Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380201701

Issued 06/18/99
Expires 12/18/99
Revenue Code 3157

FEES: $150.00

Establishment

JON REEDER
T10N R8E SEC 14 QTR NW
W 1/2 OF NW 1/4
2700 N 162 ST

TOTAL: $150.00

Permitee

JON REEDER
2800 N 162 ST
LINCOLN NE 68527

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010605

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 2700 N 162nd (no rural route) City Lincoln NE, Zip 68527

Legal Description W½ NW 14 10N 8E Lot 7+8 I.T.
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 Jon Reeder Signature [signature]

Address 2800 N 162nd City/State/Zip Lincoln Ne 68527

☐ Check if owner designed system Home Phone 489 0255 Work Phone _____

C. Contractor

Name Apthope Construction Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 430-9011

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

Designer Name Clint Pressnell Firm Wellmann Work Phone 430-6817

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 6/17/99 Date frwd 6/18/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. Supt. Bldg. Insp. or Village Clerk Date rec'd 6/18/99 Date frwd 6/18/99 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. City or County Engineer Date rec'd 6/28/99 Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature [signature]

6-21-99 req line tank
6-22-99 laterals, N sed drawing

Installation Final Written Approval

By Ron Mayeur

Date 2-10-00

Business Office Use Only

Date Rec'd 06/12/99

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 106421

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

Lincoln-Lancaster County Health Department
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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 2700 N 162nd (no rural route) City Lincoln NE, Zip 68527

Owner Jon Reeder Addresss 2800 N 162nd

Soil Type (SCS): SHARPSBURG SILTY Clay LOAM Percolation Rate: 60 min./inch

Date of Tests 6-12 to 6-13-99 Weather: Precipitation Dry Temperature 80°

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	6-12	9am	6-13	9am	6-13	9am	6"	6-13	12:30	30	.5	60
2	"	"	"	"	"	"	"	"	"	"	"	.75	40
3	"	"	"	"	"	"	"	"	"	"	"	1	30
4	"	"	"	"	"	"	"	"	"	"	"	1	30
5	"	"	"	"	"	"	"	"	"	"	"	1	30
6	"	"	"	"	"	"	"	"	"	"	"	.75	40
7	"	"	"	"	"	"	"	"	"	"	"	1.25	24

Person Conducting Percolation Tests

Name: Jon Reeder
Phone: 489-0255
Address 2800 N 162nd

Sum of Percolation Rates: 254
Average of Rates: 36.2
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 18, 1999

FORM 23-101 10-96

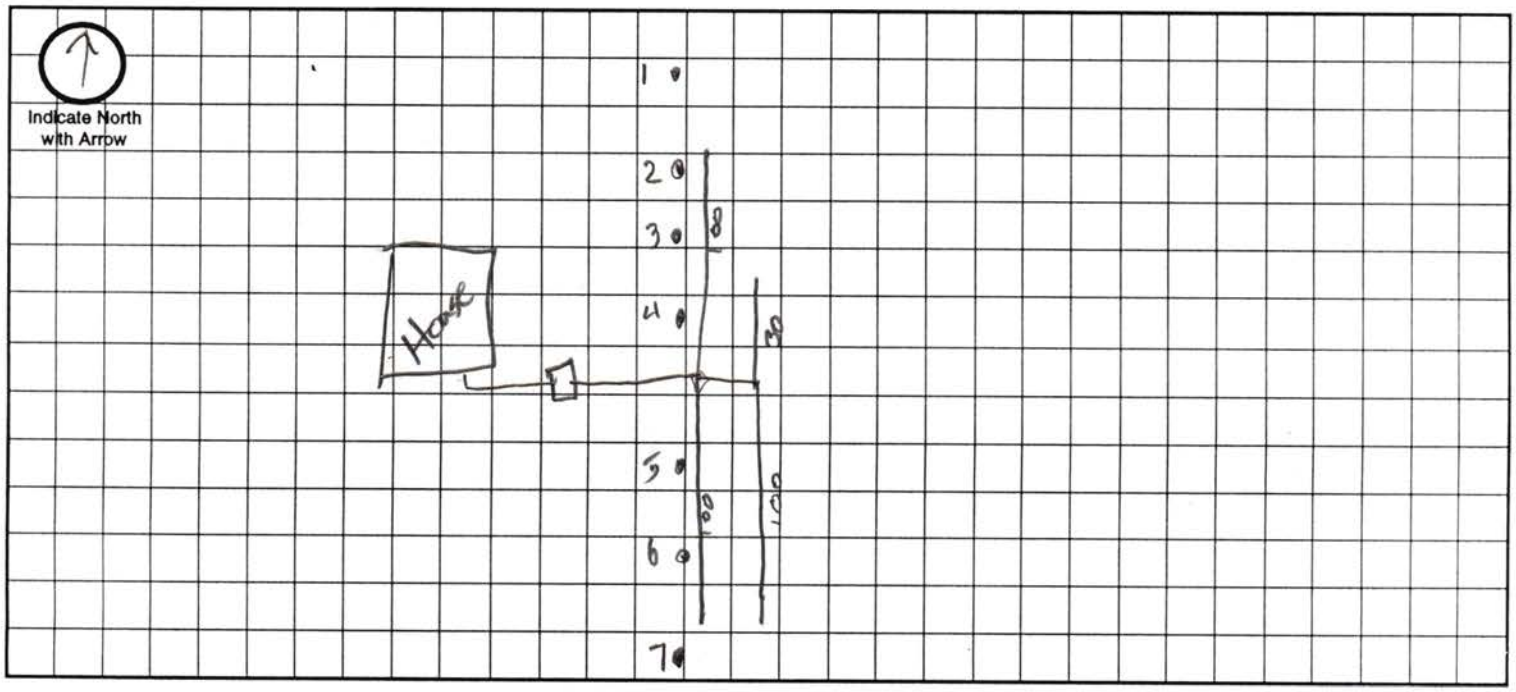
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Environmental Health Division
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Phone: 402-441-8022

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) 2700 162nd 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 60 (min. per inch) Soil Type: SHARPSBURG SILTY Clay Loam Land Slope: 2 %

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

Total Square Feet of Field Required: 490 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 4 Number of Distribution Laterals per Bed 1

Total Length of Laterals 330 ft. Number of Trenches 4 Trench Width 36"

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 Kent Apthorpe Date 6-15

Installer Wellmann Plumbing Date 6-15

FORM 23-102 10-96

Attn: Ron M.

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Wellmann Plumbing
434-2400

Date 2-10-00

System Location (Indicate correct number and street)
Address 2700 N 162nd (no rural route) City Lincoln NE, Zip 68527

A. Building Sewer

1. Material: Sch. 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank 64 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream — ft.
   pressure line 60+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream — ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank 30 ft.

D. Absorption Field

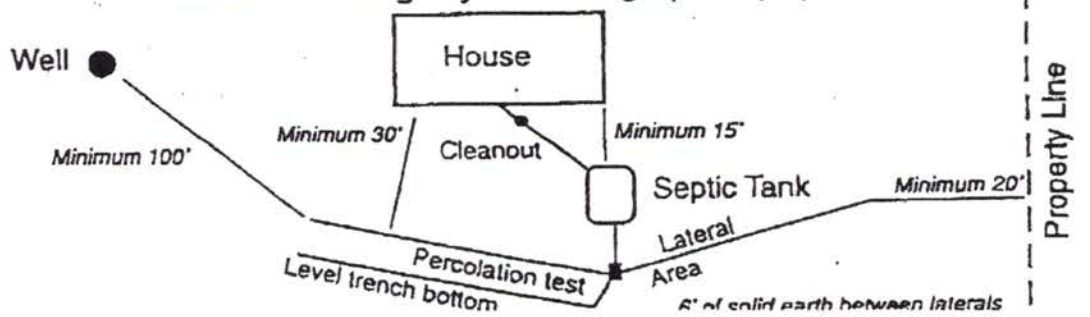
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 30 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line 100+ ft.
   Stream — ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

Attn Ron M.

As Built Drawing

434-2400
Wellmann Plumbing

