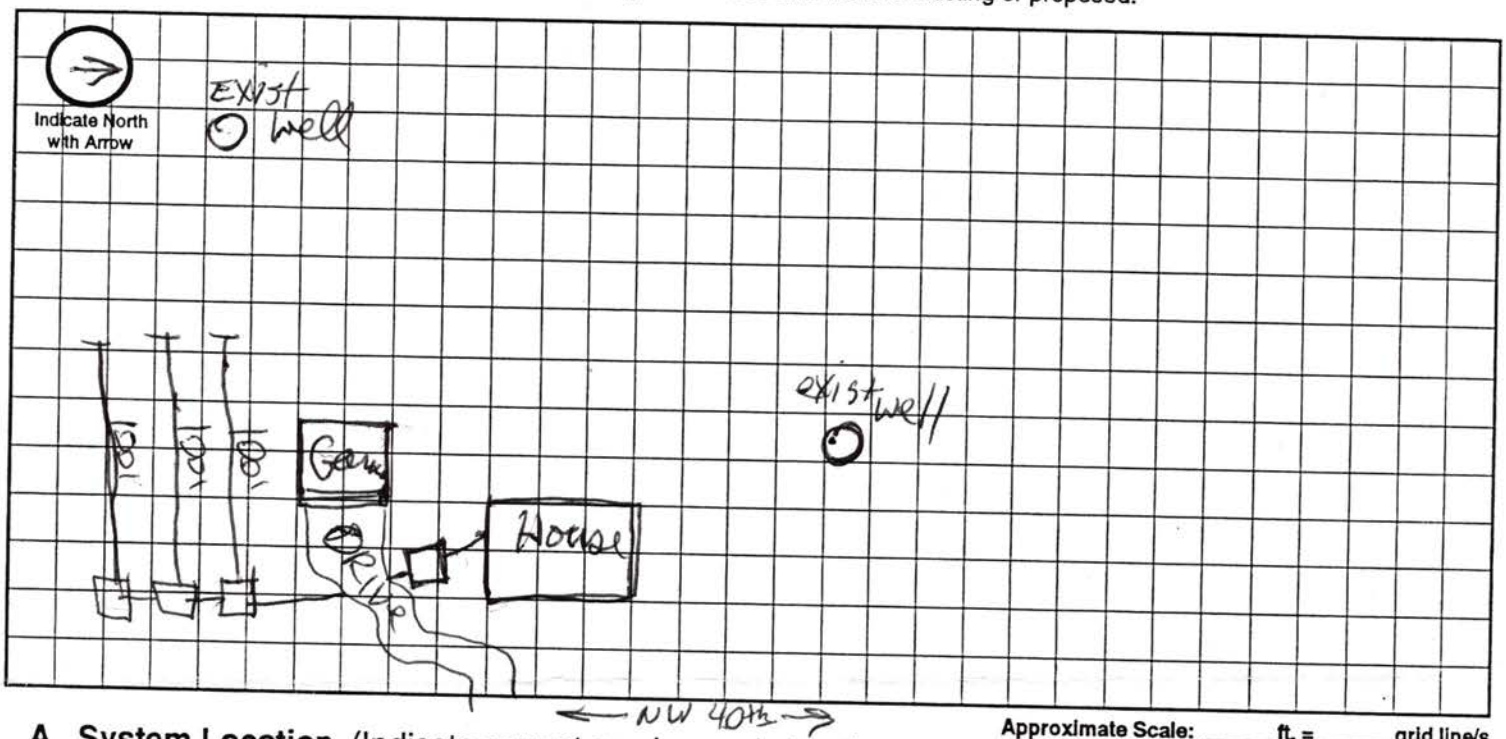
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802534

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) 10101 NW. 40th 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 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft. 350 3/1050 262 4/1050

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: infiltrator H-10.

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

Total Length of Laterals 262 ft. Number of Trenches 3 Trench Width 48"

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 Gordon Lisko Date 9-6-2002

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 10101 NW. 40th (no rural route) City Lincoln NE, Zip 68524

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: Concrete
   Number of compartments: 1
2. Capacity: 1250 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: 6 in.
8. Distances to: Well or suction line 225 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line NA ft.

C. Distribution Box

Drop

1. Material: Plastic
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 40' ft.

D. Absorption Field

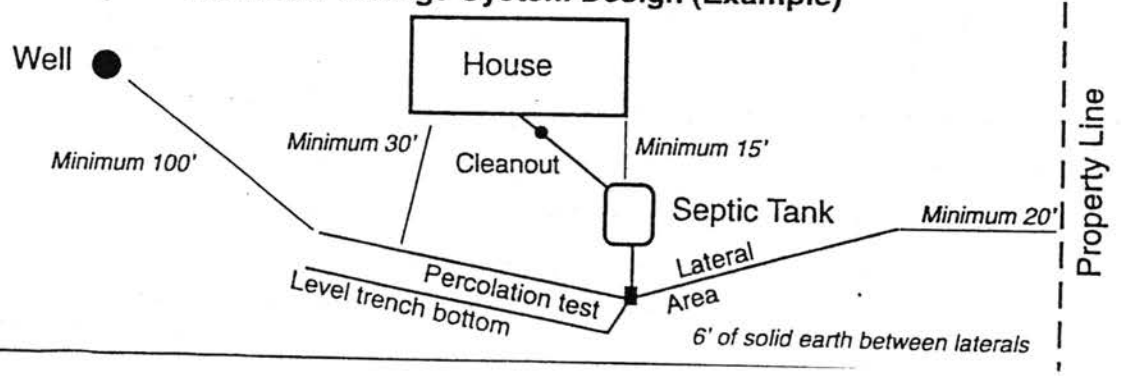
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☒ other Infiltrator H10
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 3 1/2' in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 125 ft.
   Stream 0 ft.
   Pressure line 0 ft.
   Property line 15 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

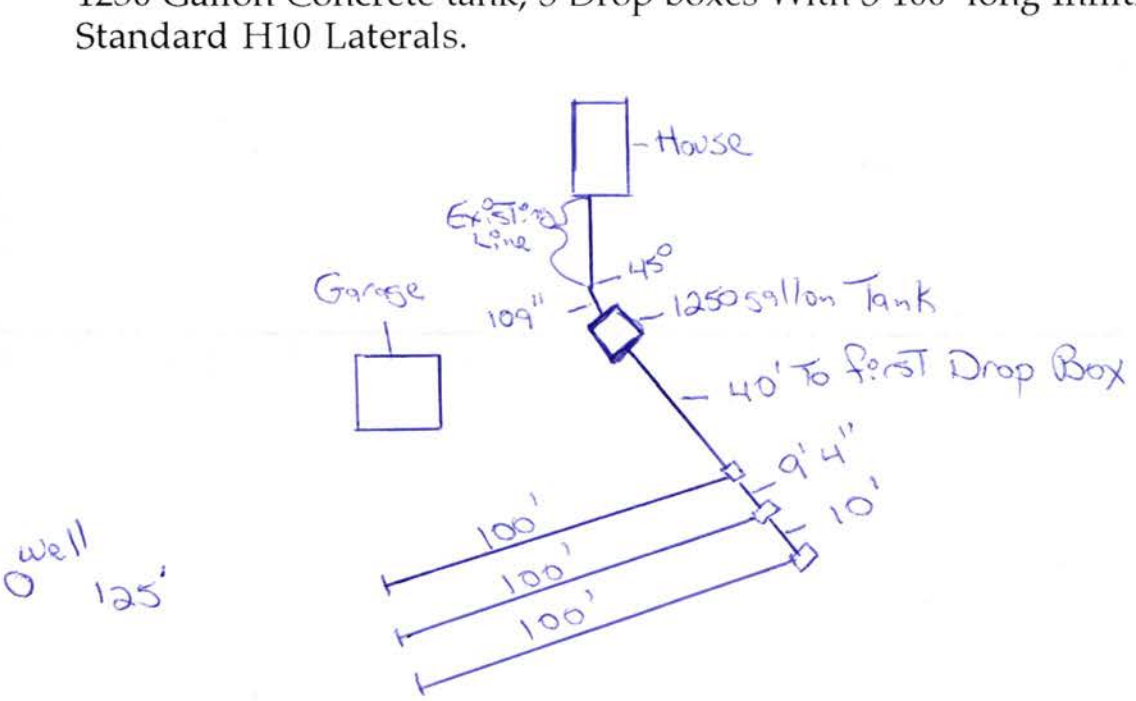
G & A

BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

09/23/02

Lincoln-Lancaster County Health Department
As built drawing for Les Lewis, 10101 North west 40th Street
1250 Gallon Concrete tank, 3 Drop boxes With 3 100' long Infiltrator Standard H10 Laterals.



NEBRASKA SHEET NUMBER 18

