LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 9938019637

Issued 04/09/99
Expires 10/09/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

RAY FARLEY
T8N R6E SEC 30 QTR SE
IRREGULAR TRACTS LOT 7
18501 SW 42 ST-MARTELL

Permittee

RAY FARLEY
5539 WILDERNESS VIEW
LINCOLN NE 68512

Issued By Health Director
Lincoln-Lancaster County Health Department

009076

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

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 18,501 S.W. 42nd (no rural route) City Martell NE, Zip 68404

Legal Description SE 30 8No. 6 East of 6th PM Irregular tracts 7
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 RAY Farley Signature Ray Farley

Address 5539 Wilderness View City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone 421-3337 Work Phone Same

C. Contractor

Name X Company Name Excavating, Inc.

Address 6667 N.W. 48th City/State/Zip Lincoln, NE

☐ Check if contractor designed system Work Phone 470-3100

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

Designer Name John Strahm Firm _____ Work Phone 430-4023

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.

DO NOT WRITE BELOW THIS LINE

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

1. **Health Department** Date rec'd 1/29/99 Date frwd 2/1/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/1/99 Date frwd 2/1/99 **ACTION** ☒ Approved ☐ Disapproved Signature [illegible]
3. **City or County Engineer** Date rec'd 2-1-99 Date frwd 2-1-99 **ACTION** ☒ Approved ☐ Disapproved Signature [illegible]

Must be out of flood plain. - behind dam

Installation Final Written Approval

By _____

Date 4/20/99

Business Office Use Only
Date Rec'd 1/29/99
Amt Paid $150.00
Rec'd By cw Cash/Check No. 1113

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18501 S.W 42nd (no rural route) City Lincoln NE, Zip

Owner Ray Farley Addresss

Soil Type (SCS): JUDSON SILT LOAM (REWORKED) Percolation Rate: 5.3 min./inch

Date of Tests 4/2/99 to 4/3/99 Weather: Precipitation damp Temperature 60°

Percolation Test Data Table

1999

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	4/2	10:00	4/3	10:00	4/3	1:00	6"	4/3	1:30	30	1/2	60 MIN/IN
2	25	4/2	10:00	4/3	10:00	4/3	1:00	6"	4/3	1:30	30	5/8	48 MIN/IN
3	29	4/2	10:00	4/3	10:00	4/3	1:00	6"	4/3	1:30	30	1/2	60 MIN/IN
4	23	4/2	10:00	4/3	10:00	4/3	1:00	6"	4/3	1:30	30	3/4	40 MIN/IN
5	26	4/2	10:00	4/3	10:00	4/3	1:00	6"	4/3	1:30	30	1/2	60 MIN/IN
6	26	4/2	10:00	4/3	10:00	4/3	1:00	6"	4/3	1:30	30	5/8	48 MIN/IN

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 53

Person Conducting Percolation Tests

Name: John Strahmyer

Phone: 430-6023

Address

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood Date APRIL 9, 1999

FORM 23-101 10-96

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

D

Permit Number: 9938019GJ01

Sewage Disposal System

As Built Plans & Specifications

Date 4/20/99

System Location (Indicate correct number and street)

Address 18501 SW. 42nd (no rural route) City Imantell NE, Zip _____

A. Building Sewer

1. Material: Class 160 P.V.C.
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 20" in.
3. Distance between dwelling and septic tank: 96' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100' ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   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 at grade in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: ground level in.
8. Distances to: Well or suction line 100+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10' 6" ft.

D. Absorption Field

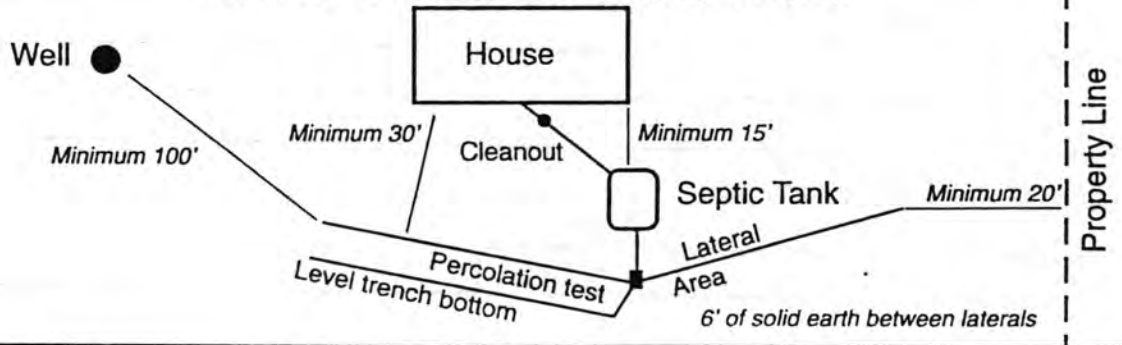
(Provide as-built drawings on back of this form)

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: 85 ft. 75 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 0 in/100 ft.
   Average depth 30" in
4. Filter material: Road Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 100'+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

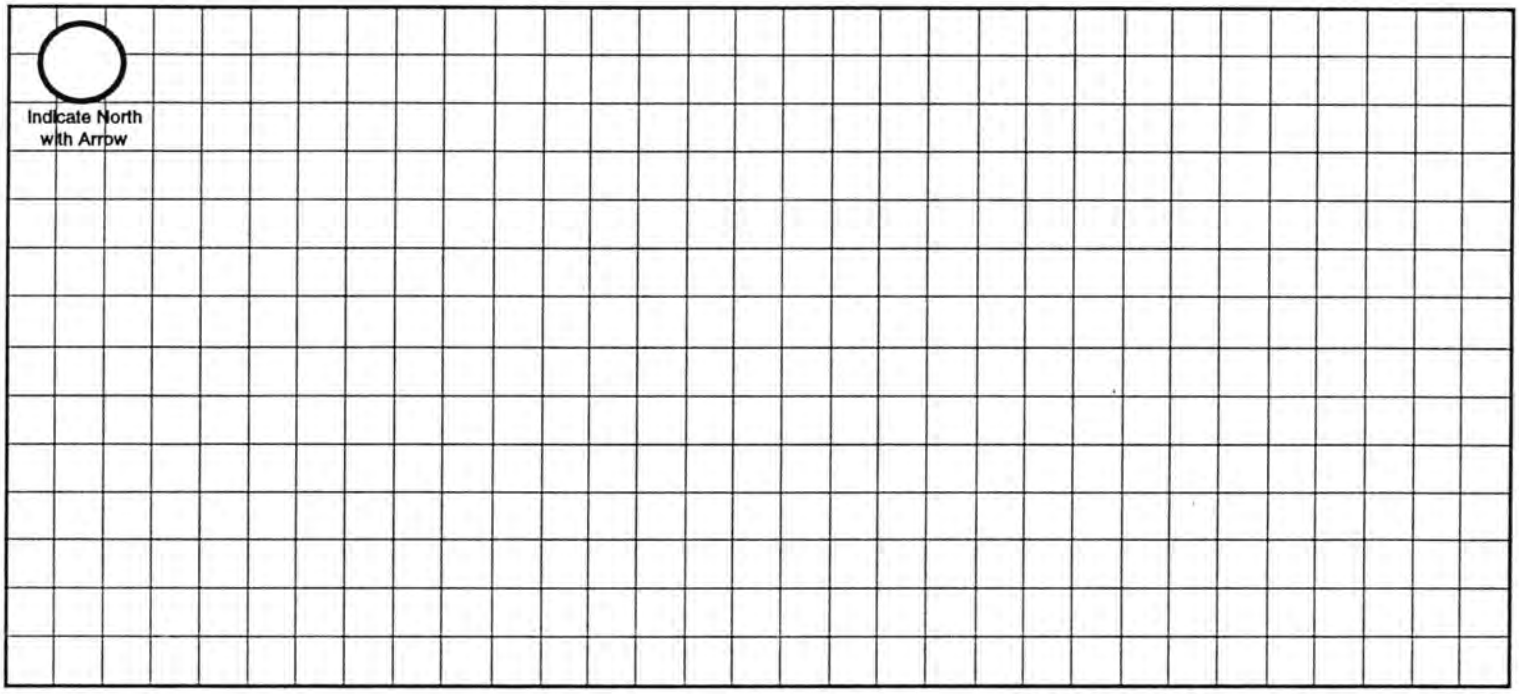
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 53 (min. per inch) Soil Type: JUDSON SILT LOAM (REWORKED) Land Slope: _____ %

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

Total Square Feet of Field Required: 625 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 156 ft. Number of Trenches _____ 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

WILL RUN SOIL PERCOLATION WHEN GROUND THAWS

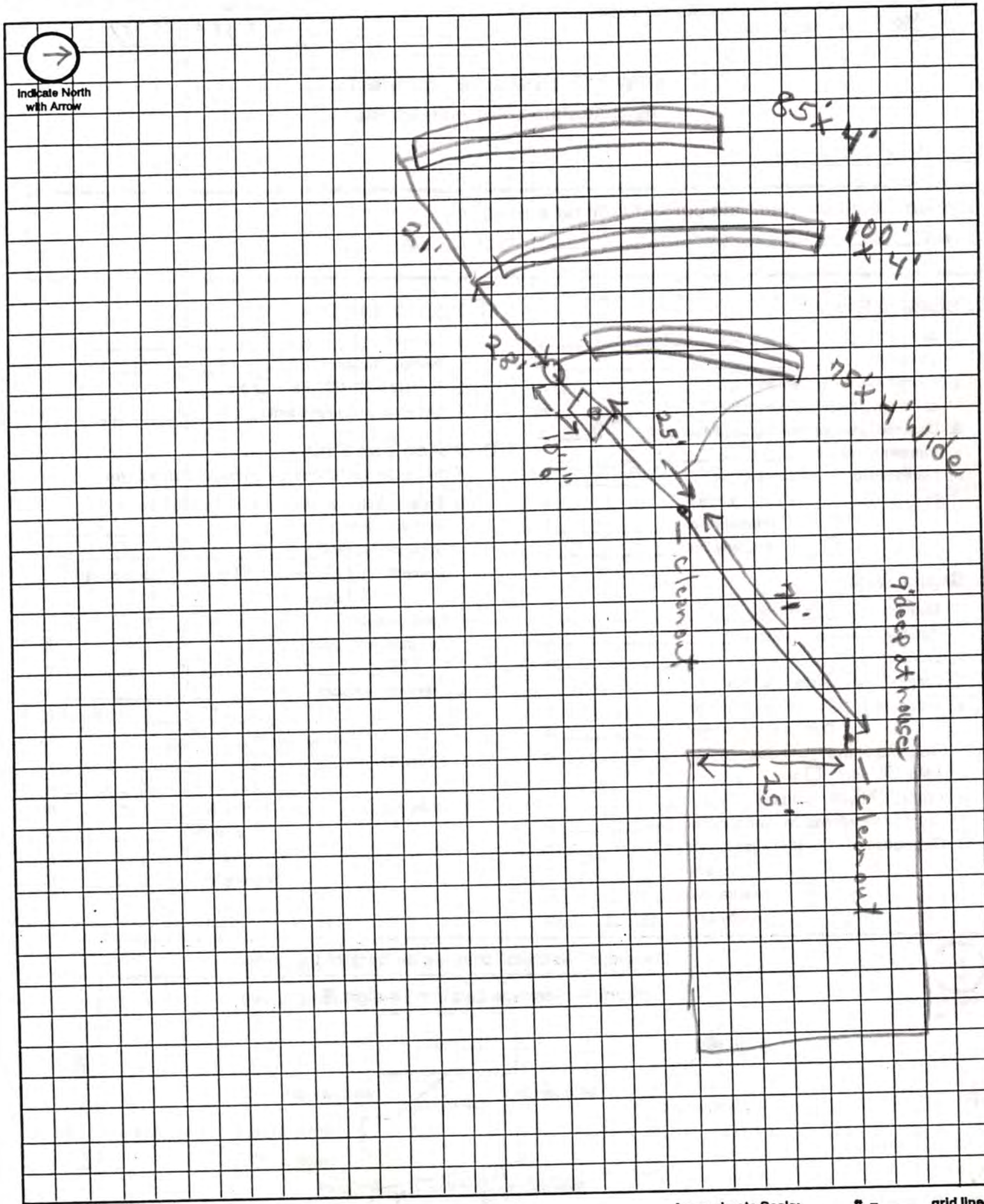
Home Building Contractor Ray Farley Date _____

Installer John Stahmer Date _____

FORM 23-102 10-96

18.501

As Built Drawing



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