LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380162201

SEWAGE INSTALLATION
LAGOON

Issued 07/21/97
Expires 01/21/98
Revenue Code 18754

Establishment

JAMES TOMASEK
T11N R5E SEC 14
LOT 17
11501 NW 70 STREET

FEES: $150.00

TOTAL $150.00

Permittee

JAMES TOMASEK
5724 CULWELLS RD
LINCOLN NE 68516-3718

Issued By M. Jane Ford
Health Director

5045

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

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 11501 N.W. 70th St. (no rural route) City Lincoln NE, Zip

Legal Description NE 1/4 14 Section 11N Township 5E Range 6th PM 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 Jim Tomasek Signature

Address 5724 Cullwell Dr City/State/Zip Lincoln Ne. 68516

☐ Check if owner designed system Home Phone 483-1130 Work Phone 483-1130

C. Contractor

Name Jim Tomasek Company Name Tomasek Homes

Address 5724 Cullwell Dr City/State/Zip Lincoln Ne 68516

☐ Check if contractor designed system Work Phone 483-1130 430-6246

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

Designer Name Clint Presnell Firm Wellmann Plbg. Inc Work Phone 434-2400

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 7/18/97 Date frwd 7/18/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/18/97 Date frwd 7/14/97 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 7-18-97 Date frwd 7-18-97 ACTION ☒ Approved ☐ Disapproved Signature Jim Pluyd

8-29-97 mm need fence + seal bottom of lagoon

Installation Final Written Approval

By

Date

Business Office Use Only 3200

Date Rec'd 7/18/97

Amt Paid 150 CK

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

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 11501 N.W. 70th (no rural route) City Lincoln NE, Zip

Owner Jim Tomasek Addresss 5724 Cullwells

Soil Type (SCS): clay Percolation Rate: ~~30~~ 80 min./inch

Date of Tests 7-7-97 to 7-8-97 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	36	7-7	9 am	7-8	9 am	7-8	9 am	6	7-8	930	30	3/8	80

Sum of Percolation Rates: 80
Average of Rates: 80
Rate Used for Calculation: 80

Person Conducting Percolation Tests

Name: Clint Presnell
Phone: 434-2400
Address 3300 So 6th

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

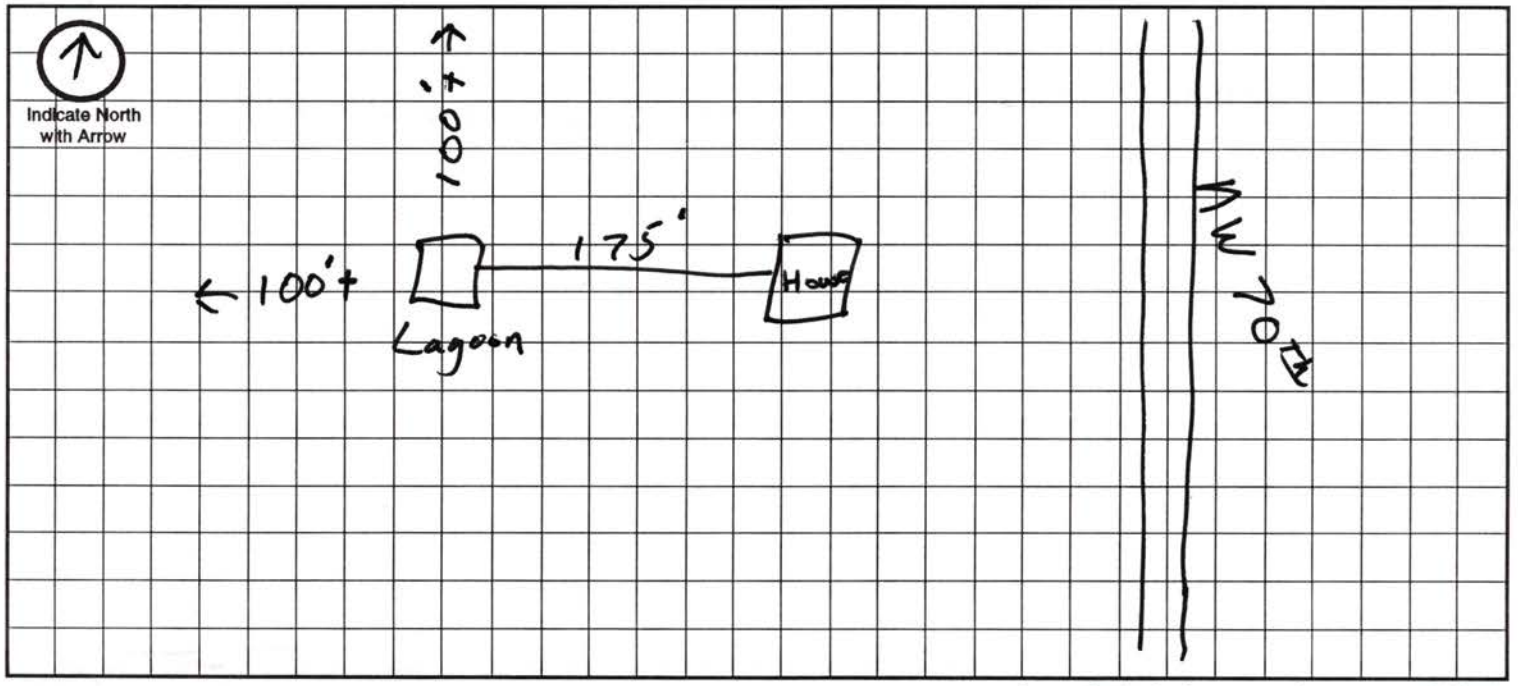
Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

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) 11501 NW 70th City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☑ Other Lagoon

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

Percolation Rate 80 (min. per inch) Soil Type: Clay Land Slope: 2 %

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

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 _____ Date 7-18-97

Installer Chuck Powell (Wellmann Plbg. Inc.) Date 7-11-97

FORM 23-102 10-96

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 8-29-97

System Location (Indicate correct number and street)

Address 11501 NW 70 (no rural route) City [illegible] NE, Zip

A. Building Sewer

1. Material: PVC 2241
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 1 ft in.
3. Distance between dwelling and septic tank: ____ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line over 300 ft.
   stream — ft.
   pressure line — ft.
   property line over 100 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

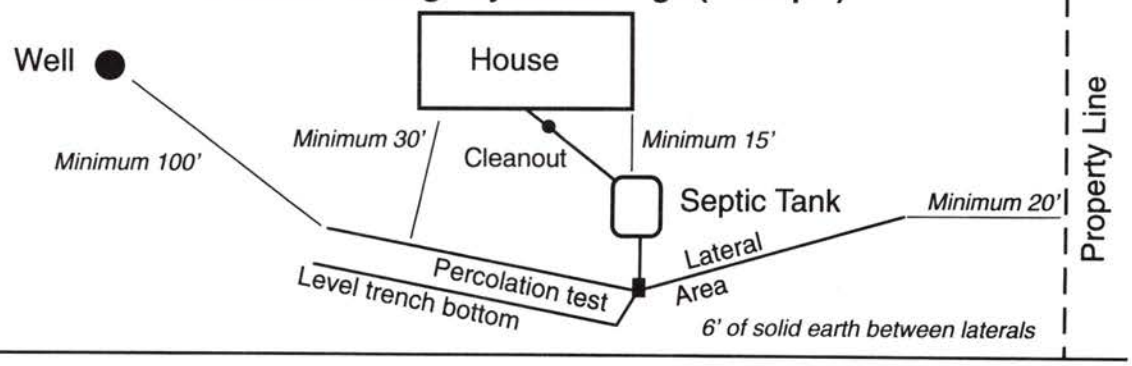
(Provide as-built drawings on back of this form)

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.

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

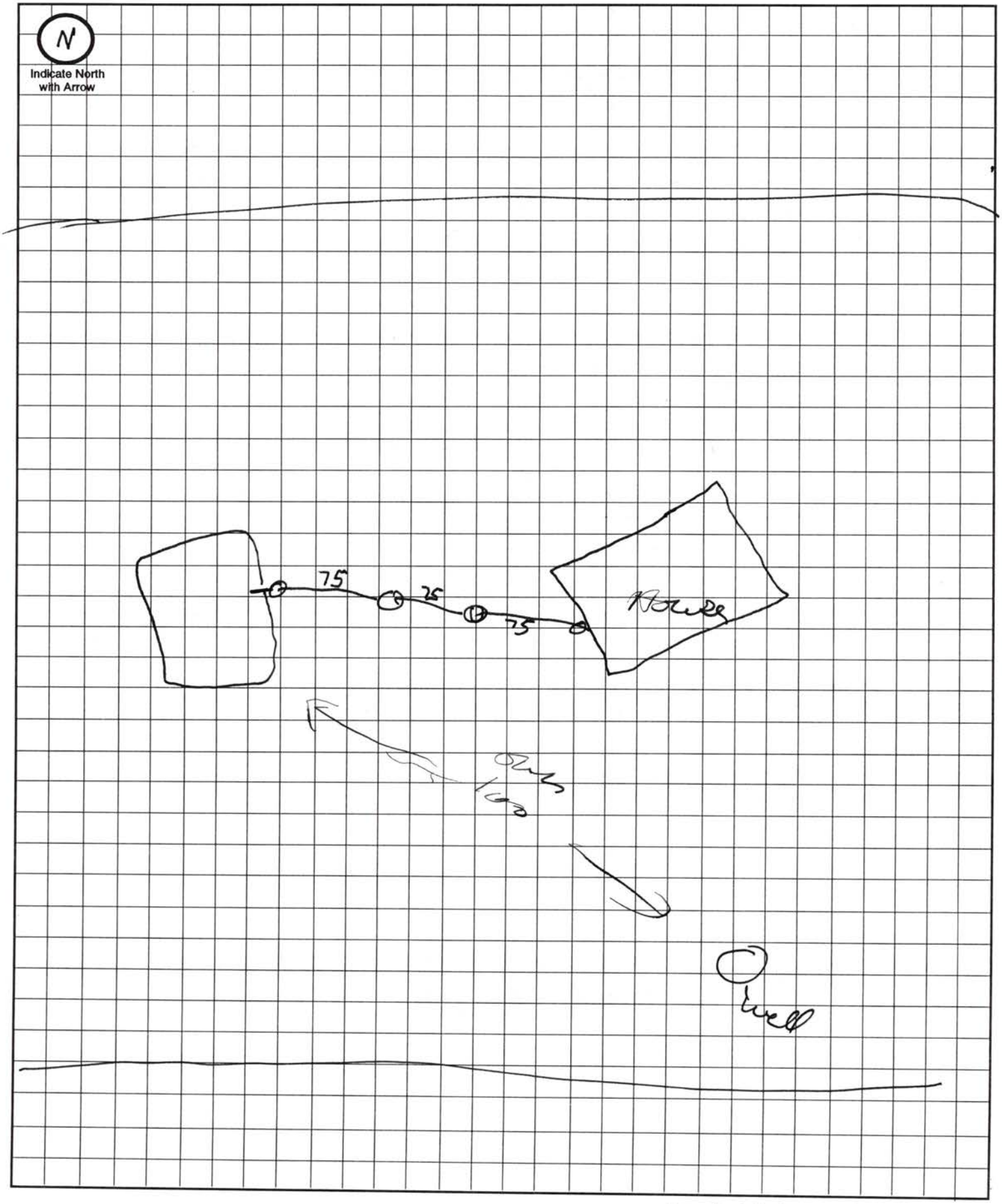
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


2 740 000 FEET
R. 5 E.
R. 6 E.
480 000 FEET
T. 11 N.
Oak
Creek
North Oak
Creek
Roy
(Joins sheet 12)
Now Lagoon
NW 70th
PaD2
PaC2