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

A

Permit Number
HS002050

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 12733 N 14th St (no rural route) City Raymond, NE Zip 68428

Legal Description NW (1/4) SE (1/4) 11 (Section) 11N (Township) 6E (Range) _____ (Subdivison) _____ (Addition) 27 (Block) _____ (Lot)

PID 12-11-400-007-000

B. Owner

Name Aaron J Elkins Signature See Attached

Address 12733 N 14th St City/State/Zip Raymond, NE 68428

Home Phone 402-980-1038 Work Phone _____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd L Jakoubek

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

Work Phone 402-890-6009 or 402-783-2663

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 5 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 19.99

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 _____ Date rec'd _____ Date frwd _____
Comments _____
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 7-10-20 Amount Paid $430.00
Received By SAO Cash/Check No. 9917

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

COPY

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12N 14th + Waverly RD (no rural route) City _____ NE, Zip [redacted]

Owner Aaron/Linda Elkins Address 3739 NW 57TH LNKNE. 68524

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

Date of Tests 12/9/02 to 12/10/02 Weather: Precipitation SUNNY Temperature 50°

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	27	12/9	10 AM	12/10	10 AM	12/10	120 PM	6	12/10	2 PM	30	3/4	40
2	26	12/9	10 AM	12/10	10 AM	12/10	130 PM	6	12/10	2 PM	30	3/4	40
3	28	12/9	10 AM	12/10	10 AM	12/10	130 PM	6	12/10	2 PM	30	1	30
4	27	12/9	10 AM	12/10	10 AM	12/10	130 PM	6	12/10	2 PM	30	1 1/4	24
5	26	12/9	10 AM	12/10	10 AM	12/10	130 PM	6	12/10	2 PM	30	1	30
6	29	12/9	10 AM	12/10	10 AM	12/10	130 PM	6	12/10	2 PM	30	1 1/4	24

Person Conducting Percolation Tests

Name: [redacted]

Phone: 560 4208

Address 7324 Ballard

LNKNE 68507

Sum of Percolation Rates: 188

Average of Rates: 31

Rate Used for Calculation: 30 MIN

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

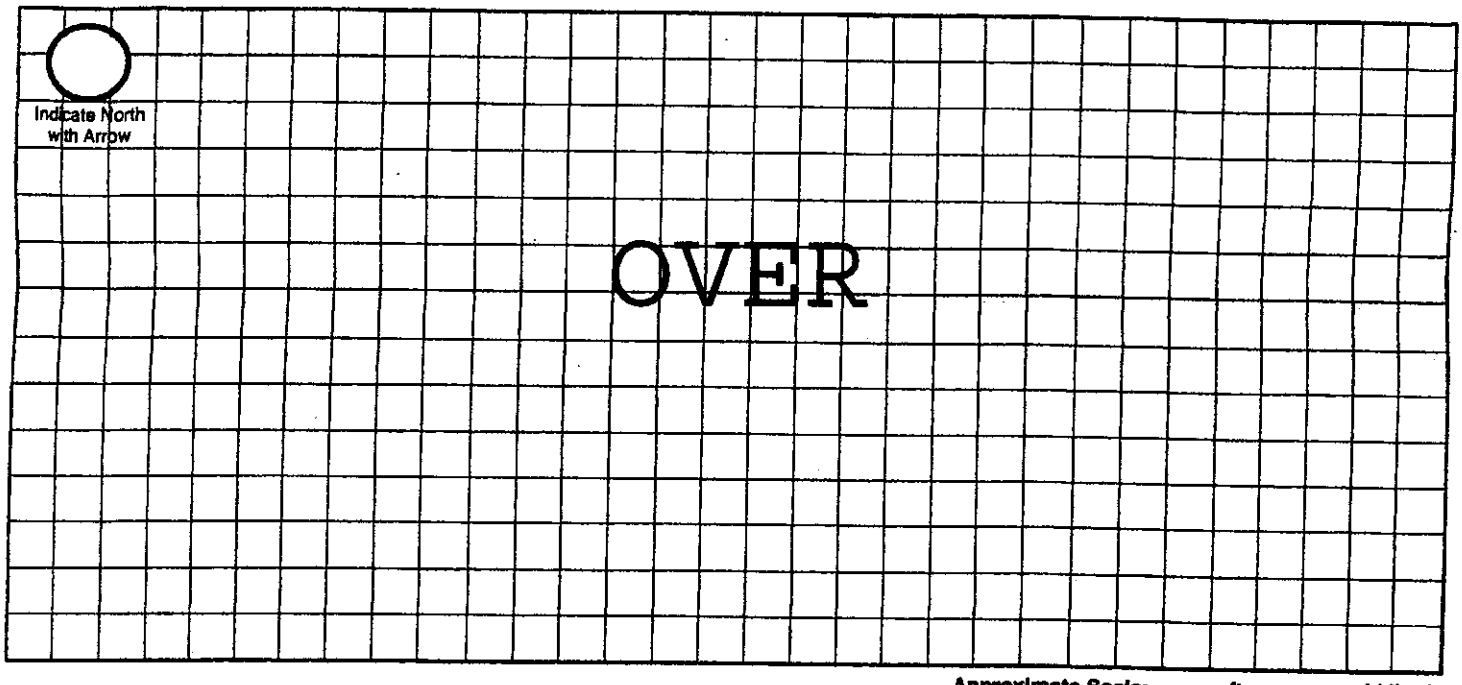
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 12733 N 14th St City Raymond NE, Zip 68428

B. Proposed Septic Tank/s Has existing 1500g concrete tank

Septic Tank Cap. 1000 new gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate 31 (min/inch = mpi) No. of Bedrooms 5 Soil Type Morrill CL Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1,395 sq.ft.

Total length of laterals 310' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZFlow 1203H

No. of absorption trenches 4 Width 40" No. of drop boxes 2 Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

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

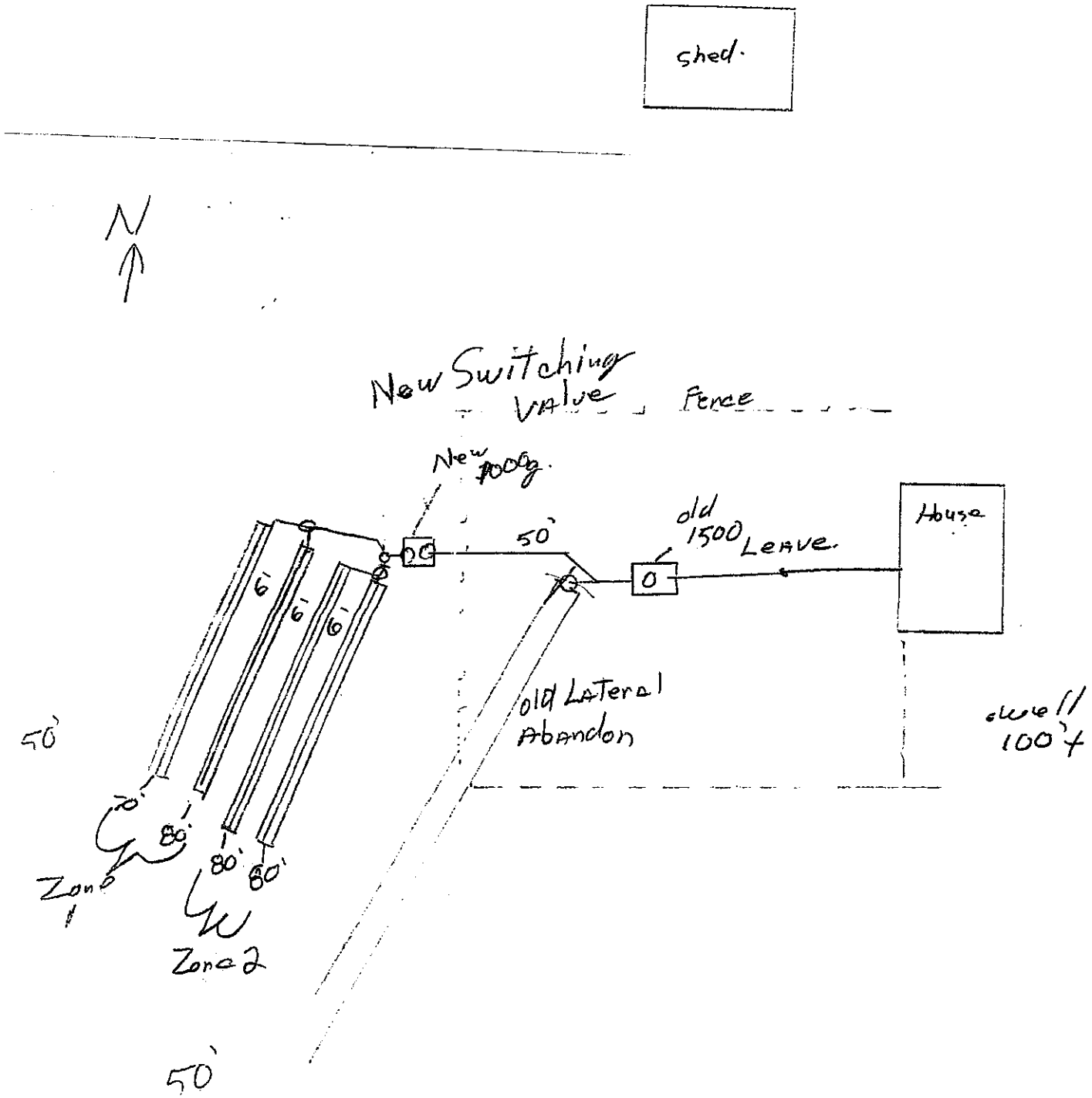
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer [signature] Date 7/3/20

5 Bed 1 Room
yes / yes
2000g Tank
30 mpI
310' EZ Flow.



Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002050

System Type: Standard

Situs: No Site Address Specified

Issued: 7/13/2020

Expires: 7/13/2021

Description: S11, T11, R6, 6th Principal Meridian, LOT 27 SE

Owner: ELKINS, AARON J & LINDA M
12733 N 14 ST
RAYMOND, NE 68428

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED

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

A

Permit Number
HS002050

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 12733 N 14th St (no rural route) City Raymond, NE Zip 68428

Legal Description NW SE 11 11N 6E 27
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 12-11-400-007-000

B. Owner

Name Aaron J Elkins Signature See Attached

Address 12733 N 14th St City/State/Zip Raymond, NE 68428

Home Phone 402-980-1038 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd L Jakoubek

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

Work Phone 402-890-6009 or 402-783-2663

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 5 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 19.99

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 8/5/20 DI
Comments
Date rec'd 7/13/20
Date frwd 7/13/20 ✓
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 Doug Rumpf
Date 8/7/20

Business Office Use Only
Date Received 7-10-20 Amount Paid $430.00
Received By AM Cash/Check No. 9917

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: HS002050

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/7/20

Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 12733 N 14th City ____

Owner ____ Address ____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1395 Sq. Ft. Tank Size 1,000 (New added in line with existing 1,500) gals

Total length of laterals 310' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 4 Width 4.5 No. of Drop Boxes ____ Distribution Box ____

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank ____ NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 8/5/20

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date 8/7/20

Field Note Drawing (See Reverse Side):

Updated 4/15

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

D Exhibit 4

Permit Number: HS002050

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 12-11-400-007-000

Address or Legal Description or Parcel Identification Number (PID) 12733 N 14th St, Raymond, NE 68428

Owner: Aaron J Elkins Address 12733 N 14th St, Raymond, NE 68428

Original pipe between house & 1st tank is 112'

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between ~~existing~~ new tank and septic tank: 55 ft.

Original concrete tank is 1500g

B. Septic Tank New

1. Material Concrete
2. Capacity: 1000 gallon
3. Depth to top of tank, below unfinished grade: 12-18 in.
4. Distance to:
   Well 200 ft. +
   Pressure line N/A ft
   Property Line 50 ft. +
   Foundation 100 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 4 ft W

1 drainfield control valve. 2 drop boxes

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other

   Material brand and inside width of Chamberless
   EZFlow 1203H Bundles
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 80 ft 80 ft 80 ft 70
4. Drainfield size: 1395 sq. ft.
5. Distance to:
   Well 200 ft +
   Pressure line N/A ft
   Property line 50 ft. +
   Depth of Groundwater >8'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval (Partially)

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate

Certified Professional Signature: Nicole L. Hammeken Date August 5, 2020

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

Updated 4/15

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

D Exhibit 4

Permit Number: HS002050

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 12-11-400-007-000

Address or Legal Description or Parcel Identification Number (PID) 12733 N 14th St, Raymond, NE 68428

Owner: Aaron J Elkins Address 12733 N 14th St, Raymond, NE 68428

Original pipe between house & 1st tank is 112'

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between ~~existing~~ new tank and septic tank: 55 ft.

Original concrete tank is 1500g

B. Septic Tank New

1. Material Concrete
2. Capacity: 1000 gallon
3. Depth to top of tank, below unfinished grade: 12-18 in.
4. Distance to
   - Well 200 ft. +
   - Pressure line N/A ft
   - Property Line 50 ft. +
   - Foundation 100 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 4 ft. W

1 drainfield control valve, 2 drop boxes

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other

   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 80 ft 80 ft. 80 ft. 70
4. Drainfield size: 1395 sq. ft.
5. Distance to
   - Well 200 ft. +
   - Pressure line N/A ft.
   - Property line 50 ft. +
   - Depth of Groundwater >8'

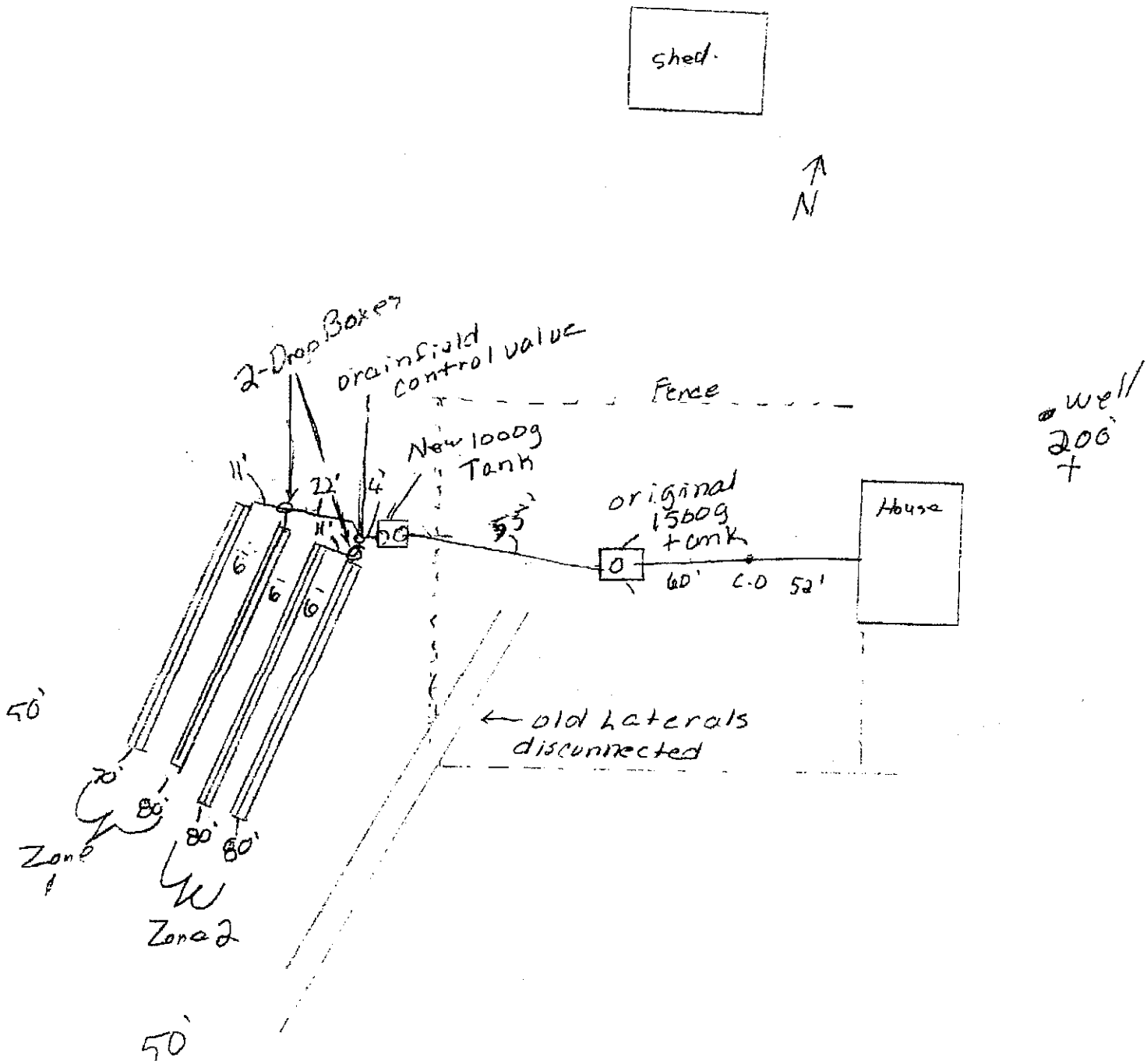
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval: (Partially)

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

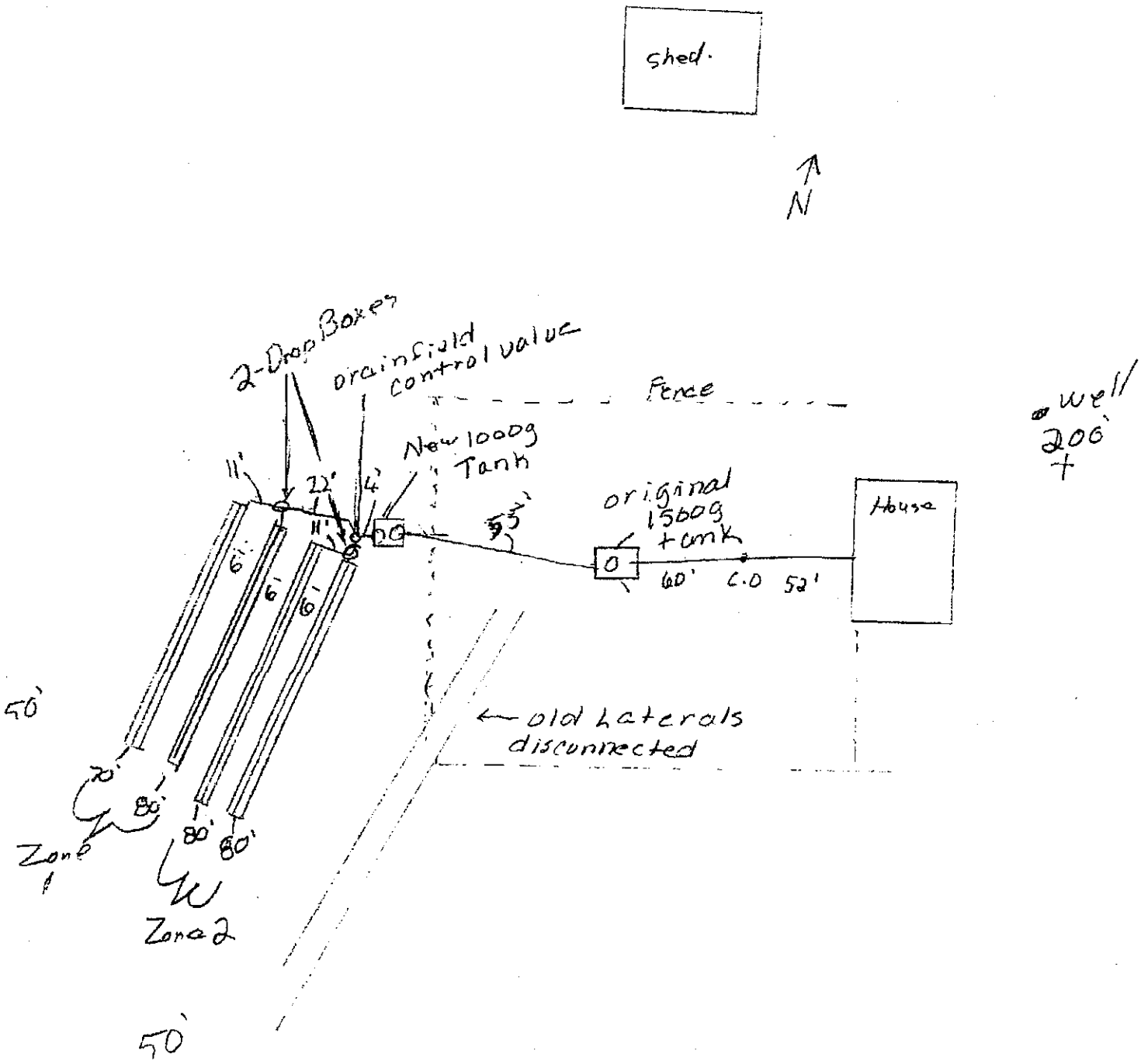
Certified Professional Signature: Nicia L. Hallmark Date August 5, 2020

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



Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

8/5/2020



Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

8/5/2020

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000237

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380260001

Issued 02/28/03
Expires 08/28/03
Revenue Code 3157

Establishment:
AARON & LINDA ELKINS
T11N R6E SEC 11
20 ACRES LOT 17IT
12733 N 14 ST -RAYMOND

FEES: $200.00

Permittee:
AARON & LINDA ELKINS
3739 NW 57 ST
LINCOLN NE 68524

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380260001

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 12733 N 14 st (no rural route) City Raymond NE, Zip 68428

Legal Description 20 acres 11 11N 6E (1/4, 1/4, Section, Township, Range) Subdivision Addition Block Lot 1 I.T.

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Alan, Linda Elkins Signature _____

Address 3739 NW 57th St City/State/Zip Lincoln NE 68524

☐ Check if owner designed system Home Phone 402-470-3634 Work Phone 402 325-2559

C. Contractor

Name Stan Keefe Company Name Drit works Plus, Inc

Address 7324 Ballard Place City/State/Zip Lincoln, NE 68507

☑ Check if contractor designed system Work Phone 402-466-6092

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

Designer Name Same Firm _____ Work Phone _____

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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 2/28/03 Date frwd 2/28/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hoor
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/28/03 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 2/28/03 Date frwd 2/28/03 ACTION ☒ Approved ☐ Disapproved Signature _____

Tank + lotcrol - Need drawing 7/14/03 Received 7/14

Installation Final Written Approval

By Doug Ahlers

Date 7/14/03

Business Office Use Only

Date Rec'd 02/28/03

Amt Paid 200.00

Rec'd By lo Cash/Check No. 3330

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

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

COPY

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1/2 N 14th + WAVERLY RD (no rural route) City _____ NE, Zip _____

Owner Aaron & Linda ELKins Address 3739 NW 57TH LNKNE. 68524

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

Date of Tests 12/9/02 to 12/10/02 Weather: Precipitation SUNNY Temperature 50°

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	27	12/9	10 AM	12/10	10 AM	12/10	120 PM	6	12/10	2 PM	30	3/4	
2	26	12/9	10 AM	12/10	10 AM	12/10	130 PM	6	12/10	2 PM	30	3/4	
3	28	12/9	10 AM	12/10	10 AM	12/10	130 PM	6	12/10	2 PM	30	1	
4	27	12/9	10 AM	12/10	10 AM	12/10	130 PM	6	12/10	2 PM	30	1 1/4	
5	26	12/9	10 AM	12/10	10 AM	12/10	130 PM	6	12/10	2 PM	30	1	
6	29	12/9	10 AM	12/10	10 AM	12/10	130 PM	6	12/10	2 PM	30	1 1/4	

Person Conducting Percolation Tests

Name: [redacted]

Phone: 560 4208

Address 7324 Ballard

NIKON NE 68507

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 30 MIN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

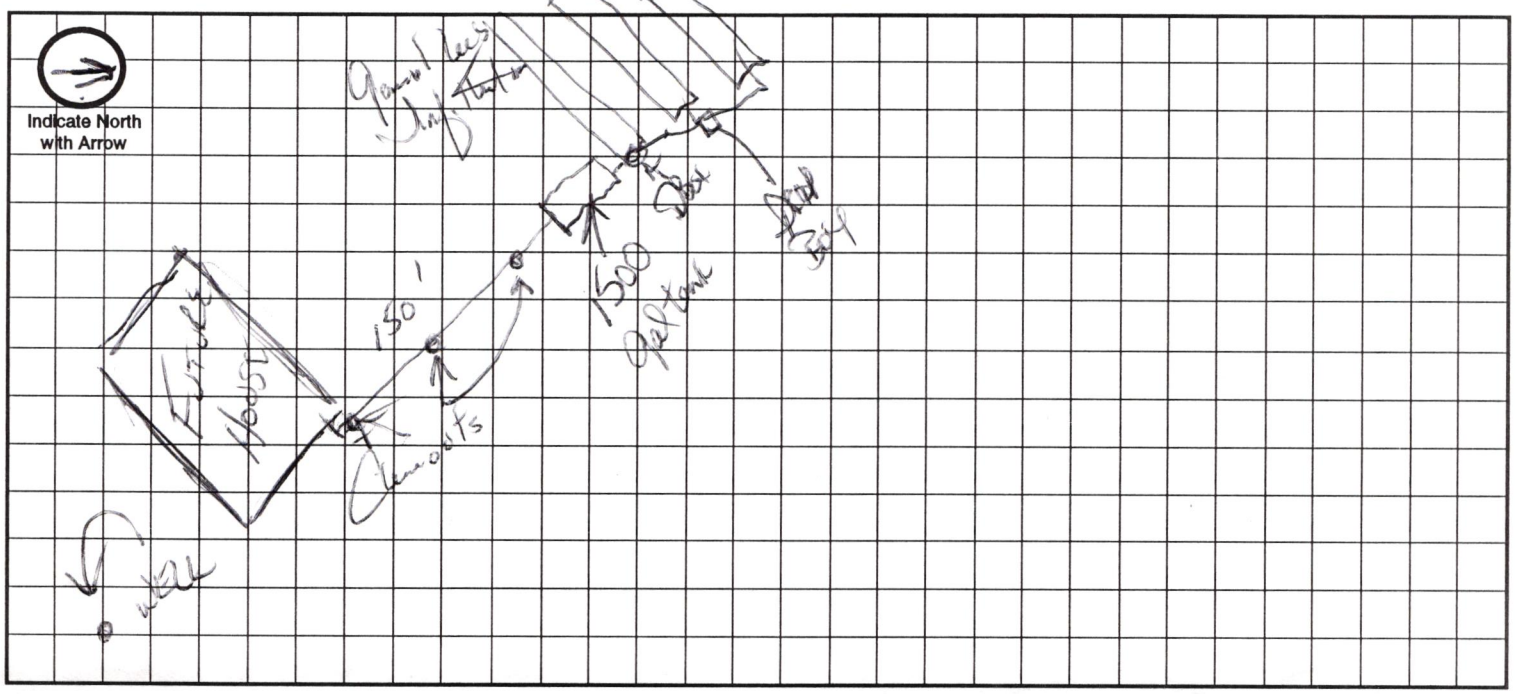
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 12733 N 14TH 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Gravel-less Infiltrator

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

Total Length of Laterals 250 ft. Number of Trenches _____ Trench Width 4

AS NEEDED

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 2-26-03

Installer _____ Date 2/26/03

FORM 23-102 10-96

79" in 76" out

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7/14/03 AARON ELKINS

System Location (Indicate correct number and street)

Address N 14TH (no rural route) City NE, Zip

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 115 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1500 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: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

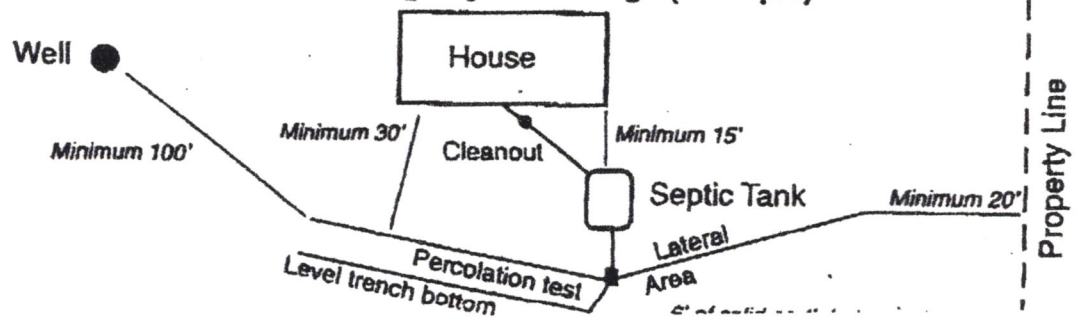
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other INFILTRATOR
2. Lateral lines: Number 3
   Length of each line: 125 ft. 125 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width ____ ft.
   Slope ____ in/100 ft.
   Average depth ____ in
4. Filter material: GRAVEL-LESS
   Depth of material ____ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

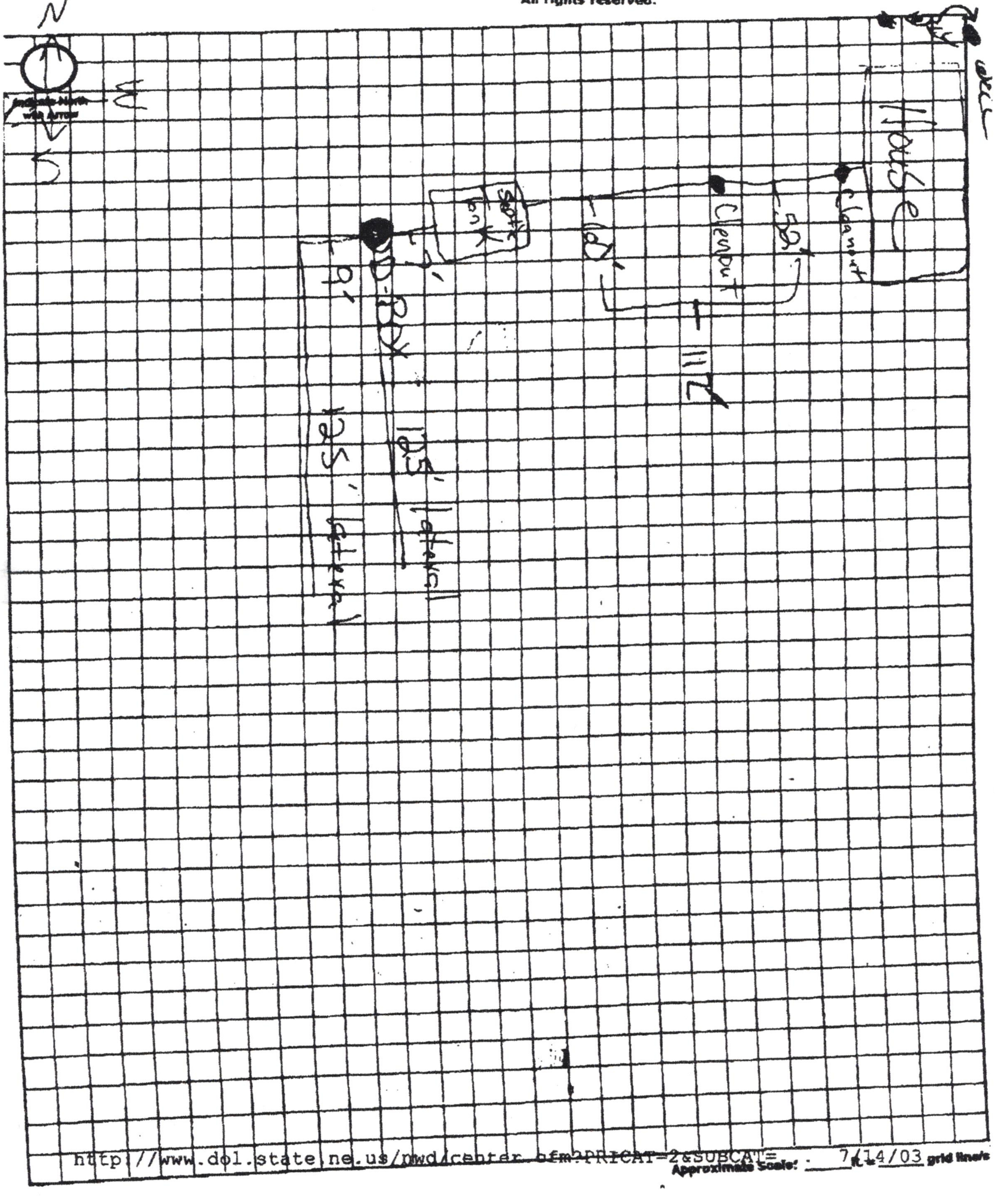
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



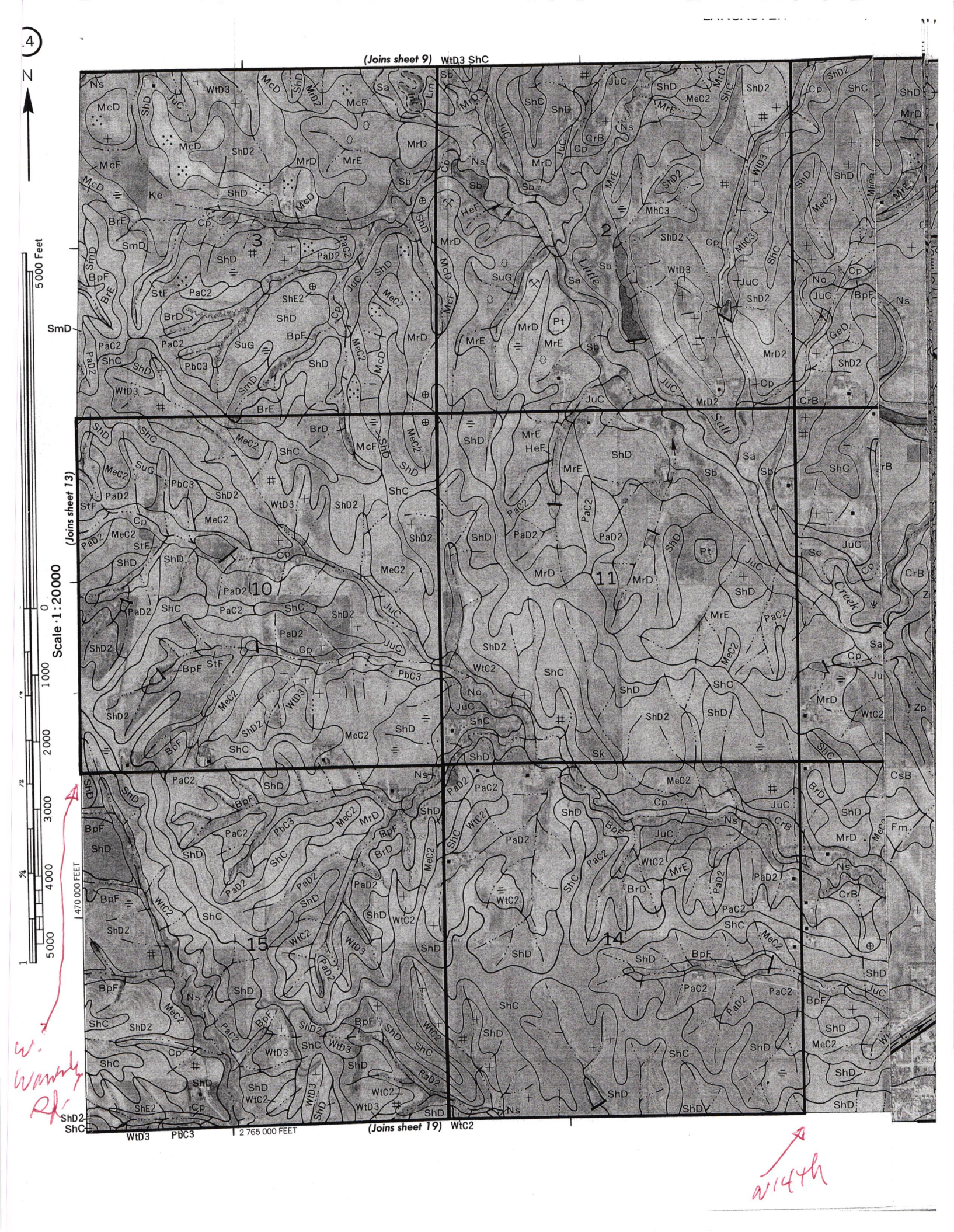
As Built Drawing

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http://www.dol.state.ne.us/nwd/center.cfm?PRICAT=2&SUBCAT=

Approximate Scale: ___ ft = ___ grid line/s 7/14/03


(Joins sheet 9)
(Joins sheet 13)
(Joins sheet 19)
Scale 1:20000
5000 Feet
0
1000
2000
3000
4000
5000
470 000 FEET
2 765 000 FEET
Little Salt Creek
N
W. Wendy Rd
N 14th