Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380232201

Issued 05/25/01
Expires 11/25/01
Revenue Code 3157

FEES: $200.00

Establishment

DENNIS WALTON
T10N R7E SEC 23
SUNRISE ESTATES 1ST BLK 1 LOT 1
1401 LINWOOD LN

Permittee

DENNIS WALTON
2209 SW 18 ST
LINCOLN NE 68522

TOTAL: $200.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015745

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

A

Permit Number: 013802322

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 1401 Linwood Lane (no rural route) City Lincoln NE, Zip 68505

Legal Description 23 10N 7E Sunrise Estates 1 1
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 Dennis Walton Signature Dennis Walton

Address 2209 SW 18th City/State/Zip Lincoln NE 68522

☐ Check if owner designed system Home Phone 477-4205 Work Phone 464-2231

C. Contractor

Name DeWayne Friesen Company Name Friesen Excavating

Address 4711 Douglas Circle City/State/Zip Lincoln NE 68504

☐ Check if contractor designed system Work Phone 464-1850

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 5/25/01 Date frwd 5/29/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
   est. rm need leaving
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-29-01 Date frwd 5-29-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/29/01 Date frwd 5/29/01 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

Installation Final Written Approval

By Ron Magnuson

Date Jan-2-04

Business Office Use Only

Date Rec'd 05/25/01

Amt Paid 200.00

Rec'd By lo ~~Cash~~/Check No. 4421

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: 01302322

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1401 Linwood Lane (no rural route) City Lincoln, NE, Zip 68505

Owner _____ Addresss _____

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

Date of Tests Apr. 17, 01 to Apr. 18, 01 Weather: Precipitation Mid 60's Light Breeze Temperature Mid 60's

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"	4-17-01	4 PM	4-17-01	8 PM	4-18-01	3:PM		4-18-01	7:PM	4 hrs	11 3/8	
2											30"	5 1/8	
3												4"	
4		Held Presoak									½		Dead Hole
5		12" Soaked up Every				1 hr.					½		Sand Hole
6											6 3/5	4 1/2	
7											½	6 3/4	
8											½	4 7/8	
9											½	5 3/8	
10												2	

Person Conducting Percolation Tests

Name: Mark Southwick
Phone: 421-8001 or 432-3742 Cel
Address 8301 So. 91st
Lincoln, Nebr. 68526

Sum of Percolation Rates: > 20 min variable
Average of Rates: _____
Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date 5-25-01

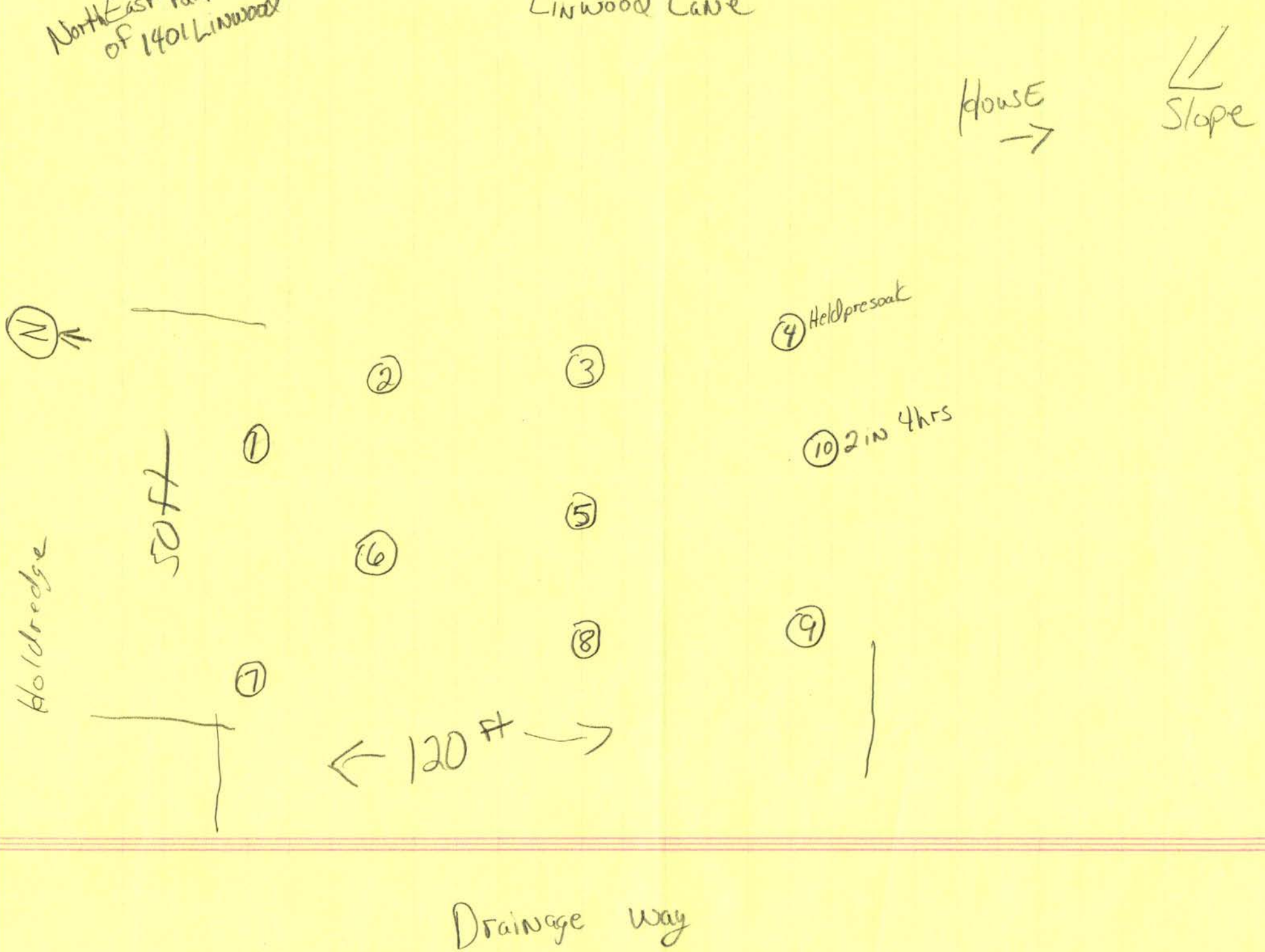
FORM 23-101 10-96

Presoak - 4-8 Apr. 17, 01
Test 3-7 Apr. 18, 01

	3	3:30	4:00	4:30	5:00	5:30	6:00	6:30	7:00	
(1)	26	27½	29 addwater	27½	29	30½ Add W.	27½	29	30⅜	11⅜
(2)	28	28¾	29¼	30	30¾	31⅜	32	32½	33⅛	5⅛
(3)	27	27½	28	28½	29	29½	30	30½	31	4"
(4)	Held Presoak									
(5)	28	34 Add W	34 Add W.	34 AW	Soak all up Before 30 min.					
(6)	28	28⅝	29¼	29⅞	30⅜	31	31½	32	32½ - 4½	
(7)	28	29	30	30⅞	31¾	32⅝	33¼	34 AW	28¾	6¾
(8)	27	27⅝	28¼	28⅞	29½	30⅛	30¾	31⅜	31⅞	4⅞
(9)	26	26¾	27½	28¼	29	29⅝	30¼	30⅜	31⅜	5⅜
(10)	28	28¼	28½	28¾	29	29¼	29½	29¾	30	2

33 1/8
32 4/8

(1) 1 3/8
(2) 7/8
(3) 1/2
(6) 4 1/2
(7) 6 3/4
(8) 1/2
(9) 1/2
(10) 1/4


NorthEast Part of 1401 Linwood
Linwood Lane
House
Slope
N
1
2
3
4 Held pre soak
5
6
7
8
9
10 2 in 4 hrs
50 ft
120 ft
Holdridge
Drainage Way

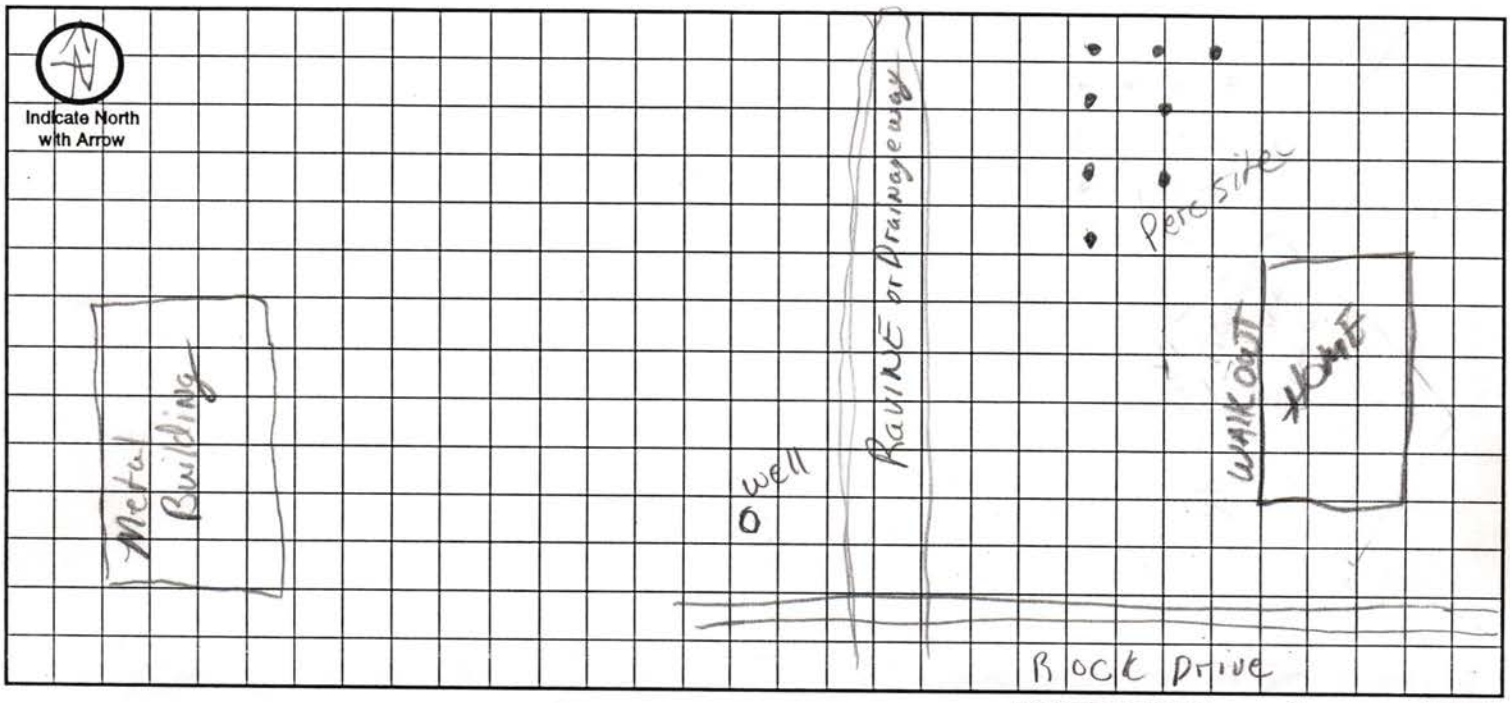
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802322

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: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft. 263 × 4 = 1052

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator 25/20

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

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

Installer James Watts Date 8/28/2007

Dennis Walton

730-3277

RECEIVED
DEC 23 2003

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12/21/03

System Location (Indicate correct number and street)

Address 1401 Linwood (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: plastic
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 35 in.
3. Distance between dwelling and septic tank: 54 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 123 ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: ____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18" in.
   Over outlet, diameter 18 in.
   Riser: ☐ above ☒ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 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: 34 ft.

D. Absorption Field

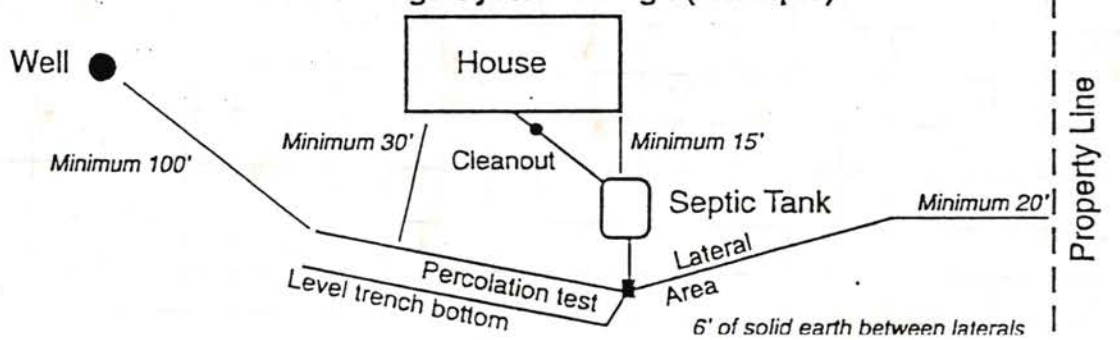
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" infiltrator
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 90 ft. 70 ft.
   90 ft. 72 ft., ____ ft.
3. Trench dimensions: Width ____ ft.
   Slope 0 in/100 ft.
   Average depth 26 in
4. Filter material: ____
   Depth of material ____ in.
5. Distances to: Well or suction line 135 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

1401 Linwood

Indicate North with Arrow

