LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380184501

Issued 09/15/98
Expires 03/15/99
Revenue Code 3157

FEES: $150.00

Establishment
DARYL BOHAC
T10N R7E SEC 35 QTR NE
N 1/2 OF S 1/2
1895 S 98 ST

PAID

TOTAL $150.00

Permittee
DARYL BOHAC
900 APPLEWOOD DR
EAGLE NE 68347-5015

Issued By Health Director
Lincoln-Lancaster County Health Department

008130

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 98380184S

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 1895 South 98th St. (no rural route) City Lincoln NE, Zip 68516

Legal Description N½ S½ NE¼ 35-10 7 Lincoln, Lancaster Co, Nebraska
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 Daryl + Kristie Bohac Signature _____

Address 900 Applewood Dr. City/State/Zip Eagle, NE 68347

☐ Check if owner designed system Home Phone 781-2467 Work Phone 1-402-559-5012

C. Contractor

Name Richard Pickel Company Name Pickel + Son Construction, Inc.

Address 7265 Parkridge Cr. City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone 730-7575

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

Designer Name Dave Vogt Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 9/14/98 Date frwd 9/15/98	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 9/15/98 Date frwd 9/15/98	ACTION ☐ Approved ☐ Disapproved Signature [illegible]	
3. City or County Engineer	Date rec'd 9-15-98 Date frwd 9-15-98	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	

Installation Final Written Approval

By Paul Wegmann

Date 10-19-98

Business Office Use Only

Date Rec'd 09/14/98

Amt Paid 150 ⁰⁰

Rec'd By _____ ~~Cash~~/Check No. 1289

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: 98380845

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1895 So 98th (no rural route) City Lincoln NE, Zip 68516

Owner Daryl + Kristie Bonac Address 900 Applewood Dr, Lincoln, NE 68347

Soil Type (SCS): SHARPSBURG, WYMORE + MAYBERRY SILTY CLAY LOAM ALL IN AREA Percolation Rate: _____ min./inch

Date of Tests 6-28-98 to 6-29-98 Weather: Precipitation None Temperature 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	30	6-28-98	11:00 AM	6-29-98	11:00	6-29-98	11:00	6	6-29	11:30	30	1½	20
2	"	"	"	"	"	"	"	6	"	"	"	1	30
3	"	"	"	"	"	"	"	6	"	"	"	¾	40
4	"	"	"	"	"	"	"	6	"	"	"	2	15
5	"	"	"	"	"	"	"	6	"	"	"	1½	20
6	"	"	"	"	"	"	"	6	"	"	"	1¼	24

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 560-4267
Address P.O. Box 181
Elmwood, NE 68349

Sum of Percolation Rates: 149
Average of Rates: 24.83
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerold C. Hood Date SEPTEMBER 14, 1998

FORM 23-101 10-96

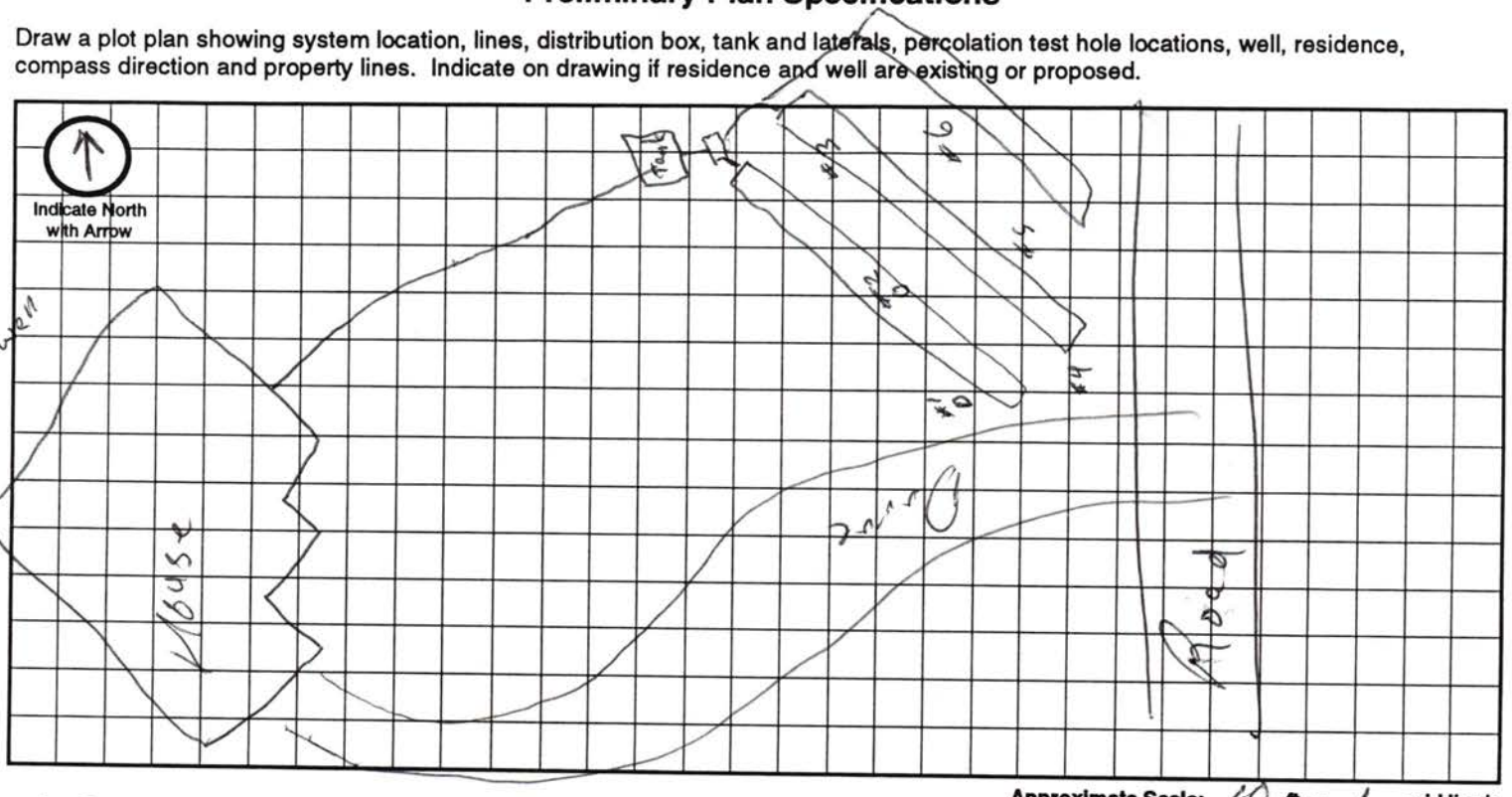
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98 3801845

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1895 S 98 City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 40 (min. per inch) Soil Type: SHARPSBURG, WYMORE & RAYBERR SILTY CLAY LOAM ALL IN AREA Land Slope: 3 %

Type of Absorption System: ☑ Trench ☒ Bed ☐ Other In Siltrator

Total Square Feet of Field Required: 1100 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: In Siltrator

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 4

Total Length of Laterals 275 ft. Number of Trenches 3 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 Susan R Pickel Date 9/14/98

Installer [signature] Date 9-11-98

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: 98380184S

Sewage Disposal System

As Built Plans & Specifications

Date 10-16-98

System Location (Indicate correct number and street)

Address 1895 So 98th (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 30 in.
   or distance below basement floor: 30 in.
3. Distance between dwelling and septic tank: 85 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 8 in.
   Riser: ☒ above ☐ below grade 1 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 70 ft.

D. Absorption Field

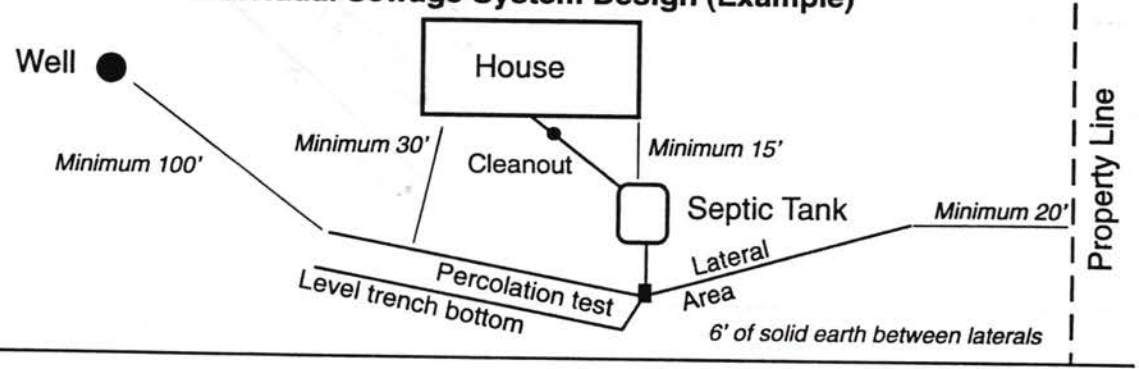
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: In Filtrator
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other In Filtrator
2. Lateral lines: Number 4
   Length of each line: 67 ft. 67 ft.
   67 ft. 75 ft., ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 90+ ft.

Indicate North with Arrow

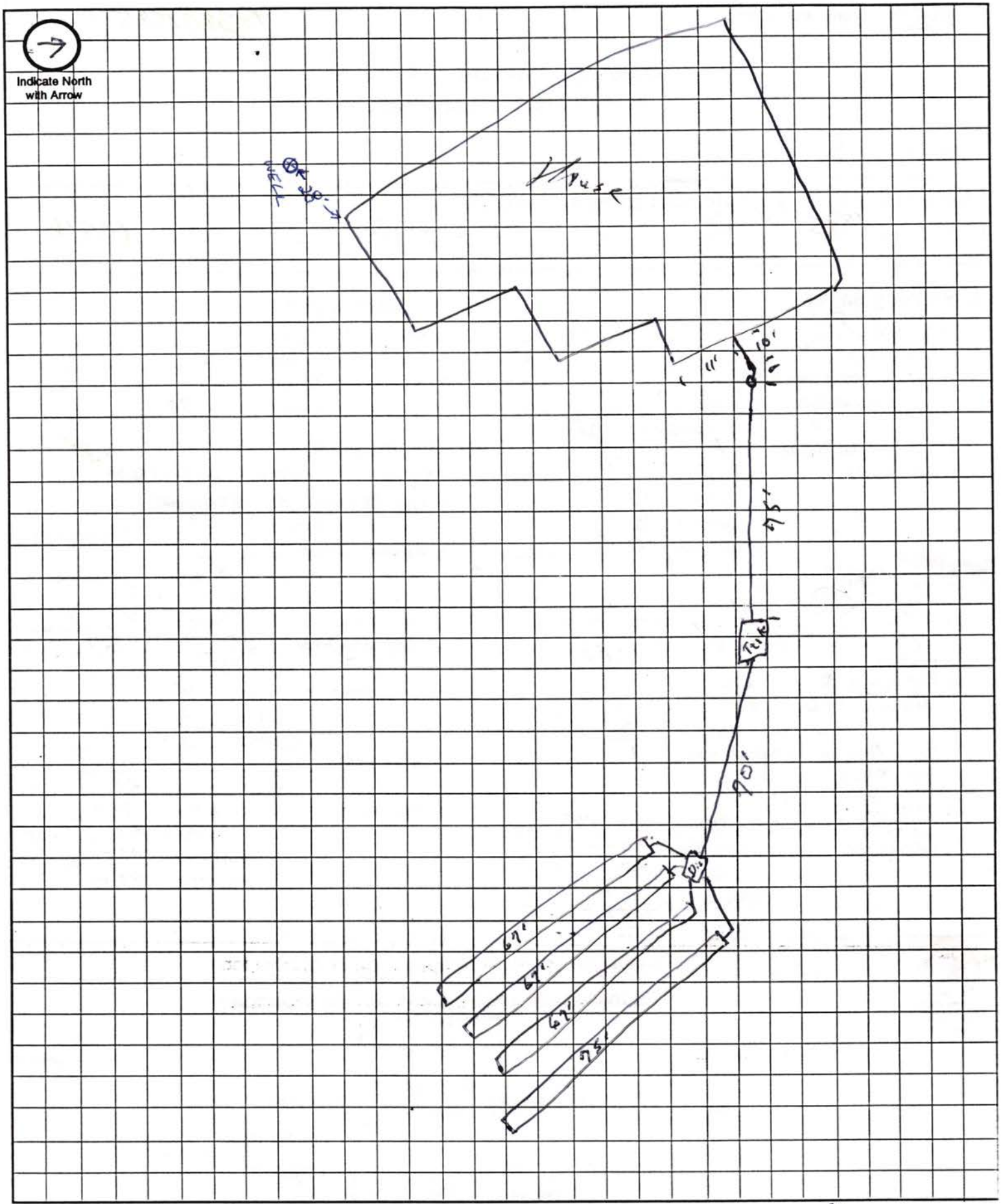
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s

P25035-11

MAR 3 0 2004

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 1895 S. 98th St.

Parcel ID 17-35-200-016-000 (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 35 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1/3 mile South of A St. on 98th St. - West side

Location of Well South of driveway, just east of garage Tap Location: Inside ☒ Outside ☒

Location of Sewage System Just Northeast of home - will be marked with stake Year Installed 1998

Site Hazards (dogs, etc.) 2 friendly dogs - may be in Kennel

	NAME	ADDRESS	PHONE
Present Owner:	Daryl & Kristie Bohac	1895 S. 98th St. Lincoln NE 68520	488-~~0383~~ 0133
Tenant/Buyer:	Tim & Brenda Lieske	3333 S. 79th St. Lincoln NE 68506	489-8249
Return to:	Kevin Burklund	7141 A St. Lincoln NE 68510	416-0416 434-3801 (Fax)

Signature of Applicant Kevin Burklund Address 7141 A St. Lincoln NE 68510 Date 3/26/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 3/30/04 Amount $200.00 Check No. 1254 Initials ao

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3/31/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.7 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits
Date 4/19/04 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: DEEP HOLE OVER ONE LATERAL MUST BE FILLED IN TO PREVENT SURFACE WATER FROM FLOWING INTO THE LATERAL SYSTEM. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Jerrold C. Hood R.E.H.S. Date 4/19/04

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00