Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005367

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380286401

Issued 07/21/04
Expires 01/21/05
Revenue Code 3157

Establishment:
CLEON & LISA FINNELL
T12N R6E SEC 35 QTR SE
LOT 34IT
RAYMOND RD-RAYMOND

FEES: $200.00

Permittee:
CLEON & LISA FINNELL
3031 FLETCHER AVE
APT 216
LINCOLN NE 68521

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

JUL 2 1 2004

A

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

Permit Number: 04380286401

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 910 Raymond Rd (no rural route) City Raymond NE, Zip 68428

Legal Description SE 35 12N 6E ~~part of~~ 3 Lot 1 A.I.T.
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 Cleon & Lisa Finnell Signature Lisa Finnell, Cleon Finnell

Address 3031 Fletcher Ave. #210 City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 402-429-1780 Work Phone _____

C. Contractor

Name 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 Lloyd Jakoubek Firm Raymond Contracting Inc Work Phone 402-890-4009

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 7/21/04 Date frwd 7/21/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/21/04 Date frwd 7/21/04 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 7-21-04 Date frwd 7-21-04 ACTION ☒ Approved ☐ Disapproved Signature Jim Blouzek

~~11/9/04 Need drawing for file~~

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date NOVEMBER 19, 2004

Business Office Use Only

Date Rec'd 07/21/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 5413

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: 043802864

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Raymond Rd (no rural route) City Raymond NE, Zip 68428

Owner Gwenthlisa Finrell Addresss 3031 Fletcher Ave # 216 Lincoln, NE 68521

Soil Type (SCS): _____ Percolation Rate: 12 min./inch

Date of Tests 6-28-04 to 6-29-04 Weather: Precipitation 0 Temperature 79°

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	27	"	10:30a	6-28	2:30p	6-29	10:00a	6	6-29	2:00p	30	1/2	0.50/30 = 60
2	29	"	"	"	"	"	"	6	"	"	30	1 3/8	1.38/30 = 22
3	28	"	"	"	"	"	"	6	"	"	30	2 3/8	2.38/30 = 13
4	29	"	"	"	"	"	10:30a	6	"	11:30a	10	1 1/2	1.50/10 = 7
5	27	"	"	"	"	"	"	6	"	"	10	2	2.00/10 = 5
6	27	"	"	"	"	"	10:00a	6	"	2:00p	30	2 1/4	2.25/30 = 13
7	31	"	"	"	"	"	"	6	"	"	30	2 1/2	2.50/30 = 12

Used

Person Conducting Percolation Tests

Name: Terri Takoudek, Raymond Contracting Inc

Phone: 402-783-2663 or 402-890-6009

Address 13900 NW 70th St
Raymond, NE 68428

Sum of Percolation Rates: 72

Average of Rates: 12

Rate Used for Calculation: 12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JULY 21, 2004

FORM 23-101 10-95

3 Bedroom + whirlpool

Percolation Test Data

1/8 1/4 3/8 1/2 5/8 3/4 7/8 1

Raymond Contracting, Inc. Terri L Jakoubek 13800 NW 70th St Raymond, NE 68428 402-783-2663 Office 402-783-2341 Fax 402-890-3870 Mobile

System Location/Information:

Owner Information:

Phone 429-1780
Fax 323-7054

Presoak Information

Date: 6-28-24 Start Time: 10:45 AM End Time: 8:45 AM

Weather:

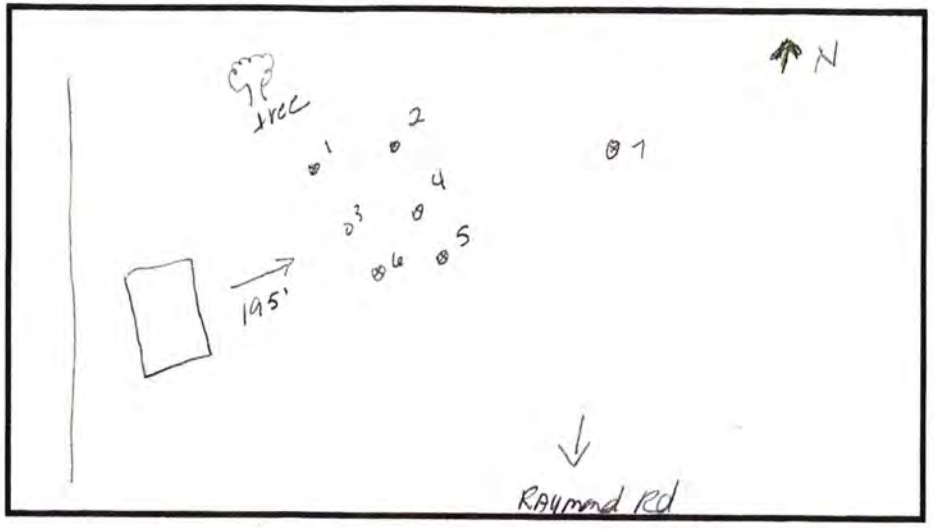
Notes:

Percolation Information

Date: 6-29-24 Start Time: 10:10 End Time: 2:10

Weather: Sunny

Notes:



						Start 10:10	Time 10:25			Time * 10:55			Time * 11:25			Time 11:55			Time 12:25		
			11.35	5.35																	
Hole #	Depth	Out	+10.5	+4.5	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop	Fill
1	27	4 1/4	15 1/2	9 1/2	10	9 1/2	5/8	9 1/2	8 7/8	5/8	10	9 3/8	5/8	9 3/8	8 7/8	1/2	10	9 3/8	5/8	9 3/8
2	29	3 1/4	14 1/2	2 1/2		7	1 5/8	8 3/4	7 3/8	1 5/8	8 7/8	7 1/2	1 3/8	9 1/8	7 3/4	1 3/8	8 7/8	7 5/8	1 1/4	8 3/4
3	28	3 1/8	14 3/8	8 7/8	8 3/4	5 1/2	3 1/4	8 7/8	6 1/8	2 3/4	8 7/8	6 3/8	2 1/2	8 5/8	6	2 5/8	8 5/8	6 1/4	2 3/8	8 5/8
4	29	3 1/2	14 3/4	9 1/4	8 1/8	out	10:38	9 3/8												
5	27	3 1/2	14 3/4	9 1/4	9 1/8	out	10:38	9												
6	27	3 1/8	14 3/8	9 3/8	9 1/8	6	3 1/8	8 3/4	6 3/8	2 3/8	8 3/4	6 3/8	2 1/8	8 3/4	6 3/8	2 3/8	8 7/8	6 5/8	2 1/4	8 3/4
7	31	4	15 1/4	9 1/4	9 5/8	6	3 5/8	9 5/8	6 3/4	2 7/8	9 5/8	7	2 7/8	9 1/2	6 7/8	2 5/8	9 5/8	7 1/8	2 1/2	9 3/4
8																				
9																				

10 min
10 min

7"

	Time 12:55			Time 1:25			Time 1:55	
Hole #	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop
1	9	5/8	9 3/8	9 3/8	1/2	9 5/8	9 1/8	1/2
2	7 1/4	1 5/8	8 5/8	7 1/4	1 3/8	8 5/8	7 1/4	1 3/8
3	6 1/8	2 1/2	8 5/8	6 1/8	2 1/2	9 1/8	6 3/4	2 3/8
4								
5								
6	6 1/2	3/4	8 5/8	6 1/2	2 1/8	8 1/2	6 1/4	2 1/4
7	7 1/4	1 1/2	9 1/2	7	2 1/2	9 5/8	6 7/8	2 5/8
8								
9								

30 min
30 min

Results - *Water level drop in 30 minute intervals*

Hole	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	Perc Rates (min/in)
1	5/8	5/8	5/8	1/2	5/8	3/8	1/2	1/2	0.50/30 = 1.0
2	1 5/8	1 3/8	1 3/8	1 3/8	1 1/4	1 1/2	1 3/8	1 3/8	1.38/30 = 22
3	3 1/4	2 3/4	2 1/2	2 5/8	2 3/8	2 1/2	2 1/2	2 3/8	2.38/30 = 13
4	3 1/8	2 3/8	2 3/8	2 3/8	2 1/4	2 1/4	2 1/8	2 1/4	2.25/30 = 13
5	3 5/8	2 7/8	2 5/8	2 5/8	2 1/2	2 1/2	2 1/2	2 1/2	2.50/30 = 12
6									
7	1 7/8	1 3/4	1 3/8	1 7/8	1 1/2	1 1/2			1.50/10 = 7
8	2 7/8	2 5/8	2	2 5/8	2 1/4	2			2.00/10 = 5
9	10:38	10:48	10:58	11:08	11:18	11:28			72/12
Sum & Average of Peroclation Rates									12

10min 9

#04380284

0 1/8 1/4 3/8 1/2 5/8 3/4 7/8 1

10 Minute Test

	Start 10:28	Time 10:38			Time 10:48			Time 10:58			Time 11:08			Time 11:18			Time 11:28	
Hole #	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop	Fill	Meas	Drop
1 4	9 3/8	7 1/2	1 7/8	9 1/4	7 1/2	1 3/4	9	7 5/8	1 3/8	9 3/8	7 1/2	1 7/8	9 1/4	7 3/4	1 1/2	9 1/8	7 5/8	1 1/2
2 5	9	6 1/8	2 7/8	9 1/8	6 1/2	2 5/8	9 1/4	7 1/4	2	9	6 3/8	2 5/8	9	6 3/4	2 1/4	8 3/4	6 3/4	2
3																		
4																		
5																		
6																		
7																		
8																		
9																		

12 mpi

3 Bed + Whirlpool = 4 1,250 Tank

630 sq ft lateral/4 = 158' lateral

#04380284

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

finnell

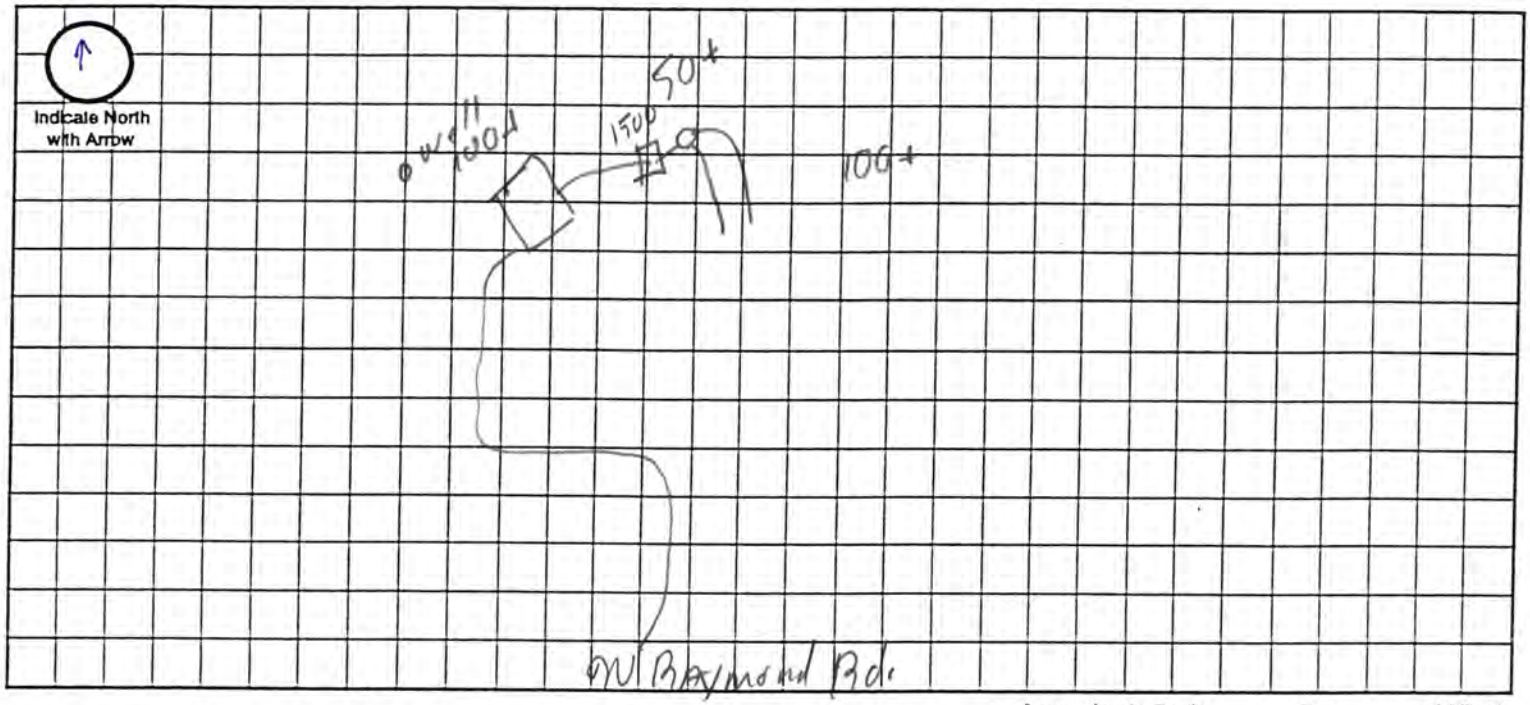
C

Permit Number: 04380284

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 12 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS H-10

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 158 ft. Number of Trenches 2 Trench Width 4'

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

Distance From	Private Well	Public Well NA	Surface Water	Gound Water	Pressure Water Lines NA	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 Lisa Finnell, Date 7-14-04

Installer _____ Date 7-2-04

FORM 23-102 10-96

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

Finnell

Date 11/9/04

System Location (Indicate correct number and street)

Address 910 Raymond Rd. (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 91 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: concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 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: 16 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: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 14 ft.

D. Absorption Field

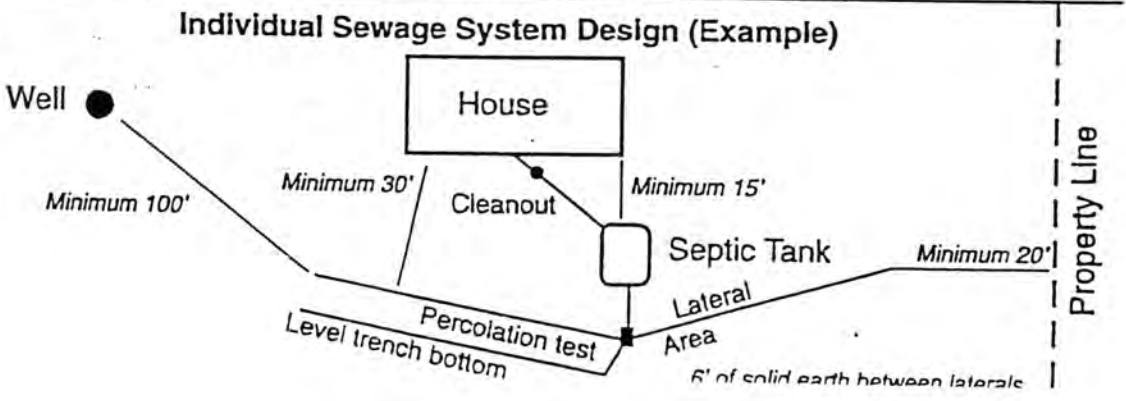
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 11"Tall 34" wide.
   or perforated pipe: _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other 162.5 Foot Total
2. Lateral lines: Number 2
   Length of each line: 81.25 ft. 81.25 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4'+ ft.
   Slope Flat in/100 ft.
   Average depth 24" in
4. Filter material: Dirt
   Depth of material 24" in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 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

