Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008206

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380309801

Issued 09/15/05
Expires 09/15/06
Revenue Code 3157

Establishment: MIKE ANDERSON
T10N R7E SEC 23
SUNRISE ESTATES BLK 4 LOT 4

FEES: $275.00

Permittee: MIKE ANDERSON
9201 AVON LN
LINCOLN NE 68505

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 05380309801

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 9201 Avon Lane (no rural route) City Lincoln NE, Zip 68505

Legal Description 1/4 1/4 Section 23 Township 10N Range 7E Subdivision SUNRISE ESTATES Addition 4 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 Mike Anderson Signature _____

Address 9201 Avon Lane City/State/Zip Lincoln, Ne 68505

☐ Check if owner designed system Home Phone 486-4225 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd St City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 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 9/15/05 Date frwd 9/15/05 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 9/15/05 Date frwd 9/15/05 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

10/6/05 Line + Lagoon - Need Fence + Sketch

Installation Final Written Approval

By Doug Unger

Date 7/28/06

Business Office Use Only
Date Rec'd 9/15/05
Amt Paid $275.00
Rec'd By _____ Cash/Check No. 1105

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

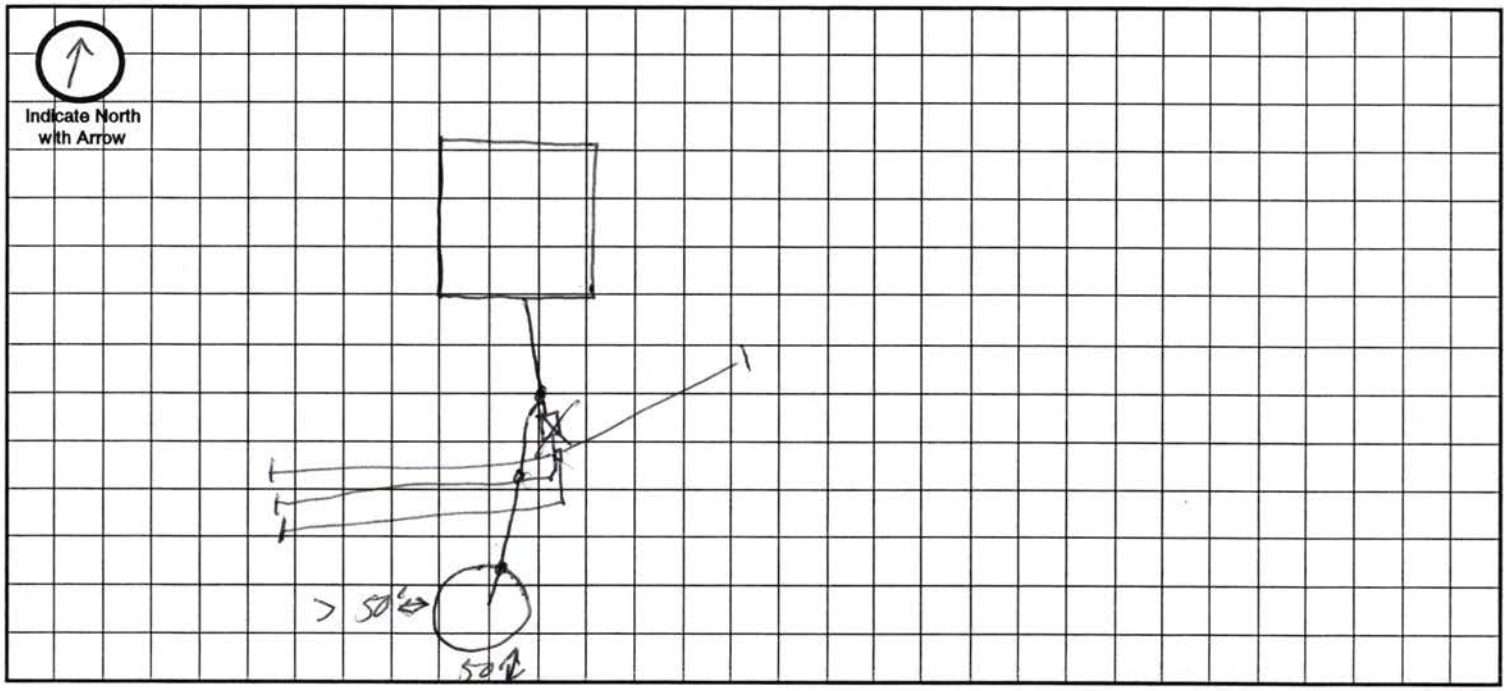
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803098

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) 9201 AVON LANE City LINCOLN NE, Zip 68505

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: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: _____ 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 _____ ft. Number of Trenches _____ Trench Width _____

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 Brad Southern Date 9/12/05

FORM 23-102 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380078301

Issued 11/27/91
Expires 05/27/92

ESTABLISHMENT

BOB COAT
T10N R7E SEC 23
SUNRISE ESTATES BLK 7 LOT 4

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

BOB COAT
8020 BANCROFT ST
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
12/2/91	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

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

A

FILING FEE: $_____

FILE NO._____

DATE: 11-25-91

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range 7E ; Section 23 ;
   Block 7 : Lot 46 : Addition Emerald Estates
   Street Address 9201 Avon Lane

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe_____

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

4. Distance to public sewer: — ft.

489-5215 Hm
437-8520 Cell

Septic will be installed
As perc. test reads

Bob Coats (Builder)
Signature of Applicant (Owner or Lessee)

8020 Bancroft 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/25/91. Date Frwd. 11/26/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobe

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/26/91. Date Frwd. 11/26/91. ACTION: Approved ☐ Disapproved ☐ Signature:

3. City or County Engineer: Date Rec'd. 11/26/91. Date Frwd. 11/26/91. ACTION: Approved ☐ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL No well permit yet

Site Visits:
Date: 3-16-92 by: mm
Date: 3-23-92 by: mm
Date:_____ by:_____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-23-92 By: Ron Magnuson

FORM 23-43

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

City Ordinance No. 9150 [X]
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: 10/28/92

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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._____; Range_____; Section_____;
Block_____; Lot_____; Addition_____
Street Address 9301 East Avon Lane

2. Property Use: Residential_____ [X]; Commercial_____ [ ]
No. Bedrooms 3
Describe_____
Other Use [ ]
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Extend lateral Field 90' x 4' wide with 4" PVC Perforated pipe

5. Work to be done by: Owner [ ]; or Contractor [X], Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL >	$	400 00

Mike Anderson by Brad Southwick
Signature of Applicant (owner or lessee)

9301 E Avon Lincoln, Ne Hickman Ne 68322
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: Waived
Filing Fee: $_____

2. Site Visits:
Date: 10-28-92 by: mm
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ]
by: Ron Magnuson

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-17-92 by: Ron Magnuson

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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

B

FILE NO. _____

Sunrise Acres - East Avon Lane

PROPERTY WHERE SOIL TESTED:

Location: Township 10 N ; Range 7E ; Section & ¼ Section 23 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . SHO
Dates of Tests: 2-20 to 2-21 . Weather: Precip. 0 Temp. 40s .

OWNER: B-C Construction

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	32	2/20	8:00	2/21	8:00	2-21	11:00	20 5/8	11:30	21 5/8	30	1	
2			A		A		A	21½	A	22		½	
3								18½		19		½	
4								22½		23½		1	
5								22¼		23		¾	
6								22⅝		23¼		⅝	
7								23½		24		½	

Sum of Percolation Rates: 4,875
Average of Rates: .70
Mean of Rates: _____

Brad Southwick
Signature of Person Conducting Test

Address 701 E 4 Hickman Phone 475-2462

43 min/in

(Do not write below this line) 287' x 1,000 gallon

REVIEWING ACTION

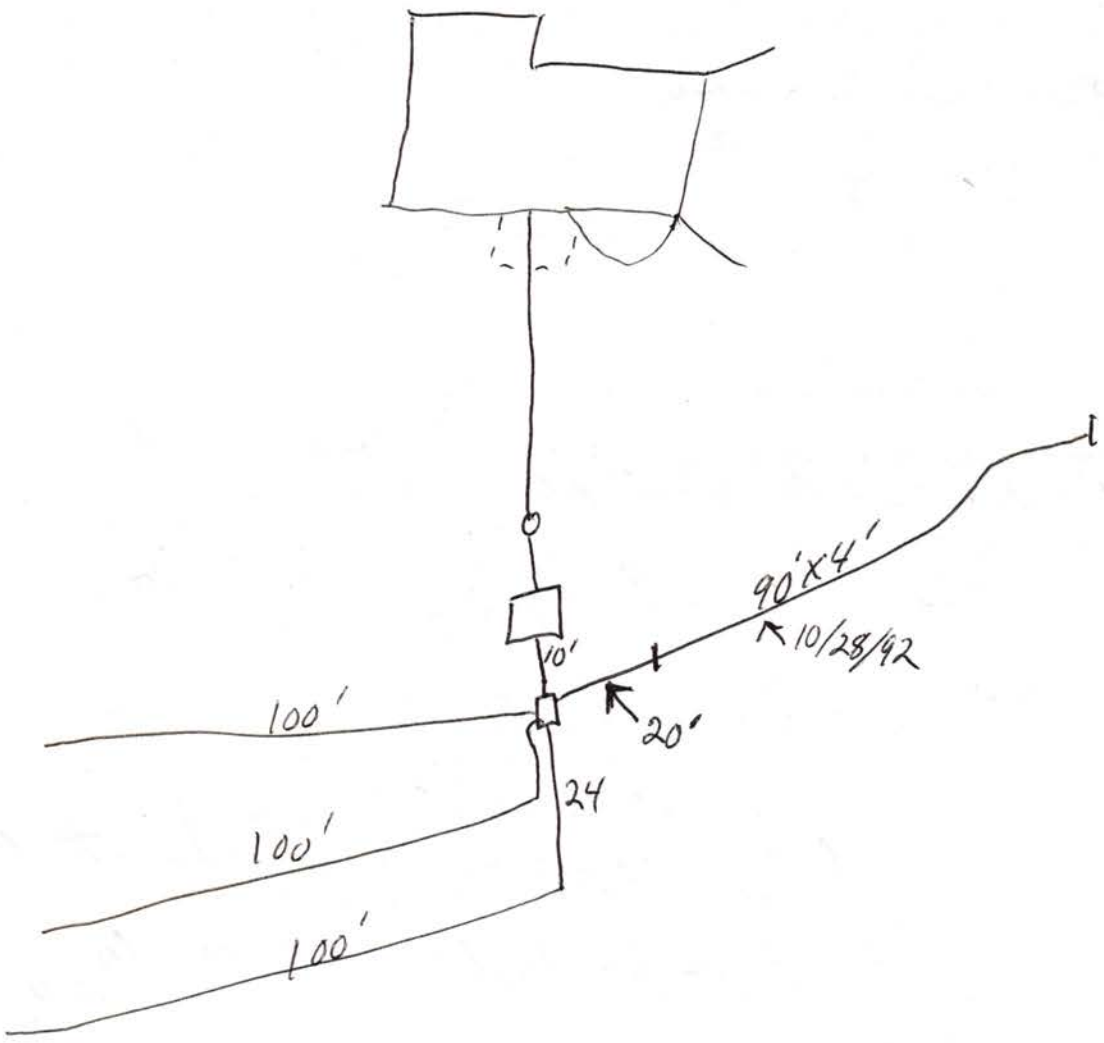
Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official


N
90'X4'
10/28/92
10'
20'
100'
24
100'
100'

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

D

DATE: 3-23

FILE NO. _____

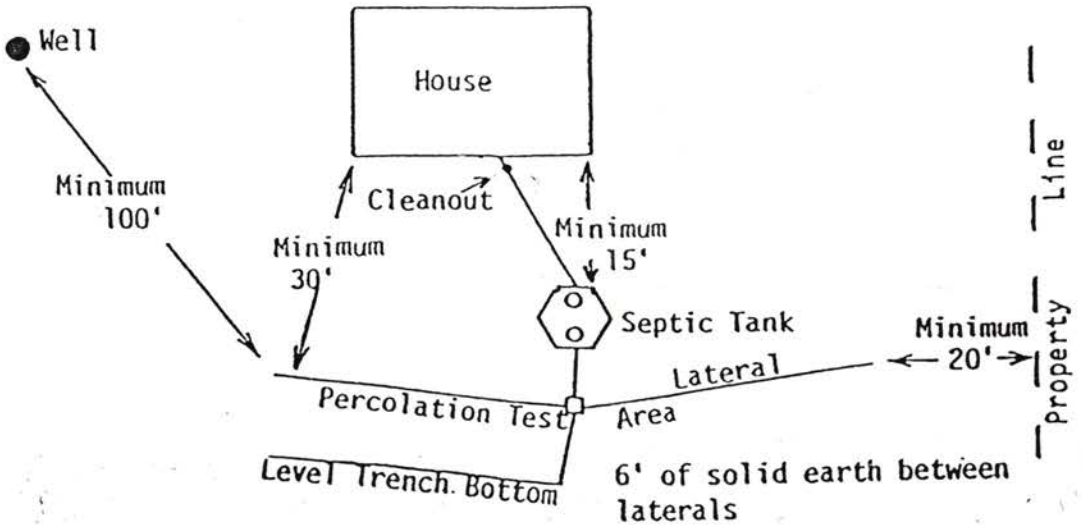
9201 E. Avon Lane
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: 3x40
1. Material PVC; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 78 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line >100 ft.; Stream >100 ft.; Pressure Line >100 ft.; Property Line >20 ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Step)
4. Manholes: Over Inlet; diam. 10 in.
Over Outlet; diam. 15 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 14 in.
8. Distances to:
Well or Suction Line >100 ft.; Stream >100 ft.; Pressure Line >100 ft.; Property Line >20 ft.

C. DISTRIBUTION BOX:
1. Material PVC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
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 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 100, _____, _____ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 3 ft.;
Slope 4 in/100 ft.; Average Depth 42 in.
4. Filter Material: Road Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line >100 ft.; Stream >100 ft.; Pressure Line >100 ft.; Property Line >20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Southwick Sewer & Drain
Hickman, Ne 68372

