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. HS000199

System Type:	LAGOON
Situs:	15800 NW 40 ST L
Legal Description:	T12N-R06E-S32-Lot 24
Owner:	SWANSON, CHARLES C & DEBBRA A 11395 W BLUFF RD MALCOLM NE 68402

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	02/25/2009
Expires:	02/25/2010

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

LLCHD HS000199

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

A

Permit Number HS000199

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 15800 NW 40th St (no rural route) City Raymond, NE Zip 68428

Legal Description NW 32 12 6 24
(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 Charles Swanson Signature See attached

Address 11395 W Bluff Rd City/State/Zip Malcolm, NE 68402

☐ Check if owner designed system Home Phone 402-796-2007 Work Phone

C. Contractor

Name: Chad Peery Company Name KP Construction

Address 141 Struthers Pl City/State/Zip Seward, NE 68434

☐ Check if contractor designed system Work Phone 402-641-2504

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Work Phone 402-890-6004

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

. Health Department
ite visits
Date rec'd 2/25/09
Date frwd 2/25/09
ACTION ☑ Approved ☐ Disapproved
Signature

. Supt. Bldg. Insp. or Village Clerk
omments
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Signature

stallation Final Written Approval

ite

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

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

Form A Updated: 5-07

2-25-2009 9:43:31

LLCHD H5000199

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

SCANNED

A

Permit Number H5000199

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Request for Site Clearance and Permit

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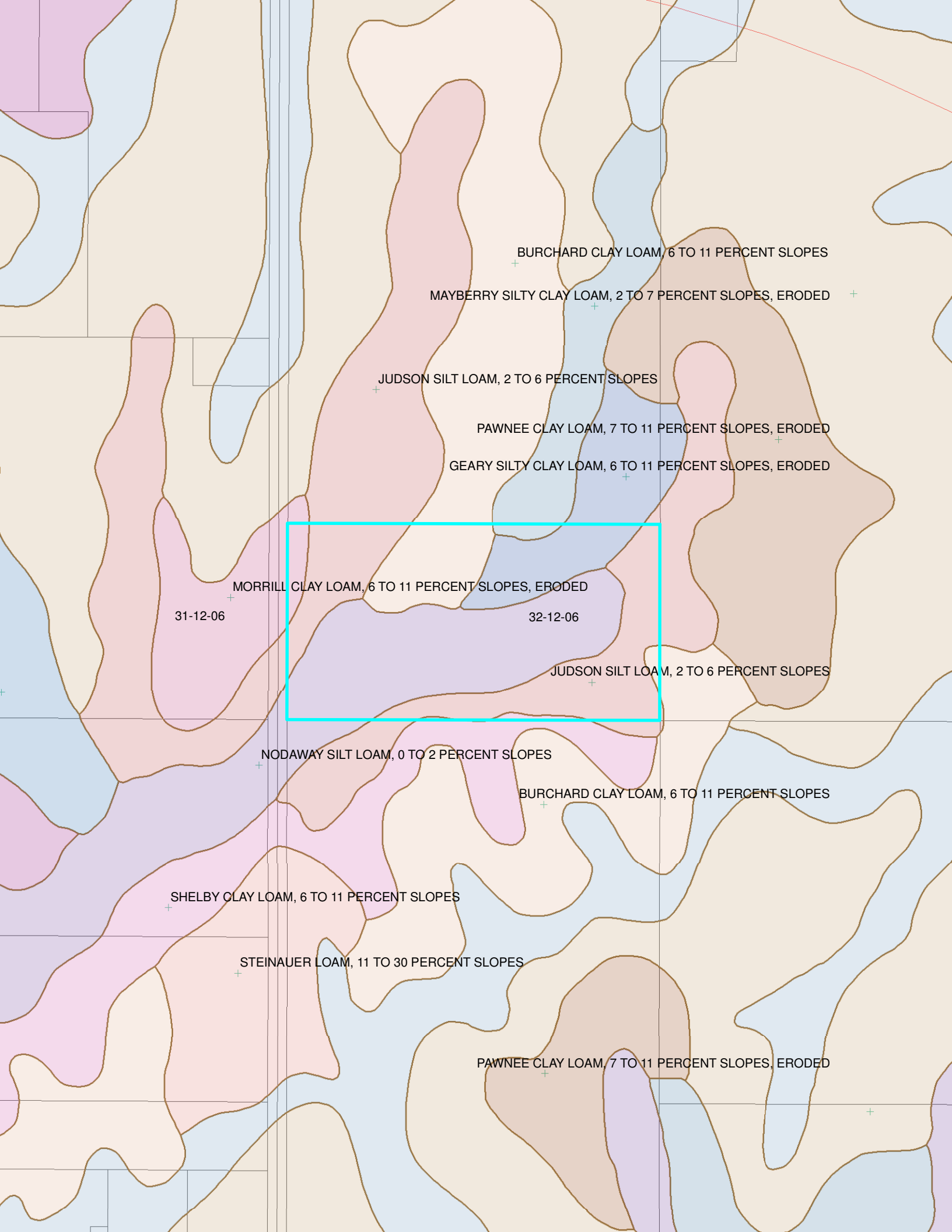
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Business Office Use Only
Date Received 2-25-09 Amount Paid 315 cc
Received By Cash/Check No. 6981

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

Form A Updated: 5-07

2-25-2009 15:45:18


BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
31-12-06
32-12-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED

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

SCANNED

A

Permit Number
H5000199

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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ite 3/26/09

Business Office Use Only
Date Received 2-25-09 Amount Paid 315 cc
Received By Cash/Check No. 6981

SCANNED

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

Form A Updated: 5-07

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

A

Permit Number

Onsite Wastewater Treatment System
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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 Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5-07

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

MAR 25 2009

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 15800 NW 40th St (no rural route) City Raymond NE, Zip 68428

Owner Charles Swanson Addresss 11395 W Bluff Rd

Soil Type (SCS): Judson Percolation Rate: 30 min./inch

Date of Tests 3/18/09 to 3/19/09 Weather: Precipitation 0 Temperature 60°

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	40	3/18	12:00p	3/18	4:00p	3/19	1:00p	6	3/19	1:30p	30	1 3/4	17
2	34	"	"	"	"	"	"	"	"	"	"	3 3/16	9
3	28	"	"	"	"	"	"	"	"	"	"	1	30
4	39	"	"	"	"	"	"	"	"	"	"	3 1/16	8
5	33	"	"	"	"	"	"	"	"	"	"	3 1/8	10
6	34	"	"	"	"	"	"	"	"	"	"	2 1/2	12

Sum of Percolation Rates: 86

Average of Rates: 14

Rate Used for Calculation: 30 (20 min variance)

Person Conducting Percolation Tests

Name: Terri Jakoubek Raymond Contracting, Inc

Phone: 402-783-2463 or 402-890-3870

Address 13800 NW 70th St

Raymond NE 68428 # C1198

2nd Day test ran from 9:30am to 1:30pm

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

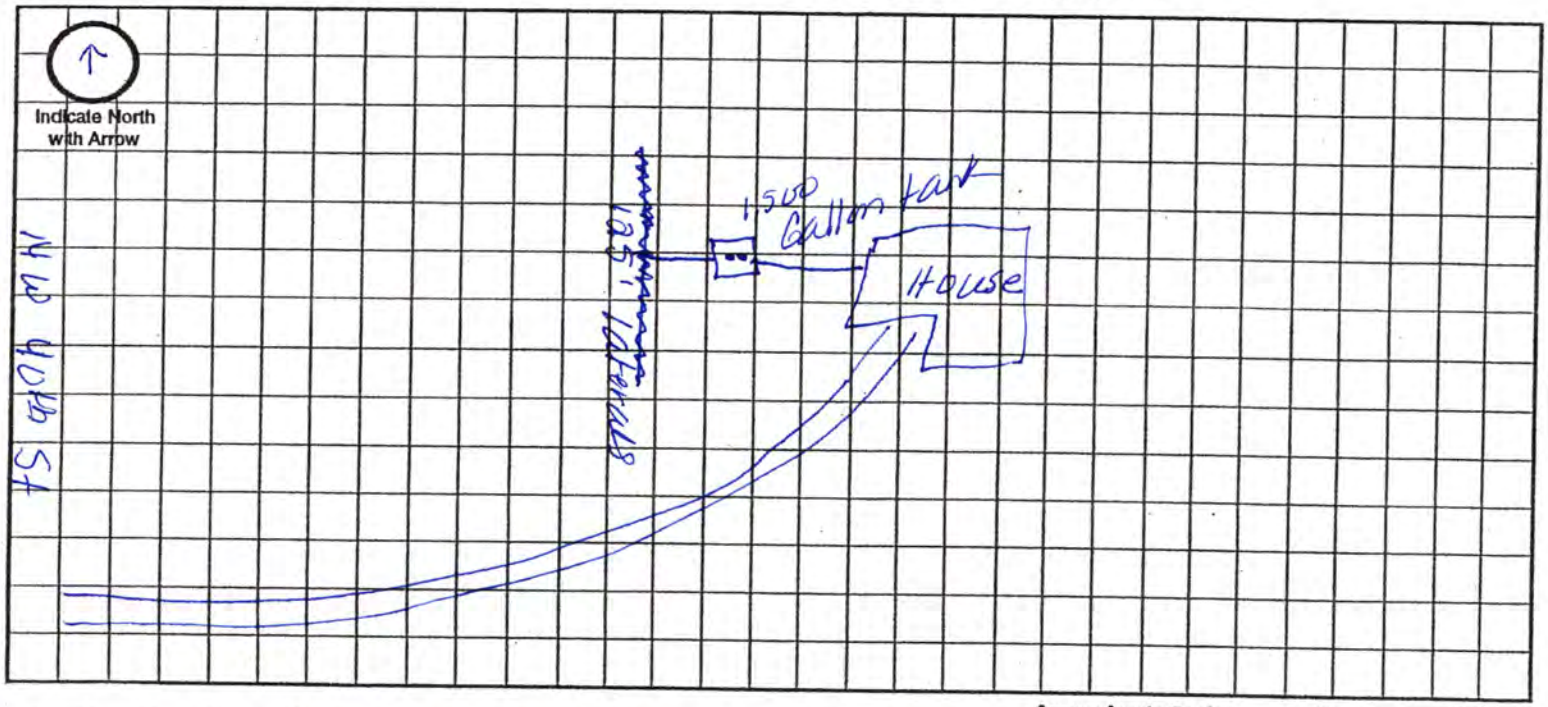
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 15800 NW 40th St 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 30 (min. per inch) Soil Type: Judson Land Slope: _____ %

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

Total Square Feet of Field Required: 560 sq. ft.

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

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 125 ft. Number of Trenches 1 Trench Width 4'

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 Chad Peery by Terri Jahnke Date 3-23-09

Installer Terri L. Jahnke Date 3-23-09

FORM 23-102 10-96

MAR 31 2009

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 3-26-09 Legal Description NW 1/4 1/4 32-12-6 Section Township Range Lot 24

Onsite System Location

Address (no rural route) 15800 NW 40th St City Raymond NE, Zip 68428

Owner Charles Swanson Address 11395 W Bluff Rd Malcolm, NE 68402

A. Sewer Pipe

1. Material: SDR 26
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 42 in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: Inside House
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

☑ Label with Manufacturer, address and gallon capacity

1. Material: Concrete
   Number of compartments: one
2. Capacity: 1000 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" dia. inspection pipe
6. Outlet: ☑ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. ☐ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: 2- End caps.
   Number available outlets: 3 per cap.
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 7'-17' ft.

D. Drainfield Absorption

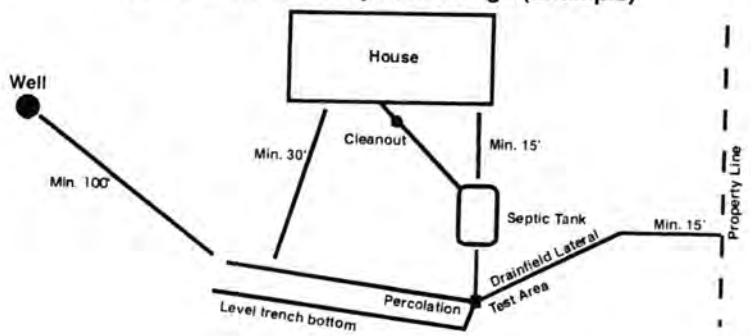
☑ Trench ☐ Bed ☐ Level Bottom

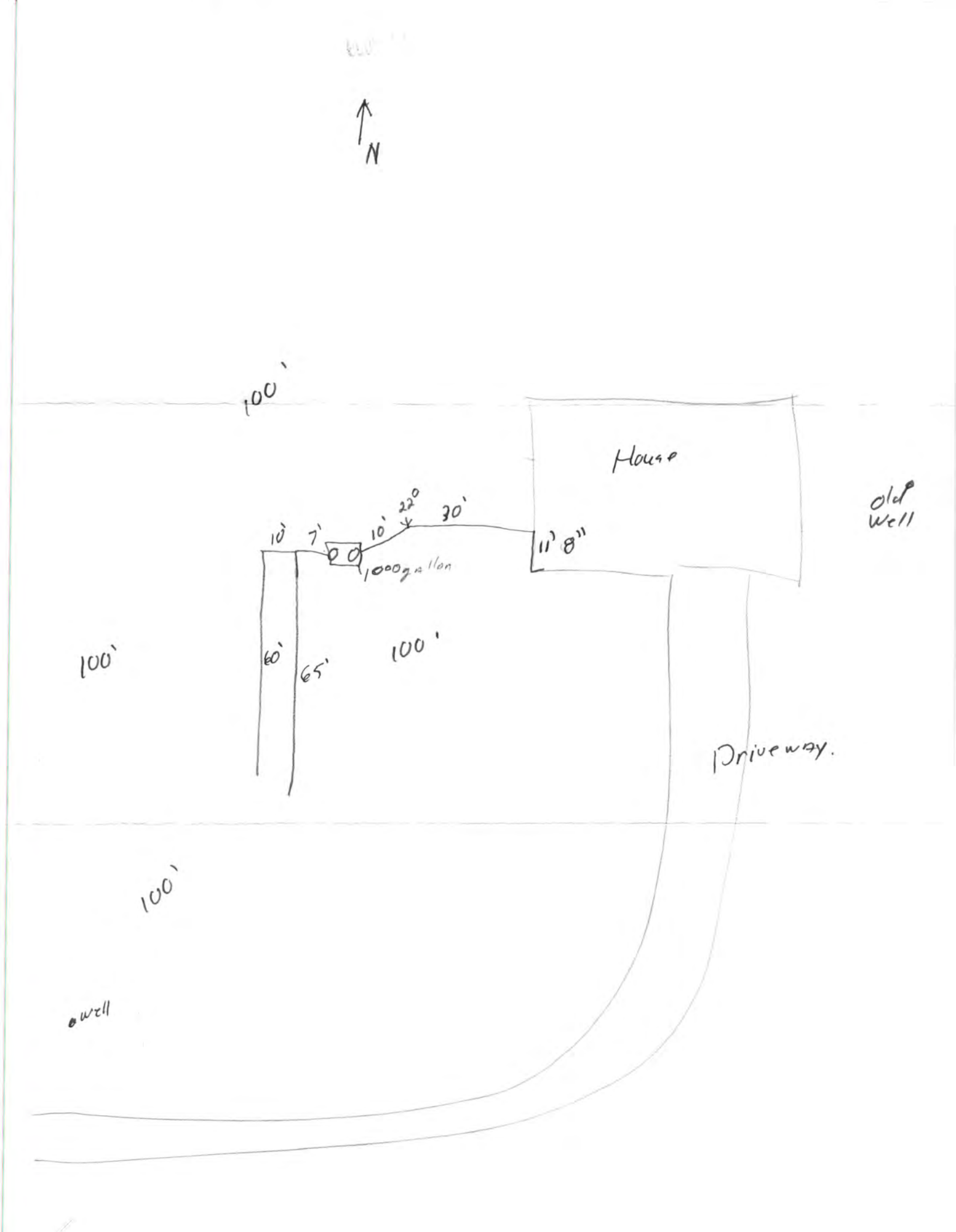
1. Type: ☑ Half rounds ☐ Perforated pipe ☑ Chambers
   Diameter or width: 12" Tall 34" wide.
   Number of distribution lines in bed ____
   Material: ☑ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 2
   Length of each line: 65 ft. 60 ft.
   ____ ft. ____ ft., ____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope Flat in/100 ft.
   Average depth 26"-32" in
4. Filter material: Dirt
   Depth of material 26"-32" in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   House or building 40 ft.
   Lake or Stream 100+ ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow




N
100'
House
old well
10'
7'
10'
22°
30'
11' 8"
1000 gallon
100'
60'
65'
100'
Driveway.
100'
well