LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98380184801

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 09/16/98
Expires 03/16/99
Revenue Code 3157

Establishment
JOHN & CAROL WELLS
T1ON R8E SEC 24
LOT 20
801 N 190 ST

FEES: $150.00

PAID

TOTAL $150.00

Permittee
JOHN & CAROL WELLS
905 F ST
EAGLE NE 68347-5042

Issued By Health Director
Lincoln-Lancaster County Health Department

008137

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Map #27

A

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

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 801 N. 190th (no rural route) City Lincoln Ne NE, Zip

Legal Description 24 (1/4) 10 (1/4) 8 (Section) Lancaster Co. Ne (Township) (Range) (Subdivision) (Addition) (Block) 20 (Lot)

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name John & Carol Wells Signature X John Wells Carol J. Wells

Address 905 F St City/State/Zip Eagle Ne 68347

☐ Check if owner designed system Home Phone 781-2782 Work Phone

C. Contractor

Name Larry Gilliam Company Name Gilliam Constr.

Address 410 Parkview City/State/Zip Eagle Ne 68347

☐ Check if contractor designed system Work Phone 781-9347 Pager 473-8880

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

Designer Name Firm Vogt T&T Work Phone 560-4267 Mobile

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 9/16/98 Date frwd 9/16/98	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9/16/98 Date frwd 9/16/98	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 9/16/98 Date frwd 9/16/98	**ACTION** ☒ Approved ☐ Disapproved Signature	

9-25-98 mm

Installation Final Written Approval

By Ron Mayfield

Date 9-25-98

Business Office Use Only

Date Rec'd 09/16/98

Amt Paid 150.00

Rec'd By ~~Cash~~/Check No. 2974

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 801 N. 190th (no rural route) City Lincoln NE, Zip

Owner John & Carol Wells Addresss 905 F St. Eagle Ne 68347

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

Date of Tests 8-24-98 to 8-25-98 Weather: Precipitation None Temperature 90°

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~~	~~19¼~~	~~8-24~~	~~9:00~~	~~8-25~~	~~9:00~~	~~8-25~~	~~9:00~~	~~19¼~~	~~8-25~~	~~12:00~~	~~60~~	~~¾~~	DO NOT INSTALL IN THIS AREA
2	19½	8-24	9:00	8-25	9:00	8-25	9:00	19½	8-25	12:00	60	1½	~~40~~ 40 MIN/IN
3	20½	8-24	9:00	8-25	9:00	8-25	9:00	20½	8-25	12:00	60	3¼	18 MIN/IN
4	20	8-24	9:00	8-25	9:00	8-25	9:00	20	8-25	12:00	60	4½	13 MIN/IN
5	20½	8-24	9:00	8-25	9:00	8-25	9:00	20½	8-25	12:00	60	2"	30 MIN/IN
6	22½	8-24	9:00	8-25	9:00	8-25	9:00	22½	8-25	12:00	60	3½	17 MIN/IN

Person Conducting Percolation Tests

Name: Larry Gilliam
Phone: 402-781-9341
Address 420 Parkview
Eagle Ne 68347

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 Date SEPTEMBER 16, 1998

FORM 23-101 10-96

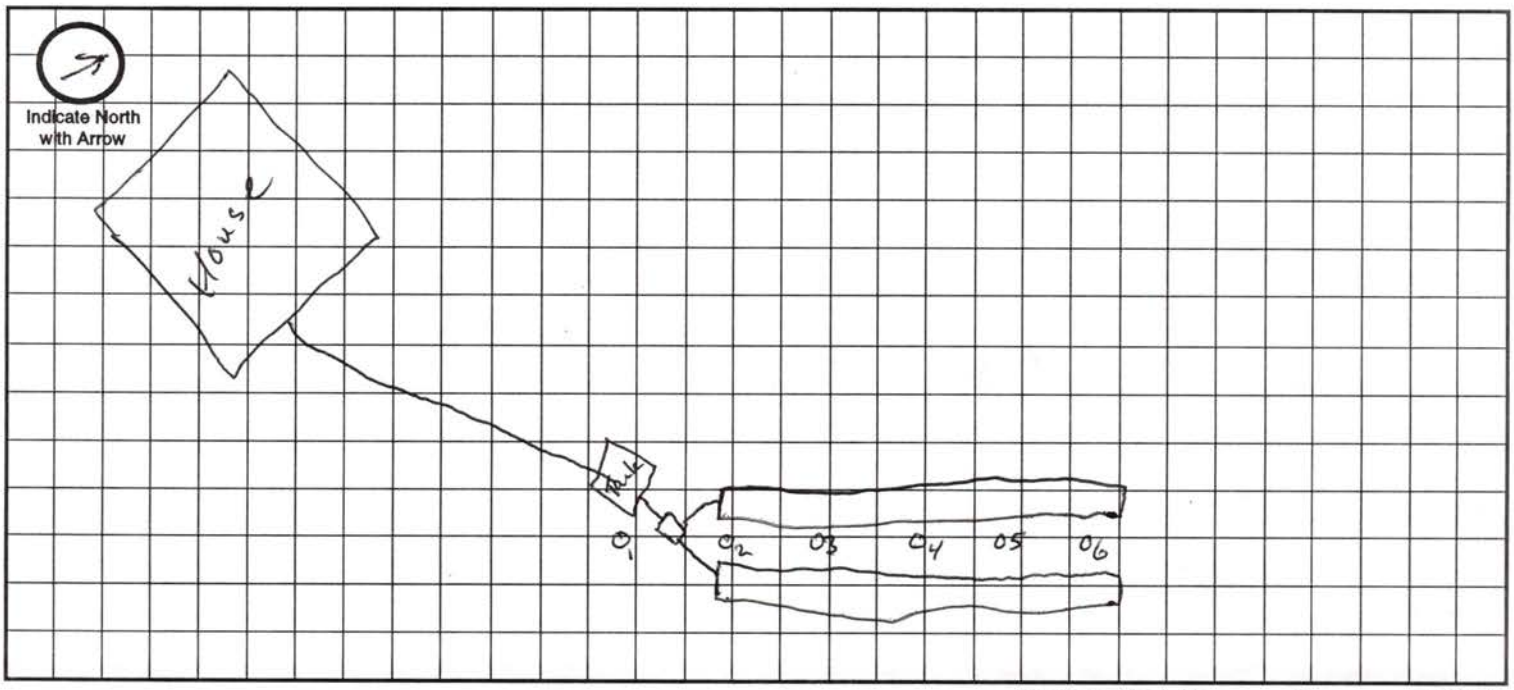
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: WYMORE & SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 862 sq. ft.

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

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

Total Length of Laterals 215 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 X _____ Date 9-15-98

Installer X _____ Date 9-15-98

FORM 23-102 10-96

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

D

Permit Number: 98380184801

Sewage Disposal System

As Built Plans & Specifications

Date 9-25-98

System Location (Indicate correct number and street)

Address 801 No. 190th (no rural route) City Eagle NE, Zip 68347

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: ~~36~~ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 71 ft.
4. Number of clean-outs: 1 Inside
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 10 ft.
   property line 100+ 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 16 in.
   Over outlet, diameter 8 in.
   Riser: ☐ above ☐ below grade ____ 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 100+ ft.
   Pressure line 80+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

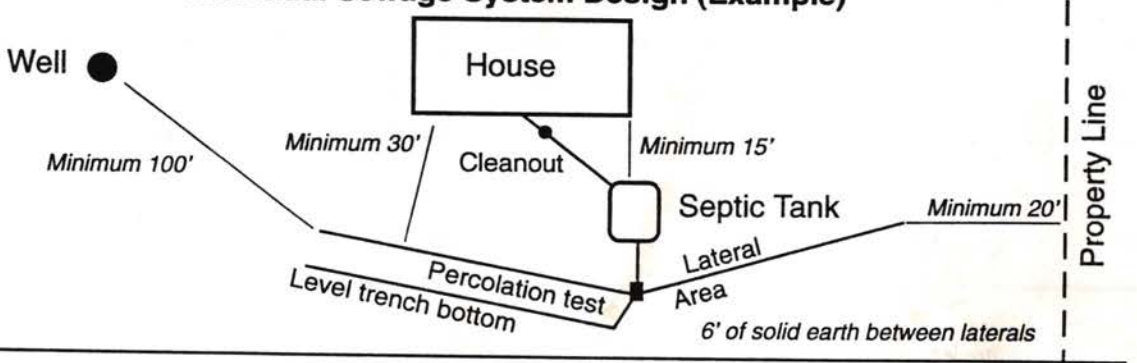
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator or 6" of
   or perforated pipe: gravel
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 75 ft. 75 ft.
   75 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

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

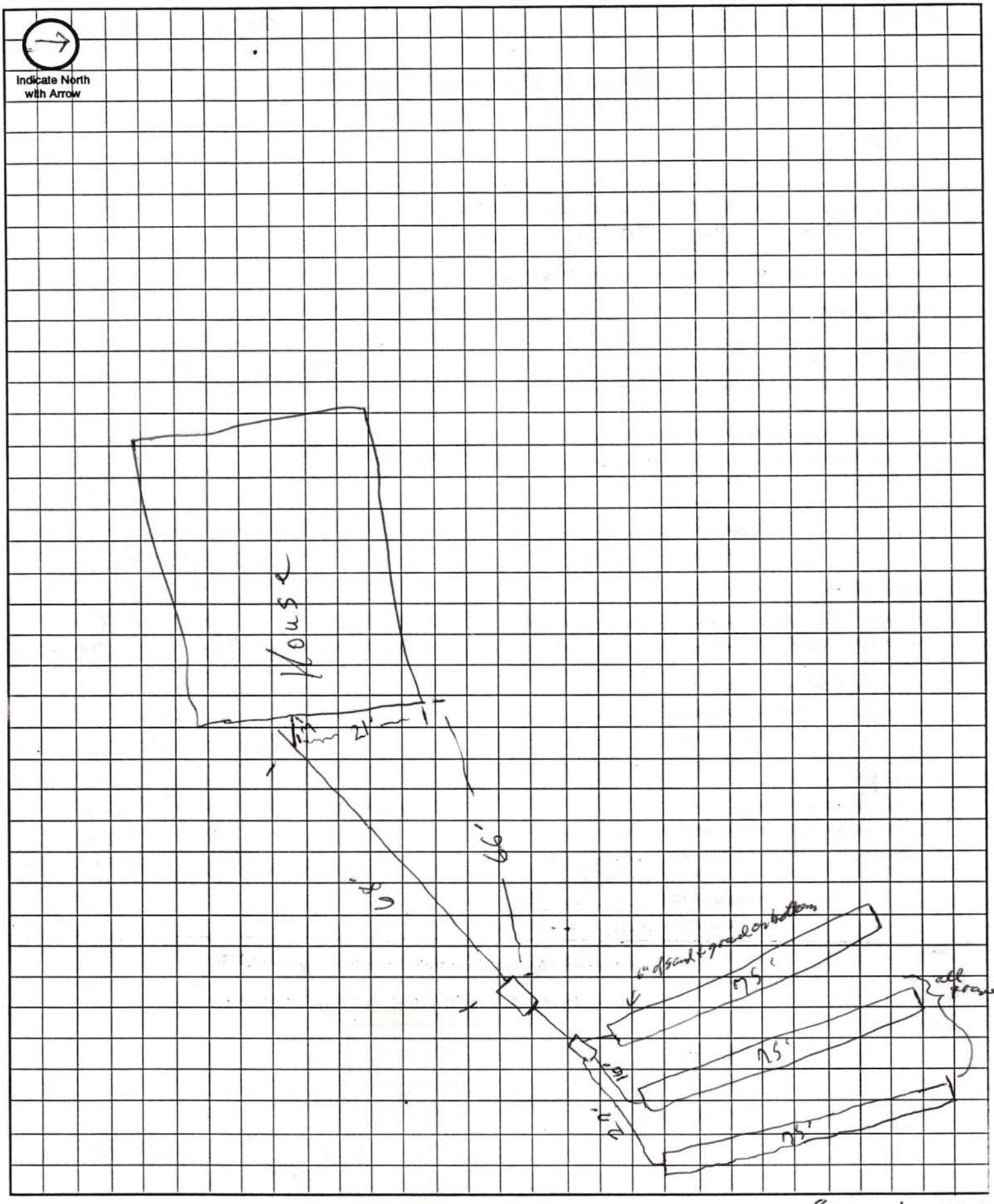
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

801 N 190th



Approximate Scale: 8 ft. = 1 grid line/s


INSET A
2 835 000 FEET
R. 8 E. (Joins inset C, sheet 6)
2 836 000 FEET
MeC2
R. 8 E.
(Joins sheet 27)
WtC2
N 190 Ft.
New Castle
2 8
420 000 FEET
WtD3
T. 10 N.
T. 9 N.
CASS COUNTY
435 000 FEET
440 000 FEET
425 000 FEET
(Joins sheet 32)
(Joins sheet 37)
(Joins inset A)
ShD
2 839 000 FEET
(Joins inset B) 2 840 000 FEET
4000 AND 5000-FOOT GRID TICKS
4000 AND 5000-FOOT GRID TICKS