Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

DAN B EINSPAHR
T10N R7E SEC 25 QTR NE
IRREGULAR TRACT LOT 21IT
301 S 112 ST

Permittee

DAN B EINSPAHR
8130 S CHERRYWOOD DR
LINCOLN NE 68510

Permit # 01380229801

Issued 04/10/01
Expires 10/10/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014639

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

A

Permit Number: 013802798

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 301 S. 112TH (no rural route) City LINCOLN NE, Zip 68512

Legal Description N.E. (1/4) 25 (1/4) 10N (Section) 7E (Township) (Range) Subdivision Addition Block 2 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name DANE INSPAHR Signature Dane B Esch

Address 8130 S. CHERRYWOOD DRIVE City/State/Zip LINCOLN, NE 68510

☐ Check if owner designed system Home Phone 488-0678 Work Phone _____

C. Contractor

Name PAUL SWINSON Company Name PREMIER BUILDERS

Address 7500 SAN MATEO LANE City/State/Zip LINCOLN, NE 68516

☐ Check if contractor designed system Work Phone 402-420-9339

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 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 4/10/01 Date frwd 4/10/01	ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 4-20-01 Date frwd 4-20-01	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 4/10/01 Date frwd 4/10/01	ACTION ☑ Approved ☐ Disapproved Signature Chase Baker	

8/14/01 Lagoon previously built – line to lagoon – ~~seed~~ drawing provided

Installation Final Written Approval

By Jerrold E. Hood needs form D.E.

Date NOVEMBER 15, 2001

Business Office Use Only

Date Rec'd 4/10/01
Amt Paid $200.00
Rec'd By CW Cash/Check No. 6635

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

FROM :

B

Permit Number: 013802298

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 301 So. 112 Th (no rural route) City Lincoln NE, Zip

Owner Kim Einspahr Address

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

Date of Tests 4/2/01 to 4/4/01 Weather: Precipitation Trace Temperature 50

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	4/2	1:30	4/4	8:00	4/4	9:00	6	4/4	9:00	30	0	0
2	36	4/2	1:30	4/4	8:00	4/4	9:00	6	4/4	9:00	30	1/4	120.
3	36	4/2	1:30	4/4	8:00	4/4	8:00	6	4/4	9:00	30	0	0
4	36	4/2	1:30	4/4	8:00	4/4	8:00	6	4/4	9:00	30	0	0
5	36	4/2	1:30	4/4	8:00	4/4	8:00	6	4/4	9:00	30	0	0
6	36	4/2	1:30	4/4	8:00	4/4	8:00	6	4/4	9:00	30	0	0

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Tom Kent Design Associates

Phone: CELL 432-6714

Address

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

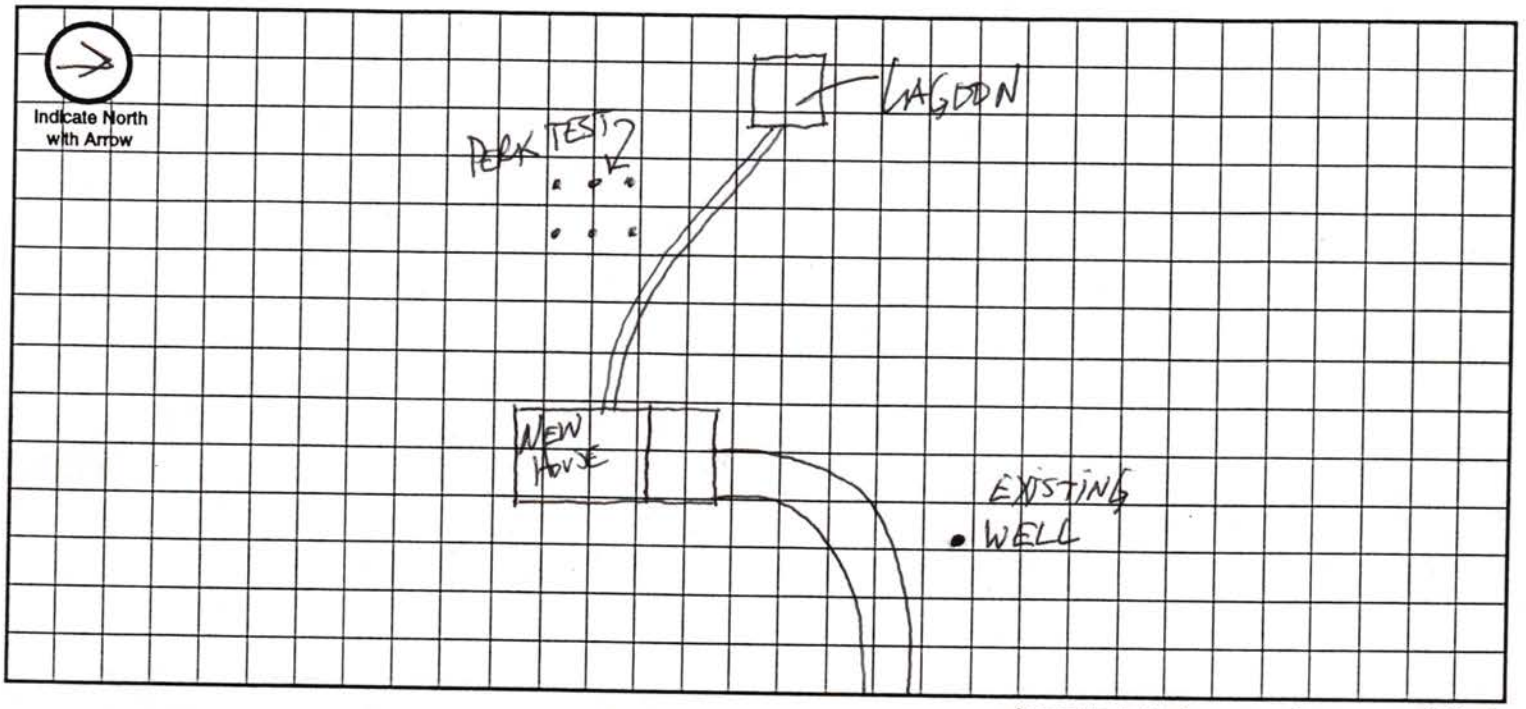
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802298

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) 301 S. 112TH City Lincoln NE, Zip 68512

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

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 LAGOON

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 4/09/01

Installer CAPITAL CITY TRENCHING (Ronald Kessman) Date 4-09-01

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: 013802298

Sewage Disposal System

As Built Plans & Specifications

Date 8/14/01

System Location (Indicate correct number and street)

Address 301 S. 11 2TH (no rural route) City LINCOLN NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 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: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

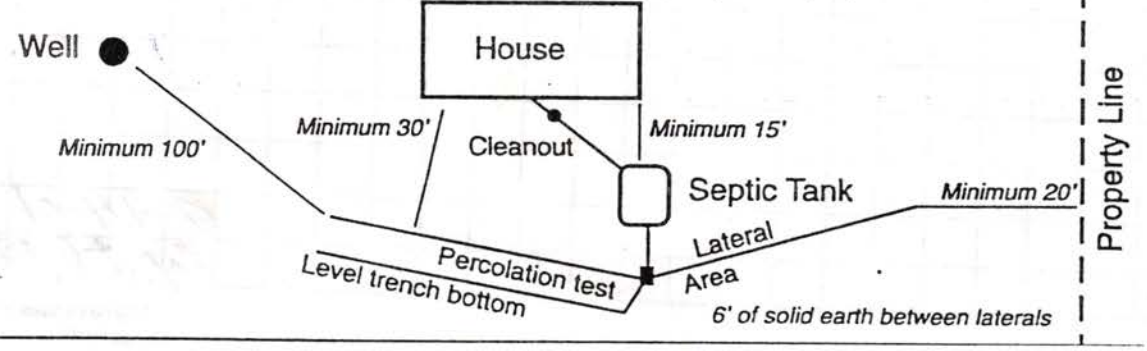
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

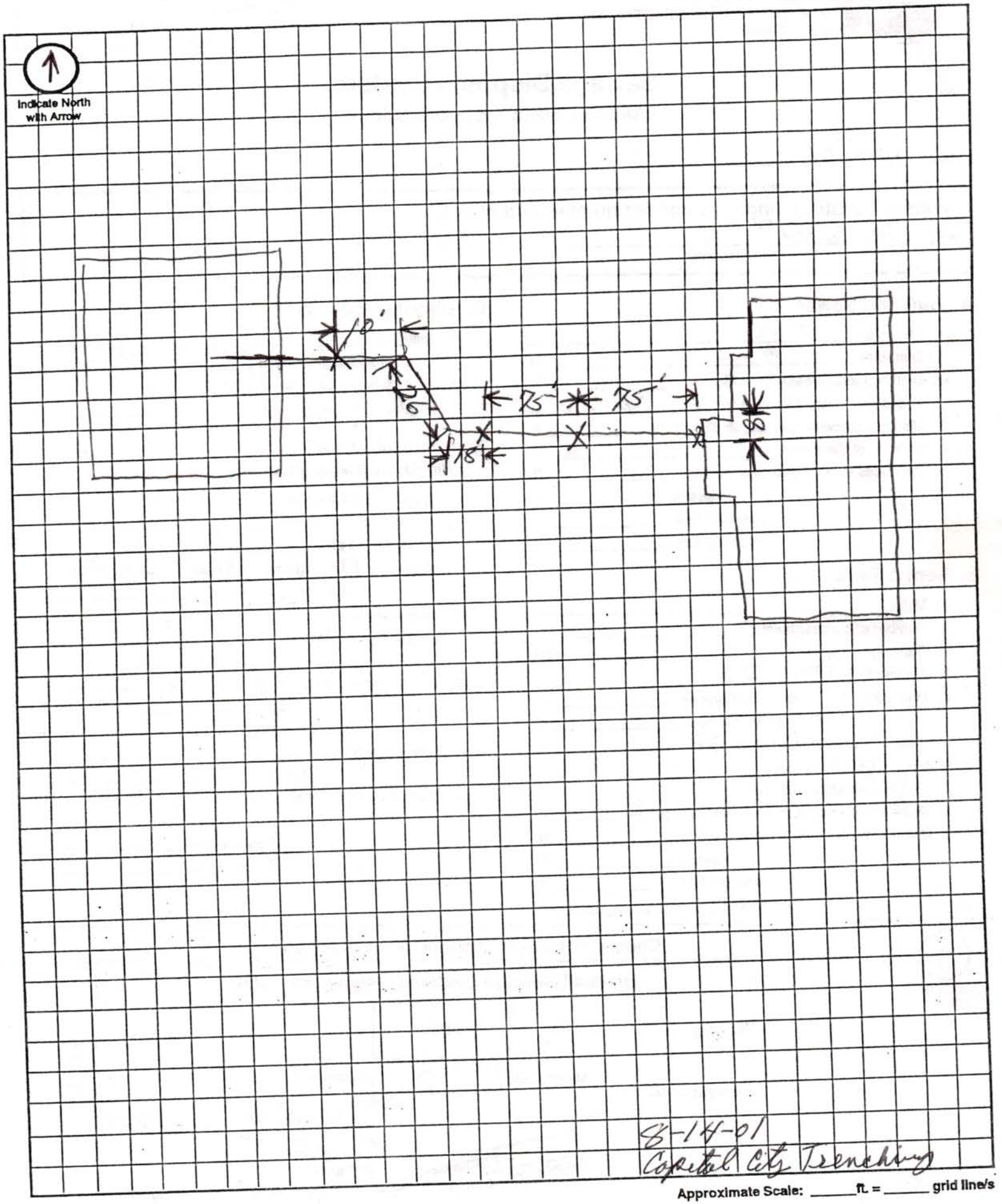
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



8-14-01
Capital City Trenching

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