Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

ROBERT L PEDERSEN
T12N R6E SEC 35 QTR SW
LOT 22IT
15710 N 1 ST-RAYMOND

Permittee

ROBERT L PEDERSEN
15710 N 1 ST
RAYMOND NE 68428

Permit # 02380242901

Issued 03/07/02
Expires 09/07/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000824

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 15710 No 1st Str (no rural route) City RAymond NE, Zip 68428

Legal Description SW 35 12N 6E 22 Lt
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 Robert L Pedersen Signature Robert L Pedersen

Address 15710 No. 1st St City/State/Zip RAymond NE 68428

☐ Check if owner designed system Home Phone 7852028 Work Phone 8906355

C. Contractor

Name Doug Loftus Company Name Loftus Septic Pumping Cons'

Address 410 J co Rd City/State/Zip Ashland Neb 68003

☒ Check if contractor designed system Work Phone 402-944-7636

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 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 3/7/02 Date frwd 3/8/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/8/02 Date frwd 3/8/02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/8/02 Date frwd 3/8/02 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 3-8-02

Business Office Use Only

Date Rec'd 03/07/02

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 6078

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
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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 15710 No 1st St City RAYMOND NE, Zip 68428

15710 (no rural route)

Owner ROBERT L PEDERSEN Addresss 15710 No 1st

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

Date of Tests 12-5 - to 12-6-01 Weather: Precipitation ○ Temperature 50's

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	12-5		ALL		12-6	3:00	6"	12-6	3:30	30	1	30
2	24	12-5				12-6	3:05	6"	12-6	3:35	30	2	15
3	24	12-5		DAY		12-6	3:10	6"	12-6	3:40	30	4	7.5
4	24	12-5				12-6	3:15	6"	12-6	3:45	30	2.5	12
5	24	12-5				12-6	3:20	6"	12-6	3:50	30	2.5	12
6	24	12-5				12-6	3:25	6"	12-6	3:55	30	1	30

Sum of Percolation Rates: 106.5

Average of Rates: 17.75

Rate Used for Calculation: 30 mpi

Person Conducting Percolation Tests

Name: Douglas S LoFtus

Phone: 402-944-7636

Address 410 CO RD C

Ashland Nebr 68003

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official (Morrill clay loam) _____ Date _____

FORM 23-101 10-96

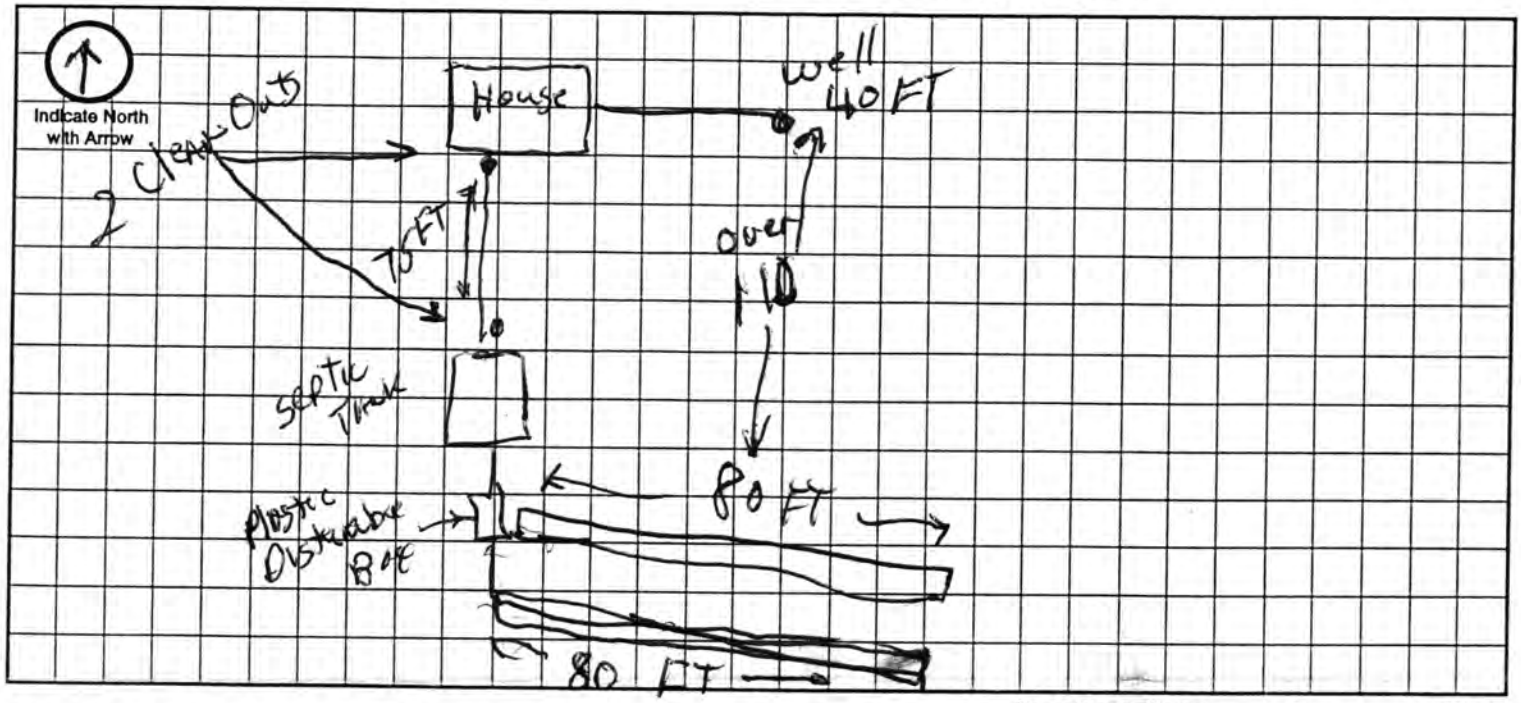
Lincoln-Lancaster County Health Department
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C

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) 15710 NO 1st St City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 17.75 (min. per inch) Soil Type: _____ Land Slope: 5, 15, 30, 2, 25 %

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

Total Square Feet of Field Required: ~~640~~ 752 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~160~~ 188/150 ft. Number of Trenches 2 Trench Width ~~45~~ wide

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 At Home of Your Own Date 3-1-02

Installer Lafe Septic Pumping Doug Lafe Date 3-1-02

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

Date 3-1-02

System Location (Indicate correct number and street)

Address 1571 0 NO 1sT STr (no rural route) City RAymond NE, Zip 68428

A. Building Sewer

1. Material: Sch 40
   Diameter: 4 in.
2. Distance above basement floor: 43' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line OVER 100 ft.
   stream NONE ft.
   pressure line OVER 100 ft.
   property line 50 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter 30 in.
   Riser: ☒ above ☐ below grade 12 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 OVER 100 ft.
   Stream NONE ft.
   Pressure line OVER 100 ft.
   Property line 50 OVER ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6 ft.

D. Absorption Field

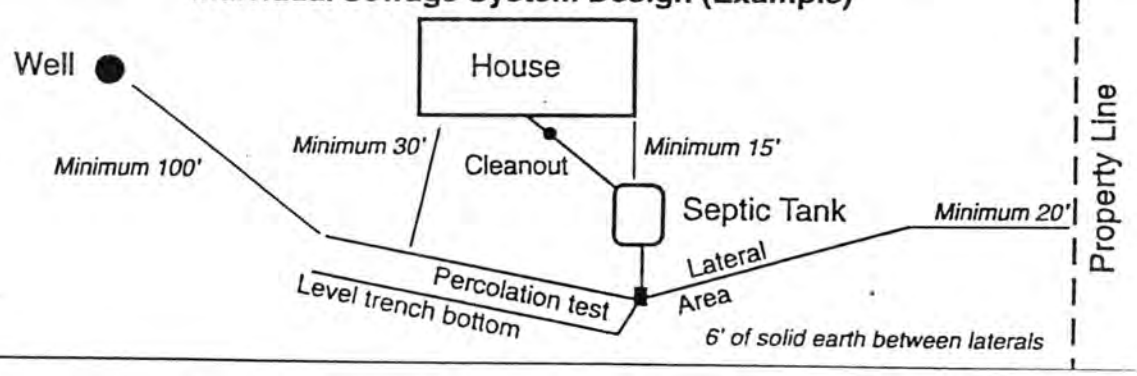
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 76 ft. 84 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 5 ft.
   Slope _____ in/100 ft.
   Average depth 3 FT in
4. Filter material: GRAVEL
   Depth of material 24 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NONE ft.
   Pressure line OVER 100 ft.
   Property line OVER 50 ft.

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

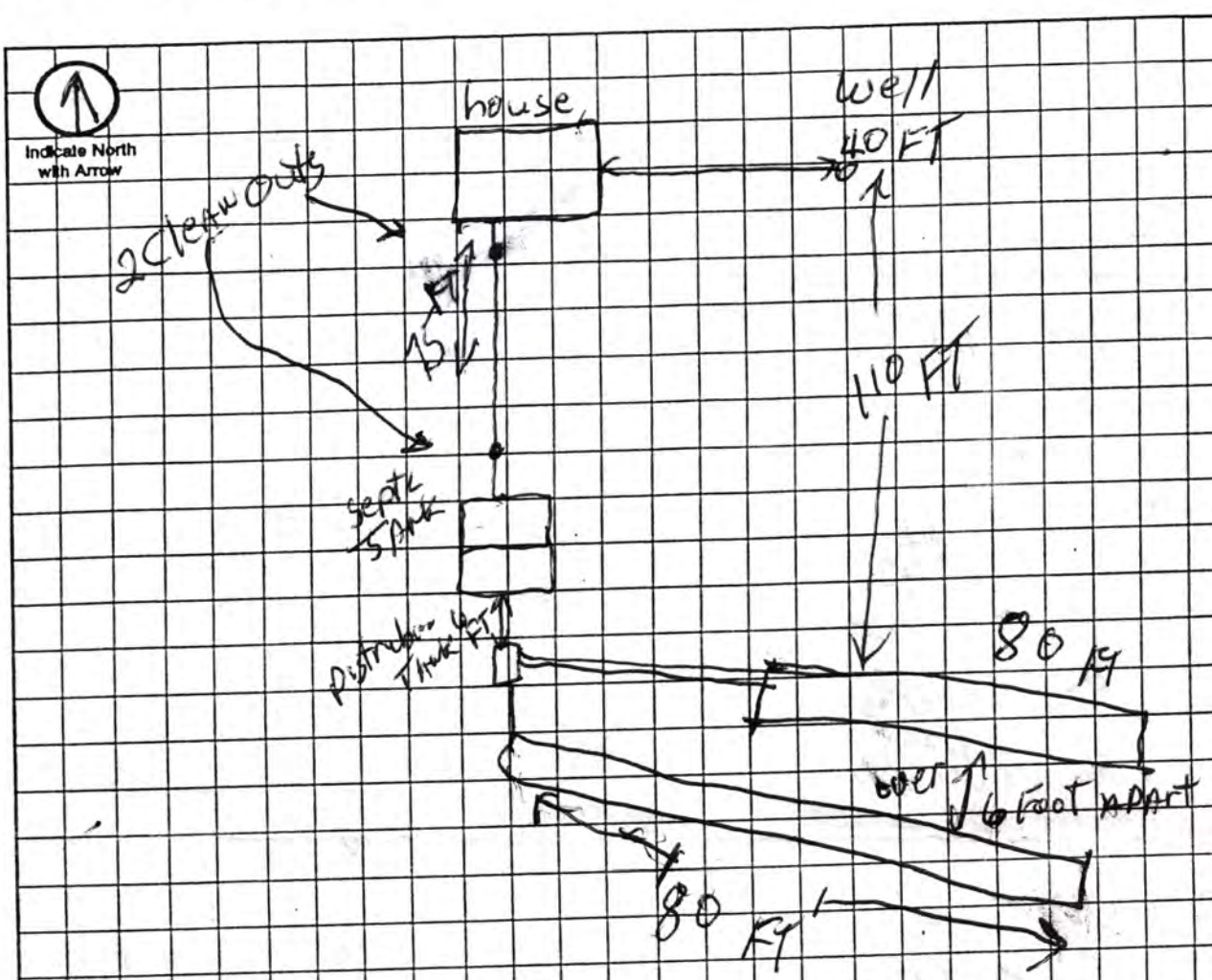
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s