Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008347

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON -WHATEVER PERC TEST
INDICATES

Permit # 05380312101

Issued 10/27/05
Expires 10/27/06
Revenue Code 3157

Establishment

MARK MASEK
T12N R6E SEC 35
20.4ACRES LOT 31IT
N 14 ST-RAYMOND

FEES: $275.00

Permittee

MARK MASEK
480 BRANCHED OAK RD
DAVEY NE 68336

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

A

Permit Number: 05380312101

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) Whatever perc test indicates

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 North 14th Street (no rural route) City Raymond NE, Zip

Legal Description 20.40 acres in 35 12 N 6E irregular tract 31
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 Mark Masek Signature Mark Masek

Address 480 Branched Oak Road City/State/Zip Davey, NE 68336

☐ Check if owner designed system Home Phone Work Phone 402-601-0285

C. Contractor

Name Braden Thoren Company Name Nelson Electric - Construction

Address 535 B Street Staplehurst NE City/State/Zip 3387 A6 Acres Rd Staplehurst NE 68439

☐ Check if contractor designed system 68455 Work Phone 402-643-0643

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 5 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 10/28/05 Date frwd 10/28/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-1-05 Date frwd 11-1-05 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd @11/01/2005 Date frwd ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

By Doug Jonson

Date 10/9/06

Business Office Use Only

Date Rec'd 10/27/05

Amt Paid #2.75.00

Rec'd By Cash/Check No. 5989

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

NELSON ELECTRIC
T.J. NELSON-OWNER
PHONE-(402)643-0643
FAX-(402)535-2440

FACSIMILE TRANSMITTAL SHEET

TO: Doug Smith	FROM: T.J. Nelson
COMPANY: Lancaster Health Dept.	DATE: 10/4/2006
FAX NUMBER: 402-441-3890	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER: 402-441-8031	SENDER'S REFERENCE NUMBER: N/A
RE: Soil Absorption (Perk) Test	YOUR REFERENCE NUMBER: N/A

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Thank you

NELSON ELECTRIC
3387 AGNEW RD.
STAPLEHURST, NE 68439

Oct 04 06 08:33p T.J. Nelson (402)535-2440 p.1

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section 35 Owner: Hien D. Nguyen

Township 12 Range 6 Address: 1934 Groveland St.

1/4 Section Southeast Lot 31 Lincoln, NE 68521

15737 Nth 14th St

Property Dimensions: 20.40 acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam ____ Sandy Clay ____

Dates of Tests: 8-26-06 to 8-27-06 Weather: Precip. 0 Temp. 80°

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	34	8-26	5:00 pm	8-26	9:00 pm	8-27	11:15 am	8	11:45 am	7	30	1.0
2	34	8-26	5:00 pm	8-26	9:00 pm	8-27	11:20 am	8 1/2	11:50 am	7 3/4	30	.75
3	34	8-26	5:00 pm	8-26	9:00 pm	8-27	11:25 am	9 1/4	11:55 am	8 3/4	30	.50

Sum of Water Level Drops (in.) [Column m]: 2.25

Average of Water Level Drops (in.) [Column m]: .75

Inches per Minute: 40.0

PERSON CONDUCTING TEST:

Name: Tim Pozehl

Address: 1914 294th Rd

Seward, NE 68434

Phone: 402-643-6277

Signature: Timothy Pozehl

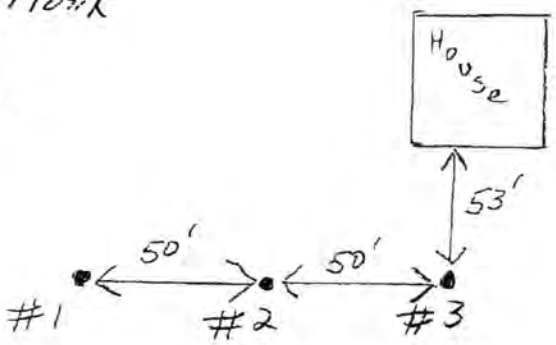
Square Feet of Lateral per Bedroom: 275

SKETCH SHOWING HOLE LOCATION:

1750 Gal Tank

1650 Square Foot House

416 Ft Lateral



Official's Signature

Oct 04 06 08:33p T.J. Nelson (402)535-2440 p.2

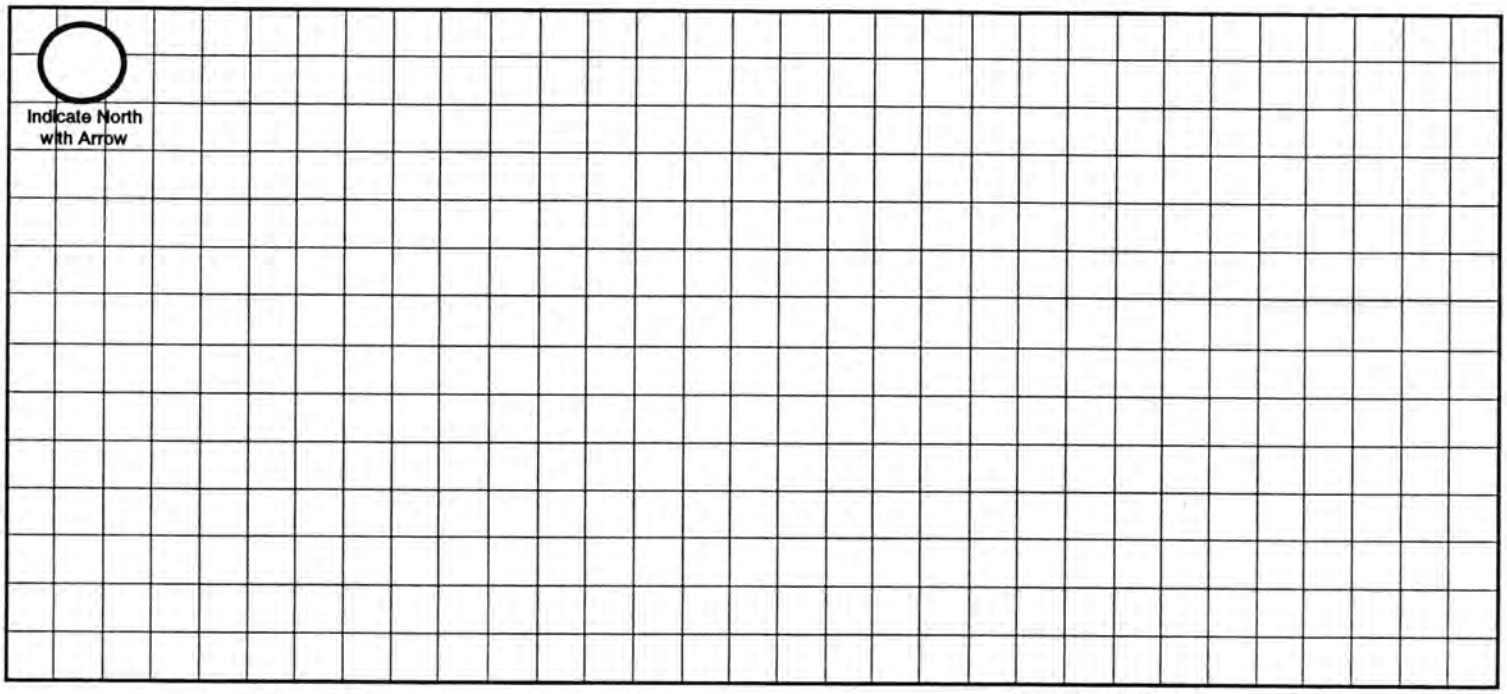
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

C

Permit Number: 05380312

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 _____ (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

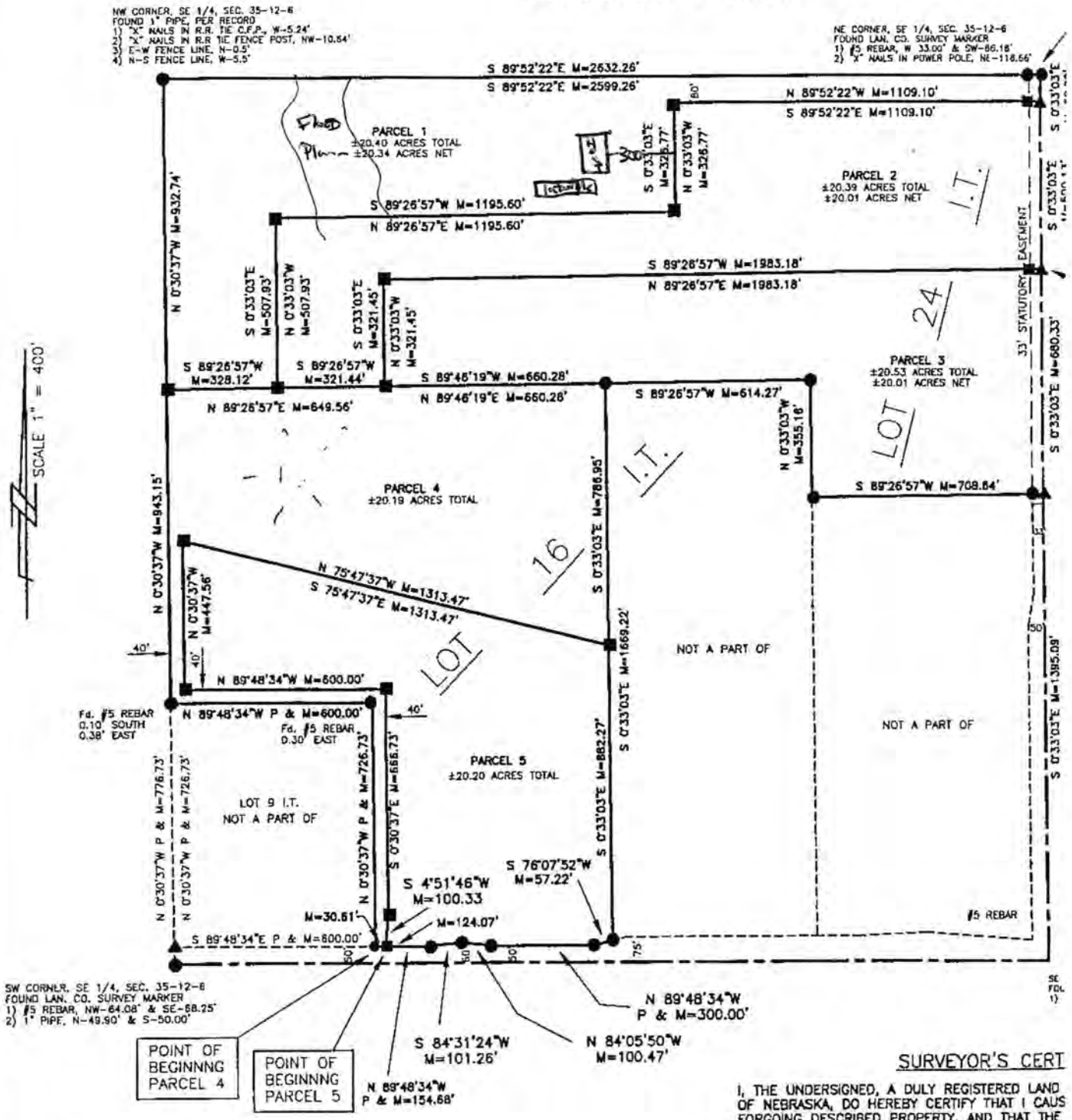
Home Building Contractor _____ Date 10-24-05

Installer _____ Date 10-25-05

FORM 23-102 10-96

BOUNDARY SURVEY

LOTS 16 & 24 IRREGULAR TRACTS
SE 1/4, SEC. 35, T 12 N, R 6 E
LANCASTER COUNTY, NEBRASKA



LOCATION SKETCH
NOT TO SCALE

NW	NE
SW	SE

LEGEND

- P = PLATTED DISTANCE
- M = MEASURED DISTANCE
- ● = FOUND MONUMENT #5 REBAR & CAP OR AS NOTED
- ■ = SET MONUMENT (#5 REBAR & CAP)
- ▲ = SET TEMP. POINT

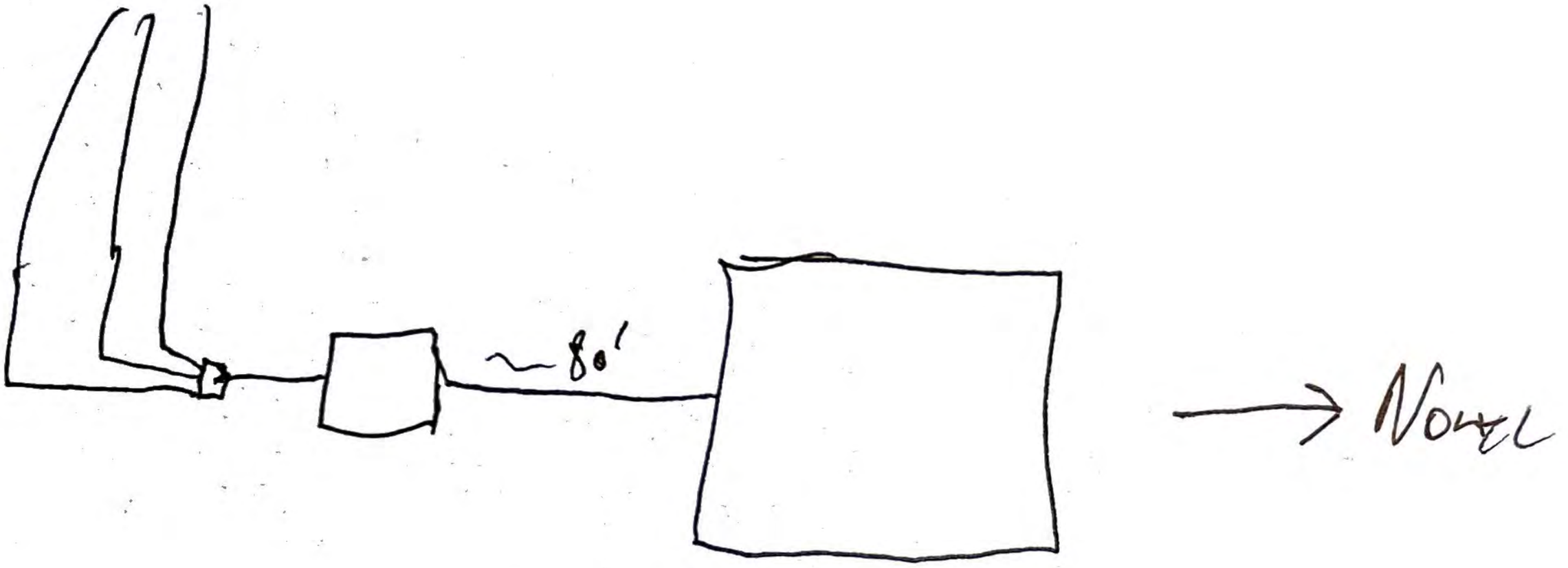
SURVEYOR'S CERT

I, THE UNDERSIGNED, A DULY REGISTERED LAND
OF NEBRASKA, DO HEREBY CERTIFY THAT I CAUS
FORGOING DESCRIBED PROPERTY, AND THAT THE
AND ACCURATELY DEPICTED HEREON, TO THE BE

IN TESTIMONY WHEREOF WITNESS MY HAND AND

BILLY JOE KERR, LS #483

PROJ. # 031-0681


~80'
NOVEL