Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380236701

Issued 09/19/01
Expires 03/19/02
Revenue Code 3157

FEES: $200.00

Establishment

MARK L HAEFFNER
T12N R6E SEC 35 QTR SW
NE 1/4 OF SW 1/4 LOT 18IT
15720 N 1 ST-RAYMOND

Permittee

MARK L HAEFFNER
2502 N COTNER BLVD
LINCOLN NE 68507

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000125

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

A

Permit Number: 013802367

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 15720 N 1ST City RAYMOND NE, Zip 68336
(no rural route) Lot 18 I.T.

Legal Description NE of SW 35 12N 6E 18 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 MARK HAEFFNER Signature Mark L Haeffner

Address 2502 N COTNER City/State/Zip LINCOLN, NE 68507

☒ Check if owner designed system Home Phone 466-9049 Work Phone 466-7811

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 OWNER 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 500 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 9/19/01 Date frwd 9/19/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/19/01 Date frwd 9/19/01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9-19-01 Date frwd 9-19-01 ACTION ☒ Approved ☐ Disapproved Signature Jim Flowers

Installation Final Written Approval

By Paul Dittmann

Date 10-22-01

Business Office Use Only
Date Rec'd 09/19/01
Amt Paid 200.00
Rec'd By LS Cash/Check No. 2503

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

B

Permit Number: 01380236?

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

4/66 9049
W 466 7811

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15720 North 1ST (no rural route) City RAYmond NE, Zip _____

Owner Mark HAEFNer Addresss 2502 N COTTNer 68502

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

Date of Tests 8/2/01 to 8/3/01 Weather: Precipitation 0 Temperature 95

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	8/2	12:00	8/3	9:30	8/3	9:30	6	8/3	2:00	30	1 1/4	24.
2	36	8/2	12:00	8/3	9:30	8/3	9:30	6	8/3	2:00	30	1	30.
3	36	8/2	12:00	8/3	9:30	8/3	9:30	6	8/3	2:00	30	3/4	40.
4	36	8/2	12:00	8/3	9:30	8/3	9:30	6	8/3	2:00	30	1 1/4	24.
5	36	8/2	12:00	8/3	9:30	8/3	9:30	6	8/3	2:00	30	3/4	40.
6	36	8/2	12:00	8/3	9:30	8/3	9:30	6	8/3	2:00	30	3/4	40.

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: _____

Address _____

Sum of Percolation Rates: 198

Average of Rates: 33

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hook R.E.H.S. Date SEPTEMBER 19, 2001

FORM 23-101 10-96

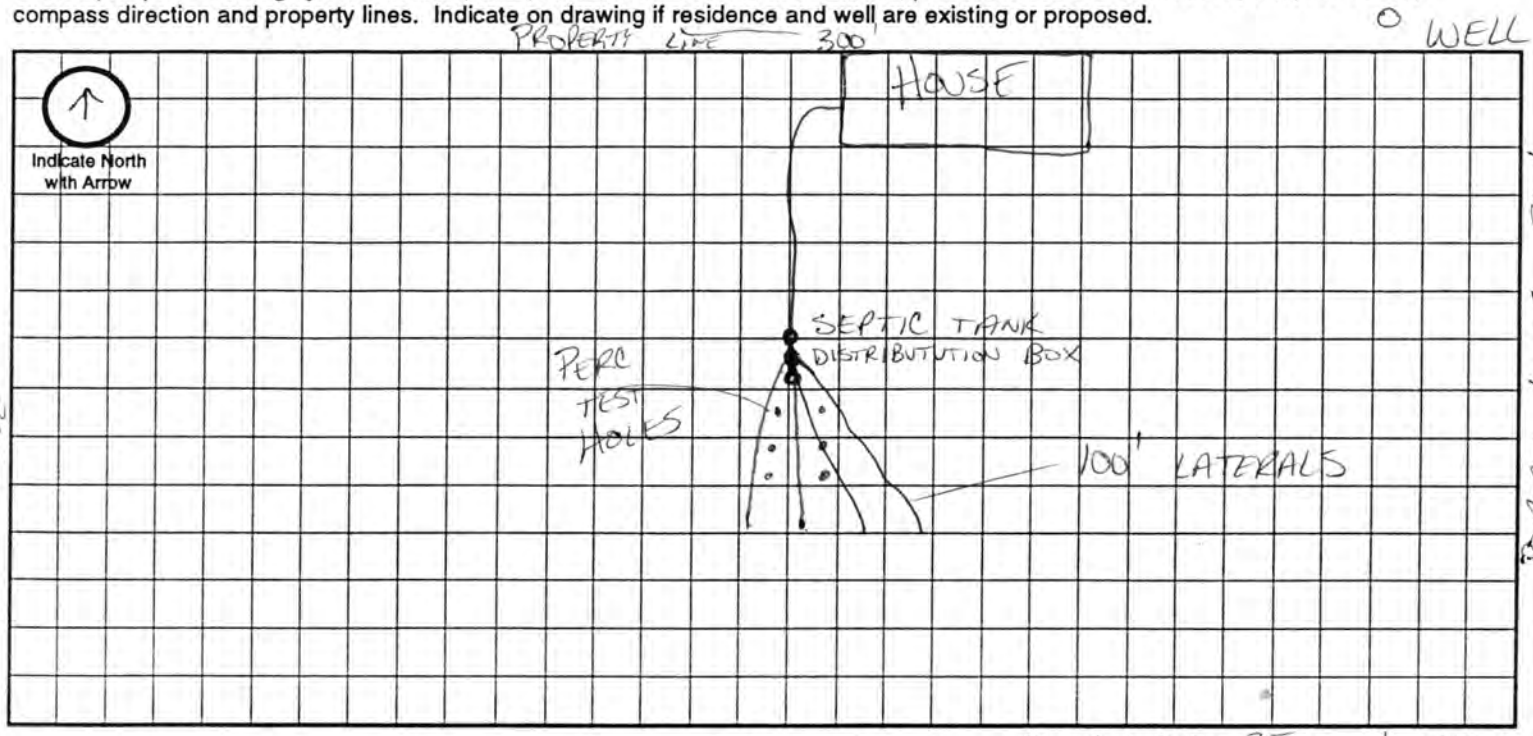
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C

Permit Number: 01380236 7

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 15720 N 1 ST 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 33 (min. per inch) Soil Type: MORRILL CLAY LOAM Land Slope: 5% %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1100 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 4 Number of Distribution Laterals per Bed 1

Total Length of Laterals 400 ft. Number of Trenches 4 Trench Width 18"

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 Mark L Hoffman Date 9/11/01

Installer Mark L Hoffman Date 9/11/01

FORM 23-102 10-96

OCT 1 9 2001 **D**

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Sewage Disposal System

As Built Plans & Specifications

Date 10/14/01

System Location (Indicate correct number and street)

Address 5720 N 1ST (no rural route) City RAYMOND NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 30 in.
3. Distance between dwelling and septic tank: 100 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 300 ft.
   stream NA ft.
   pressure line NA ft.
   property line 800 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12 in.
   Over outlet, diameter 12 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 400 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 800 ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 15 ft.

D. Absorption Field

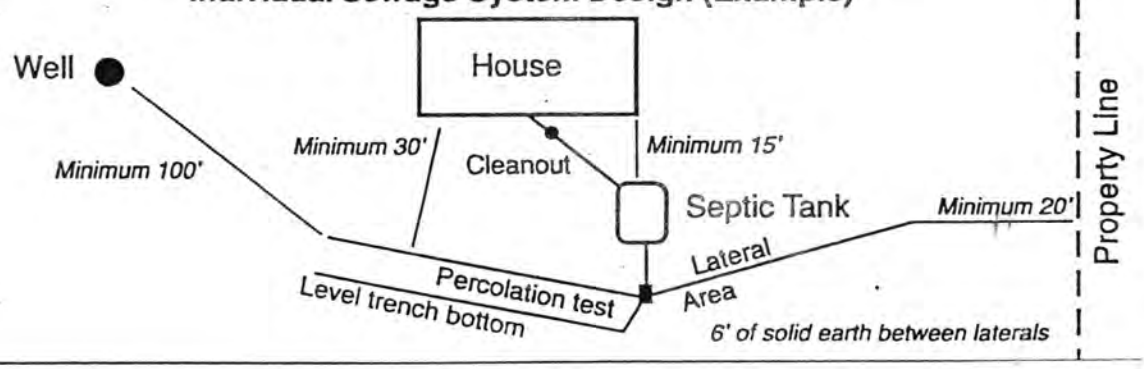
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 20 in
4. Filter material: GRAVEL
   Depth of material 18 in.
5. Distances to: Well or suction line 450 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 800 ft.

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

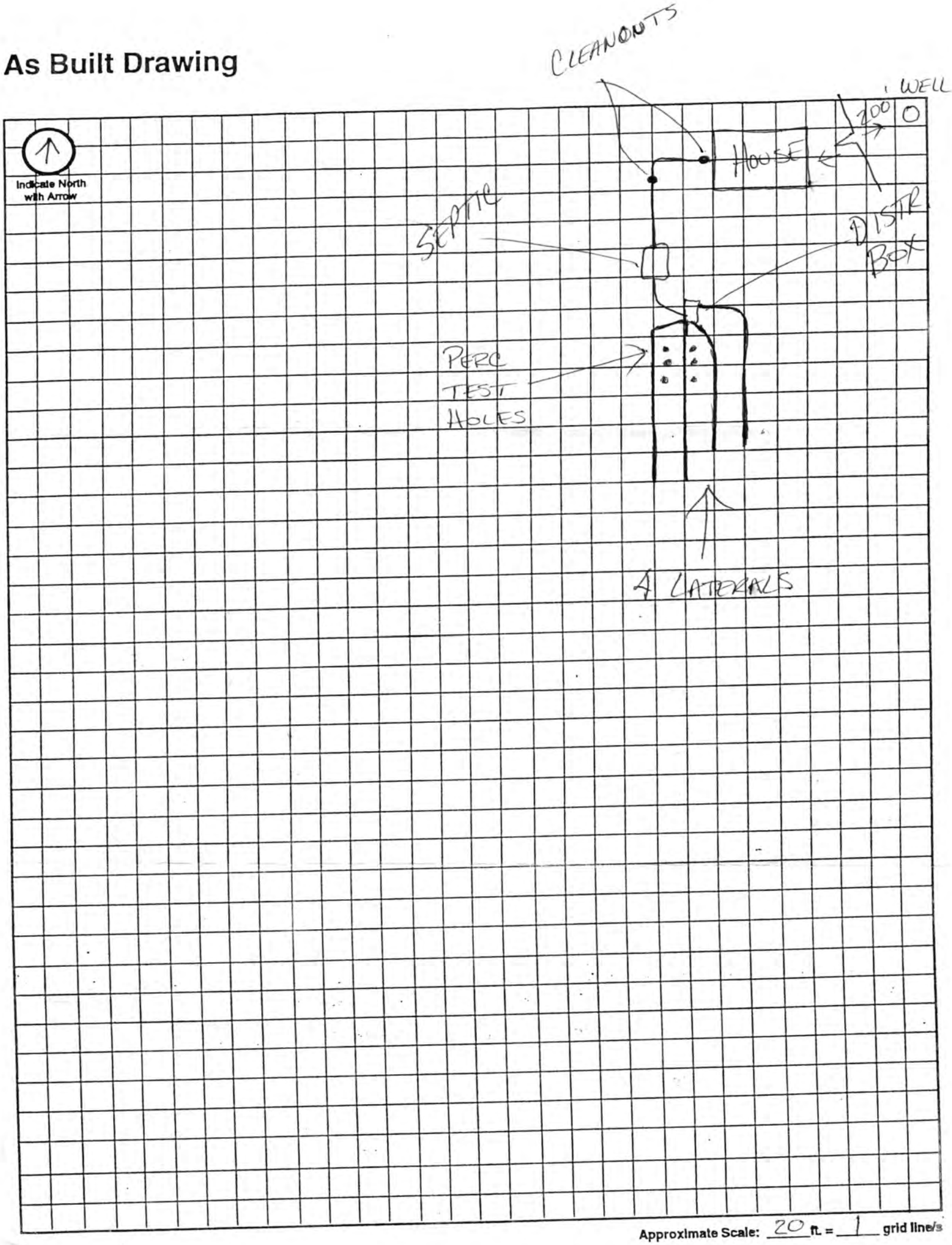
Indicate North with Arrow

Individual Sewage System Design (Example)



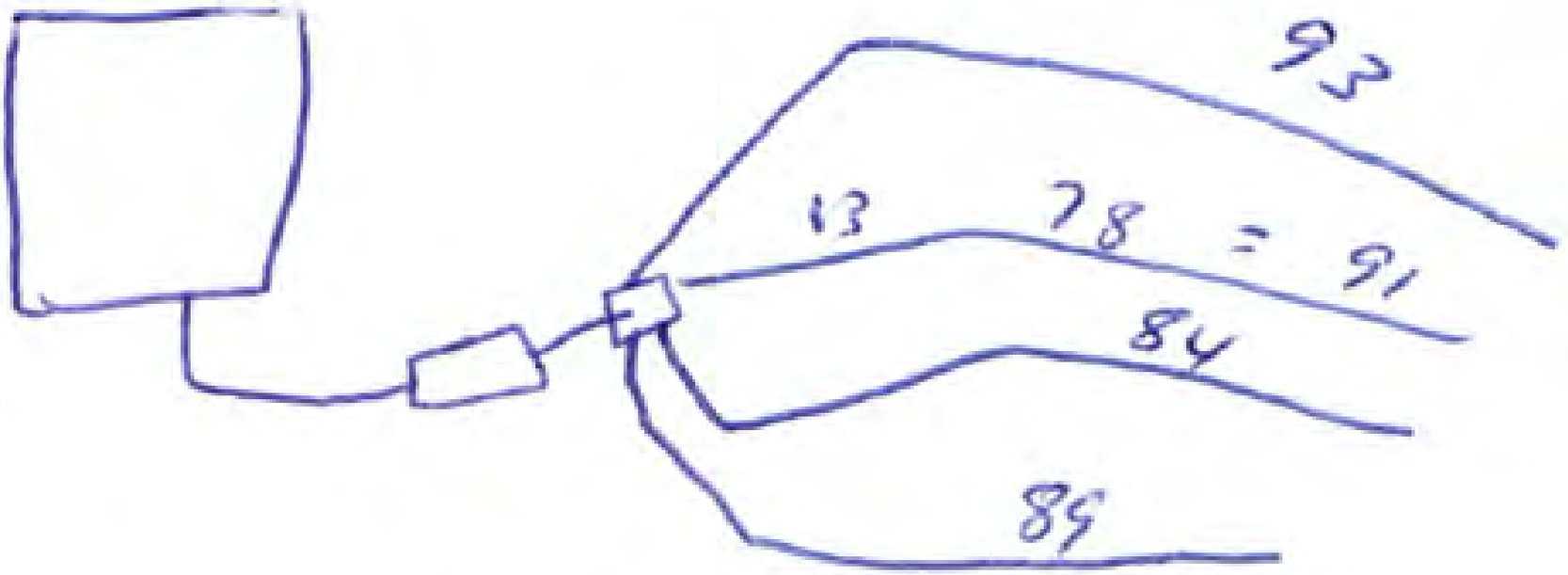
FORM 23-103 10-96

As Built Drawing



Indicate North with Arrow

Approximate Scale: 20 ft. = 1 grid line/s


93
13
78 = 91
84
85