Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002122

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380262301

Issued 04/18/03
Expires 10/18/03
Revenue Code 3157

Establishment: ROB & KIM FRANZEN
T10N R8E SEC 2
PRAIRIE VISTA-PARCL1
5621 GRACE LN

FEES: $200.00

Permittee: ROB & KIM FRANZEN
2840 STARR ST
LINCOLN NE 68503

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380262301

Sewage Disposal System

Request for Site Clearance and Permit

WILL INSTALLATION WHATEVER PERCOLATION TEST INDICATES

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 5621 Grace Lane (no rural route) City LINCOLN NE, Zip

Legal Description 2 10-N 8-E 6pm Prairie Vista Addition Parcel 1 Block 3 Lot 17, 18 & 19

(1/4 1/4 Section Township Range Subdivision)

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Rob & Kim Franzen Signature

Address 2840 Starr City/State/Zip Lincoln NE 68503

☑ Check if owner designed system Home Phone Work Phone 525-2755

C. Contractor

Name Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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 (g-w-s 3, mm, Needham)	Date rec'd 4/18/03 Date frwd 4/18/03	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 4/18/03 Date frwd	ACTION ☐ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 4/18/03 Date frwd 4/18/03	ACTION ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Ron Mayfield

Date 8-22-03

Business Office Use Only

Date Rec'd 04/18/03

Amt Paid 200.00

Rec'd By Cash/Check No. 3421

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5621 Grace Lane (no rural route) City Lincoln NE, Zip

Owner Rob Franzen Addresss 2840 Star Lincoln NE 68503

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 12.48 min./inch

Date of Tests 4-13-03 to 4-14-03 Weather: Precipitation — Temperature 86

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	4-13-03	18:00	4-14-03	18:00	4-14-03	18:00	6	4-14-03	18:30	30	2 1/2	12
2	30	"	18:00	"	18:00	"	18:00	6	"	18:30	30	2 1/4	13.33
3	30	"	18:00	"	18:00	"	18:00	6	"	18:30	30	2 1/4	13.33
4	30	"	18:00	"	18:00	"	18:00	6	"	18:30	30	2 3/4	10.9
5	30	"	18:00	"	18:00	"	18:00	6	"	18:30	30	2 1/2	12
6	30	"	18:00	"	18:00	"	18:00	6	"	18:30	30	2 1/4	13.33

Sum of Percolation Rates: 74.89
Average of Rates: 12.48
Rate Used for Calculation: 12.48

Person Conducting Percolation Tests

Name: Rob Franzen
Phone: 525-2755
Address 2840 Star
Lincoln, NE 68503

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Little fast for Sharpsburg.

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date 4/18/03

FORM 23-101 10-96

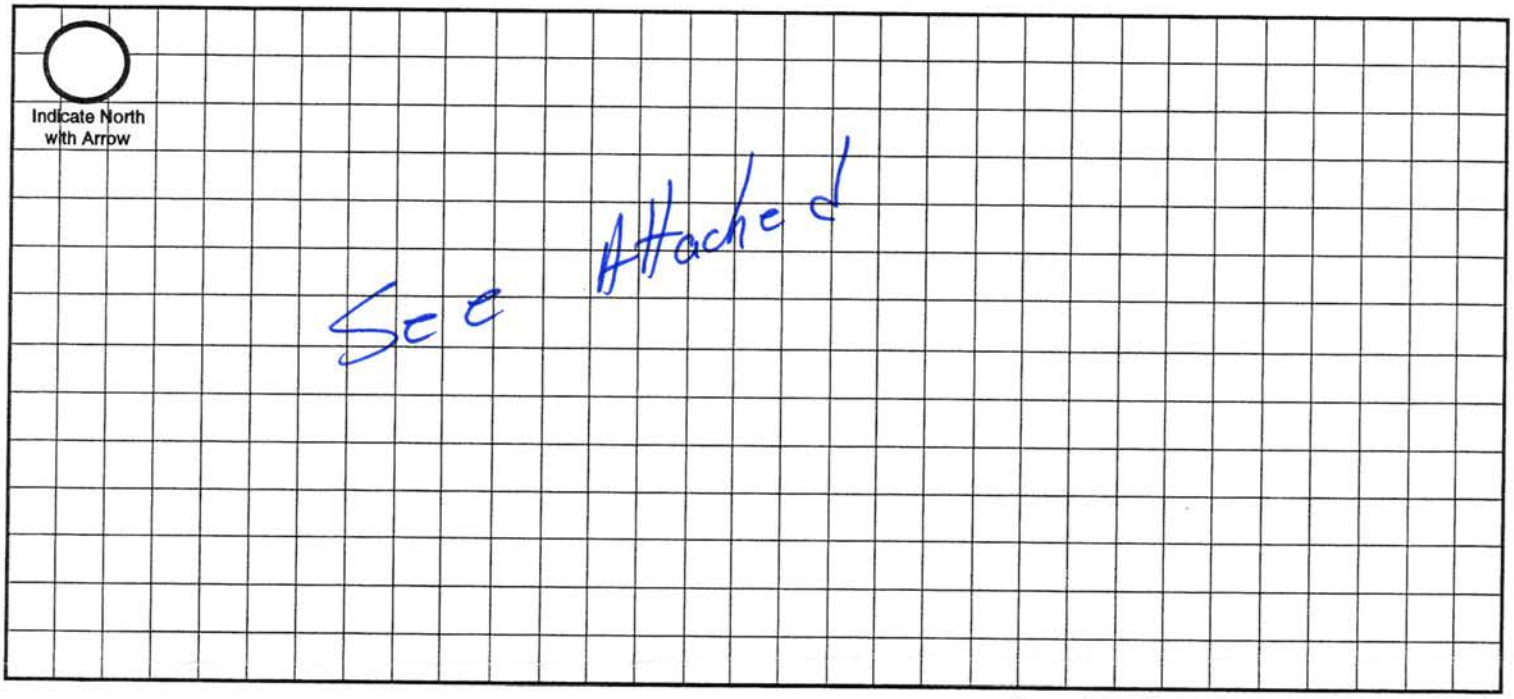
1st C

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Phone: 402-441-8022

Permit Number: 033802623

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) 5621 Grace Lane City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☑ Plastic ☐ Other _____

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

Percolation Rate 12 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 630 sq. ft. 315 2)630

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

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

Total Length of Laterals 210 ft. Number of Trenches 3 Trench Width 3 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 ~~Rob Fuerst~~ Robert Swigart Date 3.12.03

Installer Robert Swigart Date _____

FORM 23-102 10-96

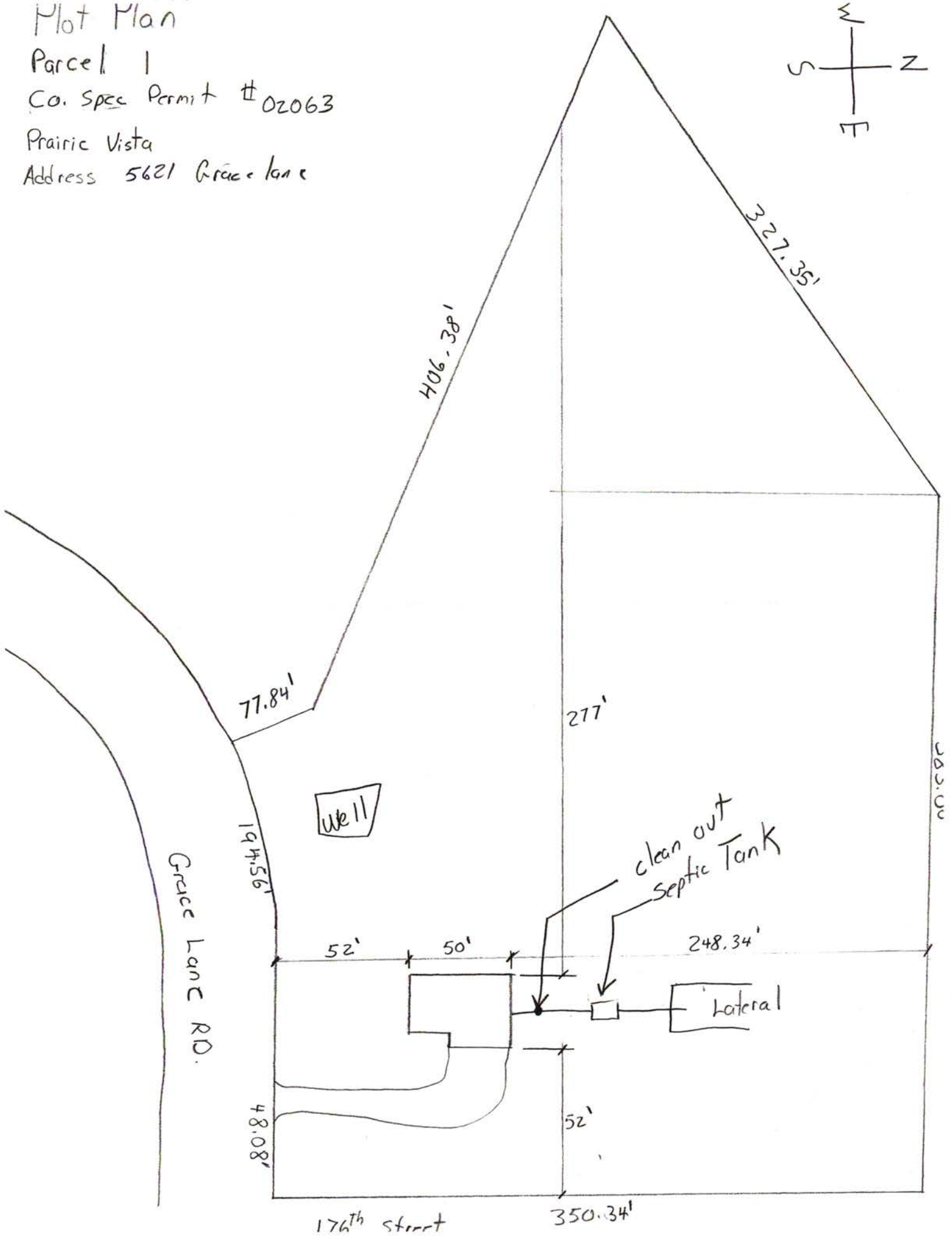
Plot Plan

Parcel 1

Co. Spec Permit #02063

Prairie Vista

Address 5621 Grace lane



Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 3-13-03

System Location (Indicate correct number and street)

Address 5621 Grace Lane (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Sch 40
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ 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

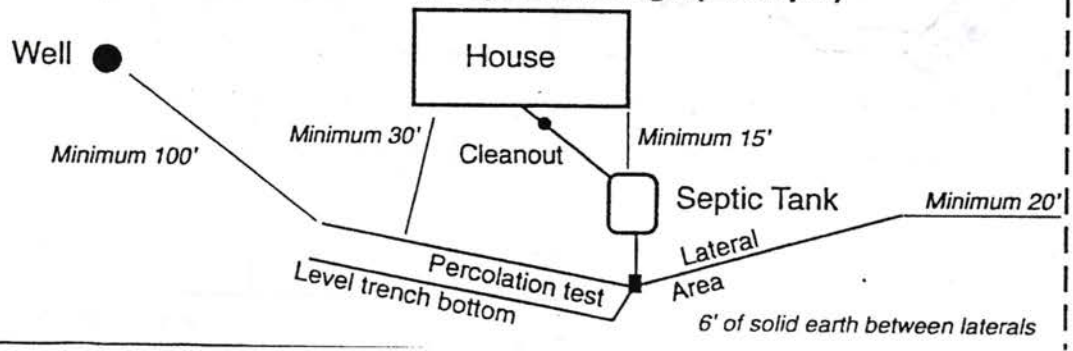
(Provide as-built drawings on back of this form)

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

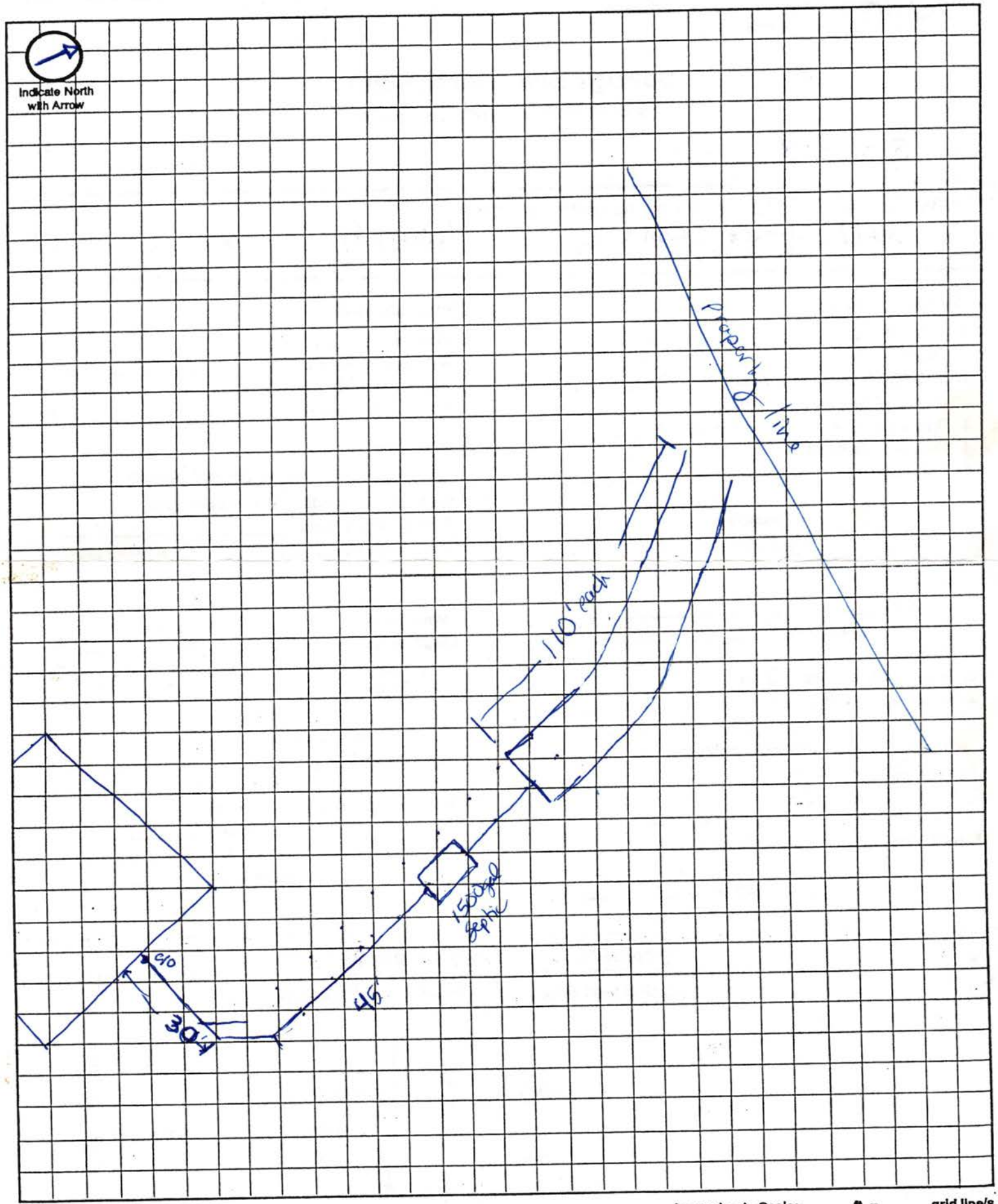
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

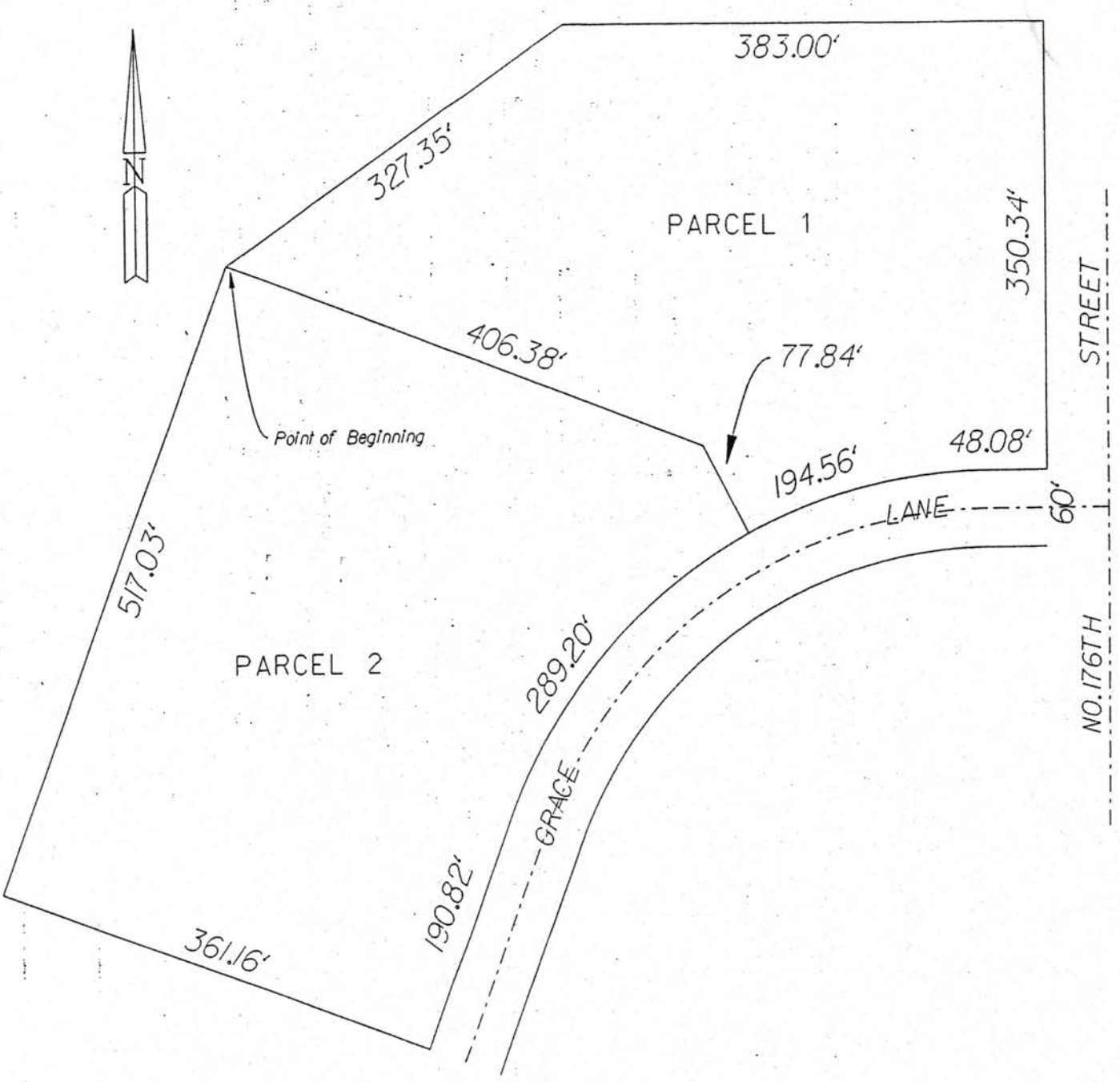


Approximate Scale: _____ ft. = _____ grid line/s

PRAIRIE VISTA

Administrative Subdivision

2-10-8



RECEIVED
SEP 17 2002
LINCOLN CITY/LANCASTER COUNTY
PLANNING DEPARTMENT