Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008182

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM TO REPLACE LAGOON

Permit # 05380308801

Issued 09/02/05
Expires 09/02/06
Revenue Code 3157

Establishment

DONALD L NIEMANN
T12N R6E SEC 32
WILLARD ESTATES BLK 5 LOT 6
3100 TRUDY ANN DR

FEES: $200.00

Permittee

DONALD L NIEMANN
3100 TRUDY ANN DR
RAYMOND NE 68428-9512

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: 05380308801

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System (To replace lagoon) ☐ 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 3100 TRUDY ANN CIR (no rural route) City RAYMOND NE, Zip 68428

Legal Description ____ 1/4 ____ 1/4 32 Section 12N Township 6E Range (COMBINED LOTS) WILLARD ESTATES and ORIGINAL Subdivision 2ND Addition 5 Block 6 Lot — EAST LOT

2 Block 1 Lot — WEST LOT

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name DONALD & NANCY NIEMANN Signature Nancy K Niemann

Address SAME City/State/Zip _____

☐ Check if owner designed system Home Phone 402-783-2032 Work Phone 402-310-1221

C. Contractor

Name STEVE MACHACEK Company Name M & W CONST.

Address P.O. BOX 91 City/State/Zip WESTON, NE. 68070

☒ Check if contractor designed system Work Phone 402-642-5788

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 9-2-05 Date frwd 9-2-05 **ACTION** ☑ Approved ☐ Disapproved Signature Ron Mayhew
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-31-05 Date frwd 9-1-05 **ACTION** ☑ Approved ☐ Disapproved Signature Everett P Hasson
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Mayhew

Date 9-15-05

Business Office Use Only

Date Rec'd 09/02/05

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 8250

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner _____ Addresss _____

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

Date of Tests 8-31-05 to 9-1-05 Weather: Precipitation 0 Temperature 85

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	8/31	1:40	8/31	6:00	9/1	11:30	6 1/2	9/1	2:00	30	1/2	60 min
2	24	8/31	1:40	8/31	6:00	9/1	11:30	6 1/2	9/1	2:00	30	7/8	34 min
3	24	8/31	1:40	8/31	6:00	9/1	11:30	6 1/2	9/1	2:00	30	1 1/2	20 min
4	24	8/31	1:40	8/31	6:00	9/1	11:30	6 1/2	9/1	2:00	30	2 1/2	12 min
5	24	8/31	1:40	8/31	6:00	9/1	11:30	6 1/2	9/1	2:00	30	12+	delete
6	24	8/31	1:40	8/31	6:00	9/1	11:30	6 1/2	9/1	2:00	30	1/2	60 min
ALL at 24"		"	"	"		"	"	6"	9-1-5	"	"	8/15	53 min

Sum of Percolation Rates: 452.9

Average of Rates: 45 min

Rate Used for Calculation: 45 min

Person Conducting Percolation Tests

Name: STEVE MACHACEK

Phone: 402 642-5788

Address P.O. Box 91 WESTON NE. 68070

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks The 5 circled holes + rates appear to best represent this soil type

Signature of Reviewing Official Ron Mayness Date 9-2-05

FORM 23-101 10-96

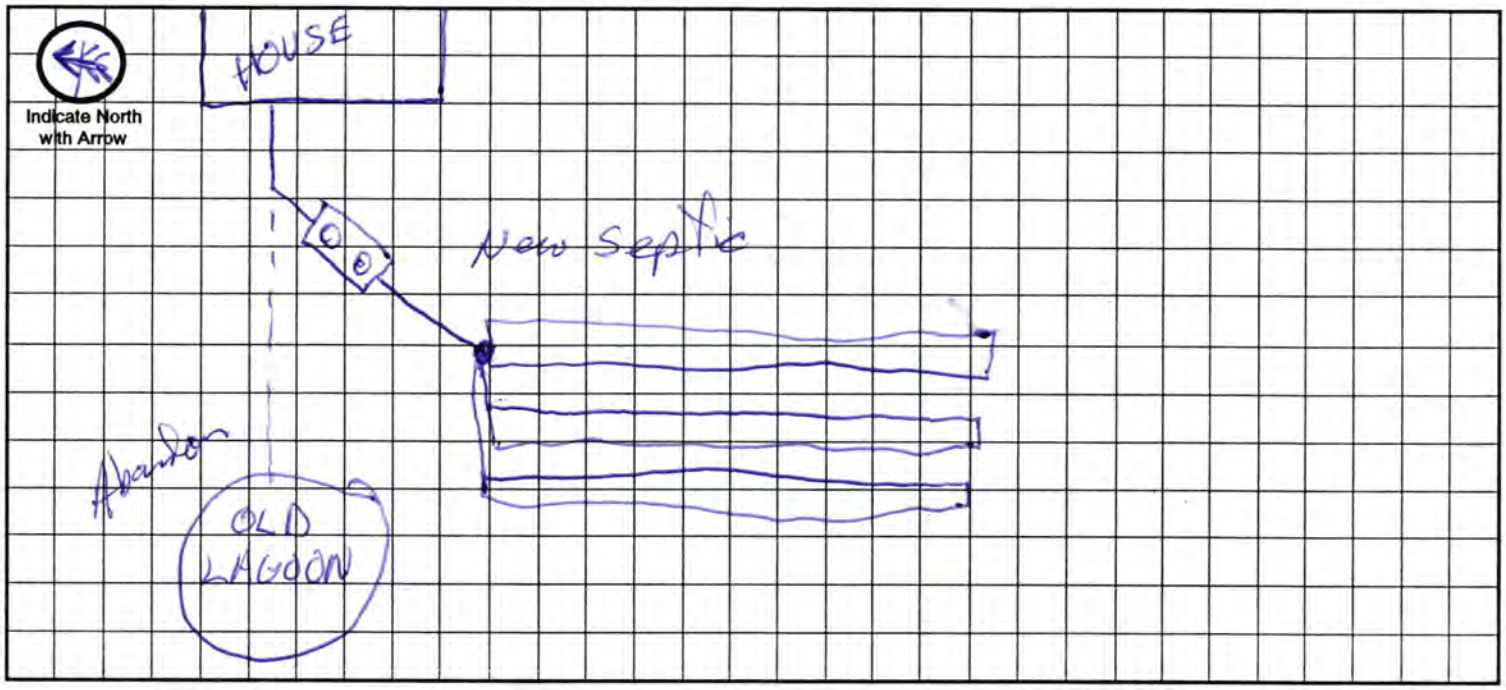
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ 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 45 (min. per inch) Soil Type: Shanpsburg Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft. 3 Bed Area 247 4)990 8 19 18 10 8 2

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

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

Total Length of Laterals 248 ft. Number of Trenches _____ Trench Width 4.5 ft

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 _____

Installer _____ Date 9/1/05

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 9/13/05

System Location (Indicate correct number and street)

Address 3100 TRUDY ANN CIR (no rural route) City RAYMOND NE, Zip 68428

A. Building Sewer

1. Material: PLASTIC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 27 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 141 ft.
   stream NA ft.
   pressure line 25+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1,500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 3 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 9 in.
8. Distances to: Well or suction line 150+ ft.
   Stream NA ft.
   Pressure line 25+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: POLY
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 25 ft.

D. Absorption Field

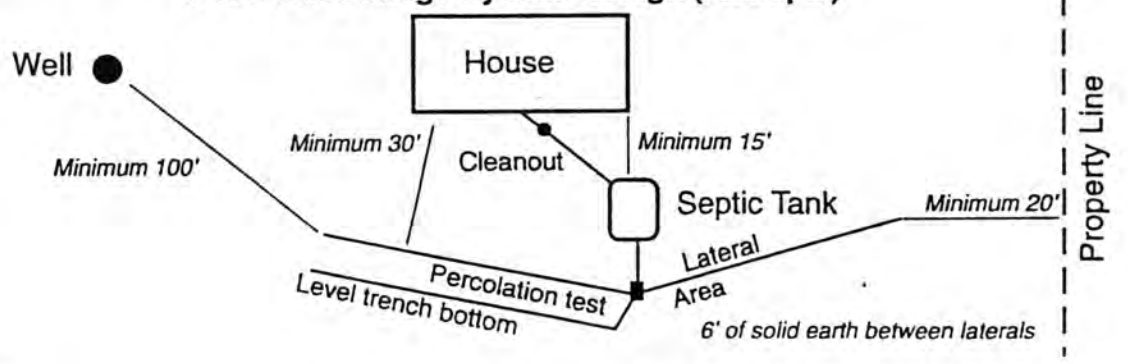
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 88 ft. 81 ft.
   81 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3'=4' ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL LESS
   Depth of material 24 in.
5. Distances to: Well or suction line 150+ ft.
   Stream NA ft.
   Pressure line 35+ ft.
   Property line 27' ft.

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

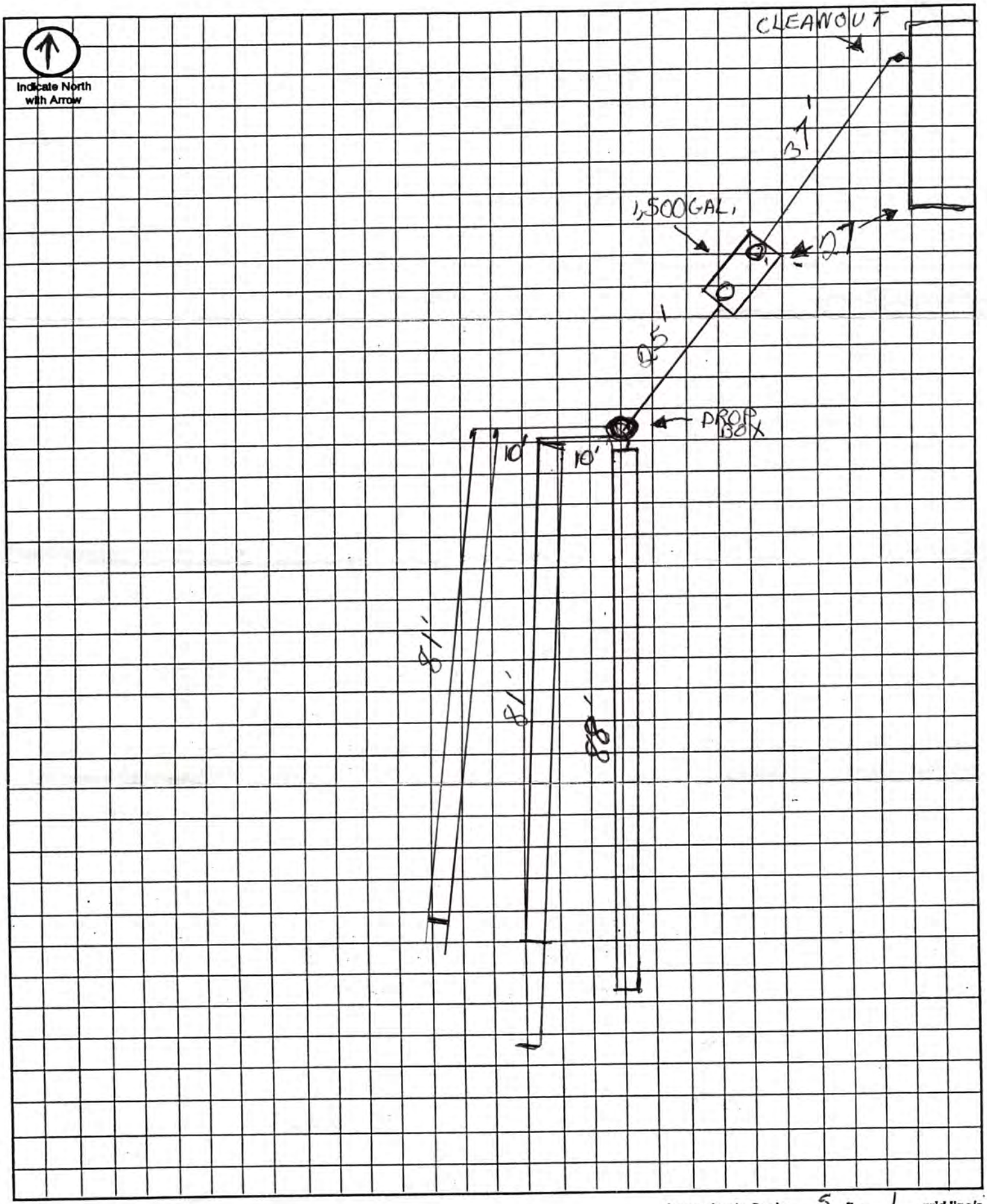
Indicate North with Arrow

Individual Sewage System Design (Example)



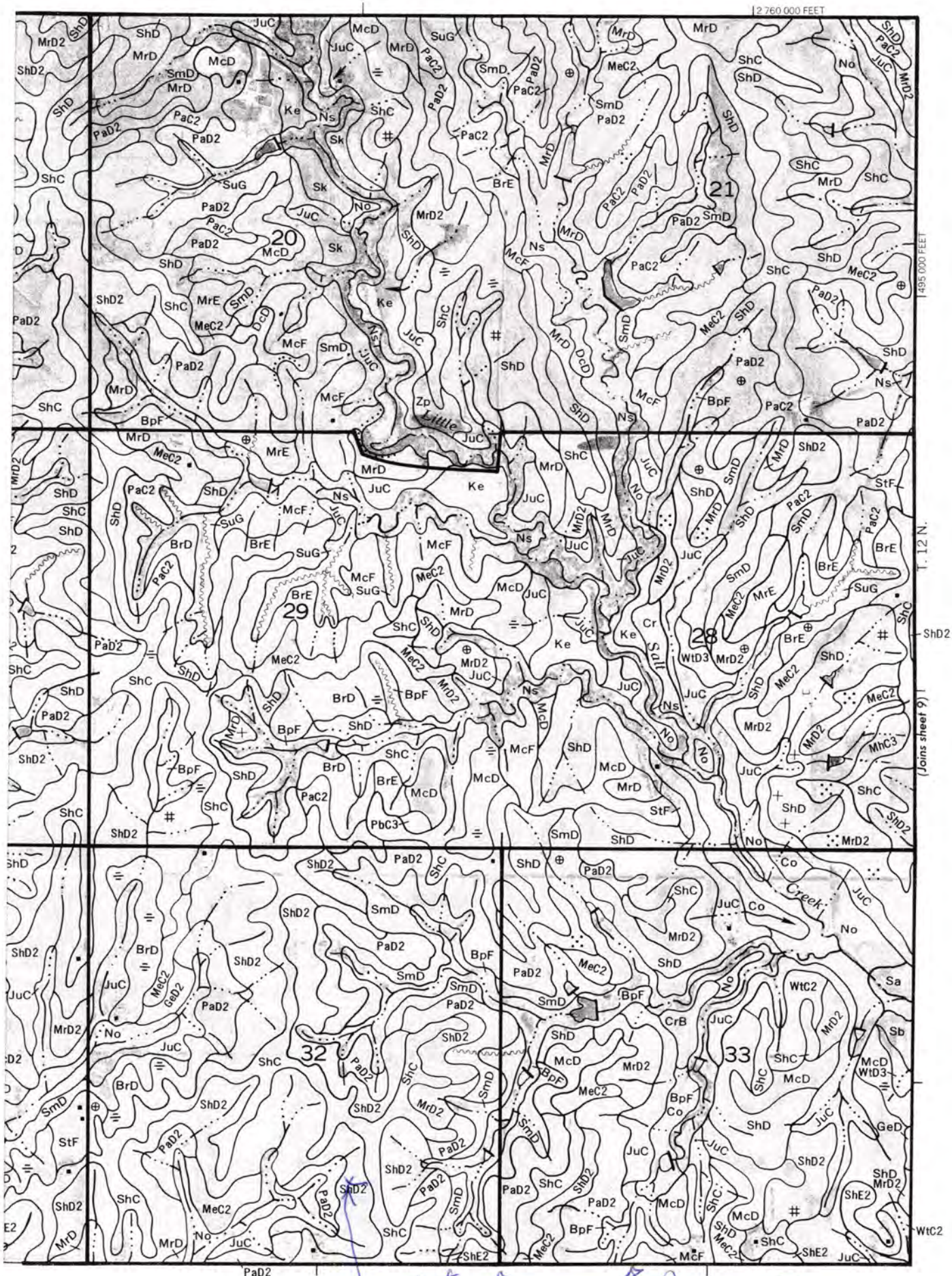
FORM 23-103 10-96

As Built Drawing



Approximate Scale: 5 ft. = 1 grid line/s

EBRASKA — SHEET NUMBER 8



RECEIVED SEP 2 5 1990

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

[X] Evaluation of the Individual Water System Date: September 17, 1990

[X] Evaluation of the Sewage Disposal System [X] Enclosed is ~~$75.00~~ #150

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION 32; BLOCK ____

LOT 6; ADDITION Willard Estates; Street Address 3100 Trudy Ann Drive

Directions to Property NW 31st and Raymond Road, North to Trudy Ann Drive Paved all the way

Location of Well East of house within fence. Tap Location: Inside [ ] Outside [X]

Location of Sewage System West of house (Lagoon) Year Installed 1986

	NAME	ADDRESS	PHONE
Present Owner:	Marlea K. Wallen	3100 Trudy Ann Drive 68428	783-2723
Tenant/Buyer:	Donald L. Niemann	4300 Cornhusker Hwy 68504	464-8457
Return to:	Larry Jones Woods Bros. Realty	3737 South 27th, Lincoln, Nebraska 68502	423-2373

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant [signature] Address 3737 South 27th Street
Lawrence R. Jones Lincoln, Nebraska 68502

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HEALTH DEPARTMENT USE ONLY #150

Date Received SEPTEMBER 25, 1990 Received ~~$75.00~~ Check [X] Cash [ ]

PRELIMINARY STATUS--DATE SEPTEMBER 26, 1990

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[X] Corrected	Approved:	[ ]	Date 9/26/90 by LCH
Bacteria	[ ]	[ ]	Provisional:	[ ]	Date 10-3-90 by [illegible]
Nitrate	[X]	[ ]	Disapproved:	[X] Corrected	Date _____ by ____

Comments: DOGS HAVE DUG HOLE BY WELL. LAGOON NEEDS WARNING SIGNS, WEEDS CLEARED OUT, GRASS MOWED, AND CATAILS REMOVED. Correction made. See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [X]	Provisional Approval: [ ]

APPROVED BY Ron Mazour DATE 10-9-90

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832