Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

004864

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380281101

Issued 04/12/04
Expires 10/12/04
Revenue Code 3157

Establishment
MARK & SONIA BECHER
T12N R6E SEC 35 QTR SW
N 1/2 OF SW 1/4 LOT 21IT
15730 N 1 ST-RAYMOND

FEES: $200.00

Permittee
MARK & SONIA BECHER
1339 N 14 ST
LINCOLN NE 68508

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: 04380281101

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 15730 North 1st Street (no rural route) City Raymond NE, Zip

Legal Description N½, SW¼ of 35 (1/4, 1/4, Section) 12N (Township) 6 East (Range) ~~Parcel 3A of the SE Corner~~ (Subdivision) (Addition) (Block) 2 (Lot) T.

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Mark & Sonya Becker Signature

Address 1339 No 4th City/State/Zip Lincoln, NE

☐ Check if owner designed system Home Phone Work Phone 432-5850

C. Contractor

Name Jon Kroese Company Name Dirt Works PWS Inc

Address 7801 Leighton City/State/Zip Lincoln NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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

Designer Name Firm Work Phone 730-2607

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 4/12/04 Date frwd 4/13/04 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/13/04 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
   30 INSPECTION START DATE TWO YEAR (+) ACC
3. **City or County Engineer** Date rec'd 4/13/04 Date frwd 4/13/04 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Ron Maynard

Date 1-12-04

Business Office Use Only

Date Rec'd 04/12/04

Amt Paid 200.00

Rec'd By Cash/Check No. 1109

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: 043802811

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15730 No 1st St. City _____ NE, Zip _____

Owner 35-12-6 (no rural route) Robison Const. Company Addresss _____

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

Date of Tests 3-10-04 to 3-11-04 Weather: Precipitation Clear Temperature 40°F

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 1"	25"	3-10-04	10:30AM	3-10-04	2:30PM	3-11-04	7:30AM	6"	3-11-04	11:30	30	13/16"	37 mpi
#2 dead 4	25"	"	"	"	"	"	"	"				13/16"	21
#3 4	24"	"	"	"	"	"	"	"				13/16"	37
#4 4	23"	"	"	"	"	"	"	"				11/16"	44
#5 4	24"	"	"	"	"	"	"	"				11/16"	44
#6 4	23"	"	"	"	"	"	"	"				1/4	120
#7													
#8												1/2"	60 mpi
Robison Const. passing perc hole													

Person Conducting Percolation Tests

Name: Ron Marquart

Phone: 441-8030

Address 3140 "N" St.

Sum of Percolation Rates: _____

Average of Rates: 120 mpi variation

Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Area about 75 ft x 100 ft of satisfactory soil. Used one passing hole in this area conducted by Robison Construction Co.

Signature of Reviewing Official Ron Marquart Date 3-25-04

FORM 23-101 10-95

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

B

Permit Number: 04380281 1

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5730 No 1st St (no rural route) City Raymond NE, Zip _____

Owner Marko Sonia Becher Addresss 1339 No 1st St, Lincoln, NE

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

Date of Tests 3/23/19 to 3/24/19 Weather: Precipitation Ø 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"	3/23	100	3/24		3/24	1245	7"	3/24	445	30min	3/8	90
2	"	"	"	"		"		6"	"		"	1/8	480
3	"	"	"	"		"		6 1/2"	"		"	0	—
4	"	"	"	"		"		6 1/2"	"		"	0	—
5	"	"	"	"		"		6 1/4"	"		"	1/4	120
6	"	"	"	"		"	1250	6"	"	450	"	1/2	60

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

Person Conducting Percolation Tests

Name: Robison Construction - Dick Robison
Phone: 488-5695
Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

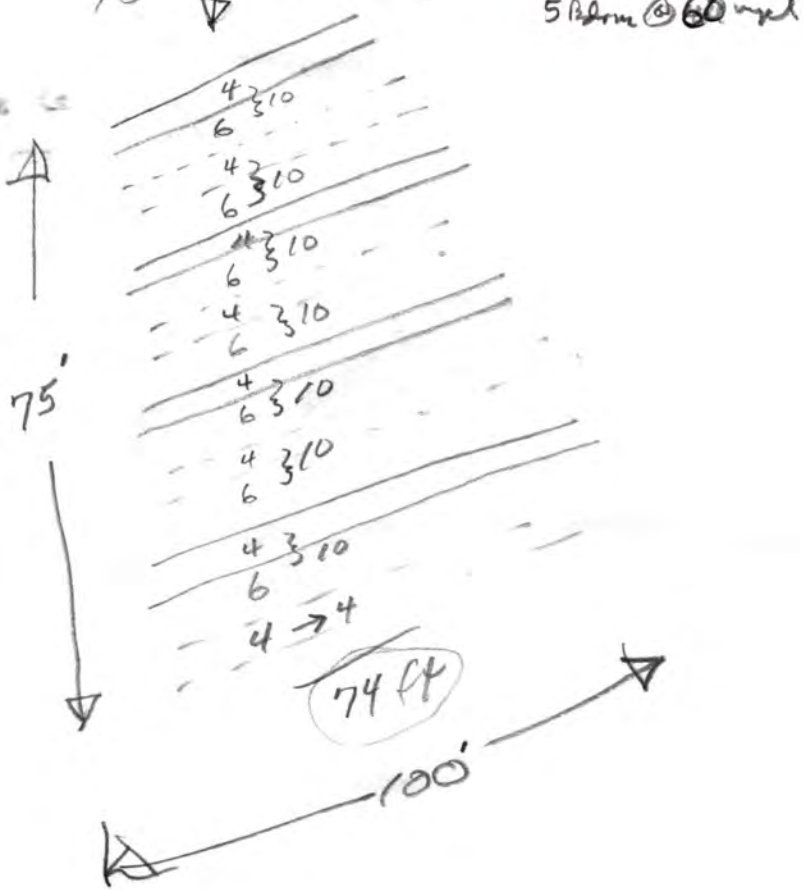
~~6-10-1848~~
~~+ adjusting~~

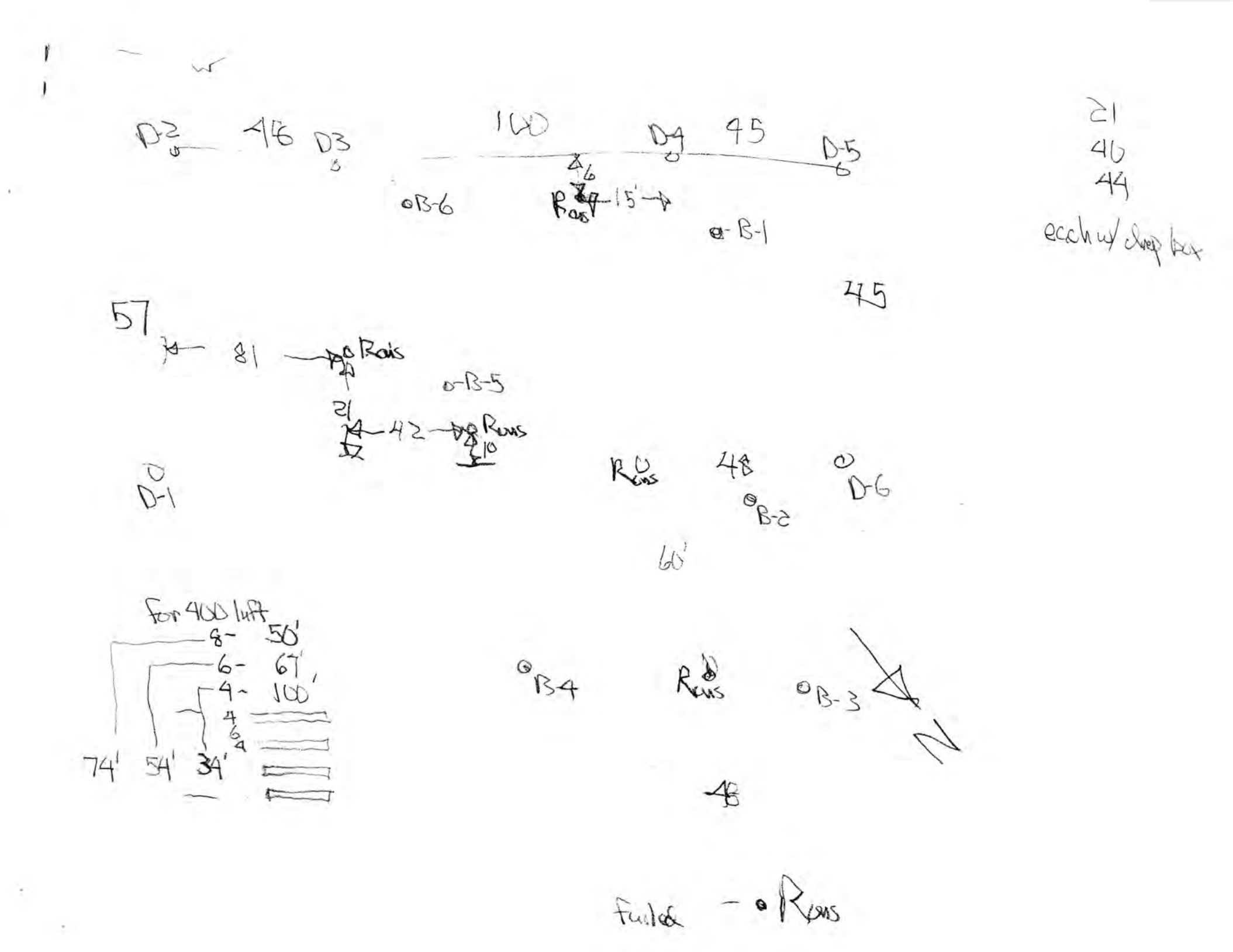
15730 N. 1st st.

410
4 | 1650
16
50
10

Leach field
lateral area
north of house

5 Bdrm @ 60 gpd




D2
46
D3
100
D4
45
D-5
46
B-6
15'
B-1
21
46
44
each w/ sleep tent
57
81
Rais
B-5
21
42
Rais
10
D-1
Rais
48
B-2
D-6
45
60'
for 400 lift
8- 50'
6- 67'
4- 100'
4
6
4
74'
54'
34'
B-4
Rais
B-3
N
46
fuels
Rais

FAX NO. 402 474 4045 P. 01

Date: 12/1/03 Pages: 2

QUICK FAX OfficeMax

To: Ron Macquart	From: Dick Robison
Co./Dept. County Health	Co./Dept. Robison Construction
Fax: 441-6206	Fax: 488-5650
Phone:	Phone: 488-5650
Note:	E-Mail:

.4 mile E. of 1st = 3112 ft
.3 mile N of Raymond Rd = 1584 ft

B

Cell: 438-2807 (?)
730-2807

Permit Number:

Permit #
25-12-E

...osal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15730 N. 1st Street (no rural route) City Raymond NE, Zip 68428

Owner _____ Address _____

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

Date of Tests 10/23/03 to 10/24/03 Weather: Precipitation 0 Temperature 70°

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	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1 1/4	24
2	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1/2	60
3	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1/4	120
4	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1/4	120
5	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1/4	120
6	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1/2	60
									N/R				

Person Conducting Percolation Tests

Name: Tom Burt - Design Associates of Lincoln
Phone: 474-3000
Address 1609 'N' Street
Lincoln, NE 68508

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 120

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Appears to be in Pawnee clay loam, this test was conducted east of the house.

Signature of Reviewing Official Ron Macquart Date 12-14-03

FORM 23-101 10-96

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 15730 N. 1st Street (no rural route) City Raymond NE, Zip 68428

Owner _____ Address _____

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

Date of Tests 10/23/03 to 10/24/03 Weather: Precipitation 0 Temperature 70°

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	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1 1/4	24
2	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1/2	60
3	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1/4	120
4	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1/4	120
5	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1/4	120
6	36	10/23	12:00	10/24	9:00	10/24	9:00	6	10/24	1:00	30	1/2	60

Person Conducting Percolation Tests

Name: Tom Burt - Design Associates of Lincoln

Phone: 474-3000

Address 1609 'N' Street

Lincoln, NE 68508

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 120

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

	Start		Water lev. in	End					
	Date	Time		Date	Time				
#1	3-19	12:10	6½"	3-19	12:40	0" Drop	3:15	3:45	0" Drop
	"	12:40		"	1:09	1/16" Drop	3:45	4:15	0" Drop
	"	1:09		"	1:40	0" Drop			
	"	1:40		"	2:12	1/16" Drop			
		2:12			2:43	0 Drop			
		2:43			3:15	0 Drop			
#2	3-19	12:12	6¼"	3-19	12:42	1/16" Drop	3:16	3:46	0" Drop
	"	12:42		"	1:12	1/16" Drop	3:46	4:16	0" Drop
	"	1:12		"	1:43	0 Drop			
	"	1:43			2:14	0 Drop			
		2:14			2:44	0" 1/16" Drop			
		2:44			3:12				
#5	3-19	12:14	6½"	3-19	12:44	1/8" Drop	2:45	3:17	1/8" Drop
	"	12:44		"	1:13	1/4" Drop	3:17	3:48	1/4 Drop
	"	1:13			1:44	1/8" Drop	3:48	4:18	1/4 Drop
	"	1:44			2:16	1/8" Drop			
		2:16			2:45	1/8" Drop			
#4	3-19	12:17	6"	3-19	12:46	0" Drop	2:18	2:47	1/8 Drop
	"	12:46		"	1:15	1/16 Drop	2:47	3:18	0" Drop
	"	1:15			1:45	1/16 Drop	3:18	3:50	1/16 Drop
		1:45			2:18	0 Drop	3:50	4:20	1/16 Drop
#5	3-19	12:19	6"	3-19	12:48	0" Drop	2:20	2:49	0" Drop
	"	12:48		"	1:16	0" Drop	2:49	3:20	0" Drop
	"	1:16			1:46	0 Drop	3:20	3:52	0" Drop
		1:46			2:20	0 Drop	3:52	4:22	0" Drop
#6	3-19	12:22	6 4"	3-19	12:50	0" Drop	2:22	2:51	0" Drop
	"	12:50		"	1:18	0" Drop	2:51	3:21	0" Drop
	"	1:18			1:48	0" Drop	3:21	3:54	0" Drop
		1:48			2:22		3:54	4:24	0" Drop

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

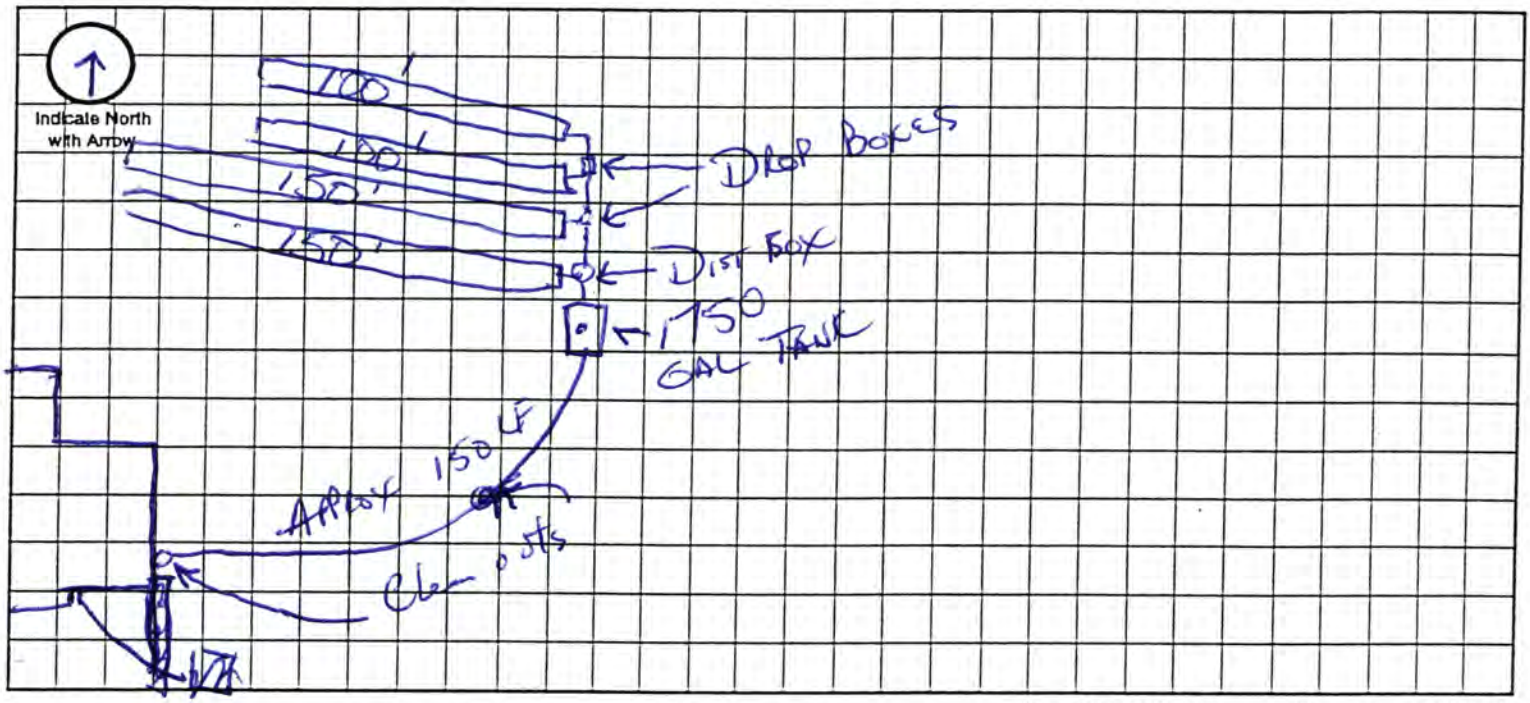
C

Permit Number: 04380281101

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) 15730 N 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 60 (min. per inch) Soil Type: Mod Clay Loam Land Slope: 3% %

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

Total Square Feet of Field Required: 1400 sq. ft. 350 / 4 / 1400 / 30

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

Capacity of Septic Tank 1750 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 500 ft. Number of Trenches 4 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 Dick Robinson Date 4/12/04

Installer _____ Date 4/12/04

FORM 23-102 10-98

Steve Rosenau

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 4/13/04 35-12-6

System Location (Indicate correct number and street)

Address 15730 N 1ST ST (no rural route) City RAYMOND NE, Zip

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 1
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: 1750 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 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: 20 ft.

D. Absorption Field

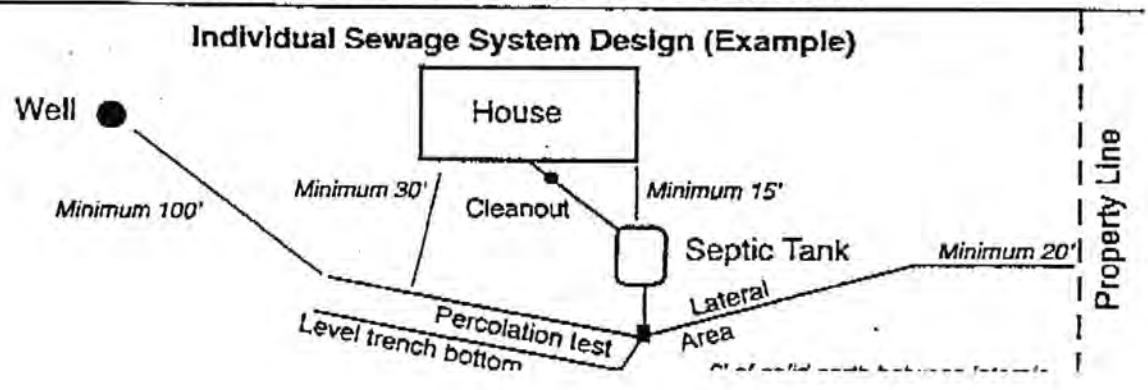
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other INFILTRATOR HI CAP
2. Lateral lines: Number 5
   Length of each line: 112.5 ft. 112.5 ft.
   112.5 ft. 106.25 ft., 56.25 ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 24 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.

Indicate North with Arrow

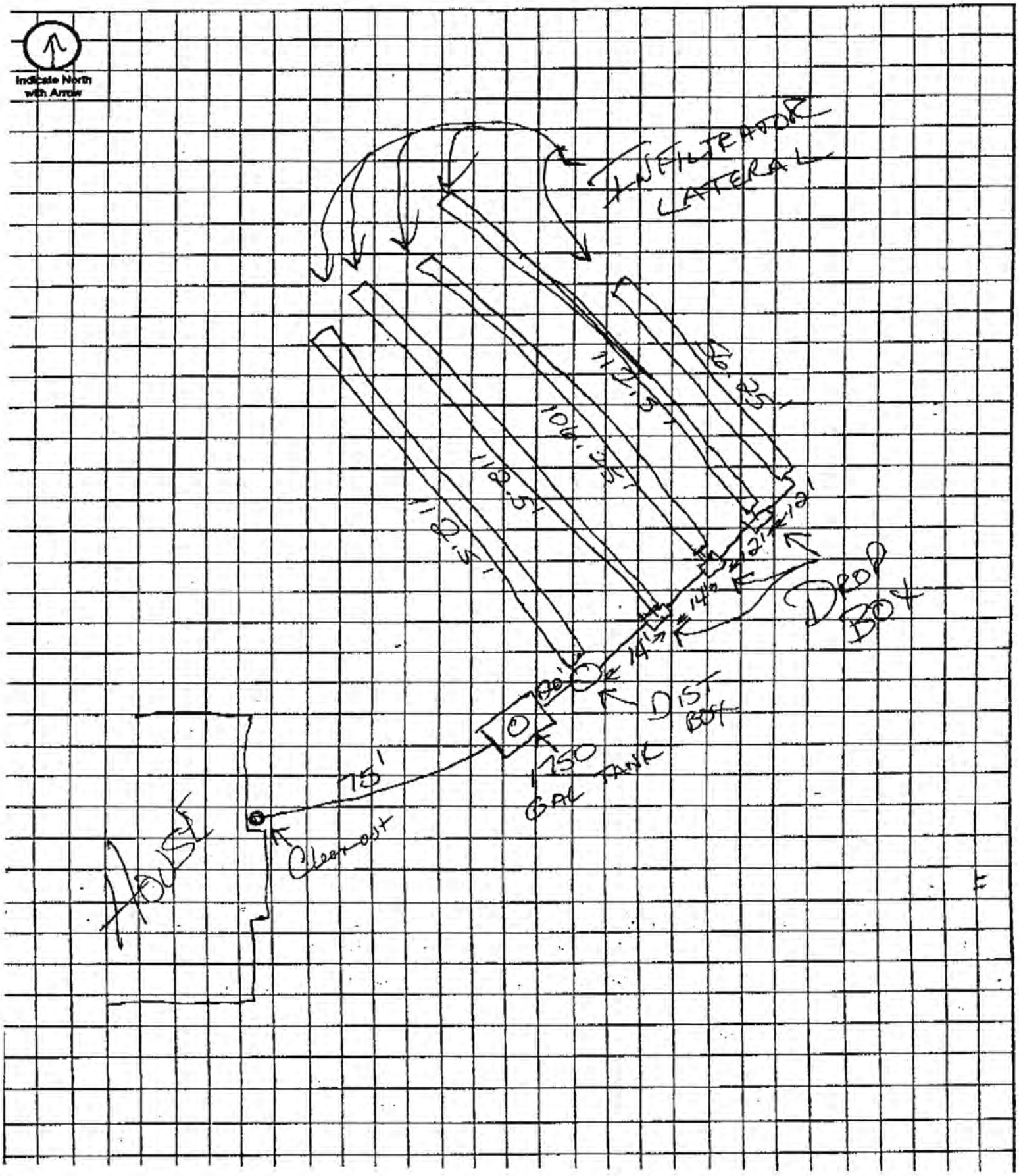
Complete "As Built" drawing on back of this form.

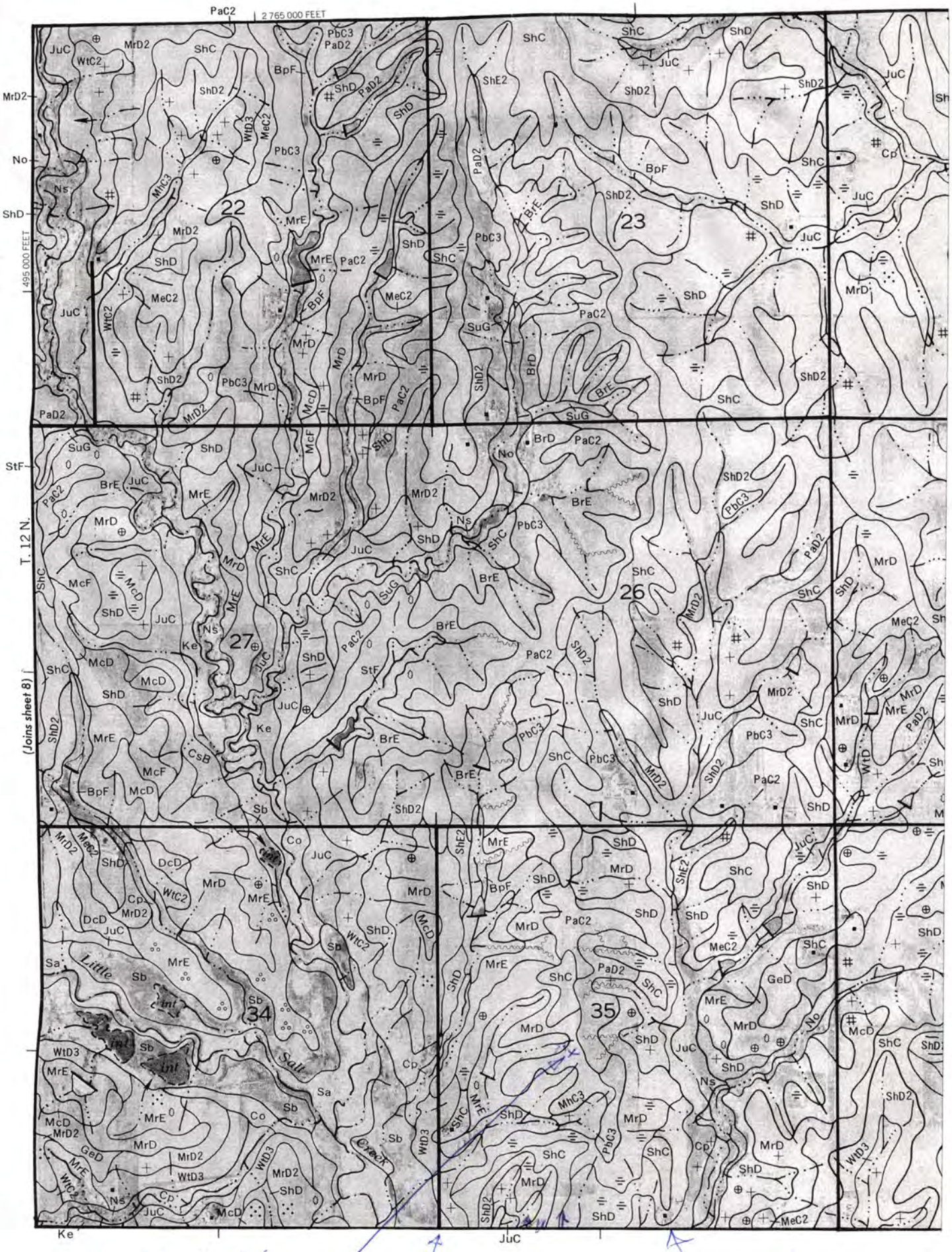
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing




2 765 000 FEET
495 000 FEET
T. 12 N.
(Joins sheet 8)
22
23
26
27
34
35
Little Salt Creek
MrD MrE - Marshall Clay Loam
New septic leach field
North East St.
Regional Rd.