Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380249701

Issued 06/25/02
Expires 12/25/02
Revenue Code 3157

Establishment
GARY CARSON
T10N R8E SEC 16
LOT 5IT
14400 HOLDREGE ST

FEES: $200.00

TOTAL: $200.00

Permittee
GARY CARSON
2825 N 98 ST
LINCOLN NE 68507

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002538

432-1418 474-3000

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

A

Permit Number: 023802497

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 14400 Holdredge (no rural route) City Lincoln NE, Zip 68507

Legal Description 1/4 1/4 Section 16 Township 10N Range 8 East Subdivision Addition Block S.I.T. Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Gary Carson Signature _____

Address 2825 N 98th City/State/Zip 68507

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

C. Contractor artz sons

Name Roberts plumbing Company Name Roberts plumbing artz & Sons

Address 4231 Progressive ave City/State/Zip Lincoln NEB 68507

☐ Check if contractor designed system Work Phone 467-3744 423-1418

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 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 6/17/02 Date frwd 6/25/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-25-02 Date frwd 6-25-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/25/02 Date frwd 6/25/02 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JULY 2, 2002

Business Office Use Only

Date Rec'd 06/25/02

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 1341

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: 02380249?

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1440 Holdrege (no rural route) City _____ NE, Zip _____

Owner Gerald Carson Addresss 2825 N. 98th 68507

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 40 min./inch

Date of Tests 10-23-01 to 10-24-01 Weather: Precipitation Trace Temperature 55°

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	36	10/23	5:30	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1 1/4	24
2	36	10/23	5:30	10/24	9:00	10/24	9:00	6	10/24	1:00	30	3/4	40
3	36	10/23	5:30	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1	30
4	36	10/23	5:30	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1 3/4	17
5	36	10/23	5:30	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1 1/2	20
6	36	10/23	5:30	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1	30

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 18, 2002

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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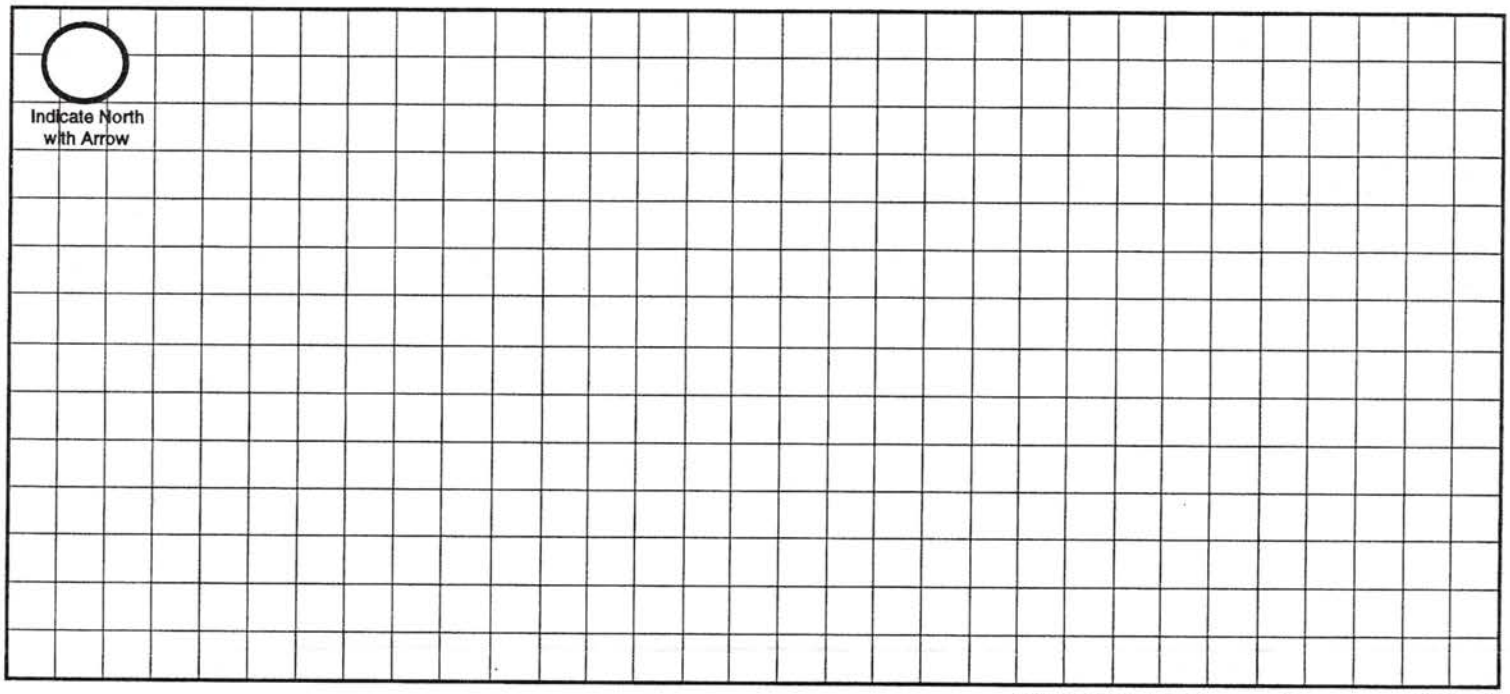
C

Permit Number: 023802497

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

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

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

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

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

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 Gritz & Sons contracting Date 6/18/02

Installer Roberts plumbing Date 6/18/02

FORM 23-102 10-96

90↕ inlet 79
60↔ outlet 76 D
96

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Sewage Disposal System
As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)
Address 14400 Holdredge (no rural route) City Lincoln NE, Zip ?

A. Building Sewer

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

C. Distribution Box

1. Material: plastic
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 17" ft.

D. Absorption Field

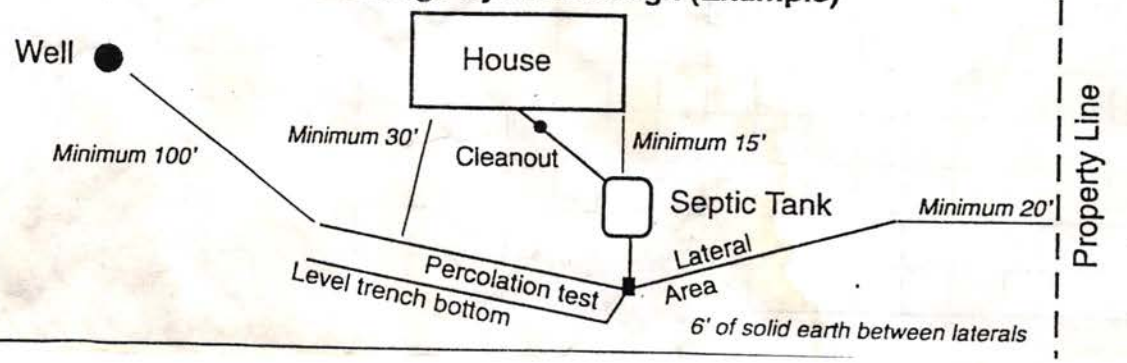
(Provide as-built drawings on back of this form)

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: 60 ft. 60 ft.
   80 ft. 80 ft., _____ ft.
3. Trench dimensions: Width 4" ft.
   Slope _____ in/100 ft.
   Average depth 5" in
4. Filter material: Dirt
   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)

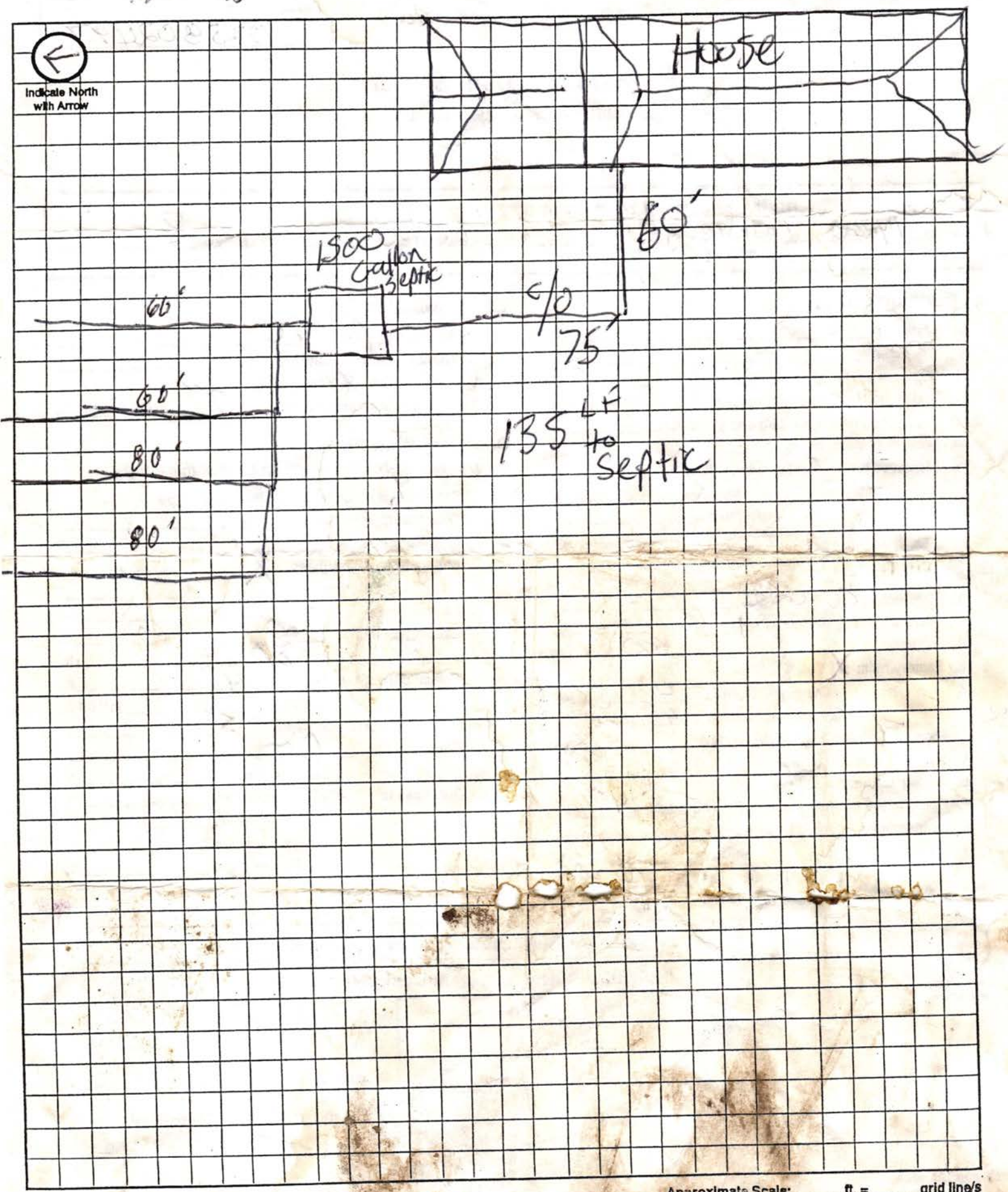


FORM 23-103 10-96

60 R140

As Built Drawing

19 75



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