Lincoln-Lancaster County Health Department

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

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 00380221001

Issued 07/10/00
Expires 01/10/01
Revenue Code 3157

Establishment
DAVID W NIELSEN
T12N R7E SEC 34 QTR SW
W 1/4 OF SW 1/4
7100 RAYMOND RD

FEES: $150.00

TOTAL: $150.00

Permitee
DAVID W NIELSEN
13200 N 112 ST
LINCOLN NE 68517

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013486

A JUL 7 2000

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

Permit Number: 00380210

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 70th + Raymond Rd. (7100 Raymond Rd) City Lincoln NE, Zip 68517
(no rural route)

Legal Description W SW 34 12N 7E
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 David W. Nielsen Signature David W. Nielsen

Address 13200 N 112th City/State/Zip Lincoln NE 68517

☒ Check if owner designed system Home Phone 402-786-2788 Work Phone 402-786-2788

C. Contractor

Name SAME as Owner 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 ~~4~~ 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 400 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 7/10/00 Date frwd 7/10/00 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Head
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/10/00 Date frwd 7/10/00 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 07/10/00 Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

8-10-00 min lagoon too small
9-7-00 min Enlarged to 6 ft deep, Need drawing twice

Installation Final Written Approval

By Ron Mynard

Date 12-8-00

Business Office Use Only

Date Rec'd 07/10/00
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 4974

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 JUL 7 2000

Permit Number: 00380 2210

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Will use Bentonite

System Location (Indicate correct number and street)

Address 70th + Raymond Road (7100 Raymond Rd) City Lincoln NE, Zip 68517
(no rural route)

Owner David Nielsen Addresss 13200 N 112th Lincoln, NE 68517

Soil Type (SCS): Scharsburg Silty Clay Loam 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

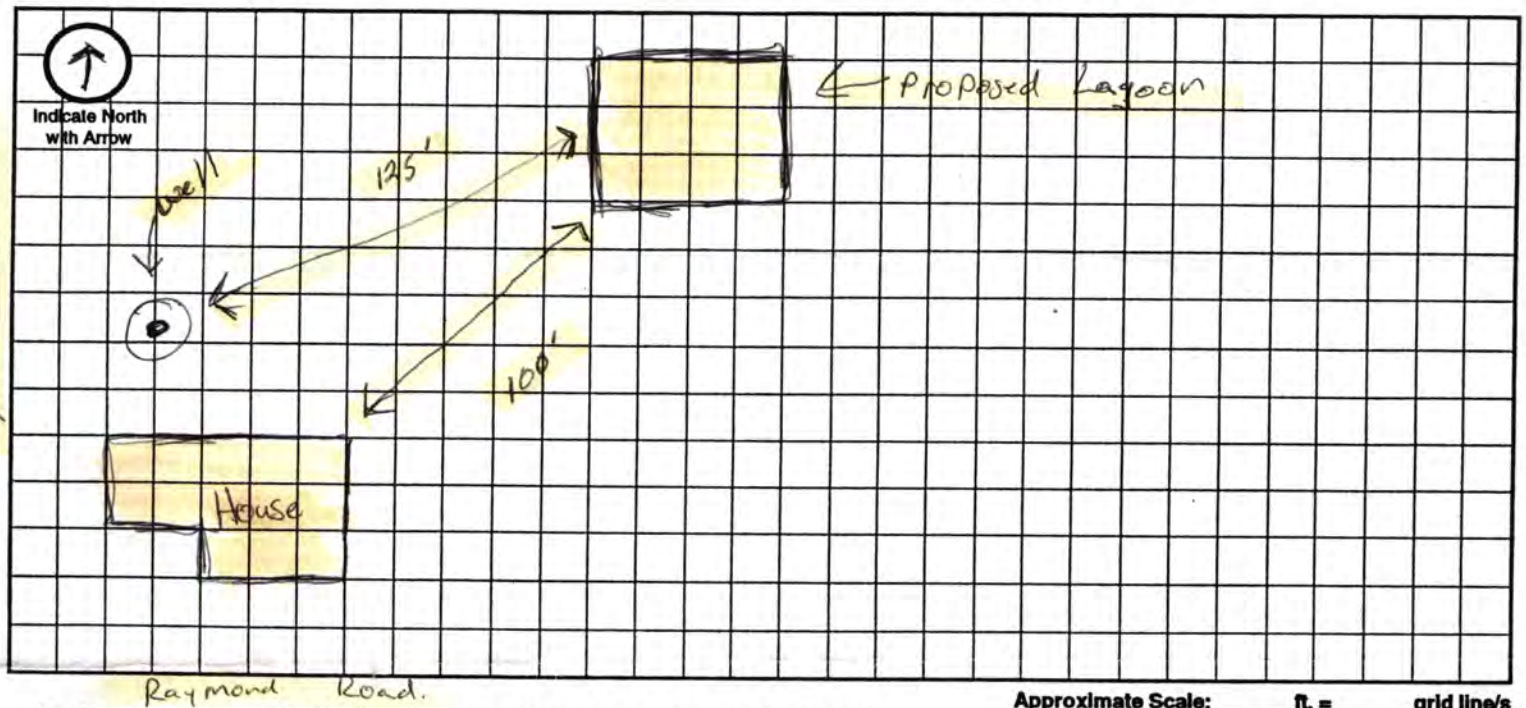
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

JUL 7 2000

Permit Number: 0038022210

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) 7100 Raymond Road. City Lincoln NE, Zip 68517

Located on 80 ACRES Boundries + Neighbors are not a problem.

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 David W. Fuller Date 7-5-2000

Installer David W. Fuller Date 7-5-2000

FORM 23-102 10-96

OCT 20 2000

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications 34-12-7

Date 10/18/00

System Location (Indicate correct number and street)

Address 7100 Raymond Rd (no rural route) City Lincoln NE, Zip 68517

Waste Stabilization Pond

A. Building Sewer

1. Material: Schedule 40 Sewer Pipe
   Diameter: 62' x 62' ~~in.~~
2. Distance above basement floor: ~~120~~ in.
   or distance below basement floor: 120 in.
3. Distance between dwelling and septic tank: 106 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 141 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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

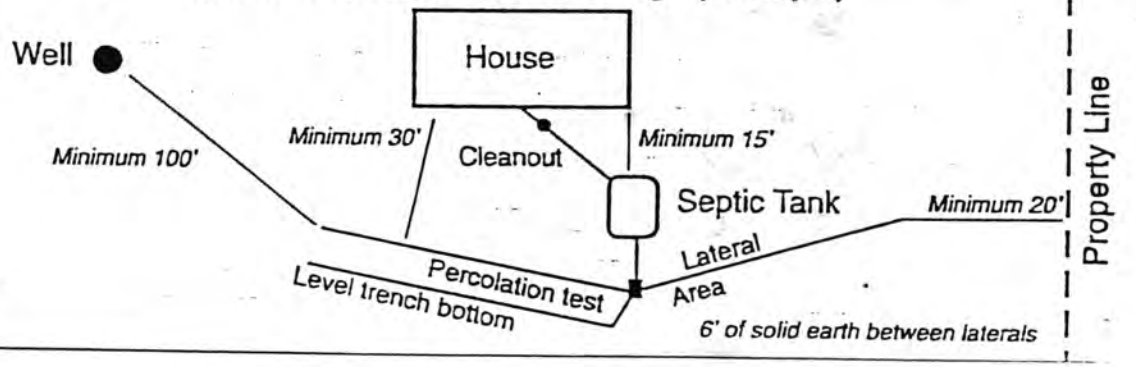
(Provide as-built drawings on back of this form)

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.

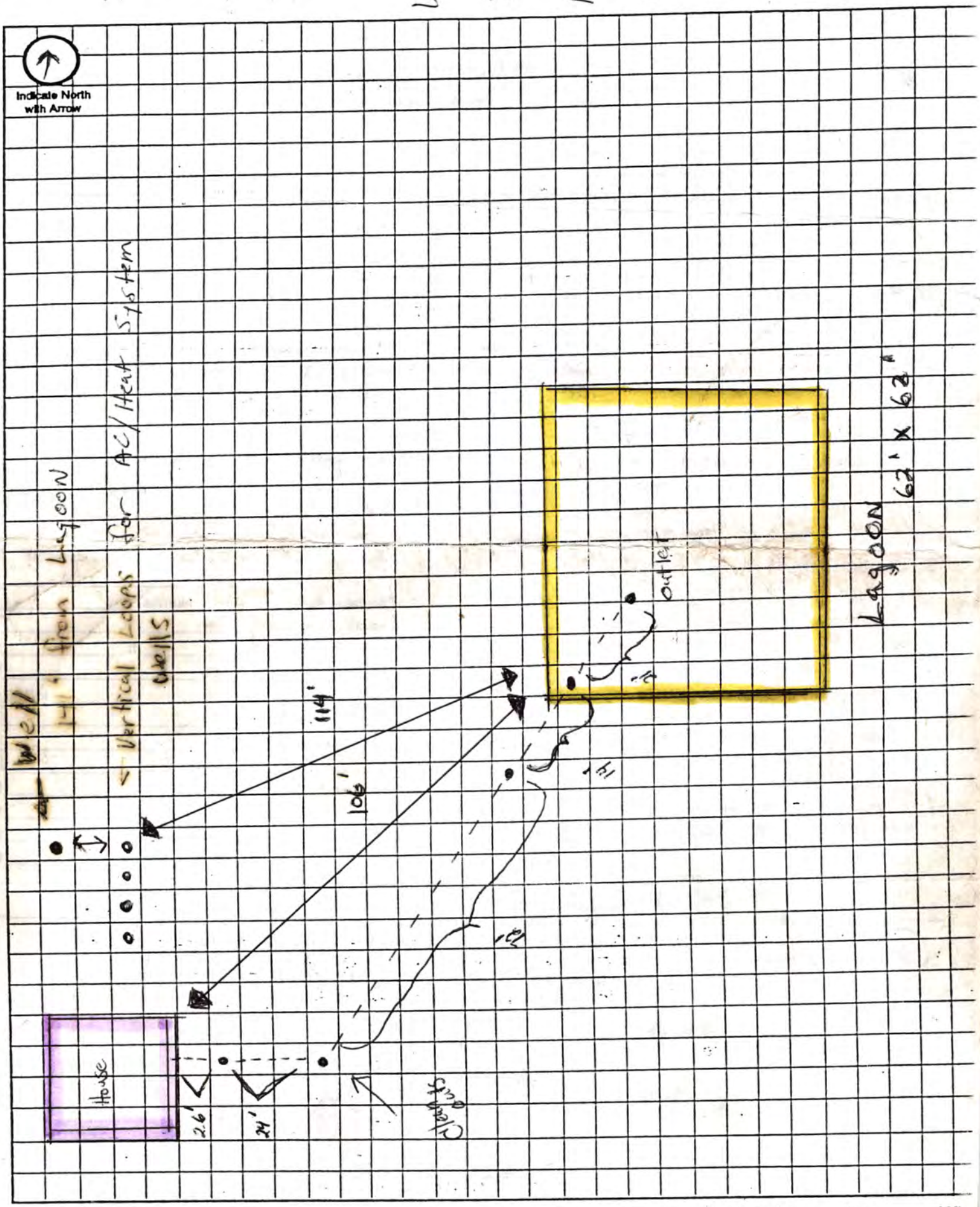
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Located on 80 Acres No problem with Property Lines



Approximate Scale: _____ ft. = _____ grid li

outside 3-mile zone

AUG 14 2000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO._____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 34 T. 12 R. 7 Block____ Lot____ Addition_____

Owner Daye Nielson Address 70 & Raymond Rd

LOG OF WELL	
	Description
Depth Ft. to	
0 - 20	Light Brown Clay
20 - 60	Light Gray Clay
60 - 70	Dark Gray Clay
70 - 121	Gray Shale
121 - 191	Red Shale
191 - 212	Medium Wh Sandstone

WELL COMPLETION RECORD

Drilling Method: Rotary

Depth (from ground level), Ft. 206
Date Completed 5-1-00

Casing: Length, Ft. 190 ; Dia. In. 4
Wall Thickness, Inc. .237 ; type PVC

Screen: Length, Ft. 10 Dia. In. 4
Type Jayco , slot Size .018

Drop Pipe: Length, Ft. 160 Dia. In. 1 1/4

Water Level, Surface to top of water, Ft.:
Static 114 , Pumping 120

Yield: 12-15 ggm, Measured ☐ , Est. ☑

Chlorination Completed Yes ☑ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller David J Johnson (Signed)
Jensen Well Co. Inc.
767 Iowa
Address Blair Ne 68008

REMARKS_____

Date 8/9/00

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☐

FORM 23-4