Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

DAN COUGHLIN
T11N R5E SEC 15 QTR SE
COUPE DEVILLE LOT 3
~~8900 W BLUFF RD MALCOLM~~ 9500 W. Trevisa Ct.

Permitee

DAN COUGHLIN
4428 N 7 ST #306
LINCOLN NE 68521

Permit # 99380210801

Issued 11/02/99
Expires 05/02/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011179

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

A

Permit Number: 99380208

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 [illegible] 8500W. BLUFF Rd. City Malcolm NE, Zip NE 68402
(no rural route) 8500 W. TREVISA CT.

Legal Description SE SE 15 11N 5E Coupe Deville Heights 3
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 Dan Coughlin Signature _____

Address 1540 N 1ST City/State/Zip Lincoln Ne 68506

☐ Check if owner designed system Home Phone 477-3058 Work Phone _____

C. Contractor

Name McGill & Wulf Constr. INC ⟷ Company Name CRAIG WULF & Mike McGill

Address 7401 Birchcreek Circle City/State/Zip Lincoln Ne 68516

☐ Check if contractor designed system Work Phone 402 450-1001

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

Designer Name Claude Oie Firm _____ Work Phone 423-0614

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ 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 11/2/99 Date frwd 11/2/99	**ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 11/2/99 Date frwd 11/2/99	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 11/2/99 Date frwd 11/2/99	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By Paul Dingman

Date 5-19-00

Business Office Use Only

Date Rec'd 11/02/99

Amt Paid 150 ⁰⁰

Rec'd By _____ ~~Cash~~/Check No. 1876

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: 993802108

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

8500 W. Trevisa Ct.

System Location (Indicate correct number and street)

Address ~~8740 Bluff St~~ (no rural route) City Malcolm NE, Zip 68402

Owner Dan Coughlin Addresss 1540 N 1ST

Soil Type (SCS): Clay Percolation Rate: 73 min./inch

Date of Tests 10/30 to 10/31 Weather: Precipitation None Temperature 70

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	10/30	1:30	10/31	1:30	10/31	5:00	42	10/31	5:30	30	42 3/8	80
2	38	10/30	1:30	10/31	1:30	10/31	5:00	39 3/4	10/31	5:30	30	41 1/8	80
3	36	10/30	1:35	10/31	1:35	10/31	5:05	37 1/4	10/31	5:35	30	37 3/4	60
4	40	10/30	1:35	10/31	1:35	10/31	5:05	38 1/4	10/31	5:35	30	38 5/8	80
5	37	10/30	1:40	10/31	1:40	10/31	5:10	37 3/4	10/31	5:40	30	38 1/4	60
6	36	10/30	1:40	10/31	1:40	10/31	5:10	41 1/2	10/31	5:40	30	41 7/8	80

Sum of Percolation Rates: 440

Average of Rates: 73

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Claudo Cie PE

Phone: 423-0614

Address 5910 So 52nd St. Ct.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Too slow for conventional septic

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date NOVEMBER 2, 1999

FORM 23-101 10-95

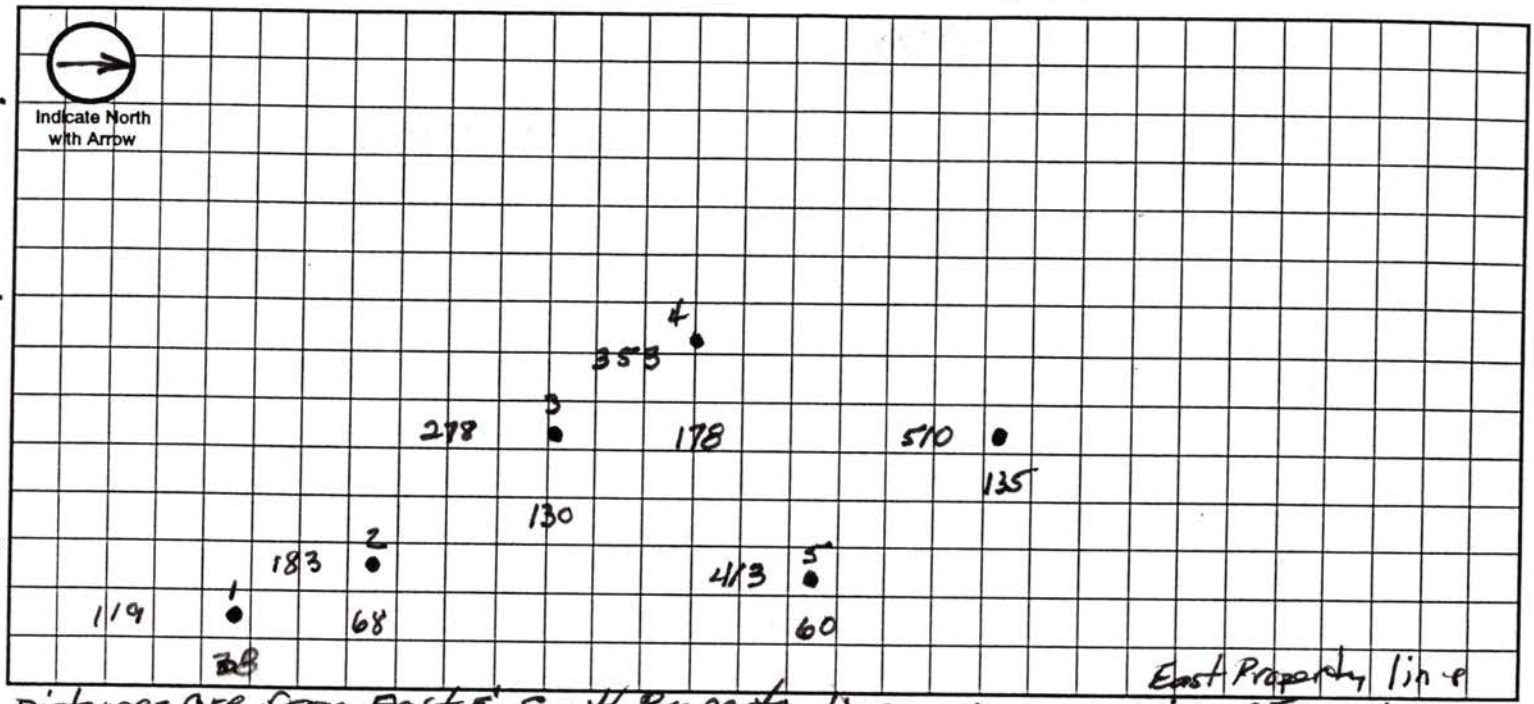
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 993802108

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.



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 23 (min. per inch) Soil Type: Clay Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☑ Other ~~Lagoon~~ Waste Stabilization Pond

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 Craig Wulf Date Nov. 2 1999

Installer Craig Wulf Date _____

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: 9938021 08

Sewage Disposal System

As Built Plans & Specifications

Date 12-27-99

System Location (Indicate correct number and street)

Address 8500 W. Treviso Ct. (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
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

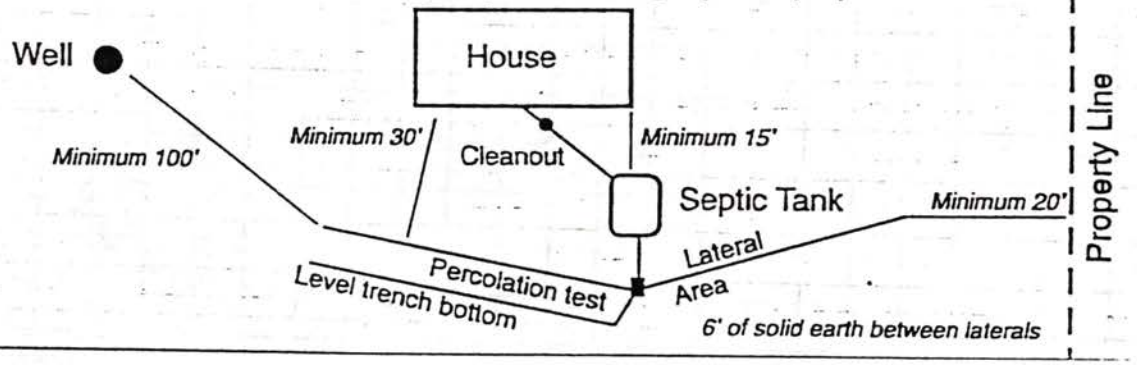
(Provide as-built drawings on back of this form)

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

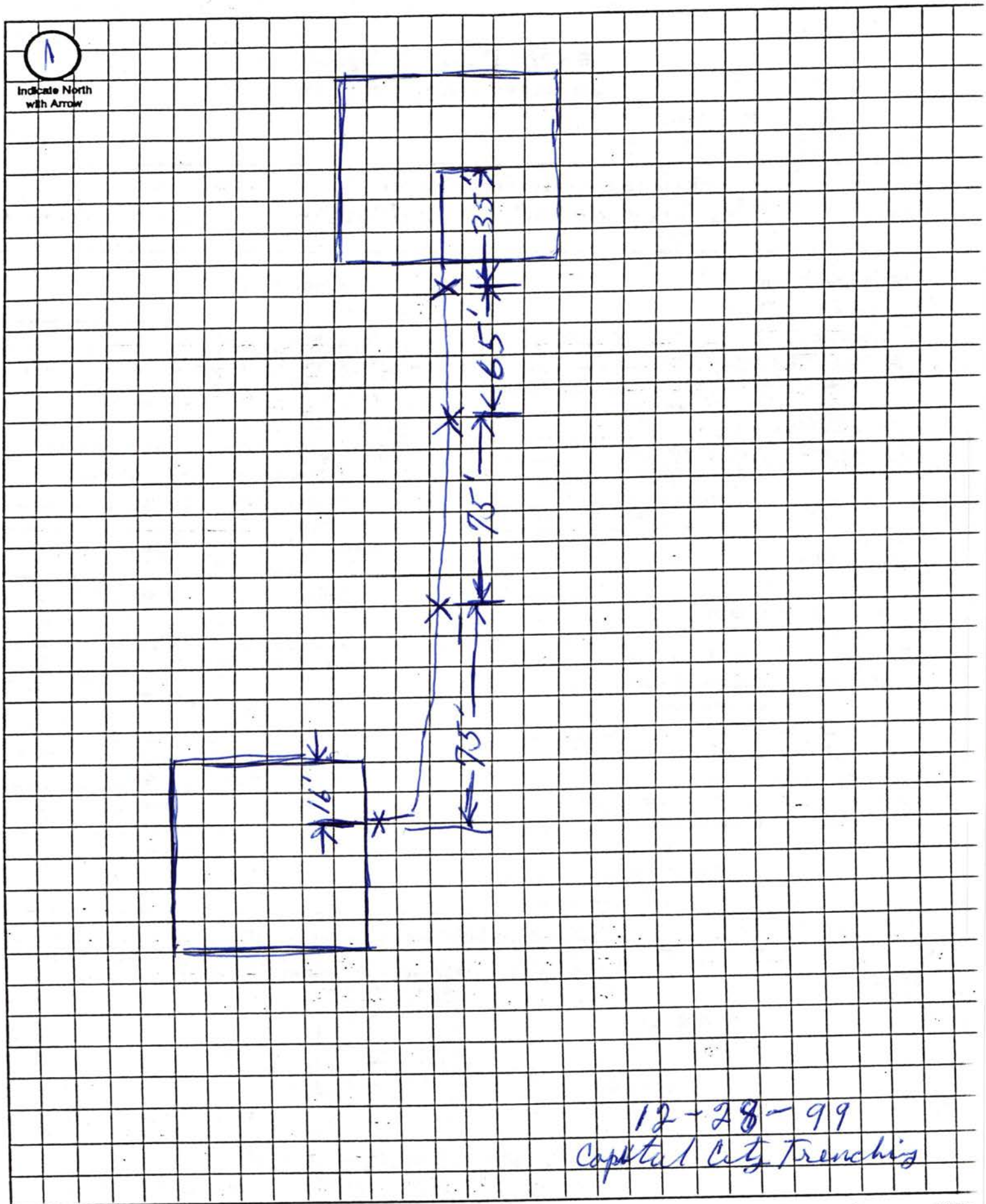
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



NEBRASKA — SHEET NUMBER 12

