# Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380248901

Issued 06/10/02
Expires 12/10/02
Revenue Code 3157

Establishment
TOM PEED
T10N R7E SEC 25 QTR SW
E 1/2 OF LOT 16 LOT 16IT
9802 A ST

FEES: $200.00

TOTAL: $200.00

Permittee
TOM PEED
9800 A ST
LINCOLN NE 68520

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002474

3:00 PM

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

**A**

Permit Number: 023802489

# 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 9800 A St. (no rural route) City Lincoln NE, Zip 68520

Legal Description SE of SW 25 10N 7E E½ 16 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 Tom Peed Signature _____

Address 9800 A St City/State/Zip Lincoln, NE 68520

☐ Check if owner designed system Home Phone _____ Work Phone _____

### C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 So 72nd. 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 1 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 6/10/02 Date frwd 6/10/02 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
6-11-02 test only

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-12-02 Date frwd 6-12-02 **ACTION** ☒ Approved ☐ Disapproved Signature _____

3. **City or County Engineer** Date rec'd 6/10/02 Date frwd 6/10/02 **ACTION** ☒ Approved ☐ Disapproved Signature _____

### Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JUNE 12, 2002

***Business Office Use Only***

Date Rec'd 06/10/02

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 4711

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: 02380248B

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 9800 A St (no rural route) City LINCOLN NE, Zip 68520

Owner Tom Peed Addresss 9800 A St. LINCOLN

Soil Type (SCS): ShD2 / WtC2 Percolation Rate: ____ min./inch

Date of Tests 11/15 to 11/16 Weather: Precipitation — Temperature 60s

## 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 | 11/15 | 10:00 | 11/16 | 8:00 | 11/16 | 11:30 | 24 | 11/16 | 12:00 | 30 | 3/4 | 40 |
| 2 | | | AM | | AM | | | 26 1/2 | | NOON | | 5/8 | 48 |
| 3 | | | | | | | | 25 7/8 | | | | 1/2 | 60 |
| 4 | | | | | | | | 24 1/4 | | | | 1/2 | 60 |
| 5 | | | | | | | | 26 1/8 | | | | 5/8 | 48 |
| 6 | ↓ | | | | | | | 27 | | | | 5/8 | 48 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So 72
Hickman, Ne

Sum of Percolation Rates: 304
Average of Rates: 50
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks ____

Signature of Reviewing Official ____ Date ____

FORM 23-101 10-96

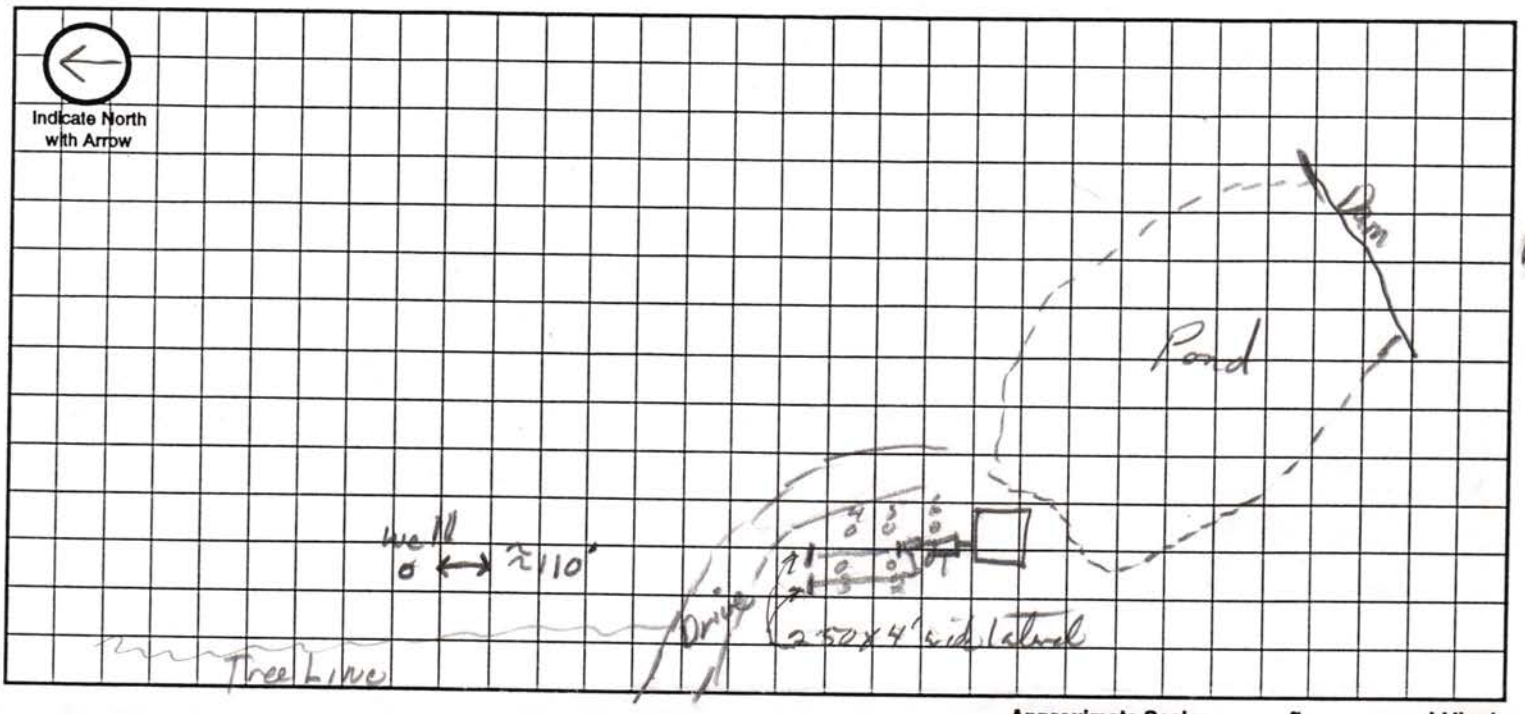
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number: 0238024489

# 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) 9800 A st City Lincoln NE, Zip 68520

## 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: Sh02 / 4TC2 Land Slope: _____ %

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

Total Square Feet of Field Required: 330 sq. ft.

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

Capacity of Septic Tank 1,000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 100 ft. Number of Trenches 2 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

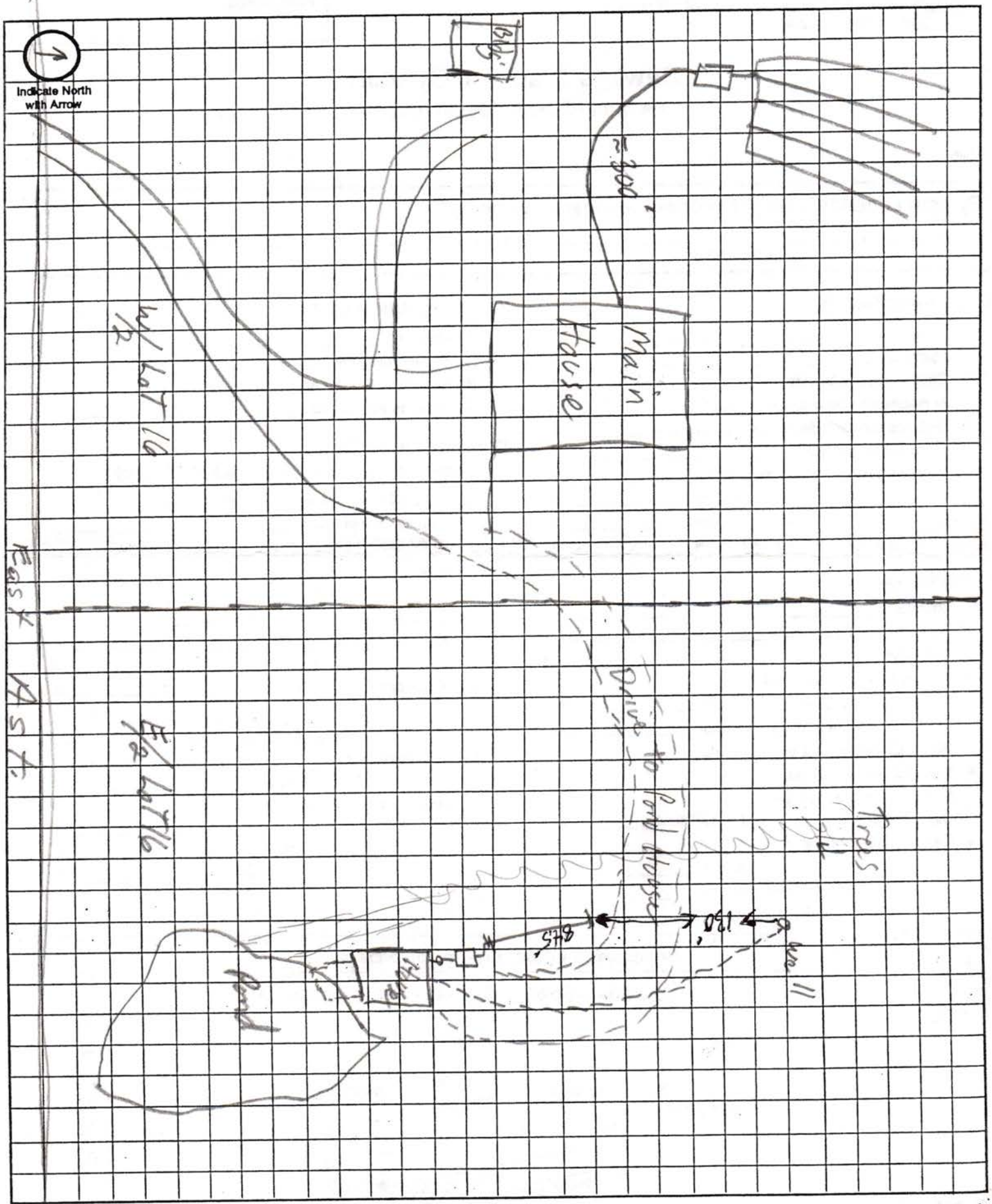
Home Building Contractor Manzitte Bros. Date _____

Installer Brad Sentinel Date 11-16-01

FORM 23-102 10-96

# 023802489

## As Built Drawing




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