Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
H3000735

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 _____ (no rural route) City Raymond, NE Zip 68428

Legal Description SE 17 12 5 20
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID No-20-200-001-000 (No-17-400-001-000)

B. Owner

Name Benjamin C. Hain Signature _____

Address 19565 NW 112th St City/State/Zip Raymond, NE 68428

Home Phone 402-643-5559 Work Phone _____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Lloyd Jakoubek for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 20

Garbage Grinder? ☒ 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. ~~02-30~~

1. Health Department
Site visits _____
Comments _____
Date rec'd 4/1/13
Date frwd 4/3/13
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4-2-13
Date frwd 4-2-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 4/3/13
Date frwd 4/3/13
ACTION ☒ Approved ☐ Disapproved
Signature See attached

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

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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 19501 NW 112th St (no rural route) City Raymond NE, Zip 68428

Owner Ben Hain Address 15907 Hwy 1 Weeping Water, NE 68463

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

Date of Tests 3/27/13 to 3/28/13 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	35	3/27	9:30A	3/27	1:30P	3/28	12:00P	16	3/28	12:30P	30	3/4	40
2	26	"	"	"	"	"	"	"	"	"	"	9/16	54
3	22	"	"	"	"	"	"	"	"	"	"	13/16	37
4	35	"	"	"	"	"	"	"	"	"	"	13/16	25
5	24	"	"	"	"	"	"	"	"	"	"	11/16	43
6	24	"	"	"	"	"	"	"	"	"	"	9/16	54

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 #C1193

Sum of Percolation Rates: 253

Average of Rates: 42

Rate Used for Calculation: 42

Called contractor

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks System needs sized for 54

Signature of Reviewing Official Date

FORM 23-101 10-96

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

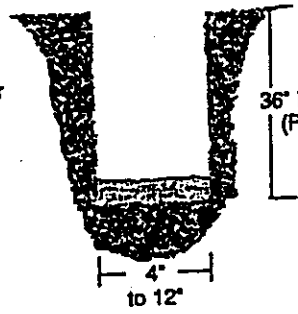
I. Size, Number, and Location or Test Holes

A. Dig six or more holes spaced uniformly over proposed lateral field site.

B. Scratch smeared spots on sides of hole.

C. Remove loose material from hole.

D. Add 2" of gravel to hole.

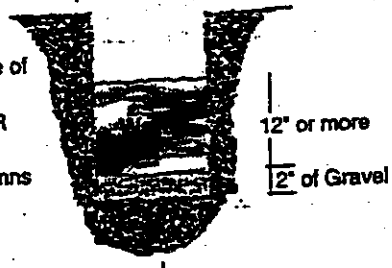


II. Saturation of Soil (Pre-soak)

A. Fill hole with 12" or more of water.

B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.

C. Record on Form B columns a thru f.



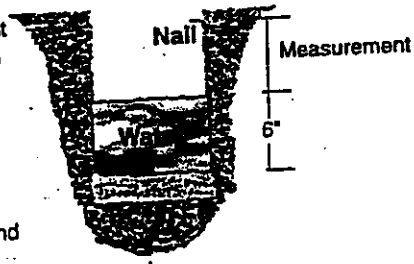
24 Hours Later

III. Percolation-rate Measurement (refer to instructions 5a, 5b, or 5c.)

A. Add 6" of water.

B. Measure from fixed reference point (nail) to water.

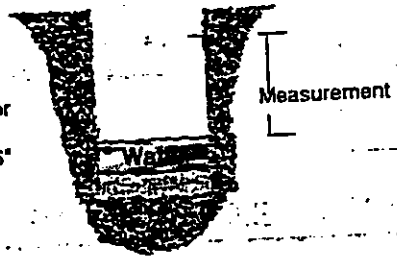
C. Record measurement and time on front of Form B.



½ hour later (30 minutes)

D. 30 minutes later remeasure and record time.

E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



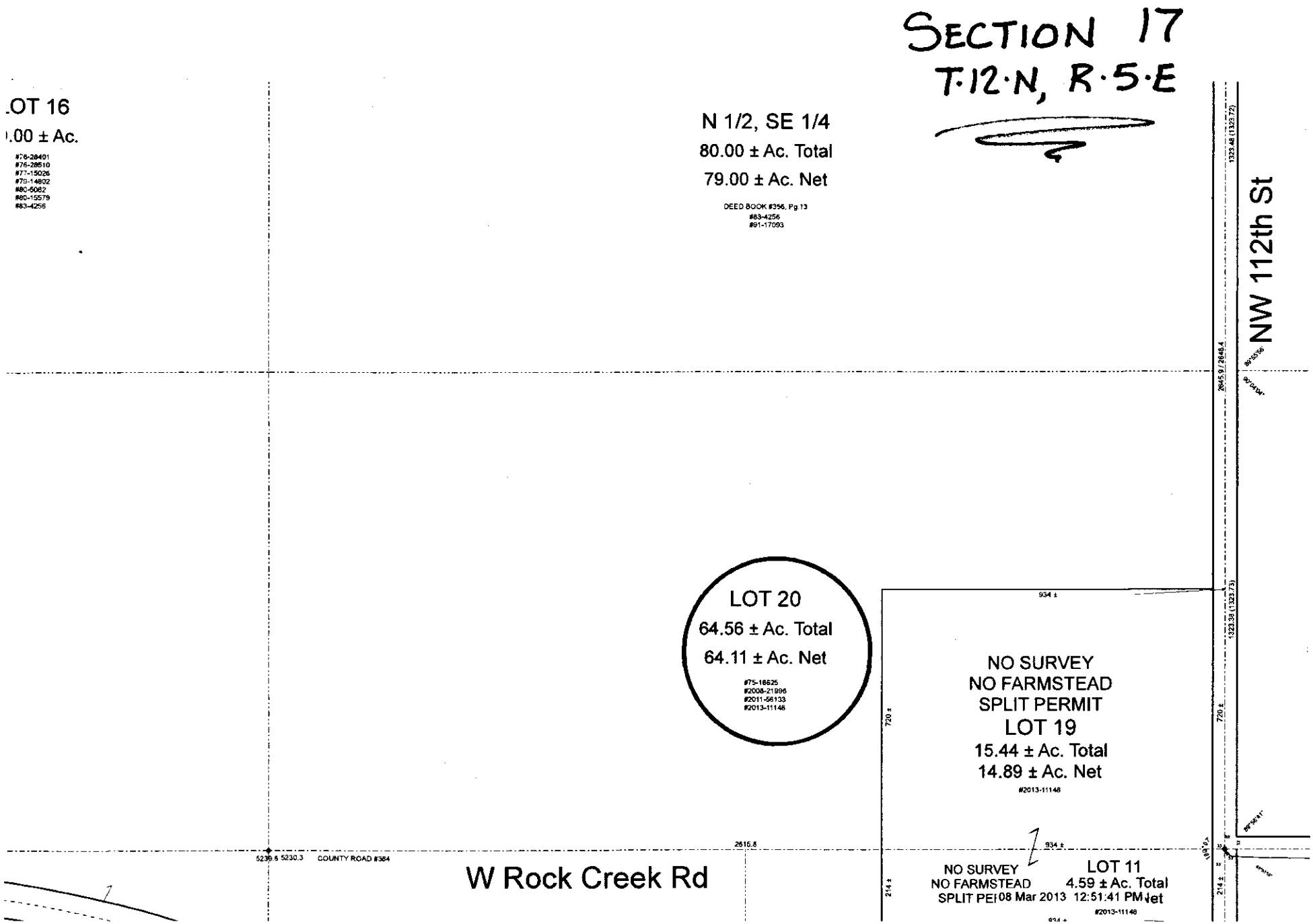
F. Continue for 3½ hours taking readings every 30 minutes.

G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.


SECTION 17
T·12·N, R·5·E
.OT 16
.00 ± Ac.
#76-28401
#76-28510
#77-15026
#79-14802
#80-5082
#80-15579
#83-4256
N 1/2, SE 1/4
80.00 ± Ac. Total
79.00 ± Ac. Net
DEED BOOK #356, Pg.13
#83-4256
#91-17093
NW 112th St
LOT 20
64.56 ± Ac. Total
64.11 ± Ac. Net
#75-18625
#2008-21896
#2011-56133
#2013-11148
NO SURVEY
NO FARMSTEAD
SPLIT PERMIT
LOT 19
15.44 ± Ac. Total
14.89 ± Ac. Net
#2013-11148
934 ±
720 ±
2645.9 / 2648.4
1323.48 (1323.72)
1323.38 (1323.73)
2615.6
5239.6 5230.3
COUNTY ROAD #384
W Rock Creek Rd
NO SURVEY
NO FARMSTEAD
SPLIT PE
LOT 11
4.59 ± Ac. Total
Net
08 Mar 2013 12:51:41 PM
#2013-11148
214 ±

Nate C. Hartman

From: Ken D. Schroeder
Sent: Wednesday, April 03, 2013 8:25 AM
To: Nate C. Hartman
Subject: Sewage disposal systems
Attachments: sec 17-12-5.pdf; sec 33-12-6.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 1, Block 2, Brock Estates Addition" located in the SE 1/4 of Section 33, T12N, R6E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of "sec 33-12-6")*

AND

Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 20 irregular tracts located in the S 1/2 of the SE 1/4 of Section 17, T12N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of "sec 17-12-5")*

As always, both approvals are subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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 19501 NW 112th St (no rural route) City Raymond NE, Zip 68428

Owner Ben Hain Address 15907 Hwy 1 Weeping Water, NE 68463

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

Date of Tests 3/27/13 to 3/28/13 Weather: Precipitation 0 Temperature 60°

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2	26	"	"	"	"	"	"	"	"	"	"	9/16	54
3	22	"	"	"	"	"	"	"	"	"	"	13/16	37
4	35	"	"	"	"	"	"	"	"	"	"	13/16	25
5	24	"	"	"	"	"	"	"	"	"	"	11/16	43
6	24	"	"	"	"	"	"	"	"	"	"	9/16	54

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 #C1193

Sum of Percolation Rates: 253
Average of Rates: 42
Rate Used for Calculation: 42

called contractor

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks System needs sized for 54

Signature of Reviewing Official _____ Date _____

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

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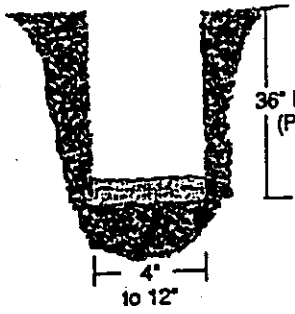
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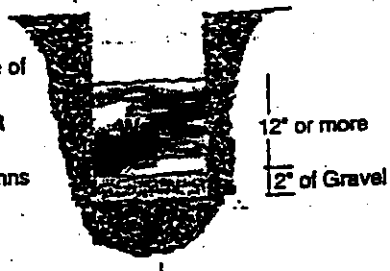


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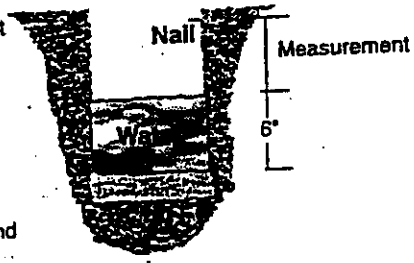
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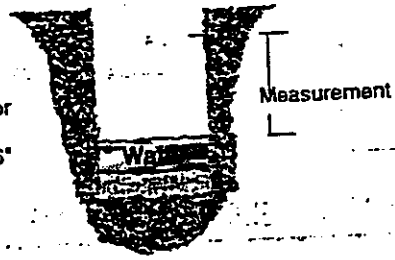
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Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
H5000735

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 _____ City Raymond, NE Zip 68428
(no rural route)

Legal Description SE 17 12 5 20
1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID No-20-200-001-000 (No-17-400-001-000)

B. Owner

Name Benjamin C. Hain Signature [signature]
Address 19555 NW 112th St City/State/Zip Raymond, NE 68428
Home Phone 402-643-5559 Work Phone _____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature [signature] for Lloyd
Address 13800 NW 70th St City/State/Zip Raymond, NE 68428
Work Phone 402-890-6009

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 20
Garbage Grinder? ☒ 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. ~~02-30~~

1. Health Department
Site visits _____
Comments _____
Date rec'd 4/1/13
Date frwd 4/3/13
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4-2-13
Date frwd 4-2-13
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments _____
Date rec'd 4/3/13
Date frwd 4/3/13
ACTION ☒ Approved ☐ Disapproved
Signature See attached

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 4-4-13 Amount Paid 355.00
Received By B. Hall Cash/Check No. 8077

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

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

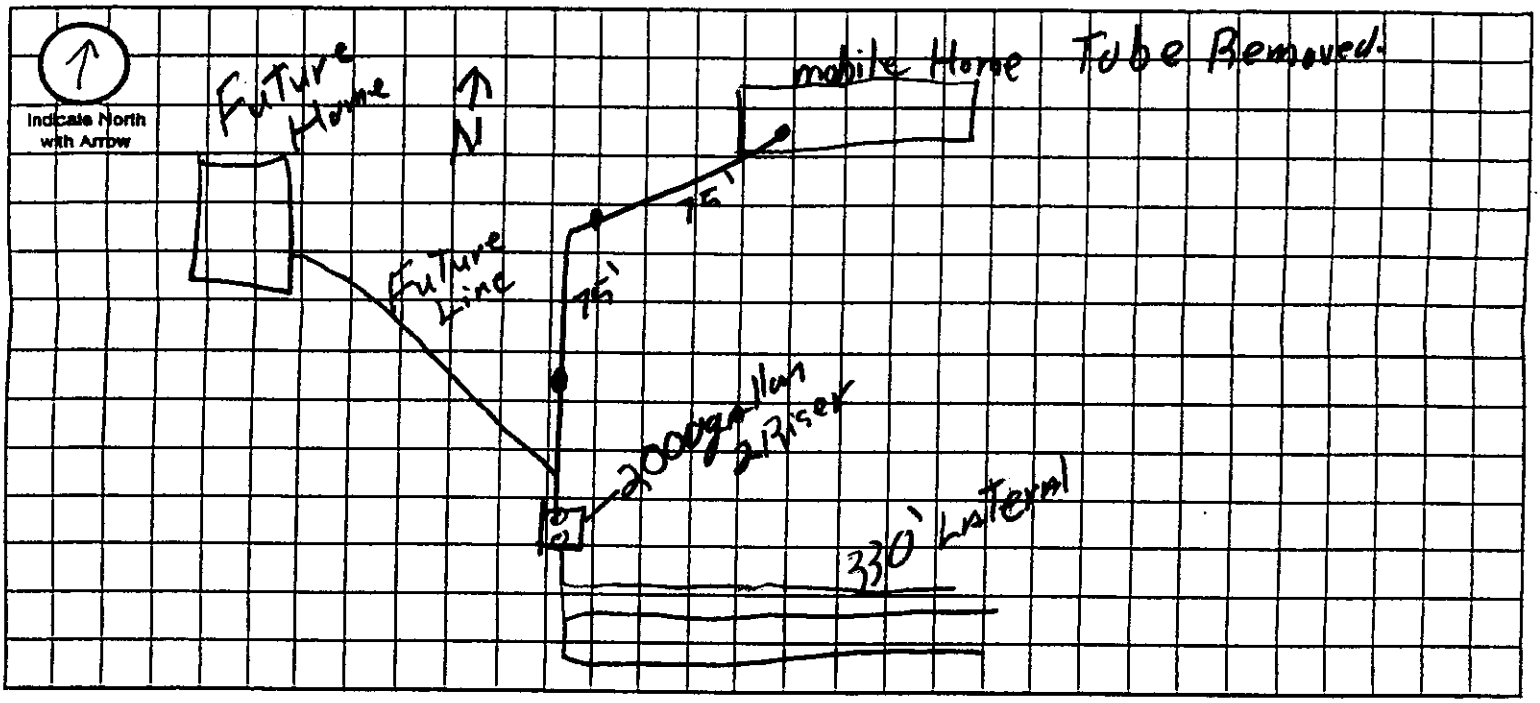
C

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) _____ 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 42 (min. per inch) Soil Type: Silt Clay Loam/Silt Loam Land Slope: Flat %

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

Total Square Feet of Field Required: 1,320 sq. ft.

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

Capacity of Septic Tank 2000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 3 Trench Width 40"

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

Plumbing Contractor _____ Date 4/1/13

Installer Kevin L. Jakowski Date 4/1/13

FORM 23-102 10-96

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000735

System Type: Standard

Situs: No Site Address

Issued: 4/5/2013

Expires: 4/5/2014

Description: S17, T12, R5, 6th Principal Meridian, S1/2 SES17, T12, R5, 6th Principal Meridian, S1/2 SE

Owner: HAIN, RICHARD R & CAROL R
2652 DAVEY RD
BEE, NE 68314

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND, NE 68428

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

A

Permit Number
HS000735

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)

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Legal Description SE 17 12 5 20
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 06-20-200-001-000 / 06-17-400-001-000

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Name Benjamin C. Hain Signature

Address 19555 NW 112th St City/State/Zip Raymond, NE 68428

Home Phone 402-643-5559 Work Phone

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☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 20
Garbage Grinder? ☒ 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. ~~02-30~~

1. Health Department
Site visits 4/1/13 Date rec'd 4/1/13
Comments Bldg inspection Date frwd 4/3/13
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd 4-2-13
Date frwd 4-2-13
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments _____ Date rec'd 4/3/13
Date frwd 4/3/13
ACTION ☒ Approved ☐ Disapproved
Signature See attached

Installation Final Written Approval
By _____
Date 4/10/13 9/21/15 to new home

Business Office Use Only
Date Received 4-4-13 Amount Paid 355.00
Received By B. Hall Cash/Check No. 8077

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

Form A Updated: 1/13

SCANNED

B

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

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 19501 NW 112th St (no rural route) City Raymond NE, Zip 68428

Owner Ben Hain Addresss 15907 Hwy 1 Weeping Water, NE 68463

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

Date of Tests 3/27/13 to 3/28/13 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	35	3/27	9:30a	3/27	1:30p	3/28	12:00p	Le	3/28	12:30p	30	3/4	40
2	26	"	"	"	"	"	"	"	"	"	"	9/16	54
3	22	"	"	"	"	"	"	"	"	"	"	13/16	37
4	35	"	"	"	"	"	"	"	"	"	"	13/16	25
5	24	"	"	"	"	"	"	"	"	"	"	11/16	43
6	24	"	"	"	"	"	"	"	"	"	"	9/16	54

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St

Raymond, NE 68428 #C1197

Sum of Percolation Rates: 253

Average of Rates: 42

Rate Used for Calculation: 42

called contractor

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks System needs sized for 54

Signature of Reviewing Official Date

ORM 23-101 10-96

SCANNED

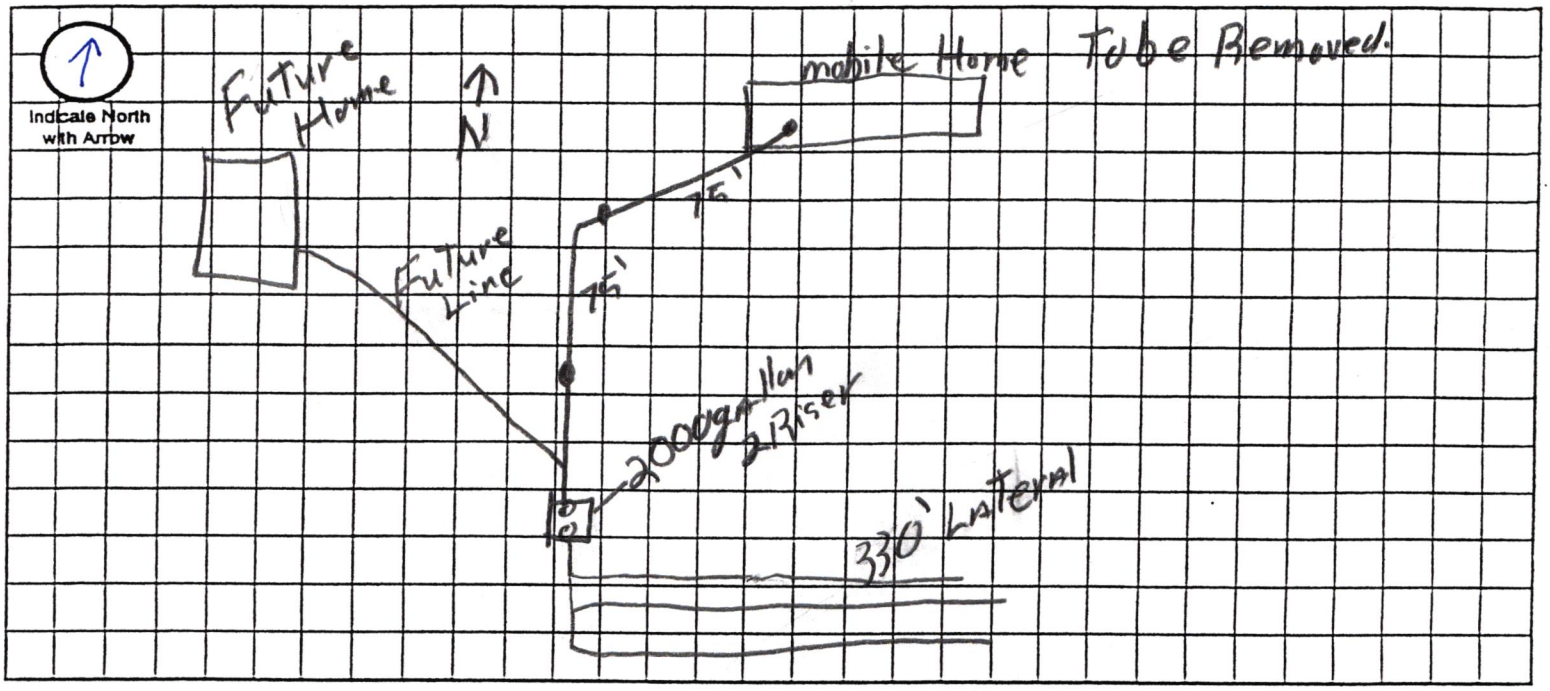
C

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

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) _____ 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 42 (min. per inch) Soil Type: Silt clay Loam/Silt Loam Land Slope: Flat %

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

Total Square Feet of Field Required: 1,320 sq. ft.

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

Capacity of Septic Tank 2000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 3 Trench Width 40"

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 4/1/13

Installer Kurt J. Jakowski Date 4/1/13

FORM 23-102 10-96

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

APR 08 2013

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date April 4, 2013 Legal Description SE 1/4 17 1/4 12 Section 5 Township Range

Onsite System Location

Address (no rural route) 19555 NW 112th St City Raymond NE, Zip 68428

Owner Ben Hain Address same

A. Sewer Pipe

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 226 ft.
4. Number of clean-outs: 4
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: 2000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade AT 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: 12 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: Plastic
   Number available outlets: 2per drop
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 9+10+9 ft.

D. Drainfield Absorption

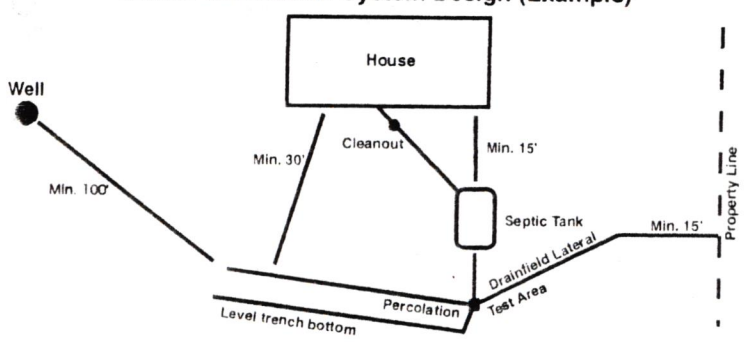
☑ Trench ☐ Bed ☐ Level Bottom

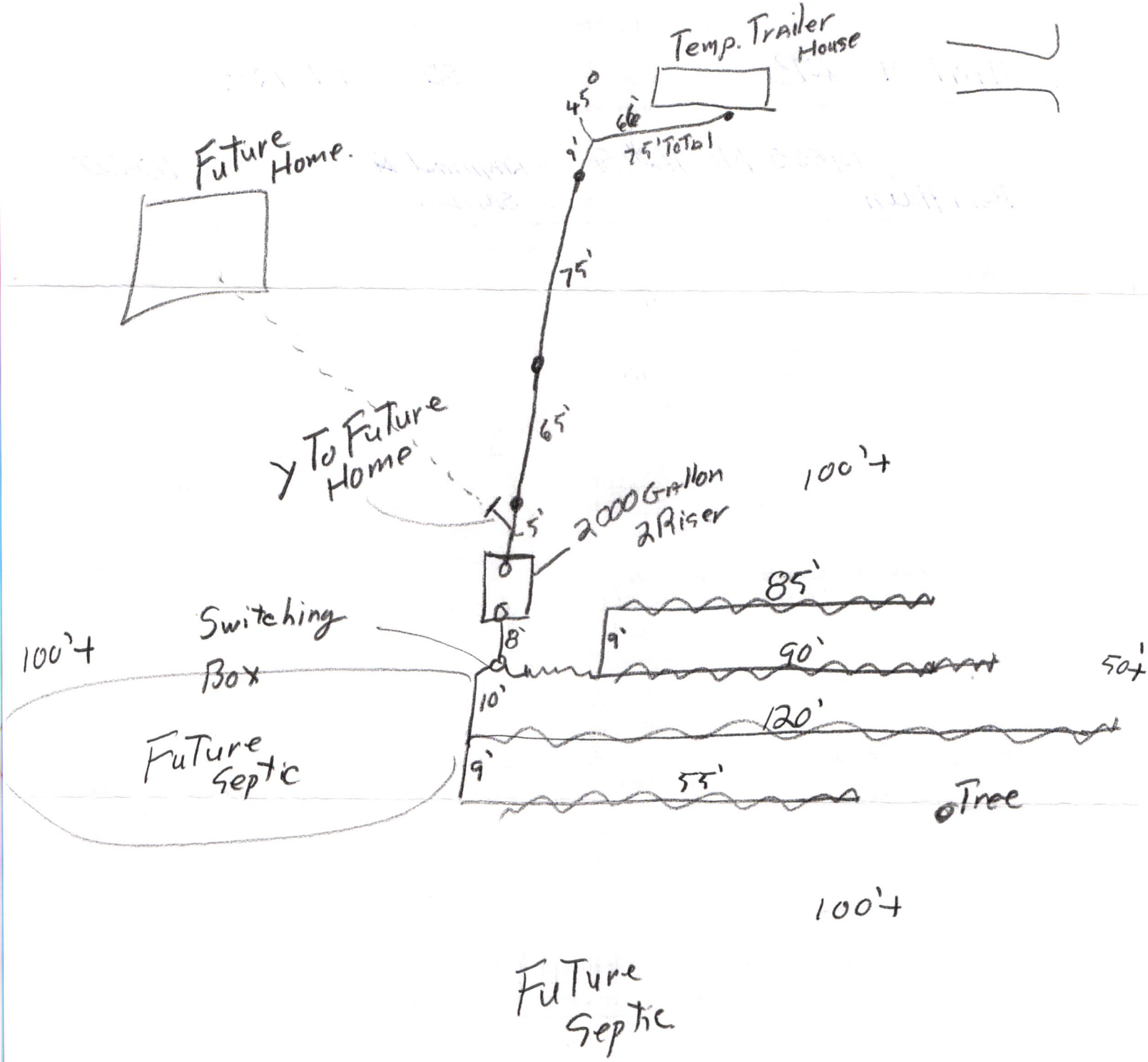
1. Type: ☑ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 4
   Length of each line: 85 ft. 90 ft.
   120 ft. 55 ft., _____ ft.
3. Drainfield dimensions: Width 40" ft.
   Distribution Pipe Slope FLAT in/100 ft.
   Average depth 22-34 in
4. Filter material: Soil
   Depth of material 22-34 in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.
   House or building 100+ ft.
   Lake or Stream 100+ ft.

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

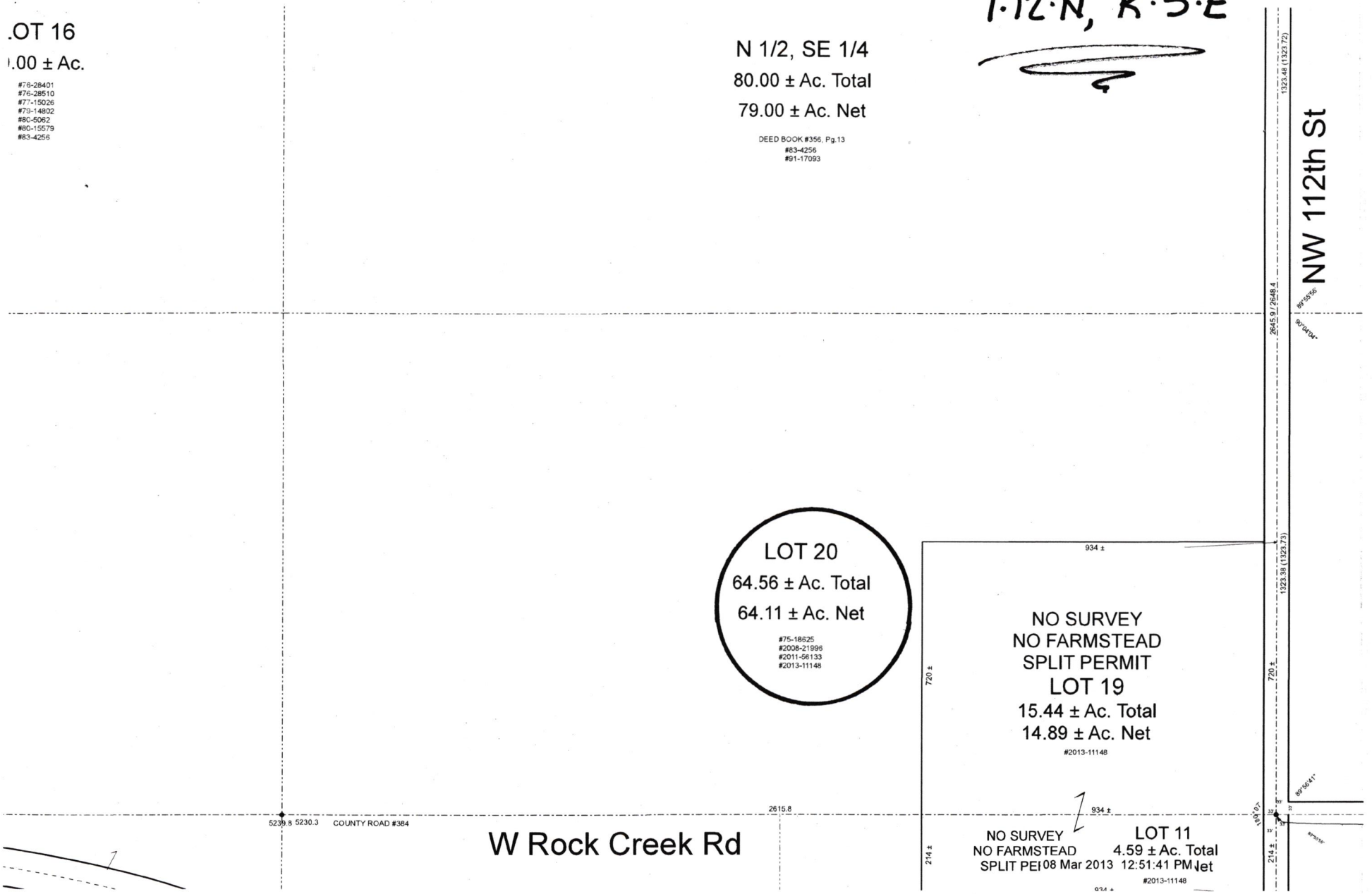
Onsite Wastewater System Design (Example)

Indicate North with Arrow




Temp. Trailer House
45°
6'
9'
75' Total
Future Home.
75'
65'
Y To Future Home
5'
2000 Gallon 2 Riser
100'+
85'
Switching Box
8'
9'
90'
100'+
50'+
10'
120'
Future Septic
9'
55'
Tree
100'+
Future Septic

SECTION 17
T·12·N, R·5·E



SCANNED