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. HS000175

System Type: STANDARD

Situs: 200 ROCK CREEK RD RUR

Legal Description: T12N-R06E-S14

Owner: HERGENRADER, STEVEN W ETAL
200 ROCK CREEK RD
RAYMOND NE
68428

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	10/16/2008
Expires:	10/16/2009

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

VIRGIL EXCAVATING
4620 W MARY LOUISE LN
LINCOLN NE 68528

LLCHD HS000175

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

OCT 10 2008 SCANNED

A

Permit Number
HS000175

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 200 Rock Creek Rd (no rural route) City Raymond, NE Zip 68428

Legal Description SW — 14 12 6 — — — 22
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: 5 +

B. Owner

Name Ed Bowes Signature _____

Address 15401 N 14th City/State/Zip Raymond / Ne / 68428

❑ Check if owner designed system Home Phone " Work Phone 730-3396

C. Contractor

Name: Kurt Virgil Company Name Kurt T. Virgil Excavating

Address 4620 W. Mary Louise Ln City/State/Zip Lincoln / Ne / 68528

☒ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 2 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 visits _____
Date rec'd _____ 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 10-14-08 Amount Paid 315.00 cc
Received By MF Cash/Check No. 1975

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

Form A Updated: 5-07

* System Relocated on same Parcel for different home

LLCHD HS000175

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

OCT 10 2008

A

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

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Name Ed Bowes Signature _____

Address 15401 N 14th City/State/Zip RAYMOND / NE / 68428

❑ Check if owner designed system Home Phone " Work Phone 730-3396

C. Contractor

Name: Kurt Vigil Company Name Kurt T. Vigil Excavating

Address 4620 W. Mahan Louise Ln City/State/Zip Lincoln / NE / 68528

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Comments _____
Date rec'd _____ Date frwd _____
ACTION ❑ Approved ❑ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

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

* System Relocated on same Parcel for different home!

Form A Updated: 5-07

10-14-2008 10: 4:16

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

B

Permit Number: HS000175

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 200 Rock Creek Rd (no rural route) City RAYMOND NE, Zip 68428

Owner Ed Bowes Addresss 15401 N 14th St Raymond, Ne 68428

Soil Type (SCS): PAWNEE → but not .... Percolation Rate: 17 min./inch

Date of Tests 9-19-08 to 9-20-08 Weather: Precipitation No Temperature 80° F

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	46	9/19	1200	9/19	400	9/20	1200	6	9/20	400	30	2¼	13.3
2	39	"	"	"	"	"	"	"	"	"	"	2⅛	14.1
3	41	"	"	"	"	"	"	"	"	"	"	2¼	13.3
4	40	"	"	"	"	"	"	"	"	"	"	1	30
5	40	"	"	"	"	"	"	"	"	"	"	2⅛	14.1
6	42	"	"	"	"	"	"	"	"	"	"	1¾	17.1

Person Conducting Percolation Tests

Name: Kurt Vinyl

Phone: 402-525-6681

Address 4620 W Mahan Louise Ln Lincoln, Ne 68528

Sum of Percolation Rates: 101.9

Average of Rates: 16.98

Rate Used for Calculation: 17

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

LLCHD HS000175

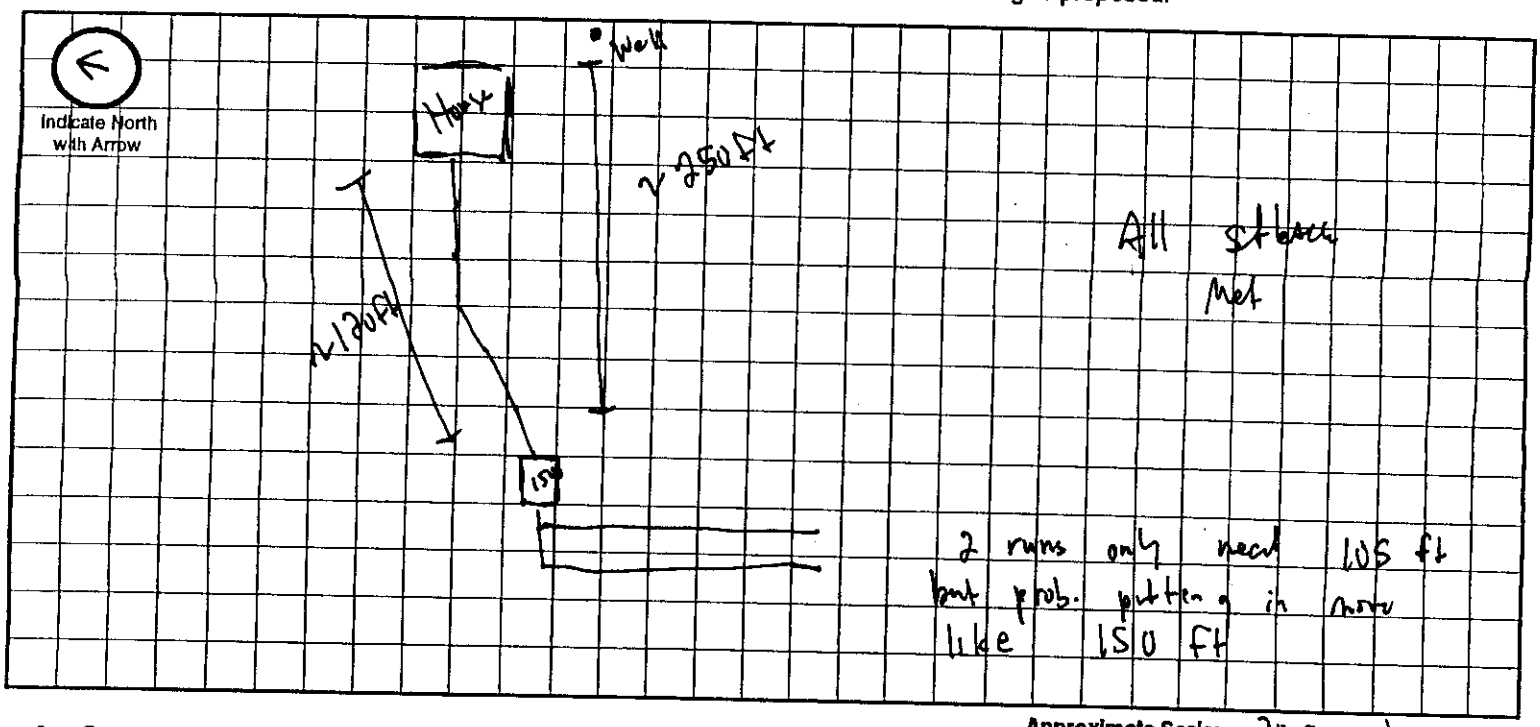
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000175

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) 200 Rock Creek Rd City RAYMOND NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 17 (min. per inch) Soil Type: PAWNEE ???? Land Slope: 0 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 440 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: — Number of Distribution Laterals per Bed —

Total Length of Laterals 105-187? ft. Number of Trenches 2 Trench Width 3'

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 ☐	☐

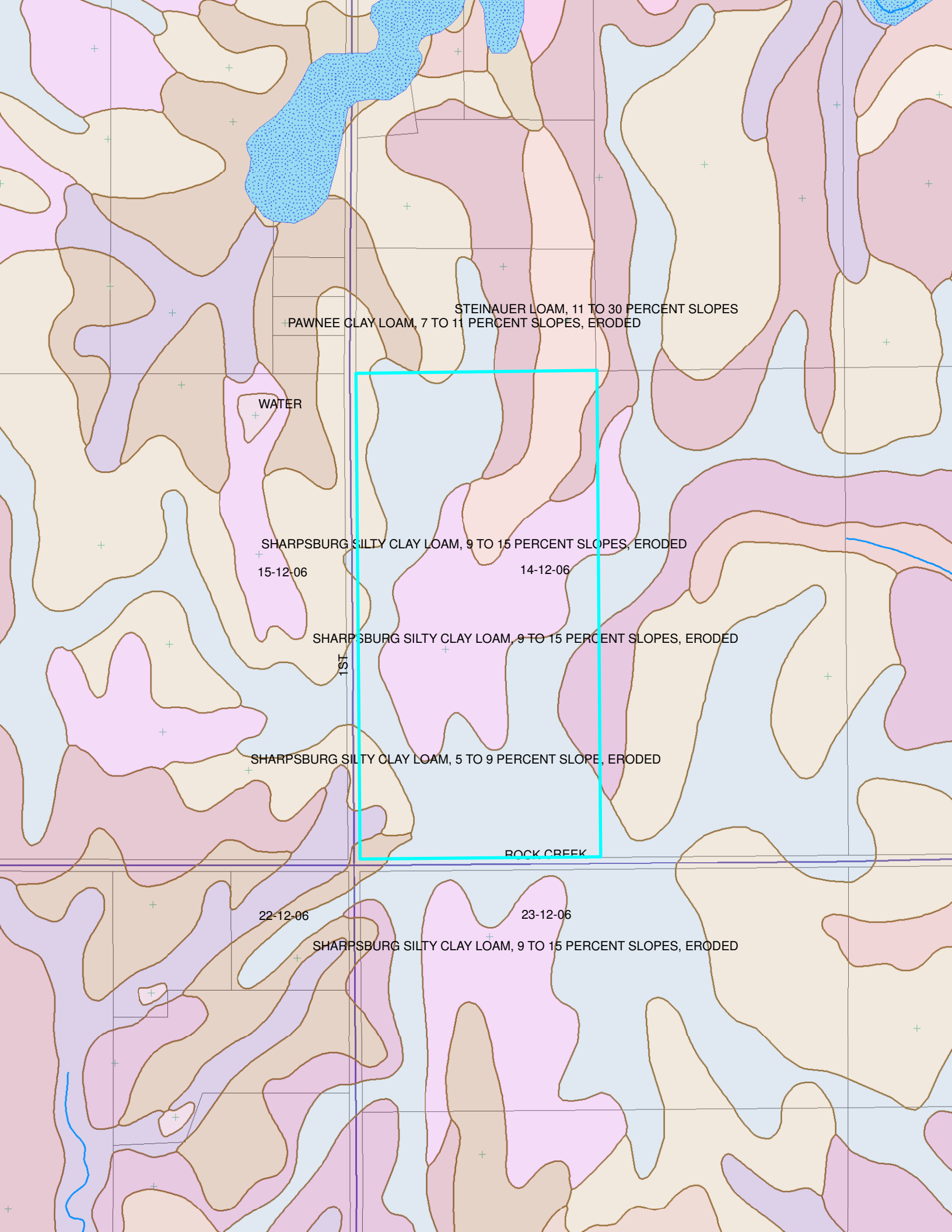
E. Required Signatures

Home Building Contractor _____ Date _____

Installer [signature] Date 10-8-08

FORM 23-102 10-96

10-14-2008 10: 4:24


STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED
15-12-06
14-12-06
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED
1ST
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
ROCK CREEK
22-12-06
23-12-06
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED

NOV 06 2008

2008

D

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

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 11-4-08

System Location (Indicate correct number and street)

Address 200 W Rock Creek Rd (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 139 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line > 100 ft.
   stream > 50 ft.
   pressure line > 50 ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
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 0 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 50 ft.
   Property line > 20 ft.

C. Distribution Box

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

D. Absorption Field

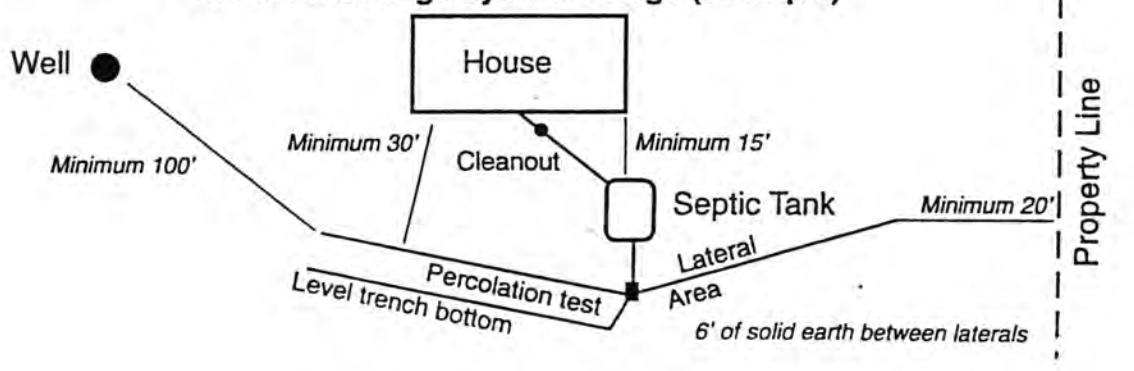
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 80 ft. 75 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 40 in
4. Filter material: —
   Depth of material — in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 50 ft.
   Property line > 20 ft.

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

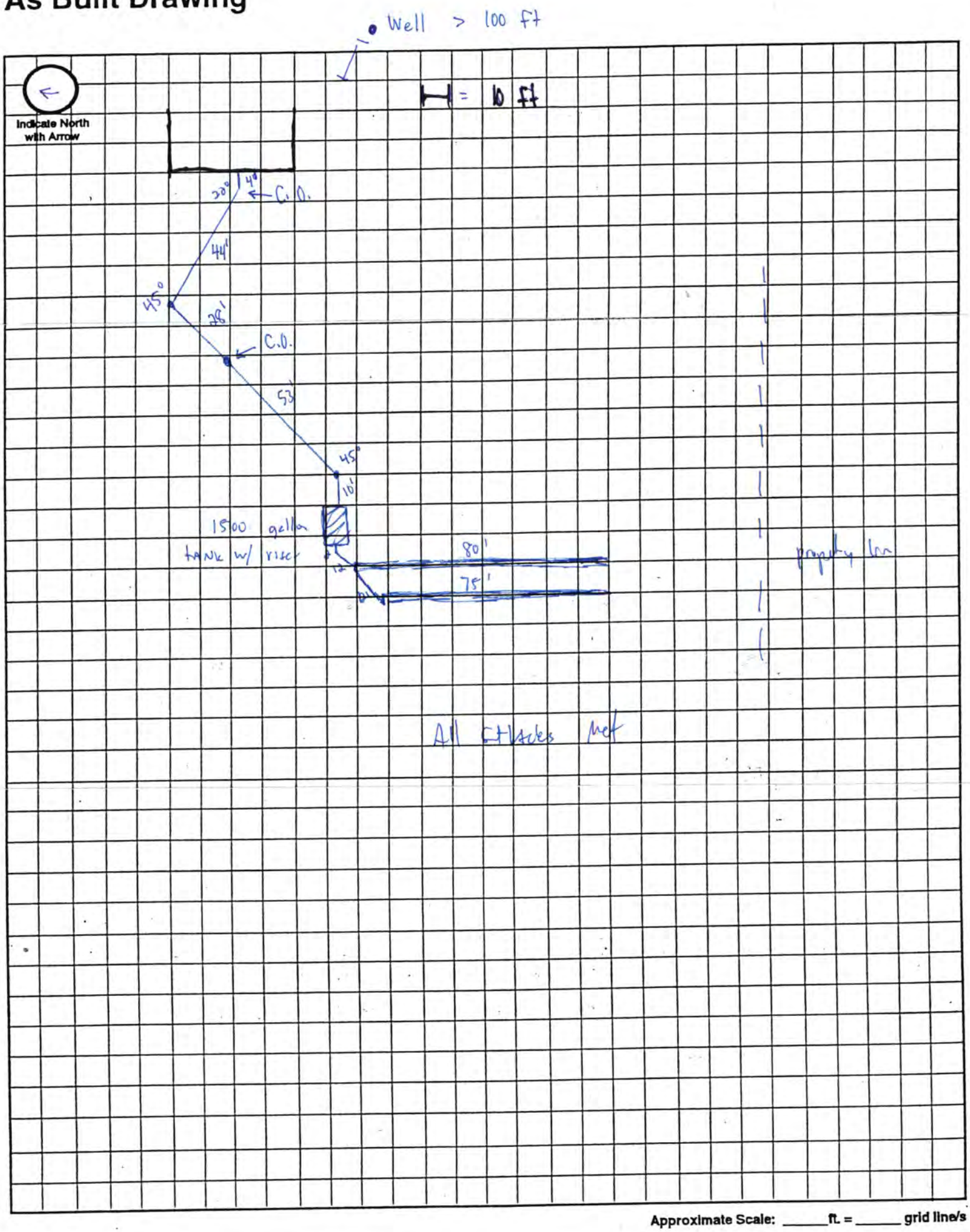
ndicate North with Arrow

Individual Sewage System Design (Example)



ORM 23-103 10-96

As Built Drawing



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

Ed Bowes
200 W Rock Creek Rd
Raymond, Ne 68428

Septic Complete 10-31-08

Well

⊢⊣ = 10 ft

