Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 01380232601

Issued 06/06/01
Expires 12/06/01
Revenue Code 3157

FEES: $200.00

Establishment

RONALD D PEERY
T9N R5E SEC 13
TIMBERLINE ESTS-1ST BLK 1 LOT 11
6615 RAVEN RIDGE CT-DENTON

Permittee

RONALD D PEERY
4801 S 52 ST
LINCOLN NE 68516

TOTAL: $200.00

[redacted] Acting
[redacted]H, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015887

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

A

Permit Number: 013802326

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 6615 Raven Ridge Ct (no rural route) City DENTON NE, Zip 68339

Legal Description ____ 13 9N 5E Timberline estates 1st Add. 1 11
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 Ronald D Peery Signature Ronald D Peery

Address 4801 So 52 City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 402-489-8925 Work Phone 402-441-6434

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 _____ Firm _____ Work Phone _____

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 6/6/01 Date frwd 6/6/01 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-6-01 Date frwd 6-6-01 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-6-01 Date frwd 6-6-01 **ACTION** ☒ Approved ☐ Disapproved Signature _____

10/24/01 need drawing to H.

Installation Final Written Approval

By Jerrold C. Hood

Date OCTOBER 24, 2001

Business Office Use Only

Date Rec'd 06/06/01

Amt Paid 200.00

Rec'd By LS Cash/Check No. 2403

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: 0138002326

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6615 RAVEN Ridge Ct (no rural route) City Denton NE, Zip 68339

Owner Ronald D Peery Addresss 4801 So 52

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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	24	5-29	12:00	5-29	4:30	5-30	12:00	6"	5-30	4:00	240	1/8	
2	24							"	5-30	"		1/4	
3	26							"	5-30	"		1/8	
4	26							"	"	"		1/4	
5	26							"	"	"		1/4	
6	24							"	"	"		1/8	

Person Conducting Percolation Tests

Name: Ronald D Peery

Phone: 4801 S 489-8975 – 441-6434

Address 4801 So 52

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks *Must be sealed

Signature of Reviewing Official Jerrold C. Wood Date JUNE 6, 2001

FORM 23-101 10-96

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 16615 RAVEN RIDGE CT (no rural route) City DENTON NE, Zip 68339

Owner RON PEERY Addresss

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

Date of Tests 9/10/01 to 9/11/01 Weather: Precipitation Ø Temperature 80°

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	26	9/10	900AM	9/11	900AM	9/11	900 AM	6	9/11	100PM	30	3/4	40 MIN/IN
2	25	9/10	900AM	9/11	900AM	9/11	900 AM	6	9/11	100PM	30	5/8	48 MIN/IN
3	27	9/10	900AM	9/11	900AM	9/11	900 AM	6	9/11	100 PM	30	3/4	40 MIN/IN
4	27	9/10	900AM	9/11	900AM	9/11	900 AM	6	9/11	100 PM	30	1	30 MIN/IN
5	26	9/10	900AM	9/11	900AM	9/11	900AM	6	9/11	1:00PM	30	5/8	48 MIN/IN

Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 560 1208

Address 7324 BALLARD
LNK NE 68507

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 41

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Jerrold C. Wood R.E.H.S. Date SEPTEMBER 13, 2001

FORM 23-101 10-96

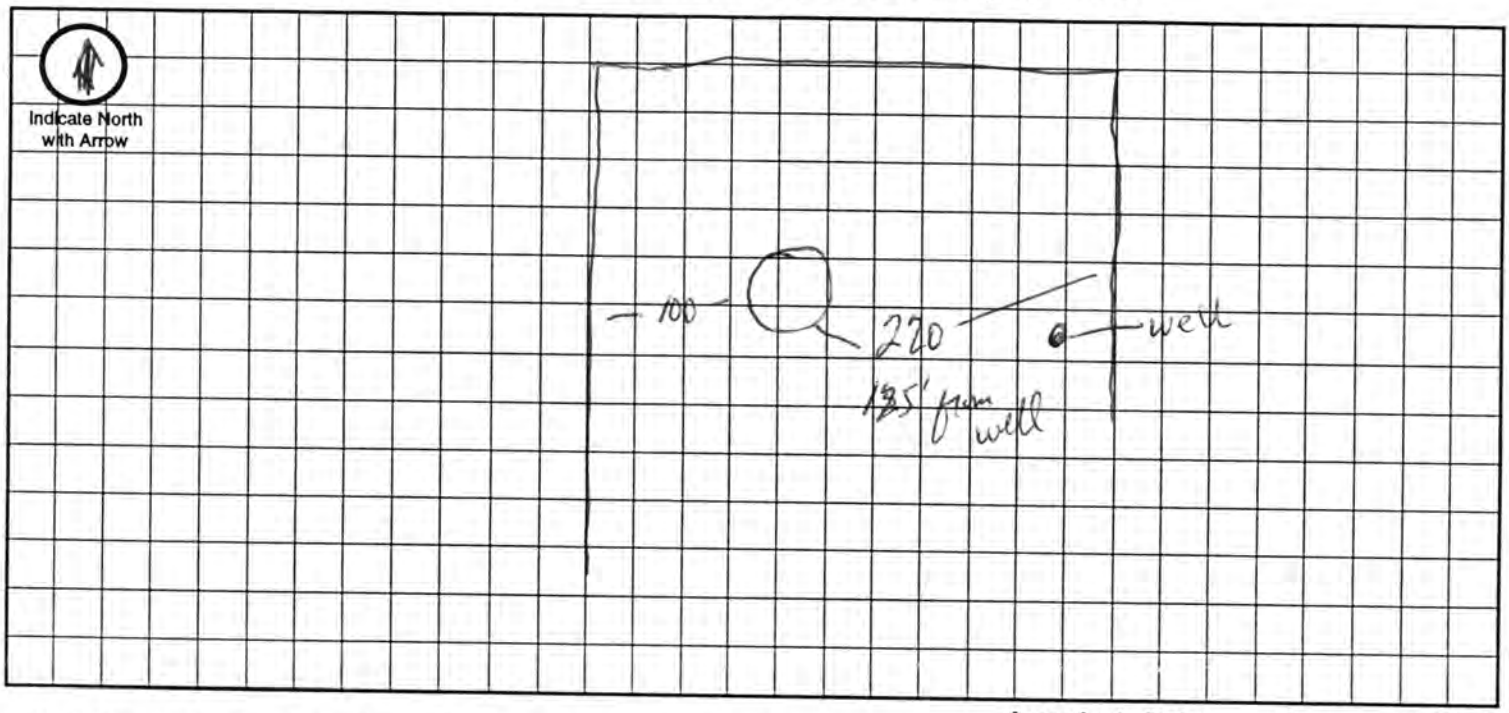
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802326

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 _____ (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 Ronald Perry Date 6-5-01

Installer _____ Date _____

FORM 23-102 10-96

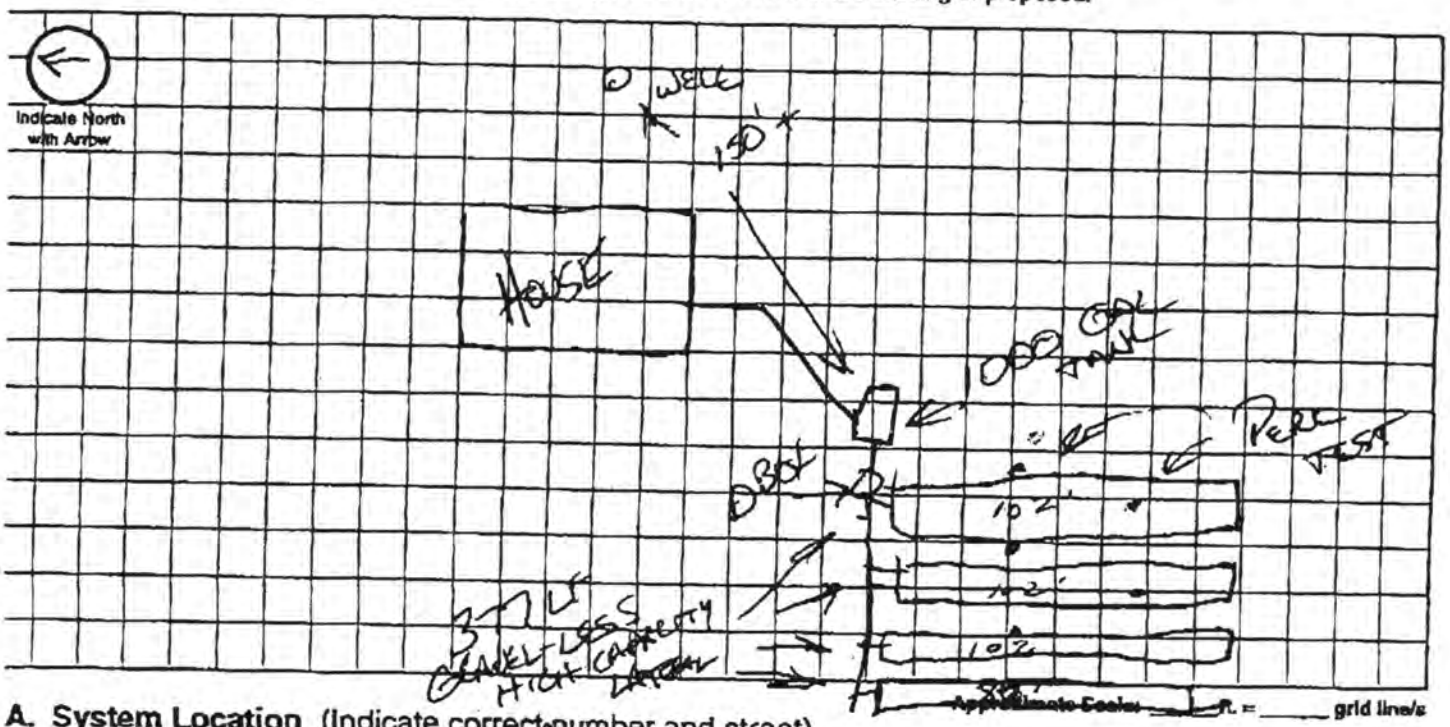
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 6615 RAVEN RIDGE CT City DENTON NE, Zip 68339

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: 1508 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☑ Other Lateral Material: HIGH CAP LATERAL (Eg. Dizer)

Capacity of Septic Tank ~~1000~~ 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~377~~ 283 ft. Number of Trenches 43 Trench Width 3.5

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 8-12-01

Installer _____ Date 8-12-01

RM 23-102 10-95

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 _____ RON PEERY

System Location (Indicate correct number and street)

Address 16615 RAVEN RIDGE (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: 90 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 14' ft.

D. Absorption Field

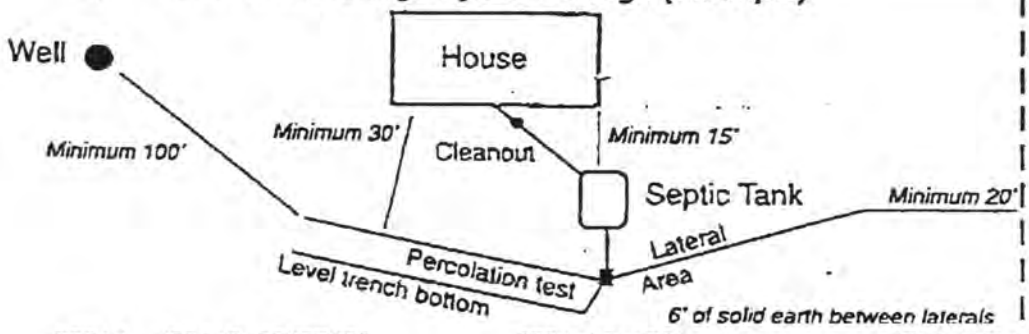
(Provide as-built drawings on back of this form)

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: 102 ft. 102 ft.
   81 ft. _____ ft. _____ ft.
3. Trench dimensions: Width 3' 6" ft.
   Slope 0 in/100 ft.
   Average depth 28 in
4. Filter material: GRAVEL-LESS
   Depth of material NA in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Scale North with Arrow

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

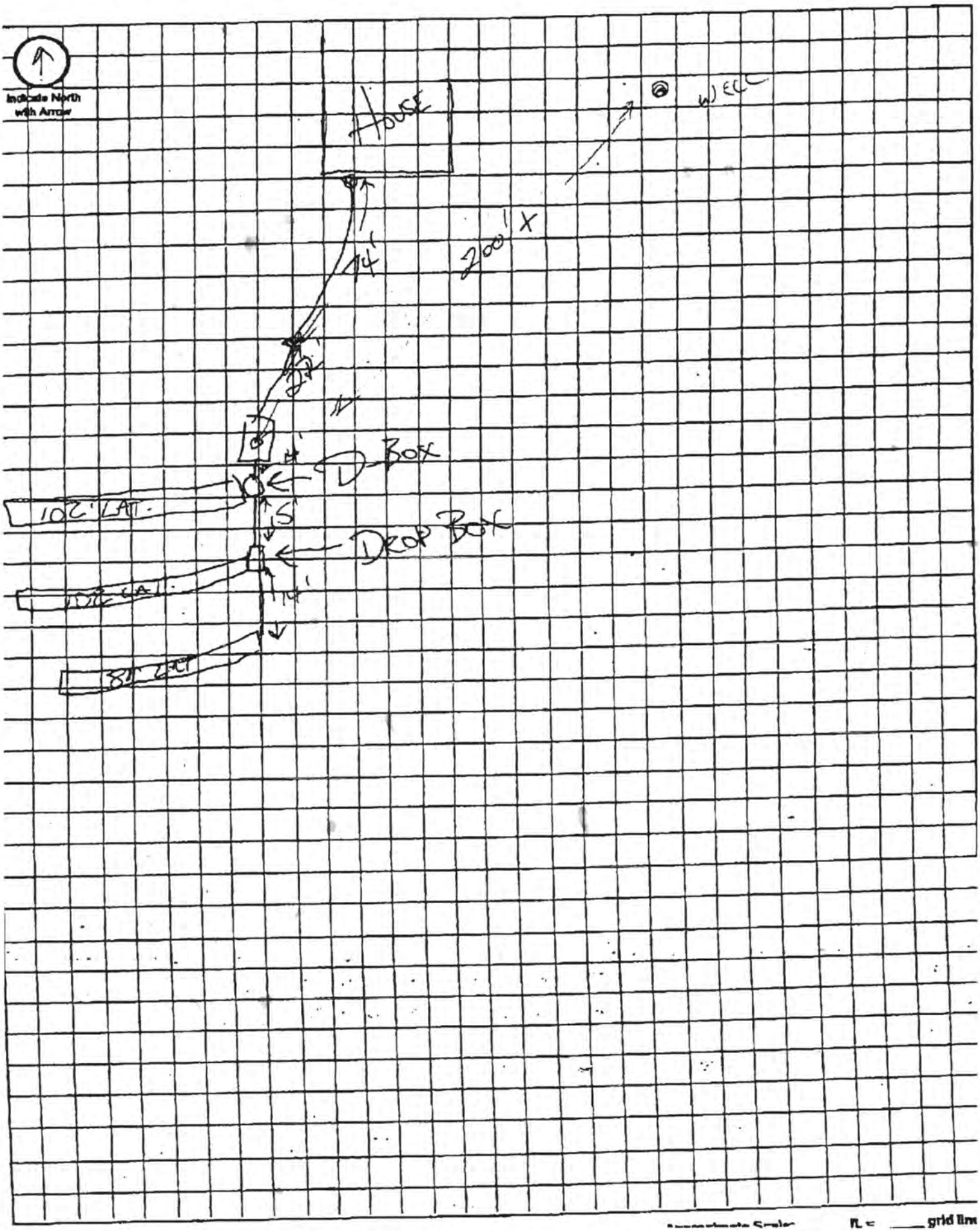
Individual Sewage System Design (Example)



DM 23-103 10-96

Dirt Works Plus Inc. 402-454-7020 10/23/01 07:11P P.002

As Built Drawing

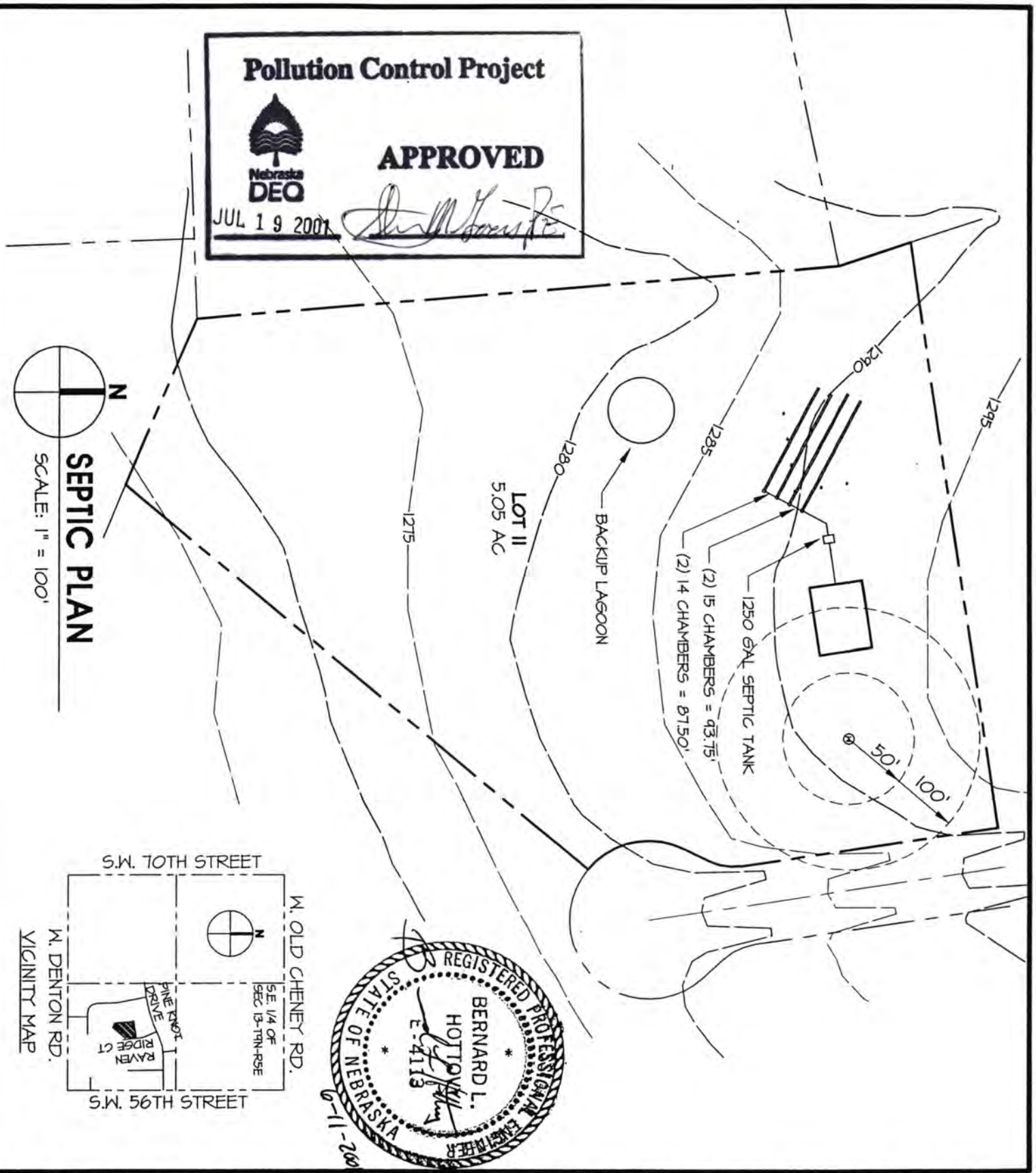


Pollution Control Project

Nebraska DEQ

APPROVED

JUL 19 2001



1 OF 2

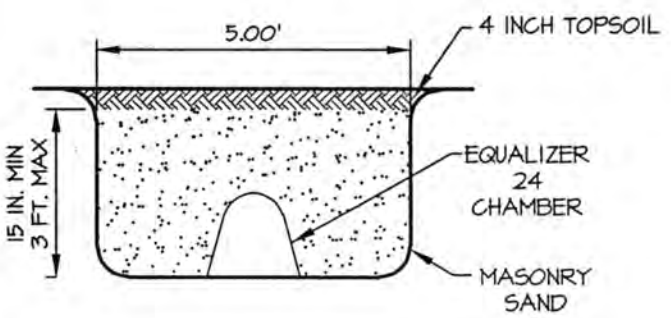
DESIGN ASSOCIATES OF LINCOLN, INC.
ARCHITECTS–ENGINEERS–PLANNERS
1609 "N" STREET
LINCOLN, NEBRASKA 68508
PHONE:(402) 474-3000
FAX:(402) 474-4045
desassoc@inebraska.com

SEPTIC SYSTEM

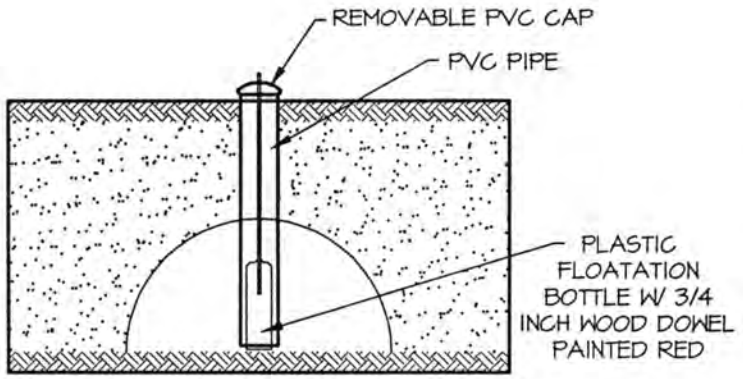
6615 RAVEN RIDGE COURT

LOT 11, BLOCK 1, TIMBERLINE ESTATES, 1ST ADDITION
LINCOLN, NEBRASKA

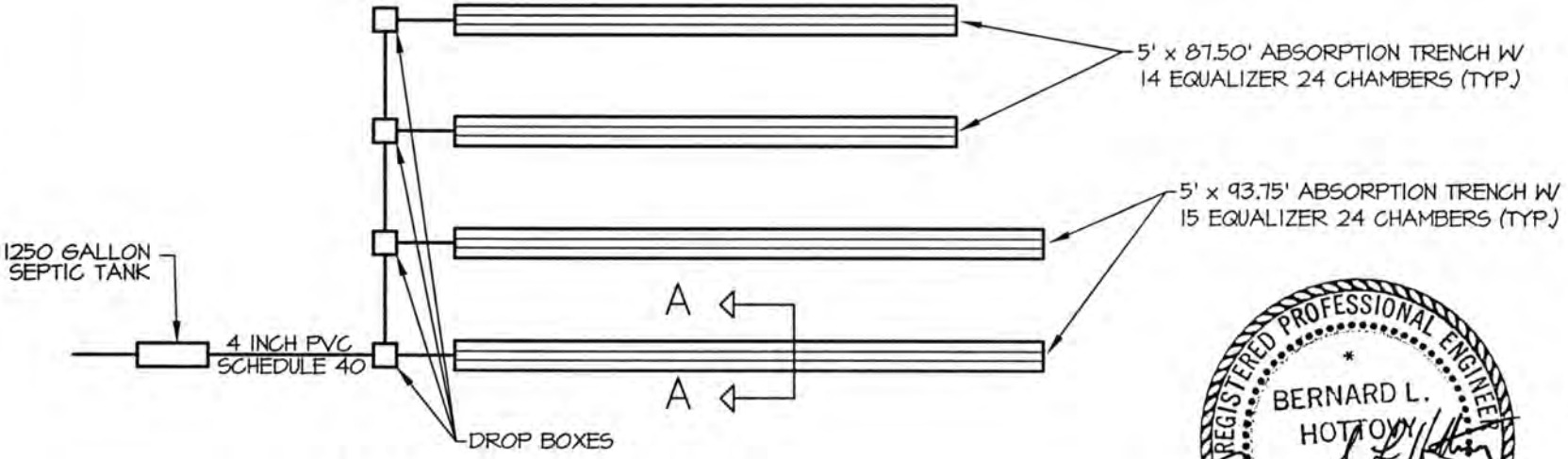
11 JUNE 2001



SECTION A - A
NTS



HIGH WATER INDICATOR (REQ.)
NTS



ABSORBTION TRENCH PLAN
NTS

REGISTERED PROFESSIONAL ENGINEER
BERNARD L. HOTTOVY
E-4113
STATE OF NEBRASKA
6-11-2001

JUNE 2001

6615 RAVEN RIDGE ROAD
LOT 11, BLOCK 1, TIMBERLINE ESTATES, 1ST ADDITION
LINCOLN, NEBRASKA

SEPTIC SYSTEM

DESIGN ASSOCIATES OF LINCOLN, INC.
1609 "N" STREET
LINCOLN, NEBRASKA 68508
PHONE:(402) 474-3000
FAX:(402) 474-4045
desassoc@inebraska.com