LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 99380193301

Issued 02/12/99
Expires 08/12/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

STEVE BLUM
T12N R6E SEC 35
W 1/2-24 ACRES LOT 17IT
15700 N 1 ST-RAYMOND

TOTAL $150.00

Permittee

STEVE BLUM
332 S 33 ST
LINCOLN NE 68510

Issued By Health Director
Lincoln-Lancaster County Health Department

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

008716

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 15700 N. 1ST. (no rural route) City Raymond NE, Zip 68428

Legal Description W. 1/2 of 35 12N 6E ~~Prairie~~ Ridge 24 Ac 1 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 Steve Blum Signature Steve Blum

Address 332 So. 33 ~~Lnk~~ City/State/Zip Lincoln NE. 68510

☐ Check if owner designed system Home Phone 438-7007 Work Phone _____

C. Contractor

Name M. Rezac Company Name Rezac Const.

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 423-2212

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

Designer Name _____ Firm _____ Work Phone 430-6023

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 2/12/99 Date frwd 2/12/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2.12.99 Date frwd 2.12.99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 02/12/99 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

2-19-99 sewer Line
3-2-99 Drainfield Washdown

Installation Final Written Approval

By Ron Maynard

Date 3-5-99

Business Office Use Only

Date Rec'd 02/12/99
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 10550

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 15700 N. 1oT (no rural route) City Raymond NE, Zip 68428

Owner Steve Blum Addresss 332 S. 33rd Lincoln

Soil Type (SCS): SHELBY CLAY LOAM Percolation Rate: 30 min./inch

Date of Tests 2/8/99 to 2/9/99 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	29	2/8	10:00 AM	2/9	10:00 AM	2/9	12:30	6"	2/9	1:00	30	1	30
2	30	2/8	10:00	2/9	10:00	2/9	12:30	6	2/9	1:00	30	1	30
3	28	2/8	10:00	2/9	10:00	2/9	12:30	6	2/9	1:00	30	1 1/4	27
4	31	2/8	10:00	2/9	10:00	2/9	12:30	6	2/9	1:00	30	1 1/4	24
5	30	2/8	10:00	2/9	10:00	2/9	12:30	6	2/9	1:00	30	3/4	40
6	30	2/8	10:00	2/9	10:00	2/9	12:30	6	2/9	1:00	30	1	30

Person Conducting Percolation Tests

Name: John Strohmyer
Phone: 430-6023
Address 6667 NW 48th
Lincoln NE. 68524

Sum of Percolation Rates: 181
Average of Rates: 30
Rate Used for Calculation: _____

188

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date FEBRUARY 12, 1999

FORM 23-101 10-96

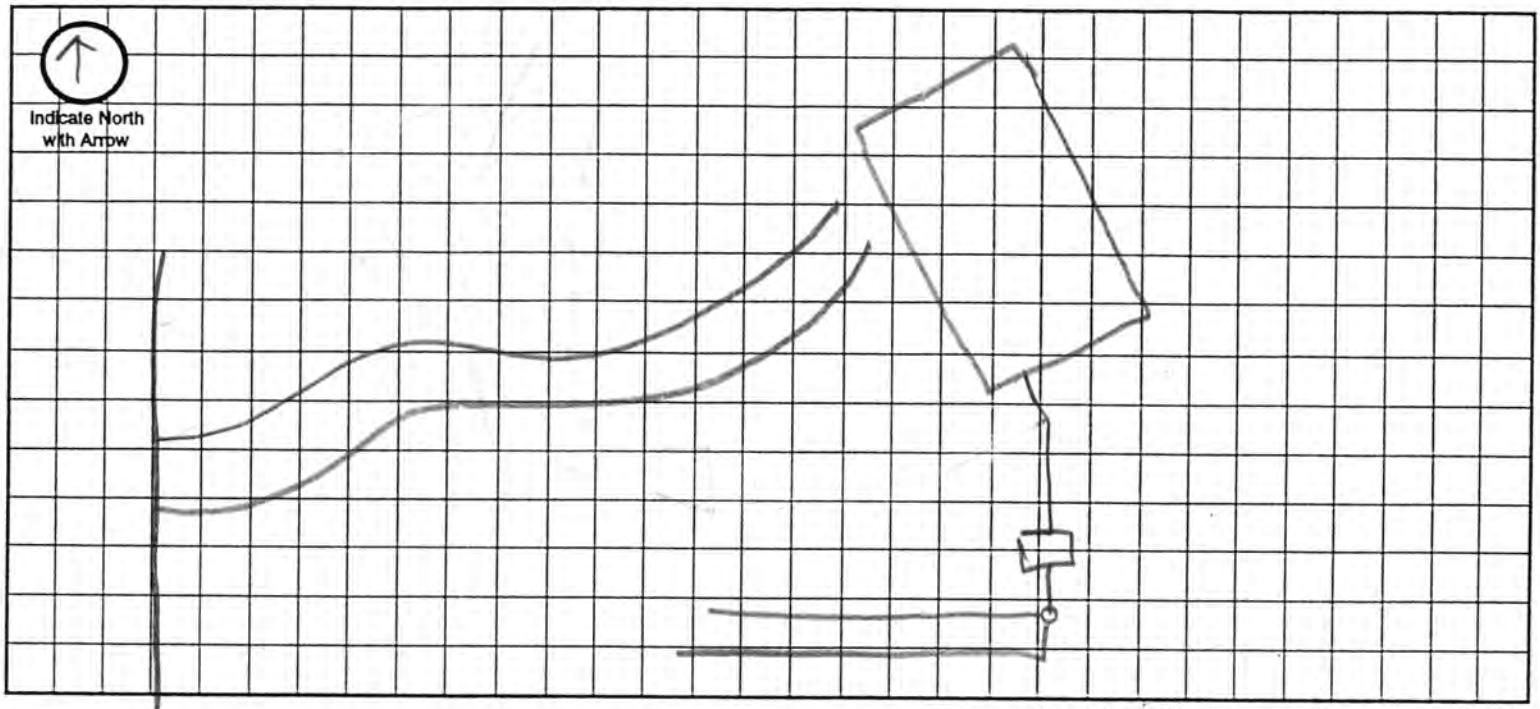
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 15,700 No. 1st City Raymond NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: MORRILL CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 750 sq. ft.

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

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

Total Length of Laterals 188 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

Home Building Contractor WALKER HC Date 2/12/99

Installer John Strohmyer Date 2/12/99

FORM 23-102 10-96

Steve Blum

MAR 4 1999

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

Date 3-2-99

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 188 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream N.A. ft.
   pressure line N.A. ft.
   property line 75 ft.

B. Septic Tank

1. Material: Concrete
   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 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line 100+ ft.
   Stream N.A. ft.
   Pressure line 100+ ft.
   Property line 70 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 9 ft.

D. Absorption Field

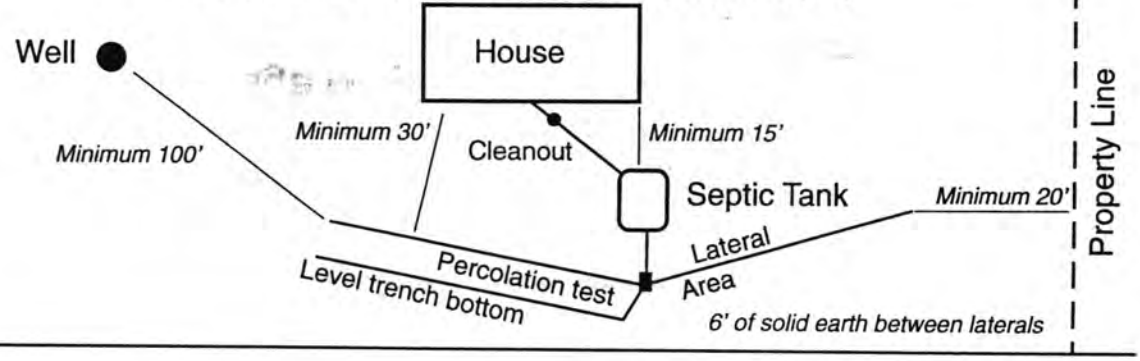
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: on ground
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 102 ft. 42 ft.
   60 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1-2" in/100 ft.
   Average depth 32 in
4. Filter material: gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 200 ft.
   Stream N.A ft.
   Pressure line N.A ft.
   Property line 20+ ft.

Indicate North with Arrow

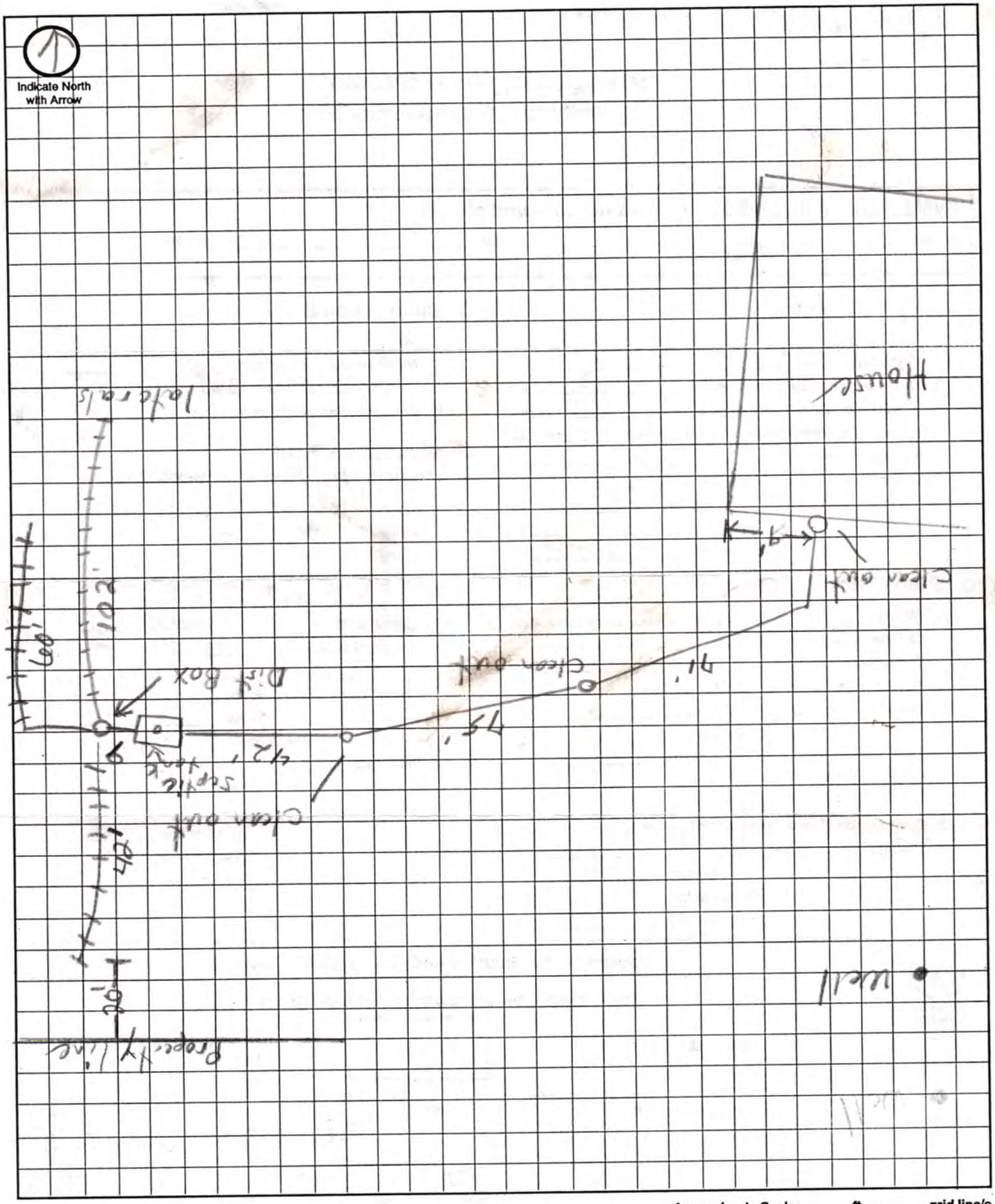
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s