Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007684

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380302501

Issued 05/13/05
Expires 05/13/06
Revenue Code 3157

Establishment: JEFF & DANIELLE GRIFFIN
T12N R7E SEC 35
LOT 6IT
9301 RAYMOND RD-WAVERLY

FEES: $200.00

Permittee: JEFF & DANIELLE GRIFFIN
10610 N 138 ST
WAVERLY NE 68462

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: 05380302501

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 9301 Raymond RD (no rural route) City WAVERLY NE, Zip 68462

Legal Description Parcel 935 — 1/4 — 1/4 — Section 35 — Township 12N — Range 7E — Subdivision — Addition — Block — Lot 6

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Jeff & Danielle Griffin Signature JEFF GRIFFIN

Address 10610 N 138th City/State/Zip WAVERLY NE 68462

☐ Check if owner designed system Home Phone 786-5731 Work Phone 430-0094

C. Contractor

Name Harper Well & Plumbing Inc Company Name _____

Address 220 7th St City/State/Zip Adams NE 68301

☐ Check if contractor designed system Work Phone 432-2704

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 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 5/13/05, Date frwd 5/16/05 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** — Date rec'd 5-16-05, Date frwd 5-16-05 — ACTION ☒ Approved ☐ Disapproved — Signature _____
3. **City or County Engineer** — Date rec'd 5-16-05, Date frwd 5-16-05 — ACTION ☒ Approved ☐ Disapproved — Signature _____

9/2/05 line, tank, lateral D.S Field notes

Installation Final Written Approval

By _____

Date 9/29/05

Business Office Use Only

Date Rec'd 5/13/05
Amt Paid $200.00
Rec'd By _____ Cash/Check No. 3829

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: 053803025

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9301 Raymond RD (no rural route) City WAVERLY NE, Zip 68462

Owner Griffin Addresss 10610 N 138th

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

Date of Tests May 5 to May 6 Weather: Precipitation — 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	24"	5/5	8:30	5/5	4:30	5/6	8:30	18"	5/6	4:30	30	1.5"	20
2											30	1."	30
3											30	1"	30
4											30	1 1/4	24
5											30	3/4	40
6											30	3/4	40
7											30	1/2	60

Person Conducting Percolation Tests

Name: Howard Jones
Phone: 432-2004
Address _____

Sum of Percolation Rates: _____
Average of Rates: 720
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sharpsburg

Signature of Reviewing Official Jerrold C. Hood R.E.H.S Date MAY 13, 2005

FORM 23-101 10-96

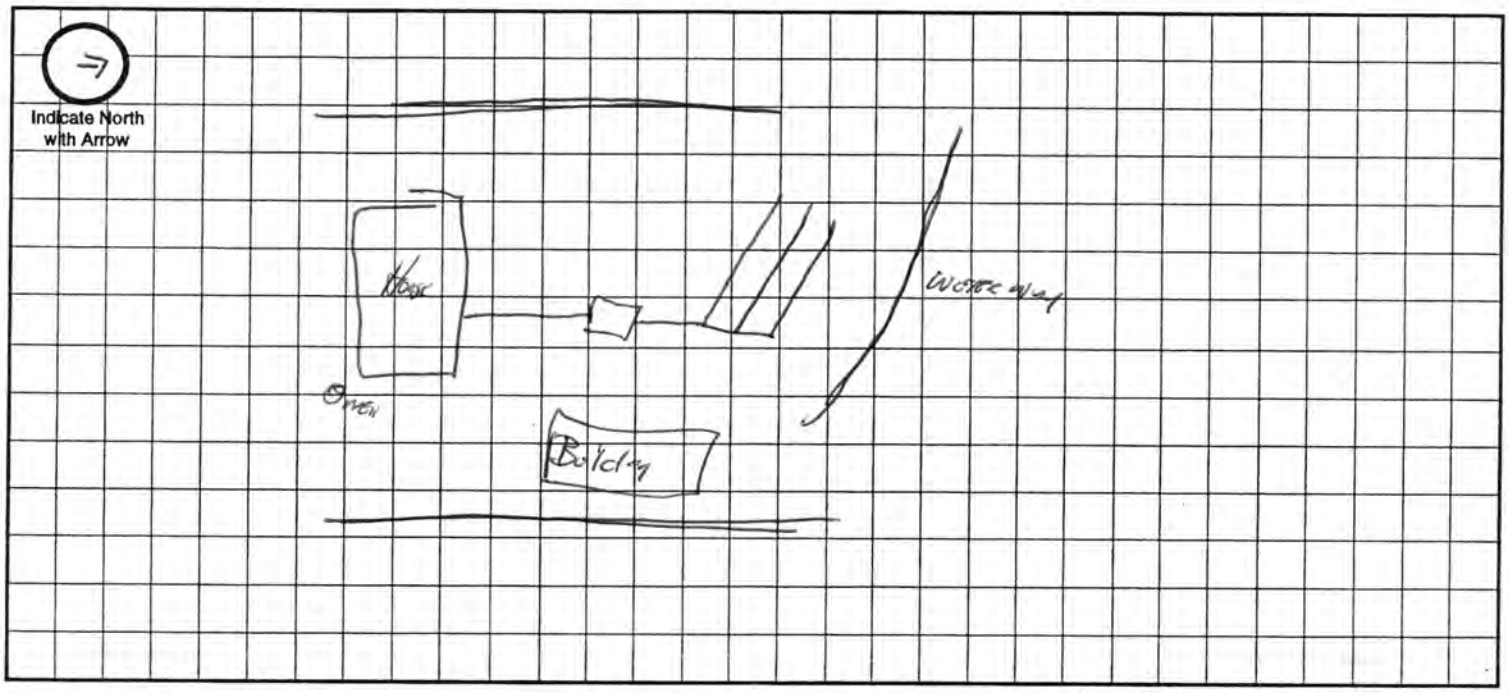
Lincoln-Lancaster County Health Department
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C

Permit Number: 053803025

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) 9301 Raymond RD City WAVERLY NE, Zip 68462

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Shaupbus Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches _____ Trench Width _____

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

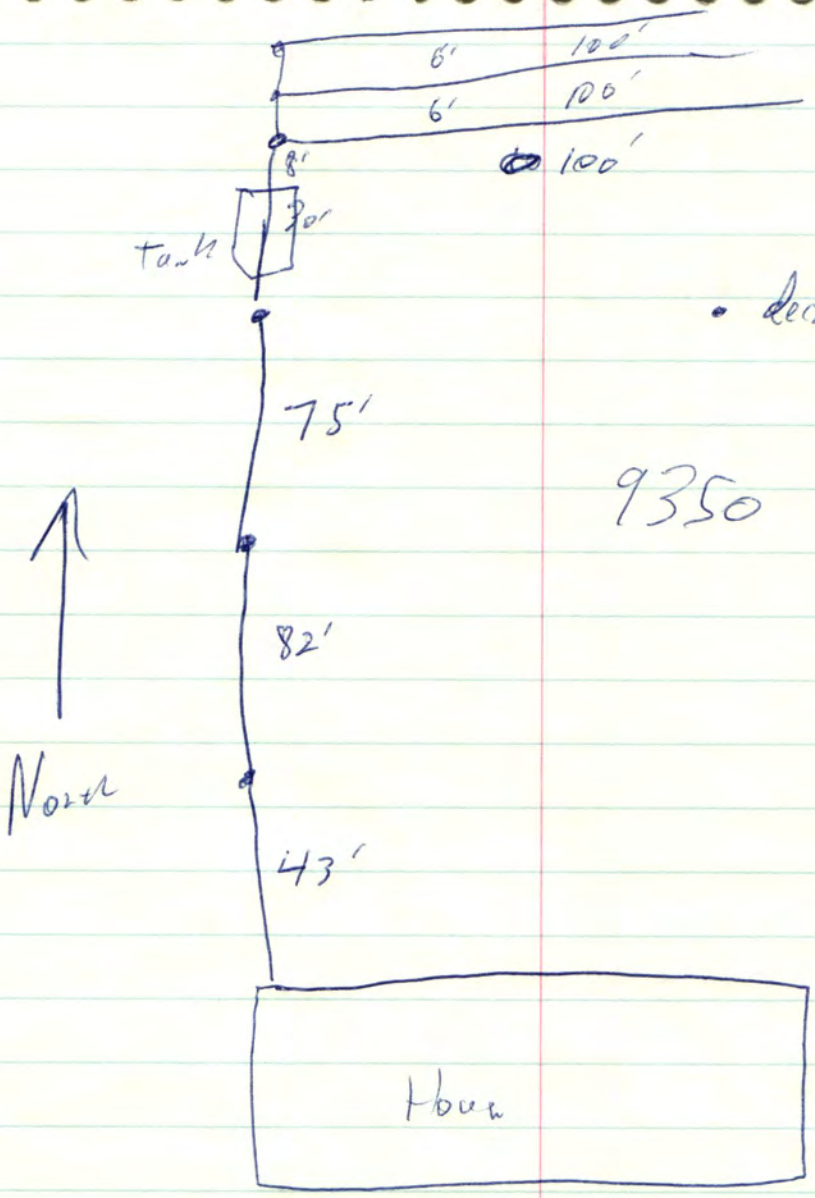
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☐	50 ☐	NA ☐	25 ☐	20 ☑	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor JEFF GRIFFIN Date 5-13-05

Installer _____ Date 5/13/05

FORM 23-102 10-96



• decommissioned well

well (by road)