# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

## PERMIT

Permit No. 97380158001

SEWAGE INSTALLATION
LAGOON

Issued 05/09/97
Expires 11/09/97
Revenue Code 18754

Establishment

EDWIN WEYAND
T7N R7E SEC 17
24000 S 38 STREET

FEES: $150.00

Permittee

EDWIN WEYAND
5601 S 73 ST
LINCOLN NE 68516

TOTAL $150.00

Issued By M. Jane Ford
Health Director

**THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"**

4583

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

**A**

Permit Number:

# 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 24000 So 38 (no rural route) City Firth NE, Zip 68358

Legal Description NW1/4 17 T7N R7E SEE ATTACHED
(1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

### B. Owner

Name Edwin F. or Norma J Weyand Signature Edwin F Weyand

Address 5601 So 73 City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone (402) 483-6692 Work Phone (402) 436-1070

### C. Contractor

Name Same ↗ 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 John A Stuhmeyer Firm Excavating Inc. Work Phone 470-3100

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 5/8/97 Date frwd 5/12/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5.12.97 Date frwd 5-12-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/12/97 Date frwd 5/12/97 ACTION ☒ Approved ☐ Disapproved Signature _____

## Installation Final Written Approval

By John Ahern

Date 8/14/97

***Business Office Use Only*** 3193

Date Rec'd 5/07/97

Amt Paid 150 ⁵⁰

Rec'd By LS ~~Cash~~/Check No. 8071

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

**Lincoln-Lancaster County Health Department**
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**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 2400 So. 38th (no rural route) City Firth NE, Zip 68358

Owner Ed Weyand Addresss 5601 So. 73rd

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

Date of Tests 5/2/97 to 5/3/97 Weather: Precipitation _____ 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 | 30 | 5/2 | 10:00 | 5/3 | 10:00 | 5/3 | 2:00 | 6 | 5/3 | 2:30 | 30 | 1/8 | |
| 2 | 30 | 5/2 | 10:00 | 5/3 | 10:00 | 5/3 | 2:00 | 6 | 5/3 | 2:30 | 30 | 0 | |
| 3 | 29 | 5/2 | 10:00 | 5/3 | 10:00 | 5/3 | 2:00 | 6 | 5/3 | 2:30 | 30 | 1/4 | |
| 4 | 30 | 5/2 | 10:00 | 5/3 | 10:00 | 5/3 | 2:00 | 6 | 5/3 | 2:30 | 30 | 1/2 | |
| 5 | 32 | 5/2 | 10:00 | 5/3 | 10:00 | 5/3 | 2:00 | 6 | 5/3 | 2:30 | 30 | 0 | |
| 6 | 30 | 5/2 | 10:00 | 5/3 | 10:00 | 5/3 | 2:00 | 6 | 5/3 | 2:30 | 30 | 1/8 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

### Person Conducting Percolation Tests

Name: John J. Schweyer

Phone: 66607 NW 48th

Address 470-3100

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

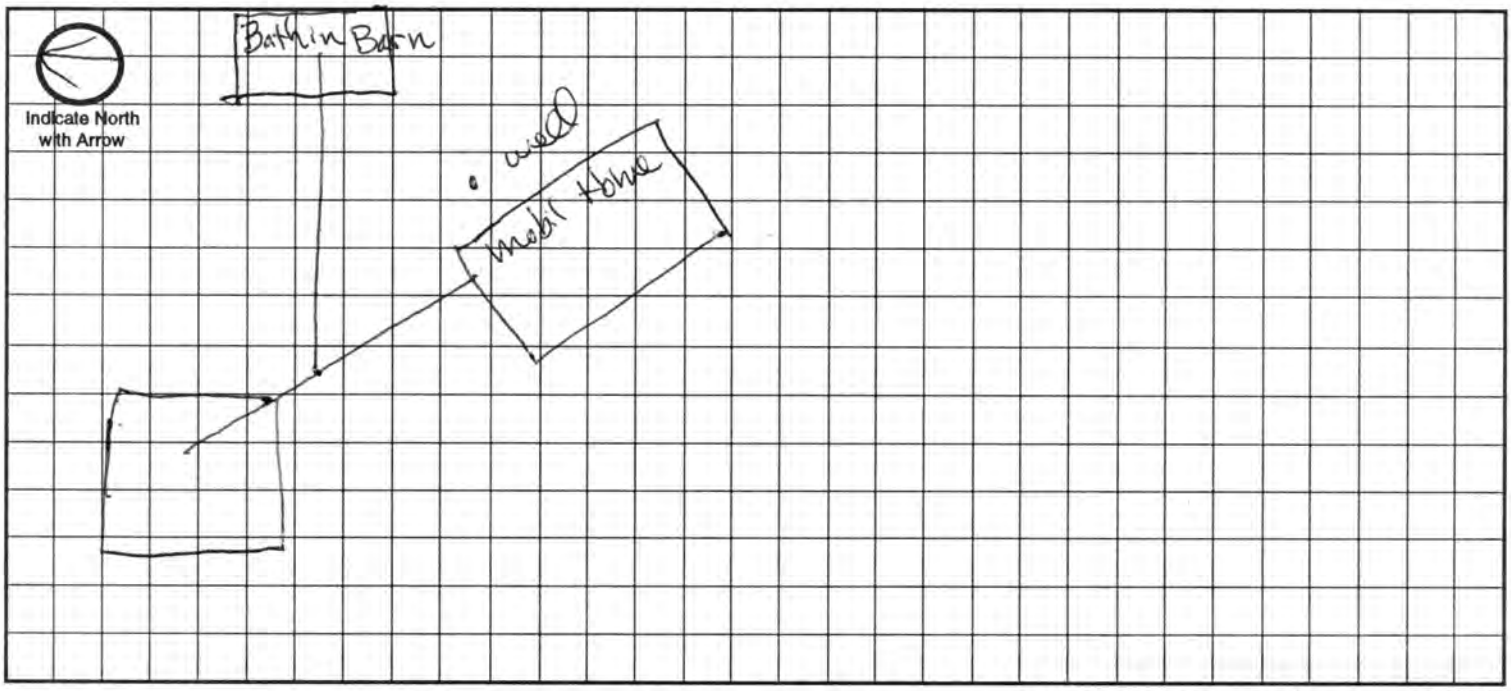
**Lincoln-Lancaster County Health Department**
Environmental Health Division
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Phone: 402-441-8022

**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) 24000 So. 38th City Firth NE, Zip 68358

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

## 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: _____ sq. ft.

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

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

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

## 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 E. L. Wayand Date 5/7/97

Installer John Stuhmyer Date 5/7/97

FORM 23-102 10-96

Attch to Affidavit to Purchase 11-14-96 By Edwin Weyand

# Survey Record

PREPARED BY
**L & S SURVEYING**
R.R.1 BOX 254 CRETE, NE 68333
(402) 826-3876

N

SCALE: 1" = 400'

FIELD NOTES SECTION 17, T7N, R7E

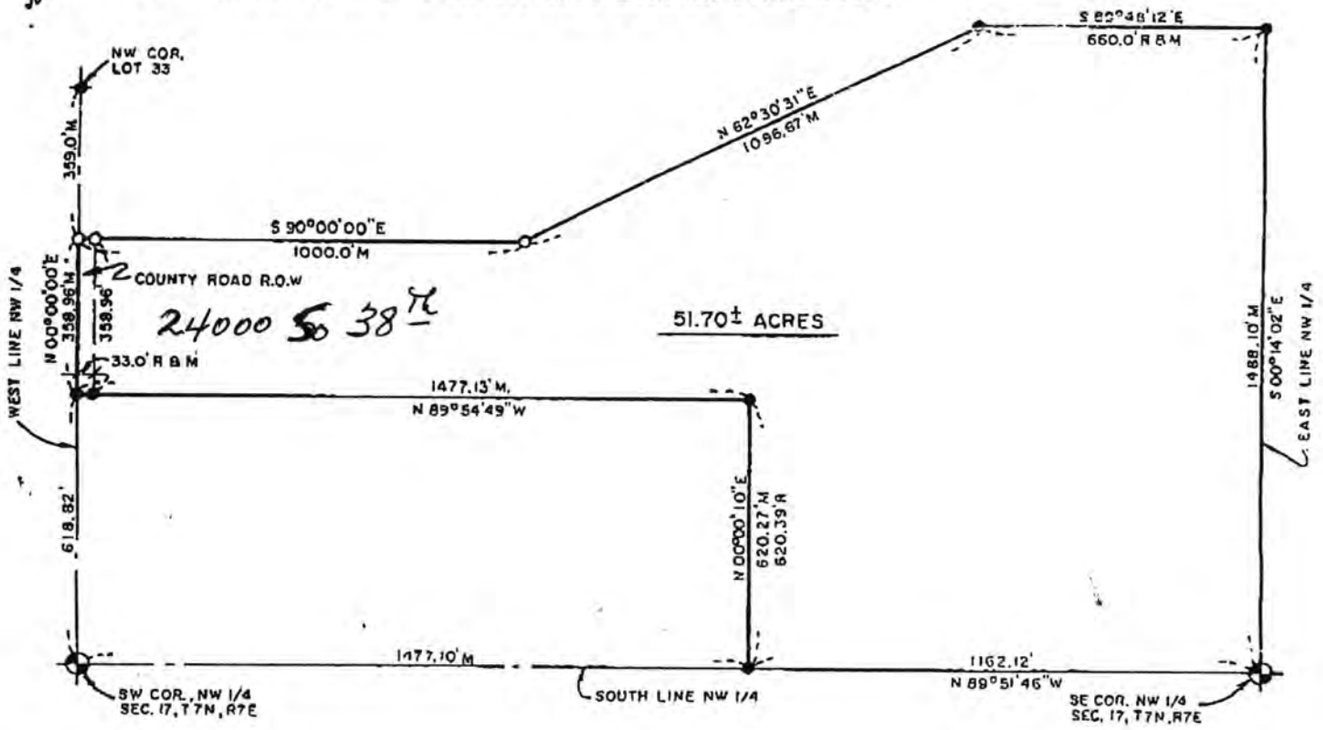
SW Corner, NW¼-Found Aluminum Cap 4" below surface.

32.98' East to Iron Pipe.
31.37' West to top center of Iron Pipe.
15.66' SW to R.H. Nail in SE face of Corner Fence Post.

SE Corner, NW¼-Found Grey Stone.

3.3' SW to R.H. Nail in NW face of 12" Ash.
14.4' West to R.H. Nail in North face of Fence Post.
9.7' North to R.H. Nail in East face of Fence Post.

So 38




## LEGAL DESCRIPTION

That portion of Lot 33 of Irregular Tracts located in the NW¼ of Section 17, T7N, R7E of the 6th P.M., Lancaster County, Nebraska, described as follows:

Beginning at the SW Corner of said Lot 33, said point being 618.82 feet north of the SW Corner of said NW¼; thence N00°00'00"E on the west line of said NW¼, 358.96 feet; thence on a new course of S90°00'00"E, 1000.0 feet; thence on a new course of N62°30'31"E, 1096.67 feet to a corner 660.0 feet west of the east line of said NW¼; thence on the existing boundary lines of said Lot 33 on the following described courses; thence S89°48'12"E parallel with the north line of said NW¼, 660.0 feet to the east line of said NW¼, said point being 1150.0 feet south of the NE Corner of said NW¼; thence S00°14'02"E on the east line of said NW¼, 1488.10 feet to the SE Corner of said NW¼; thence N89°51'46"W on the south line of said NW¼, 1162.12 feet; thence N00°00'10"E, 620.27 feet; thence N89°54'49"W, 1477.13 feet to the point of beginning. Containing 51.70 acres, more or less.

NEBRASKA REGISTERED LS-469 LAND SURVEYOR LESLIE J. SIEDSCHLAG

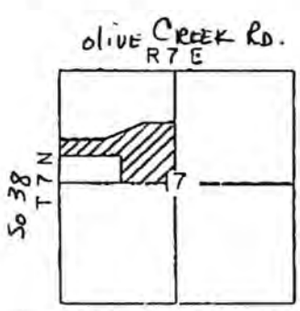
## SURVEYOR'S CERTIFICATE

I, Leslie J. Siedschlag, a Registered Land Surveyor in the State of Nebraska, hereby certify that this survey was made under my direct supervision on November 1, 1995 and that all dimensions shown are in feet and decimals of a foot and are correct to the best of my knowledge and belief.

Leslie J. Siedschlag, Nebraska L.S. No. 469

LEGEND

- Corners Found
- Corners Found
- o Corners Set (⅝" Iron Bar)
- Δ Temporary Point
- R Recorded Distance
- M Measured Distance




SITUATION SKETCH

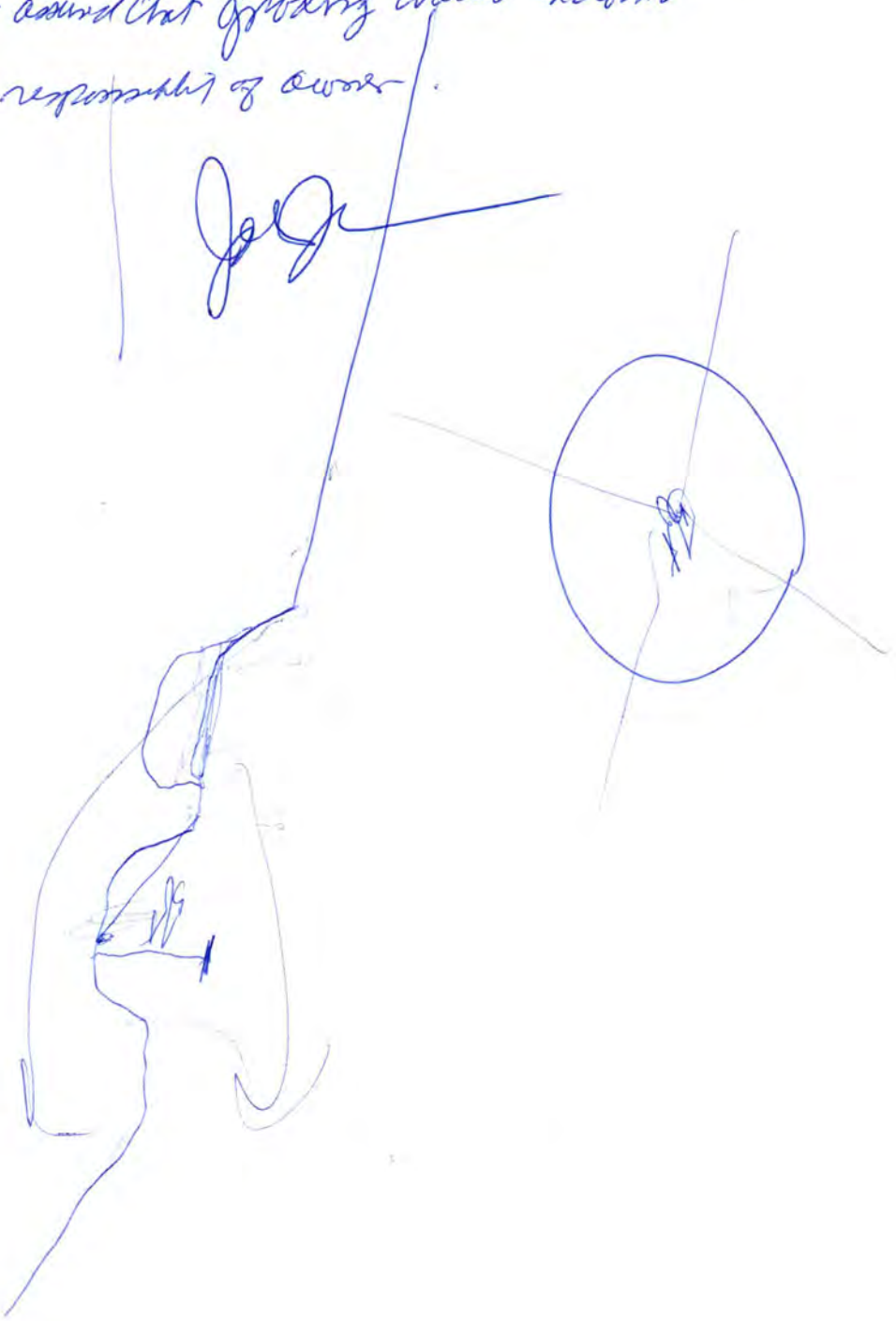
DRAWN BY: Dick DATE: 11-1-95

SHEET 1 OF 1

Due to the rain, some of the Lagoon had settled down. Installer agreed to redo + smooth out sides, install depth marker. Splash Blocks are in place. It was also agreed to grade around the Lagoon to better let the water flow around Lagoon. Discussed + Installer ~~was~~ assured that grading would be done.

- Fence is responsibility of owner.

8/14



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**D**

Permit Number:

# Sewage Disposal System

## As Built Plans & Specifications

Date _____

**System Location (Indicate correct number and street)**

Address 24060 So 38th City _____ NE, Zip _____
(no rural route)

## A. Building Sewer

1. Material: 1120 ABS
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: NA ft.
4. Number of clean-outs: 8
5. Distances to: well or suction line 70 ft.
   stream 100+ ft.
   pressure line _____ ft.
   property line 70 ft.

## B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

## C. Distribution Box

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

## D. Absorption Field

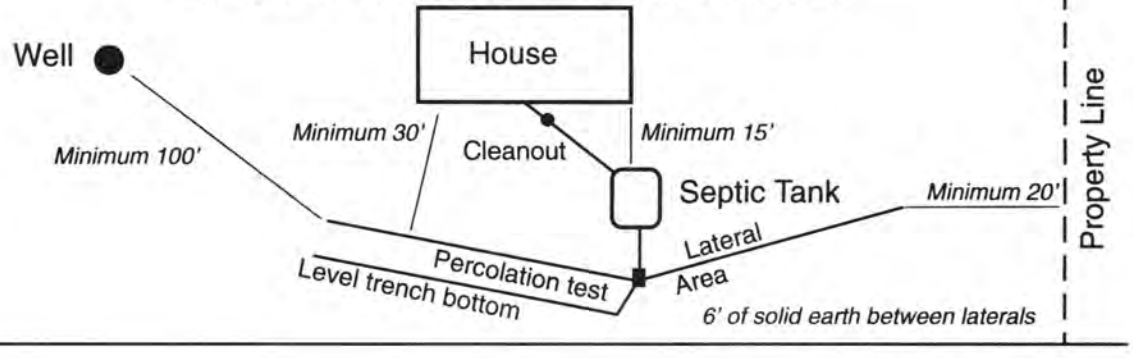
*(Provide as-built drawings on back of this form)*

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

Indicate North with Arrow

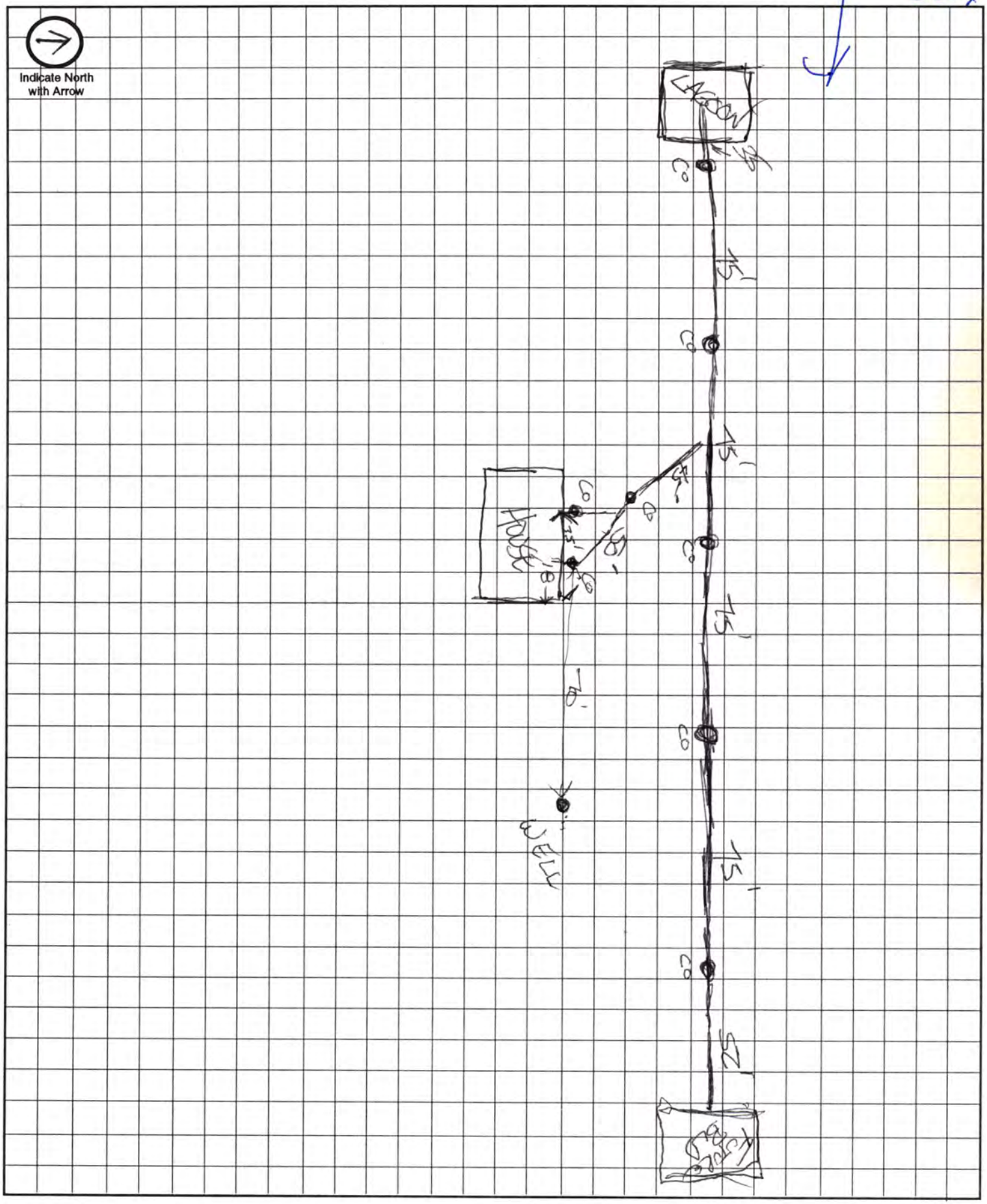
**Complete "As Built" drawing on back of this form.**

**Individual Sewage System Design (Example)**




FORM 23-103 10-96

# As Built Drawing




Approximate Scale: _____ft. = _____ grid line/s