Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005497

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit #: 04380289101

Issued: 09/14/04
Expires: 03/14/05
Revenue Code: 3157

Establishment:
LEWIS HOMES
T10N R8E SEC 24
WYNDAM PLACE BLK 3 LOT 10
WYNDAM LANE

FEES: $200.00

Permittee:
LEWIS HOMES
BOX 6815
LINCOLN NE 68506

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 0438028910 1

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 1130 Wyndam Lane (no rural route) City _____ NE, Zip _____

Legal Description 24 10N 8E Wyndam Place 3 10
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 Mike & Tracy Christianson Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name Lewis Homes Company Name _____

Address P.O. Box 6815 City/State/Zip Lincoln NE 68506

☐ Check if contractor designed system Work Phone 499-4793

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

Designer Name Brad Southwick Firm Southwick Sewer & Drain Work Phone 475-2462

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 1000 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** 3-10-05 Neal Sunny
   Date rec'd 9/14/04 Date frwd 9/14/04
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 9/14 Date frwd 9/14
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

3. **City or County Engineer**
   Date rec'd 9/14/04 Date frwd 9/14/04
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

Installation Final Written Approval

By Ron Mayfield

Date 3-16-05

Business Office Use Only
Date Rec'd 9/14/04
Amt Paid $200.00
Rec'd By aw Cash/Check No. 1854

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

B

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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Permit Number: 043802891

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Windham Lane (no rural route) City LINCOLN NE, Zip 68527

Owner _____ Addresss Windham Lane

Soil Type (SCS): Mayberry Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation — Temperature 80

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings						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	7/26	5:30	7/27	8:20	7/27	11:00	29 5/8	7/27	11:30	30	7/8	34
2			PM		AM		A	25		A		3/4	40
3								25 1/2				5/8	48
4								25 3/8				7/8	34
5								30 1/8				1 3/8	22
6	↓							28				7/8	34

Sum of Percolation Rates: 212
Average of Rates: 36
Rate Used for Calculation: 50 [>20 min/in Van.

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address: 17201 So 72nd st. Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

Lincoln-Lancaster County Health Department
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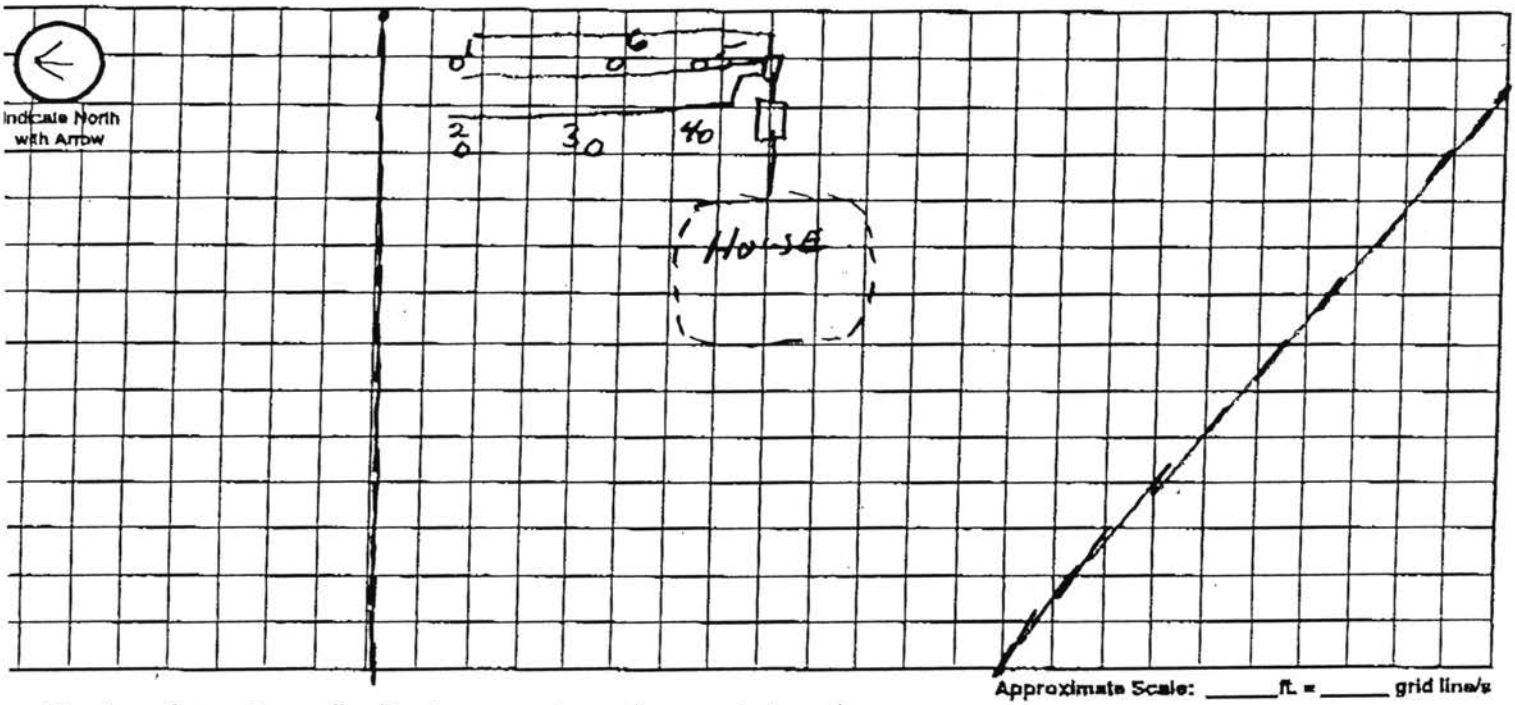
C

Permit Number: 043802891

Sewage Disposal System

Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

. System Location (Indicate correct number and street)

ddress (no rural route) _____ City LINCOLN NE Zip 68527

BLK3 LOT10

. Proposed Septic Tank/s

ank Material: ☐ Concrete ☐ Plastic ☐ Other _____

Either

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

ercolation Rate 50 (min. per inch) Soil Type: Mayberry Land Slope: 4 %

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

tal Square Feet of Field Required: 990 sq. ft. 3 Bdrm or 1320 4 Bdrm

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

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

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

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
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☐
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☐	20 ☒	30 ☒	40 ☒	☐
goon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

ne Building Contractor _____ Date _____

aller Brad Southwick Date 7-29-04

23-102 10-96

ATTN RON MARQUART

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 3/15/05 MIKE CHRISTIANSEN (LEWIS HOMES)

System Location (Indicate correct number and street)

Address 1130 N 182ND (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 110 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100 + ft.
   stream NA ft.
   pressure line 100 + ft.
   property line 100 + ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1250 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: 6 in.
8. Distances to: Well or suction line 100 + ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 17 ft.

D. Absorption Field

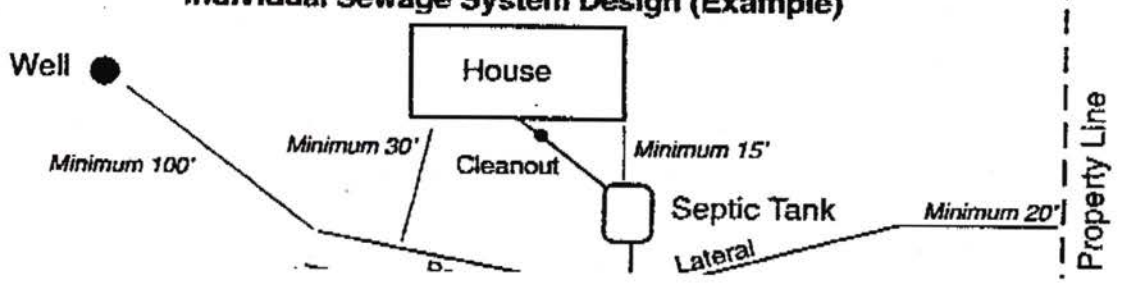
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR A-CAF
2. Lateral lines: Number 2
   Length of each line: 108 ft. 108 ft.
   116 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 108 ft.
   Stream 100 + ft.
   Pressure line 100 + ft.
   Property line 100 + ft.

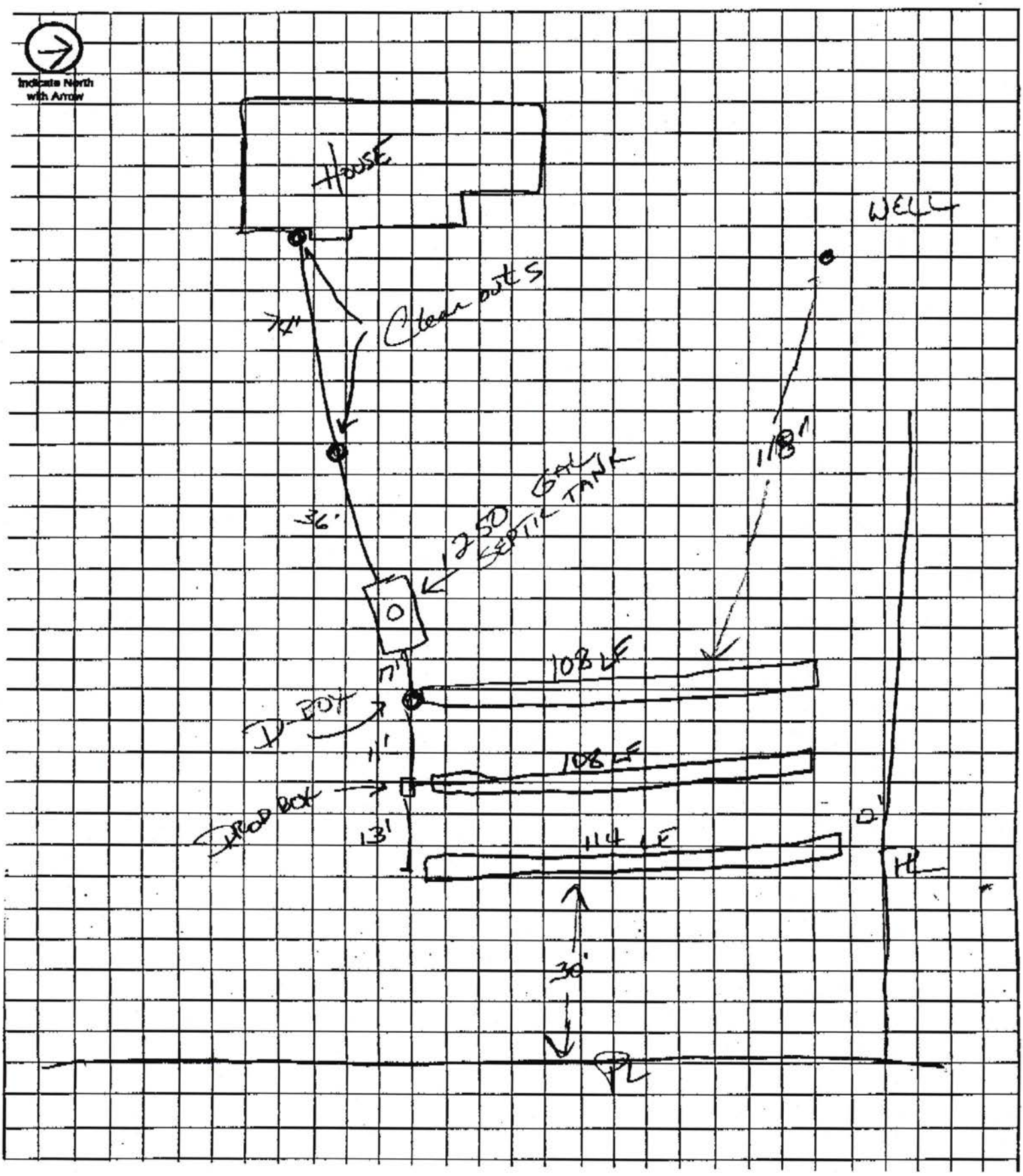
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing










S250




S250



