LLCHD HS000046

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

A

Permit Number HS000047

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 3889 Oakview Blvd (no rural route) City Raymond, NE Zip 68428

Legal Description 5 , 11 , 6 Oak Valley Estates 2 1

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: 3.18

B. Owner

Name Old City Homes Signature _____

Address 14900 N 112th, Lincoln NE City/State/Zip 68518

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

C. Contractor

Name: Tom King - King & Sons Company Name King and Sons Plumbing

Address 1151 Saunders Av City/State/Zip Lincoln NE

☐ Check if contractor designed system Work Phone 402. 486 0606

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

Designer Name Tom King Firm King & Sons Plumbing Work Phone 486-0606

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 Well Permit Applied for ☐ Yes ☐ No ☑ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department Date rec'd 11/5/07 **ACTION** ☑ Approved ☐ Disapproved
Site visits _____ Date frwd 11/13/07 Signature _____

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

3. City or County Engineer Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 11/5/07 Amount Paid 305.00
Received By _____ Cash/Check No. 648

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

11-20-2007 9:38:44

LLCHD HS000046 Kim + Sons

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

B

Permit Number: HS000047

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3889 Oakview Blvd. (no rural route) City Raymond NE, Zip 68428

Owner Old City Homes Addresss 14900 N 112 Lincoln 68527

Soil Type (SCS): Morrill Percolation Rate: 40 min./inch

Date of Tests 8/12 to 8/13 Weather: Precipitation — Temperature 90's

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	30	8/12	4/30	8/13	2/45	8/13	3/45	22 7/8	8/15	8/13	30	3/4	40
2			PM		PM		PM	21 5/8	PM			5/8	48
3								24 5/8				3/4	40
4								26 3/8				5/8	48
5								23 1/8				7/8	34
6								25 7/8				1	30
7								21 3/4				3/4	40

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address P.O. 191 105 Locust
Hickman, Ne 68372

Sum of Percolation Rates: 280
Average of Rates: 40 min
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96
11-20-2007 9:38:48

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

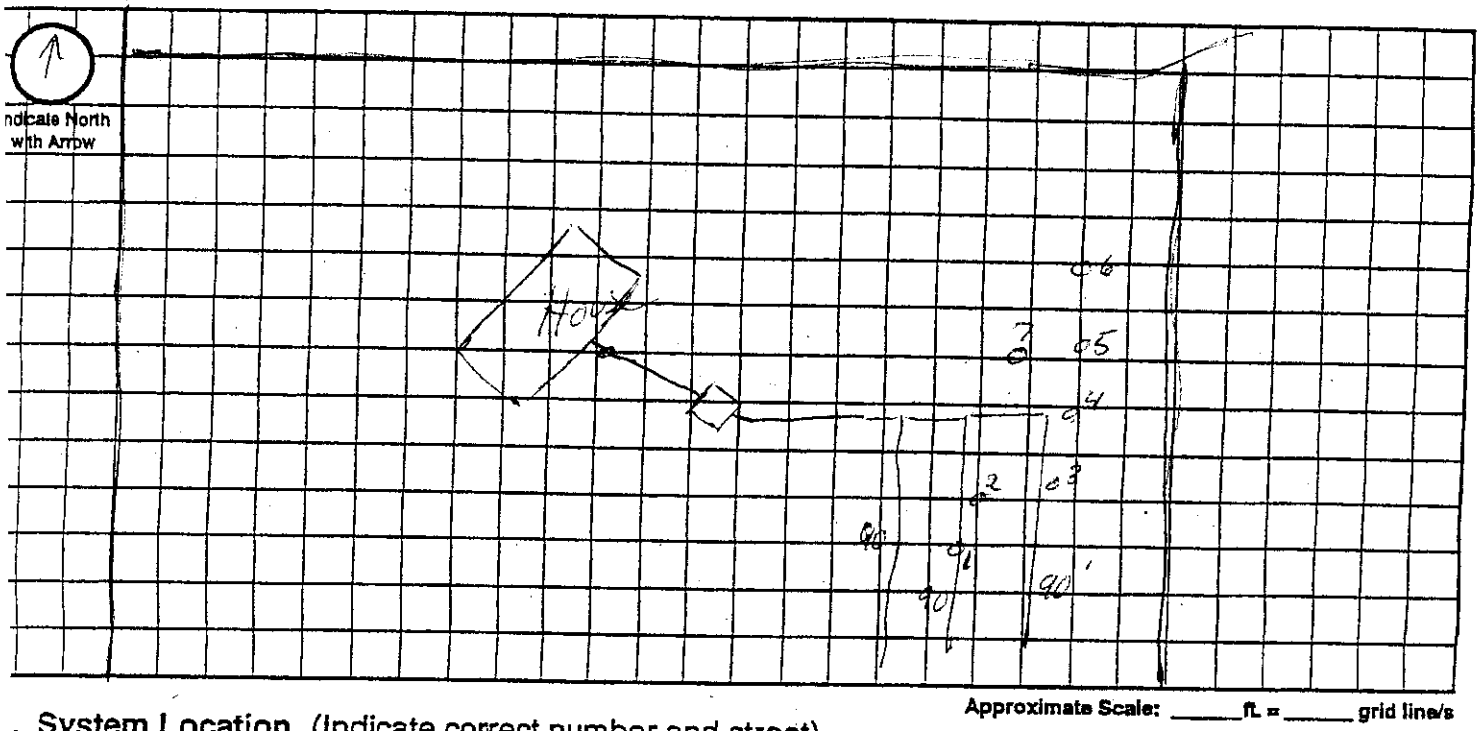
C

Permit Number: HS000047

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)

ldress (no rural route) 3889 Oakview Blvd City Raymond NE, Zip 68428

. Proposed Septic Tank/s

nk Material: ☒ Concrete ☐ Plastic ☐ Other _____

. Proposed Absorption System (See Form B for Percolation Information) 4 Bdrm Home

rcolation Rate 40 (min. per inch) Soil Type: Mod Land Slope: 4 %

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

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

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator

pacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 275 ft. Number of Trenches 3 Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance 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 ☒	☒
oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

e Building Contractor _____ Date _____

aller Brad Santhuff Date 8/15/07

23-102 10-96

LLCHD HS000046

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

A

Permit Number HS000046

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 27900 Sarah Cir (no rural route) City Firth, NE Zip 68358

Legal Description SE 27 7 7 Willnerd Acres 9
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name Shawn & Marie Gouldin Signature _____

Address P.O. Box 215 City/State/Zip Firth, NE 68358

☐ Check if owner designed system Home Phone 402-791-5915 Work Phone 402-440-3694

C. Contractor

Name: Owner Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting, Inc Work Phone 402-890-6009

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visit 4 Pass Lot A Wymore Soil #
Date rec'd 11/15/07
Date frwd _____
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 11/15/07 Amount Paid 305.00
Received By BR Cash/Check No. 6586

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

11-20-2007 9:34:20

LLCHD HS000046 Shallow

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

B

Permit Number: HS000046

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

S27-T7-R7 SE 1/4

System Location (Indicate correct number and street)

Address Willnerd Acres Lot 9 (no rural route) City Firth. NE, Zip 68358

Owner Stevens Gaulden Address P.O. BOX 215 Firth. NE 68358

Soil Type (SCS): Wymore

Date of Tests 8-13-07 to 8-14-07 Weather: Precipitation D Temperature 91°

Percolation Rate: 21 min./inch

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	30	8-13	8:00a	8-13	12:00p	8-14	7:30a	6	8-14	11:30a	30	1 1/2	27
2	36	"	"	"	"	"	"	"	"	"	"	1 1/2	20
3	32	"	"	"	"	"	"	"	"	"	"	1 1/2	20
4	34	"	"	"	"	"	"	"	"	"	"	1 7/16	21
5	34	"	"	"	"	"	"	"	"	"	"	1 1/2	27
6	35	"	"	"	"	"	"	"	"	"	"	1 3/8	22
							8:15a			9:15a	10	1 3/16	5

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3878

Address 13800 NW 70th St

Raymond, NE 68428 #C1197

Sum of Percolation Rates: 125

Average of Rates: 21

Rate Used for Calculation: 21

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Contacted Mr Jakoubek on 11/15/07 about Bed Percolation - assured me this will work.

Signature of Reviewing Official

Date

FORM 23-101 10-96

11-26-2007 8:34:21

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

D

Permit Number: HS000046

Sewage Disposal System

As Built Plans & Specifications

Date 11/5/07

System Location (Indicate correct number and street)
Address 27900 Sarah Cir. (no rural route) City Firth NE, Zip 68358

A. Building Sewer

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: 5' ft.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 156 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade AT 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 100+ ft.
   Property line 90 ft.

C. Distribution Box

1. Material: 3 - Quick 4 End caps.
   Number available outlets: 9
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 40' - 49' - 58' ft.

D. Absorption Field

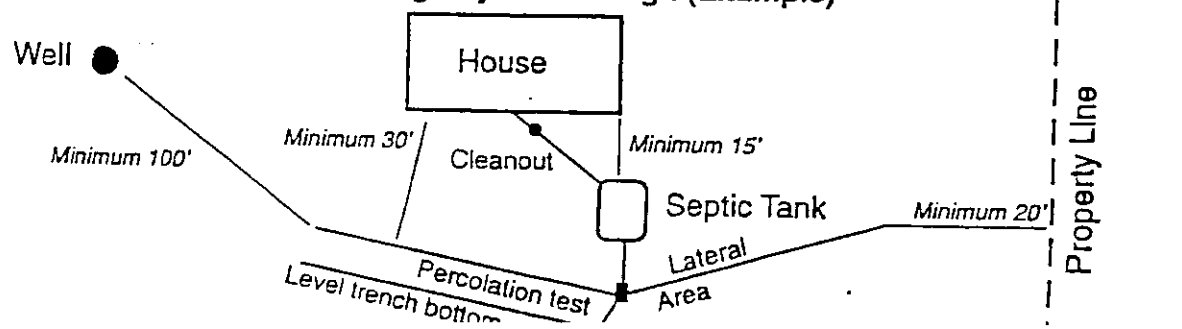
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 12" Tall x 34" wide
   or perforated pipe: _____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 85 ft. 115 ft.
   115 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 40" ft.
   Slope Flat in/100 ft.
   Average depth 36" - 24" in
4. Filter material: Dirt
   Depth of material 36" x 24" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 15' x 30' ft.

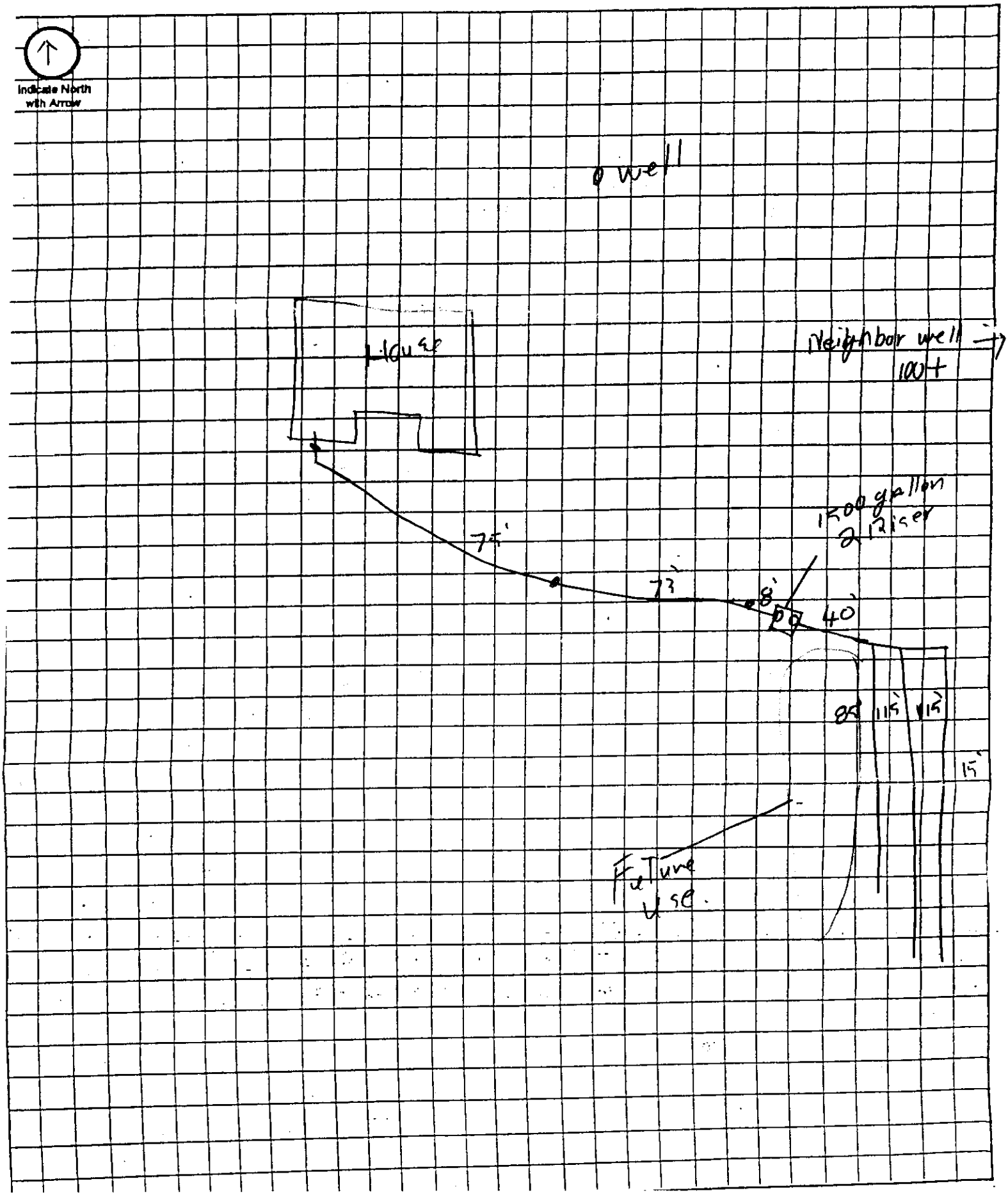
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



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

D

Permit Number: HS000047

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)
Address 3889 Oakview Blvd (no rural route) City Raymond NE, Zip NE

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 32 in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: ONE
5. Distances to: well or suction line 120 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: ONE
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade 0 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 120 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 100 ft.

C. Distribution Box

1. Material: 0
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

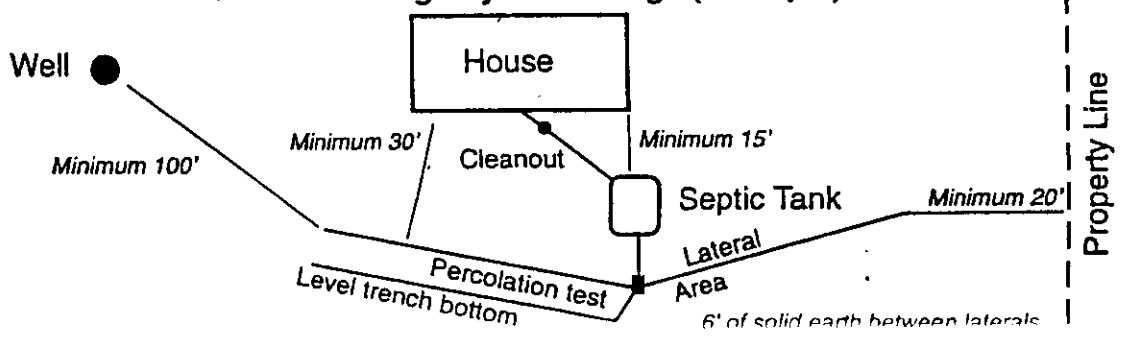
(Provide as-built drawings on back of this form)

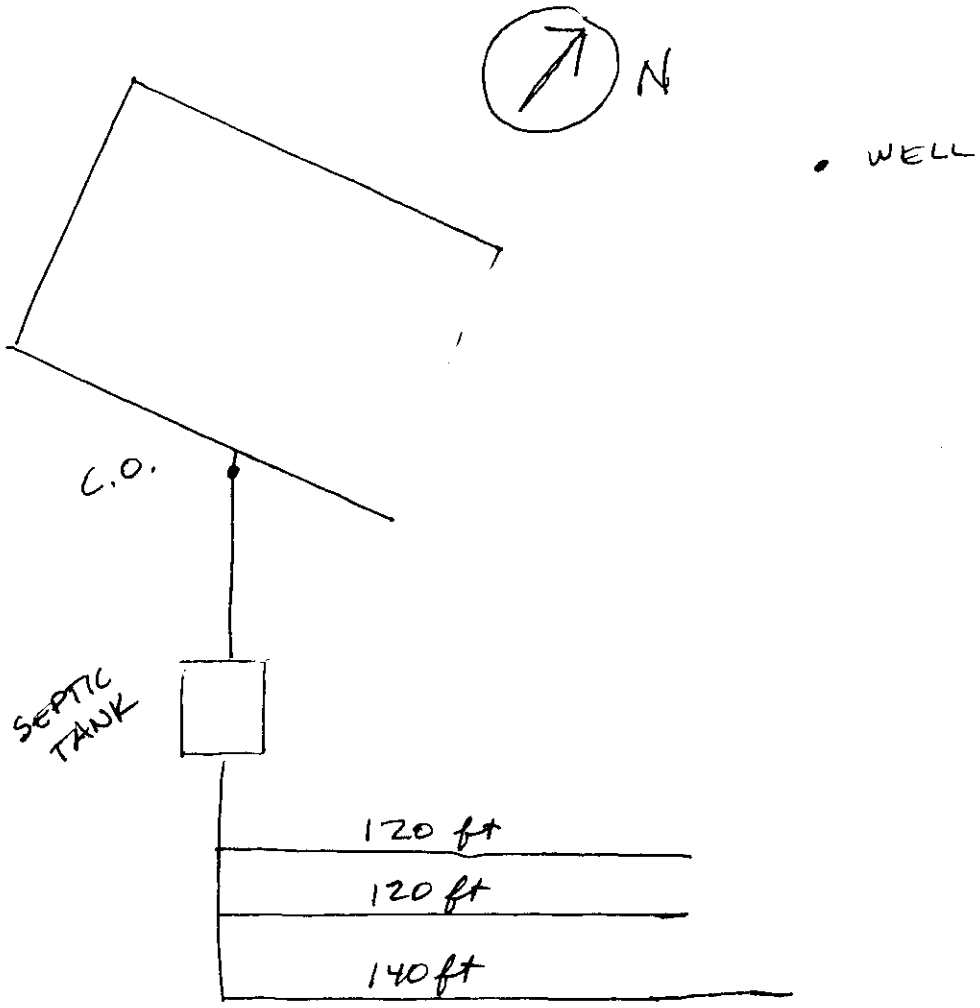
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 120 ft. 120 ft.
   140 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope _____ in/100 ft.
   Average depth 24 in
4. Filter material: DIRT
   Depth of material 12 in.
5. Distances to: Well or suction line 100 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 50 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)




N
WELL
C.O.
SEPTIC TANK
120 ft
120 ft
140 ft

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000046

System Type:	STANDARD
Situs:	27900 Sarah Cir-FIRTH
Legal Description:	T07N-R07E-S27-SE-WILLNERD ACRES-Lot: 9
Owner:	SHAWN & MARIE GOULDIN P O BOX 215 FIRTH NE 68358

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	11/15/2007
Expires:	11/14/2008

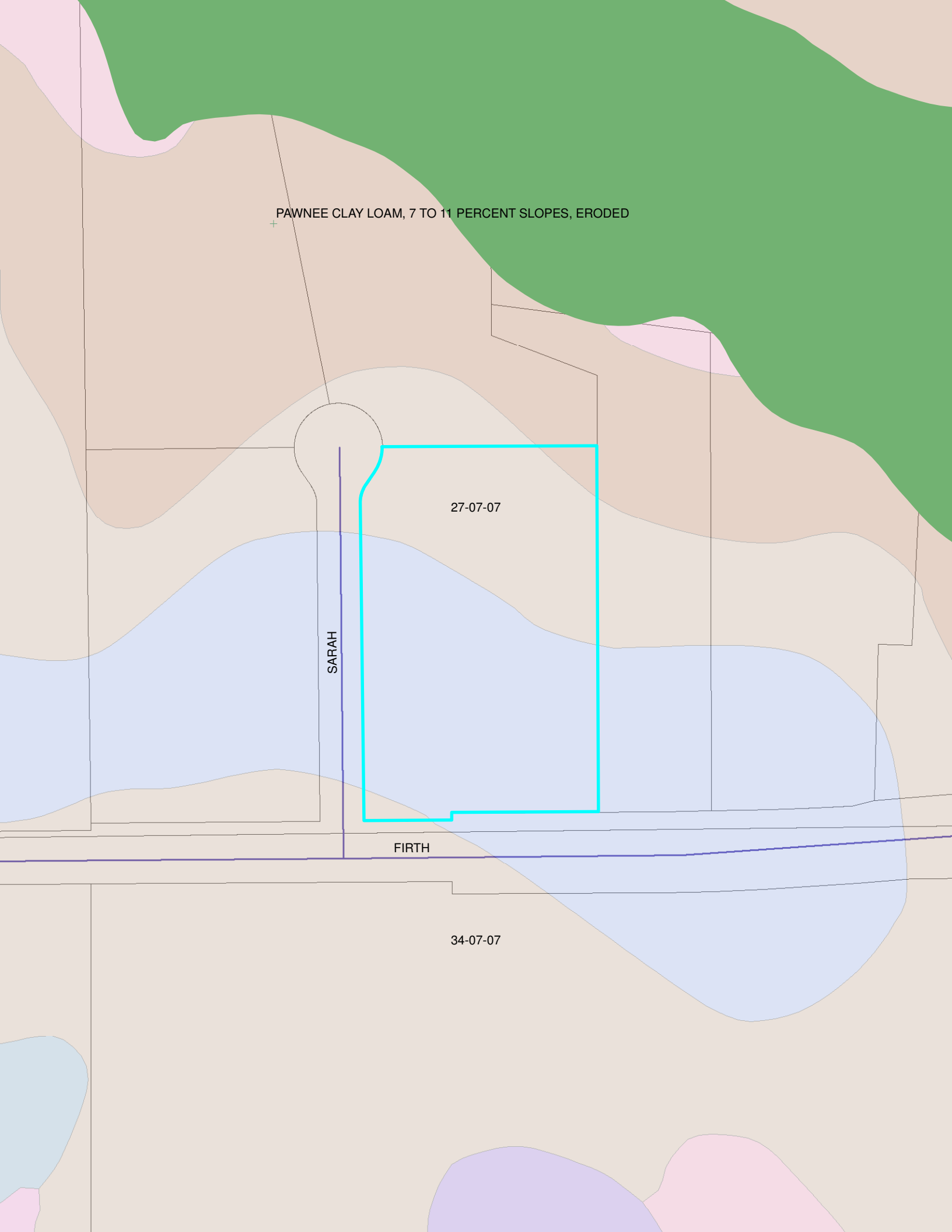
Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

SHAWN & MARIE GOULDIN
P O BOX 215
FIRTH NE 68358


PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
27-07-07
SARAH
FIRTH
34-07-07