Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380243901

Issued 04/04/02
Expires 10/04/02
Revenue Code 3157

Establishment

ROBERT A FRAZIER
T10N R8E SEC 10 QTR SW
LOT 17
14900 ADAMS ST

FEES: $200.00

TOTAL: $200.00

Permittee

ROBERT A FRAZIER
15000 ADAMS ST
LINCOLN NE 68527

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

001099

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

A

Permit Number: 02380 2439

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 14900 Adams City Lincoln NE, Zip 68527

Legal Description Lot 17 SW 10 - 10N - 8E 23-10-300-003-000 = PID# 17 I.T.
(1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot)
(no rural route)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Robert A. & Barbara J. Frazier Signature Robert A. Frazier

Address 15000 Adams City/State/Zip Lincoln, NE. 68527

☐ Check if owner designed system Home Phone 786-3624 Work Phone 489-3802 (6427

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** Date rec'd 4/4/02 Date frwd 4/5/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-5-02 Date frwd 4-5-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/5/02 Date frwd 4/5/02 ACTION ☒ Approved ☐ Disapproved Signature _____

7-12-02

Installation Final Written Approval

By Ron Mangum

Date 7-16-02

Business Office Use Only

Date Rec'd 4/4/02

Amt Paid $200.00

Rec'd By CW Cash/Check No. 3357

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
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B

Permit Number: 02380239

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14900 Adams (no rural route) City Lincoln NE, Zip 68527

Owner Robert A. & Barbara J. Frazier Addresss 15000 Adams

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 23 min./inch

Date of Tests 3-29-02 to 3-30-02 Weather: Precipitation _____ Temperature 48°

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	29	3/29	12:00	3/30	12:00	3/30	3:00	18	3/30	3:30	30	19⅞ / 1⅛	24 MIN/IN
2	29	3/29	12:00	3/30	12:00	3/30	3:00	18¾	3/30	3:30	30	19¾ / 1	30 MIN/IN
3	29	3/29	12:00	3/30	12:00	3/30	3:00	18	3/30	3:30	30	19¾ / 1¾	17 MIN/IN
4	29	3/29	12:00	3/30	12:00	3/30	3:00	19	3/30	3:30	30	20 / 1	30 MIN/IN
5	29	3/29	12:00	3/30	12:00	3/30	3:00	20¼	3/30	3:30	30	21¾ / 1½	20 MIN/IN
6	29	3/29	12:00	3/30	12:00	3/30	3:00	19¼	3/30	3:30	30	21 / 1¾	17 MIN/IN

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 23

Person Conducting Percolation Tests

Name: Robert A. Frazier

Phone: 786-3624

Address Rt. #13 15000 Adams
Lincoln, NE. 68527

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date APRIL 4, 2002

FORM 23-101 10-96

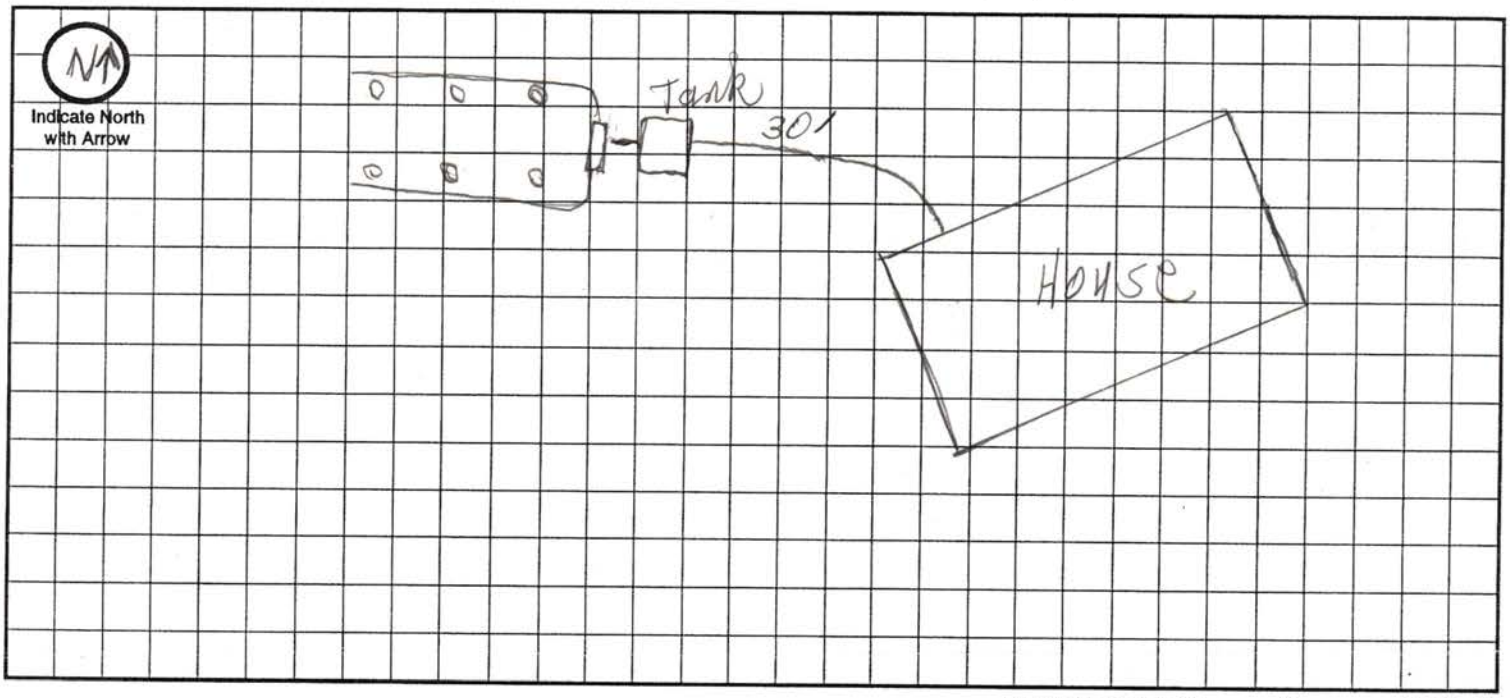
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 02302439

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) 14900 Adams City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 23 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 750 sq. ft.

187
4 | 750
25
3 | 25
6
15

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 3 Trench Width 4'

187 ft correction from _____

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 MODULAR HOME Date _____

Installer William A. Clemman Date 4-15-02

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-16-02

System Location (Indicate correct number and street)

Address 14900 ADAMS ST (no rural route) City LINCOLN NE, Zip 68527

A. Building Sewer

1. Material: SCHEDULE 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: 48 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 36 ft.
4. Number of clean-outs: 1 IN HOUSE
5. Distances to: well or suction line 160 ft.
   stream _____ ft.
   pressure line 30 ft.
   property line 120 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 6 in.
   Riser: ☒ above ☐ below grade 18 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 9 in.
8. Distances to: Well or suction line 160 ft.
   Stream _____ ft.
   Pressure line 60 ft.
   Property line 130 ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No "
3. Distance from septic tank: 29

D. Absorption Field

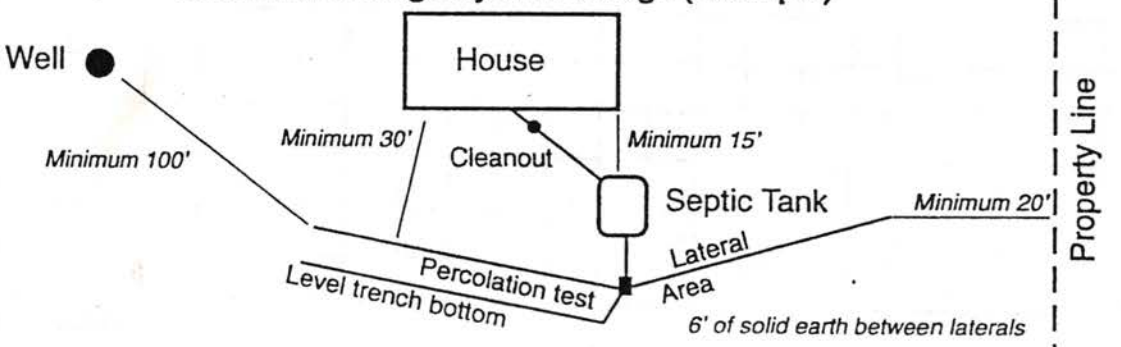
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 74 ft. 67 ft.
   83 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 20 in
4. Filter material: NATIVE SOIL
   Depth of material 20 in.
5. Distances to: Well or suction line 151 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 132 WEST ft.
   129 SOUTH

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

Indicate North with Arrow

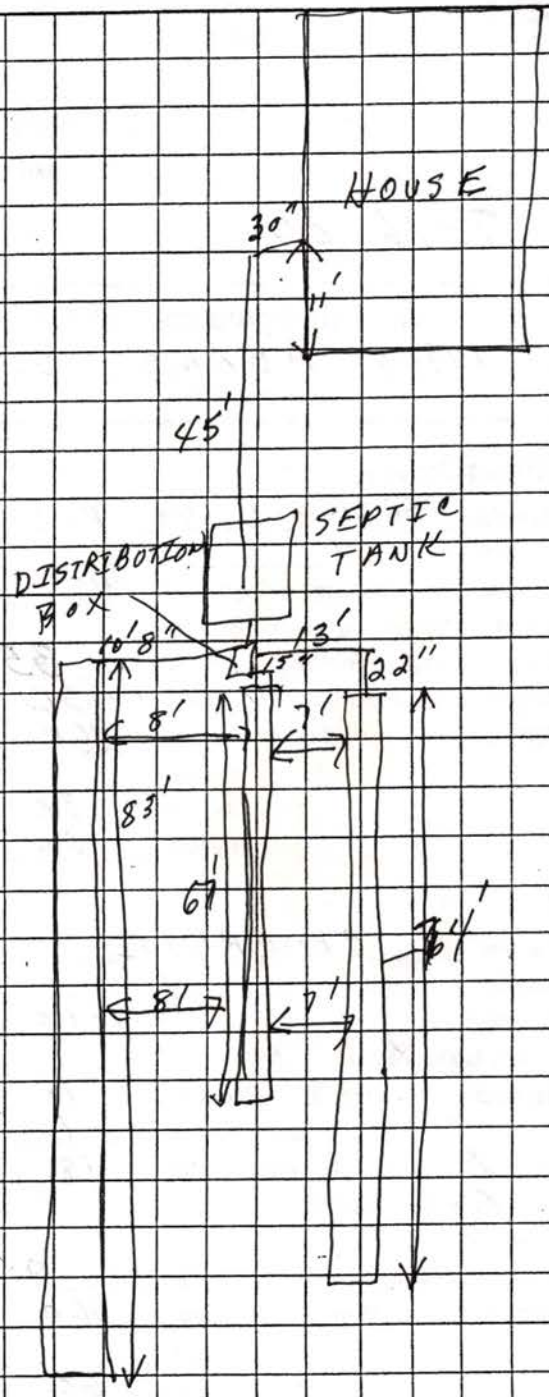
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow



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