LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 97380165501

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 09/10/97
Expires 03/10/98
Revenue Code 18754

Establishment

MIKE GERMER
T10N R7E SEC 36
LOT 41

FEES: $150.00

TOTAL $150.00

Permittee

MIKE GERMER
2511 S 75 ST
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

5229

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:

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 1500 South 9ftL (no rural route) City Lincoln NE, Zip 68

Legal Description NW NW 36 T10N R7E HIT
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 Michael J. Germer Signature [signature]

Address 2511 South 75th City/State/Zip Lincoln, NE 68506

☐ Check if owner designed system Home Phone 488-2133 Work Phone _____

C. Contractor Dave Vogt

Name ~~Gary Clark~~ Company Name Vogt T+T

Address Elmwood City/State/Zip NE

☐ Check if contractor designed system Work Phone 560 4267

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

Designer Name Lyle Loth ~~EIT~~ Firm ESP engineering 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 9/10/97 Date frwd 9/10/97
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 9/10/97 Date frwd 9/10/97
   ACTION ☒ Approved ☐ Disapproved
   Signature [signature]

3. **City or County Engineer**
   ~~9/10/97 by LCH~~
   Date rec'd 9-10-97 Date frwd 9-10-97
   ACTION ☒ Approved ☐ Disapproved
   Signature [signature]

Installation Final Written Approval

By Jerrold C. Hood

Date APRIL 7, 1998

Business Office Use Only
Date Rec'd 9/10/97
Amt Paid $ 150.00
Rec'd By CW Cash/Check No. 2094

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

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 441-8022

B

Test Taken 98th + A st SE. Side

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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 ☐ .
Dates of Tests: 7-10-93 to 7-11-93. Weather: Precip. 0 Temp. 80°.

Holes 1-3-4-5-6 had water in From Pre-Test

OWNER: Michael J. Germer
Address: 2511 S. 75th St. Lincoln, NE. 68506
488-2133

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	36"	7-10	2:00 pm	7-11	8:30 Am	7-11	8:30 Am	6"	9:00 Am	5 3/4"	30m	1/4"	
2	36"	7-10	2:00 pm	7-11	8:30 Am	7-11	8:30 Am	6"	9:00 Am	5 5/8"	30m	3/8"	
3	36"	7-10	2:00 pm	7-11	8:30 Am	7-11	8:30 Am	6"	9:00 Am	5 3/4"	30m	1/4"	
4	36"	7-10	2:00 pm	7-11	8:30 Am	7-11	8:30 Am	6"	9:00 Am	5 7/8"	30m	1/8"	
5	36"	7-10	2:00 pm	7-11	8:30 Am	7-11	8:30 Am	6"	9:00 Am	5 7/8"	30m	1/8"	
6	36"	7-10	2:00 pm	7-11	8:30 Am	7-11	8:30 Am	6"	9:00 Am	5 7/8"	30m	1/8"	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Avenue Phone 464-0683
Precast products INC.

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

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

_____
Signature of Reviewing Official

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

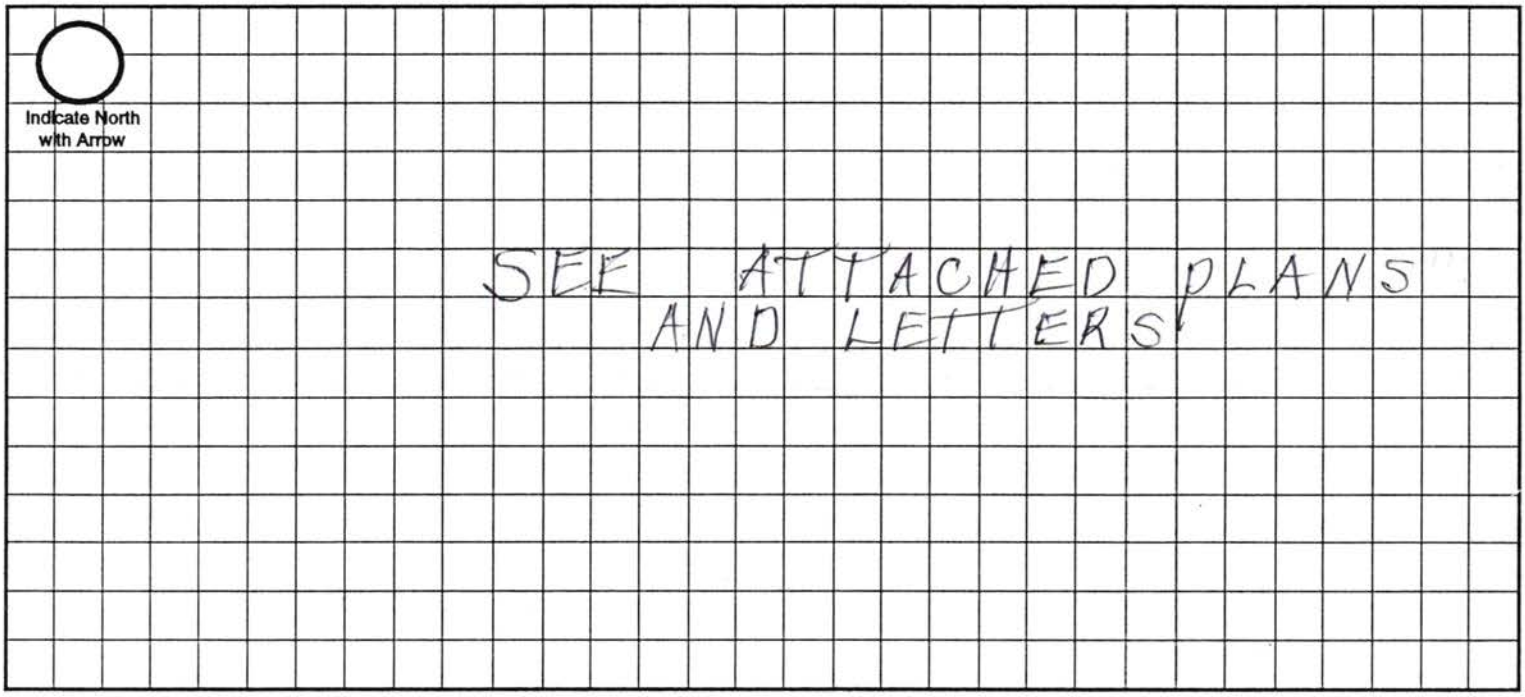
C

Permit Number:

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: _____ 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 Sept 10, 1997

Installer _____ Vogt T&T Excavating Date Sept 10, 1997

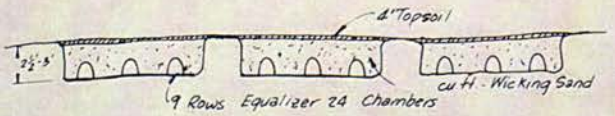
FORM 23-102 10-96

EVAPOTRANSPIRATION/ABSORPTION SYSTEM

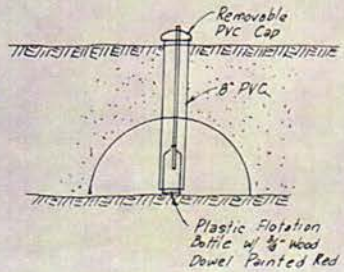
OWNER:	Mike Germer
ADDRESS:	98th & "A" Street
LEGAL:	Part of the NW 1/4 of Section 36-10-7
SIZE OF HOUSE:	4 Bedrooms
DESIGN FLOW:	4 BR x 150 gal/day/BR = 600 gal/day
PERCOLATION RATE:	240 minutes/inch
EVAPORATION LOSS:	8" per year = 0.014 gal/sq ft/day
ABSORPTION RATE:	Allowable Absorption based on Formula: $Q = \frac{5}{t}$, t = Percolation Rate. For t = 240 min/in, Q = 0.323 gal/day
TOTAL LOSSES:	0.014 + 0.323 = 0.337 gal/sq ft/day
REQUIRED AREA:	600 gal/day ÷ 0.337 = 1780 sq ft 1780 sq ft x 25% = 445 sq ft Equalizer Base Area 445 sq ft ÷ 10.4 sq ft per chamber = 43 chambers
	Use 9 Rows of 5 Equalizer 24 Chambers in 3 Beds = 45 Chambers
	Each Bed to be 5 x 8.333' = 45' long x 15' wide = 675 sq ft x 3 = 2025 sq ft.
STORAGE VOLUME:	45 Chambers x 33.3 gal/chamber = 1500 gal. 2.04 gal/cu ft of Wicking Sand x 5500 cu ft = 11,220 gal Total Storage Volume = 12,720 gal.

NOTE: The Contractor shall excavate an inspection pit to confirm that a 4' separation can be maintained from any seasonal water table(perched or otherwise) or impermeable clay or rock layer.

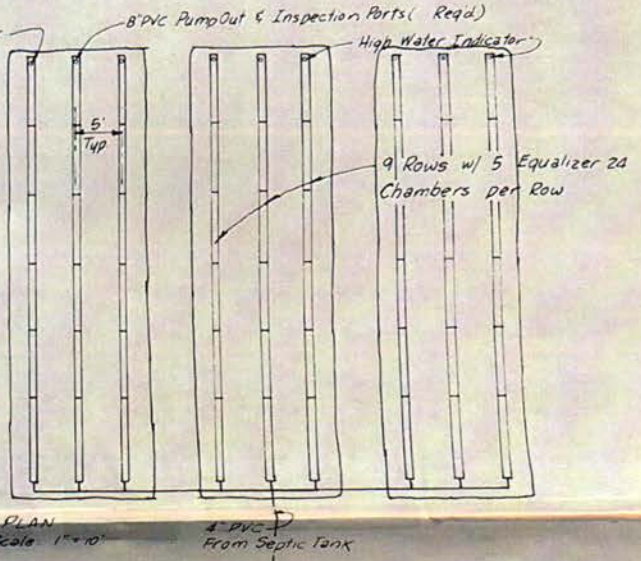
It is recommended that a water meter be installed on the water supply so that the Owner can monitor their water use and ensure that not more than 600 gallons per day are being used.



SECTION
(Not to Scale)



HIGH WATER INDICATOR
(3 Req'd)



PLAN
Scale 1"=10'

Pollution Control Project

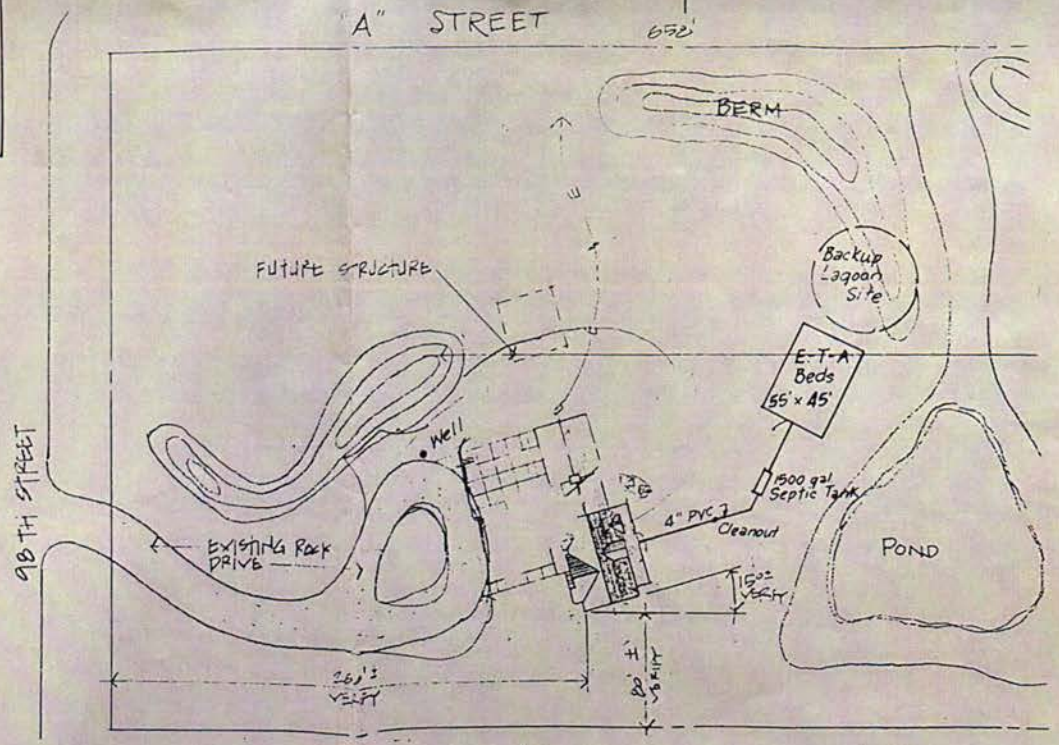
APPROVED

APR 02 1997

DEPARTMENT OF ENVIRONMENTAL QUALITY

APR 02 1997

RECEIVED



SITE PLAN

SCALE: 1"=50'-0"

1500 S. 98TH ST.

484-5500

MIKE GERMER 98th & 'A' ST.	EVAPORATION/TRANSPIRATION/ABSORPTION BED	E-S-P ENGINEERING • Lincoln, Nebraska Scale: As Shown Date: March, 1997	Drwg. No.

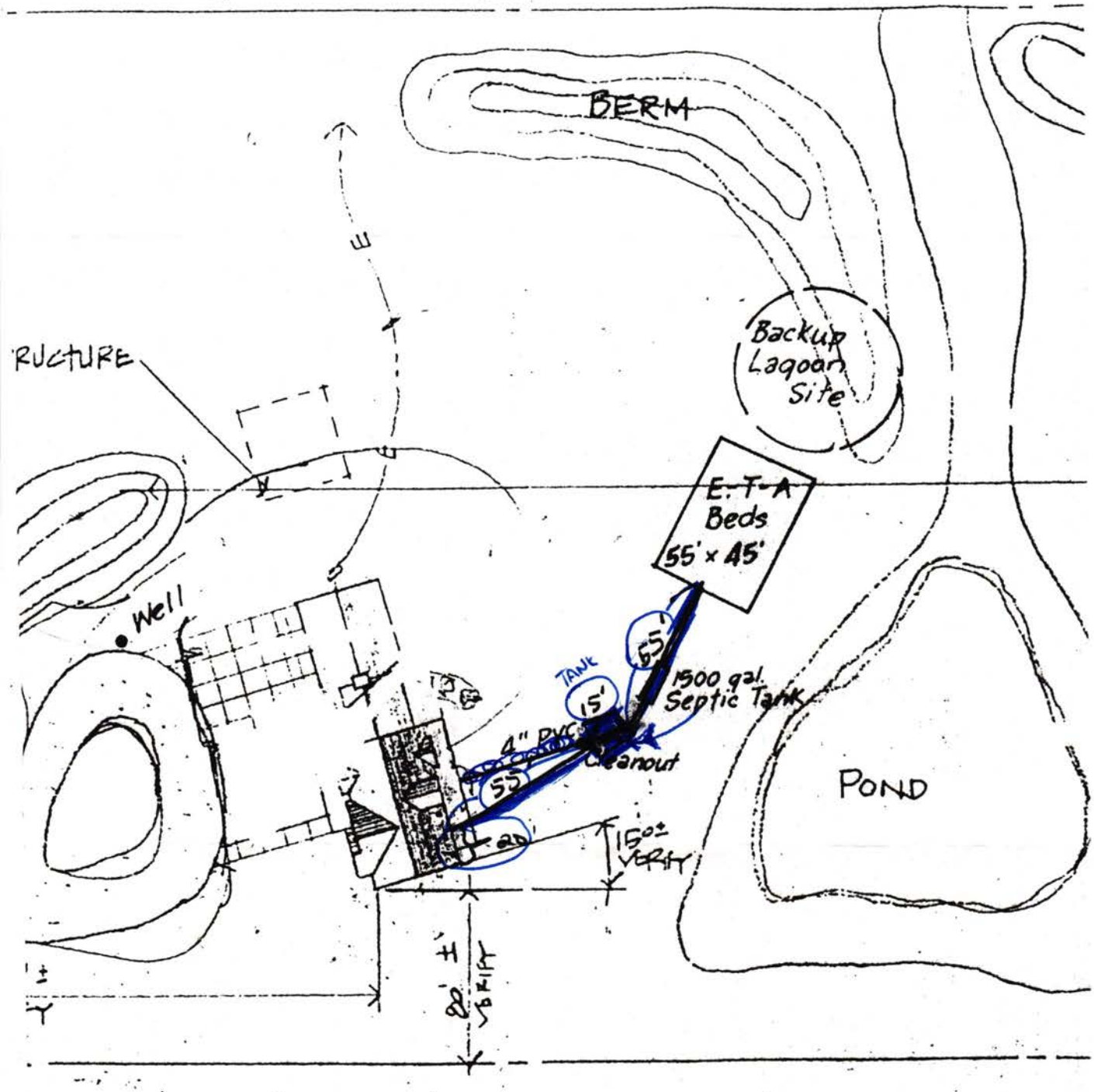
PLAN
Scale: 1" = 10'

4" PVC
From Septic Tank

APR 6 1998

A" STREET

658'



PLAN

0'-0"

ION/ABSORPTION BED	E-S-P ENGINEERING • Lincoln, Nebraska	Drwg. No.
	Scale: As Shown Date: March, 1997	