Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380208001

Issued 09/09/99
Expires 03/09/00
Revenue Code 3157

FEES: $150.00

Establishment

KEVIN JOHNSON
T12N R6E SEC 31
WILSON'S ADD LOT 1
15100 NW 48 ST-RAYMOND

Permitee

KEVIN JOHNSON
15100 NW 48 ST
RAYMOND NE 68428

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010942

SEP 8 1999

A

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

Permit Number: 99380208001

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 15100 NW 48th (no rural route) City Raymond NE, Zip 68428

Legal Description 1/2 1/4 SE 1/4 Section 6 Township 8 Range 31 Subdivision Little Salt Addition Wilsons Block 1 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Kevin Johnson Signature [signature]

Address 15100 NW 48th City/State/Zip Raymond, NE 68428

☒ Check if owner designed system Home Phone 783-0289 Work Phone 441-8375

C. Contractor

Name Kevin Johnson Company Name _____

Address 15100 NW 48th City/State/Zip Raymond, NE 68428

☐ Check if contractor designed system Work Phone 783-0289

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 400 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 7-20-99 Date frwd 7-20-99 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-24-99 Date frwd 9-3-99 **ACTION** ☒ Approved ☐ Disapproved Signature [signature] Nancy Hall, Clerk
3. **City or County Engineer** Date rec'd 9-9-99 Date frwd 9-9-99 **ACTION** ☒ Approved * ☐ Disapproved Signature [signature]

* Verify system is out of flood plain.

Installation Final Written Approval

By [signature] Date 9-15-99

Business Office Use Only
Date Rec'd 7/20/99
Amt Paid 150.00
Rec'd By CW Cash/Check No. 1223

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: 99380208001

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15100 NW 48th (no rural route) City Raymond NE, Zip 68428

Owner Kevin Johnson Addresss 15100 NW 48th, Raymond, NE 68428

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

Date of Tests 7-5-99 to 7-6-99 Weather: Precipitation .20 overnight Temperature 80°-90°

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	35	7-5	1000	7-5	1400	7-6	0830	6	7-6	1230	30	1¼	24
2	35	7-5	1000	7-5	1400	7-6	0830	6	7-6	1230	30	2	15
3	36	7-5	1000	7-5	1400	7-6	0830	6	7-6	1230	30	5½	5.45
4	32	7-5	1000	7-5	1400	7-6	0830	6	7-6	1230	30	7¾	3.87
5	32	7-5	1000	7-5	1400	7-6	0830	6	7-6	1230	30	8½	3.53
6	35	7-5	1000	7-5	1400	7-6	0830	6	7-6	1230	30	11½	2.61

Sum of Percolation Rates: 54.46

Average of Rates: 9.08

Rate Used for Calculation: 9.08 min/in

Person Conducting Percolation Tests

Name: Kevin Johnson

Phone: 783-0289

Address 15100 NW 48th
Raymond, NE 68428

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

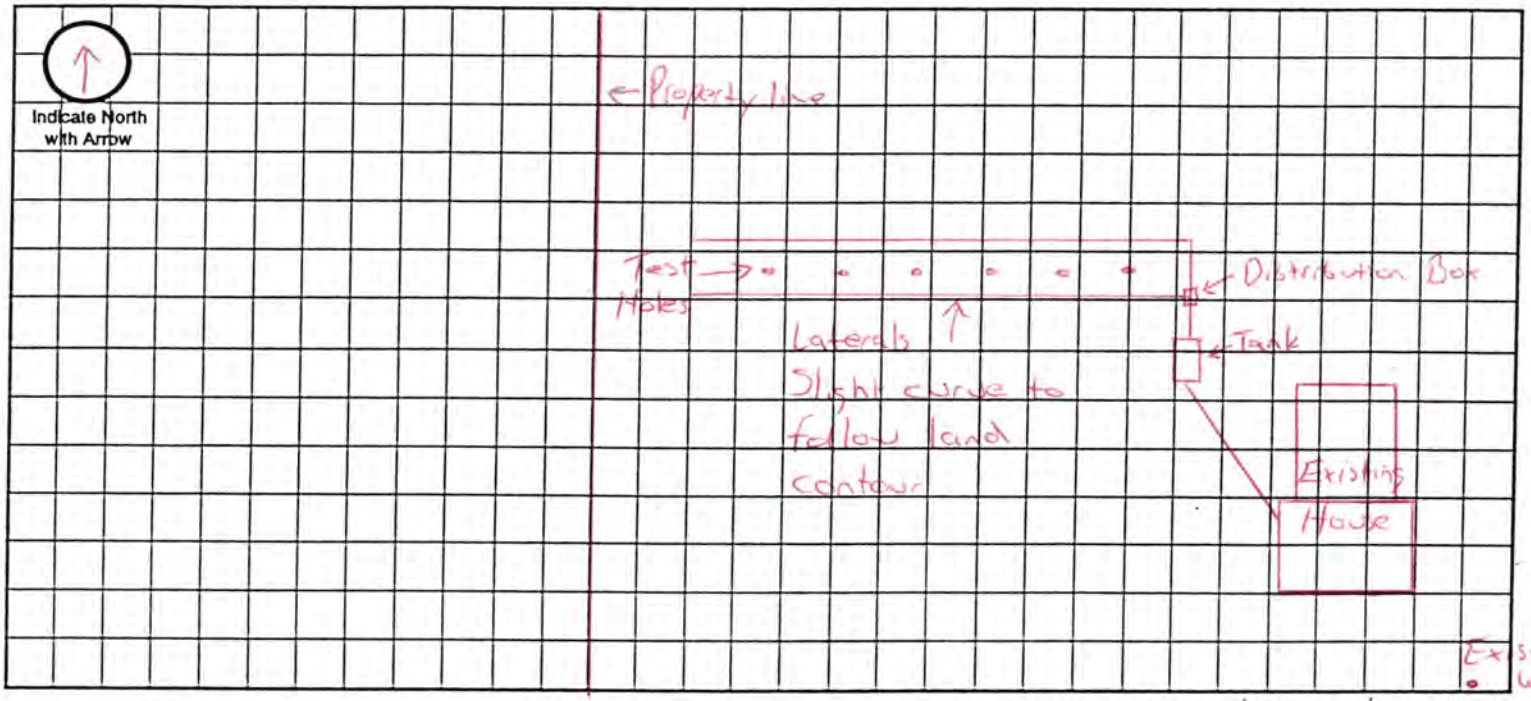
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 99380208001

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 15100 NW 48th 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 9.08 (min. per inch) Soil Type: Sharpsburg Land Slope: 3 %

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

Total Square Feet of Field Required: 476 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: N/A Number of Distribution Laterals per Bed N/A

Total Length of Laterals 159 ft. Number of Trenches 2 Trench Width 3 ft (191 ft at 2.5 ft bed)

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 ☒	☒
N/A Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Kevin Johnson Date 7-11-99

Installer Kevin Johnson Date 7-11-99

SEP 14 1999

SEP 14 1999

D

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

Permit Number: 99380208001

Sewage Disposal System

As Built Plans & Specifications

Date 9-10-99

System Location (Indicate correct number and street)

Address 15100 NW 48th (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: 36 in.
   or distance below basement floor: — in.
3. Distance between dwelling and septic tank: 15 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line ~~50~~ 100 ft.
   stream 150 ft.
   pressure line 100 ft.
   property line 100 20 ft.

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter — in.
   Riser: ☐ above ☒ below grade 8 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 26 in.
8. Distances to: Well or suction line 90 ft.
   Stream 150 ft.
   Pressure line 90 ft.
   Property line 120 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 24 ft.

D. Absorption Field

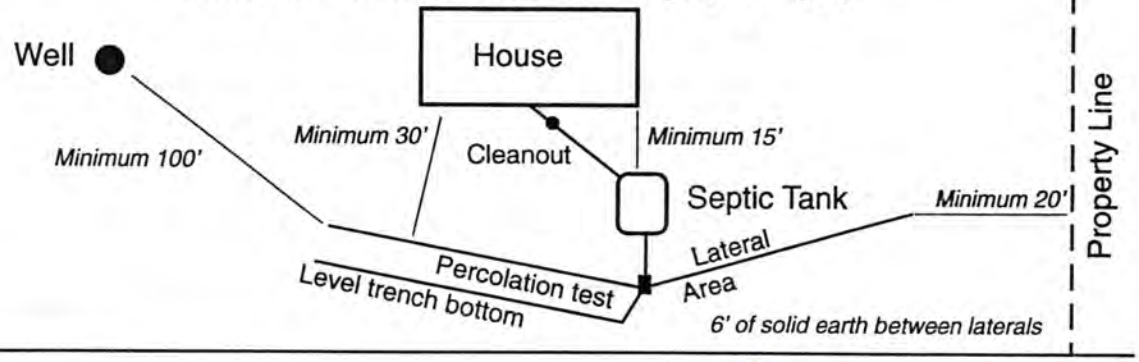
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe Infiltrator Equalizer
   Diameter of half round: 12"
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 2
   Length of each line: 96 ft. 96 ft.
   ft. ft., ft.
3. Trench dimensions: Width 2½ ft.
   Slope 5 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line 100 ft.
   Stream 120 ft.
   Pressure line 100 ft.
   Property line 20 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

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description T12 R6 Sec 31 40 1 Location 15100 NW 48th

Owner/Requestor Randal Archer

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ____ New system, initial
- ____ New system, followup
- ____ Existing system, repair
- ____ Existing system, followup
- X Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS Well enclosed in 4x4x4 wooden housing on a Concrete foundation with a roof. Privy to the North not in use. Large depression in ground surface on NW side of House. No evidence of surface failure noted along road bank. No power to well (?) unable to take water samples (See back.)

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

5-6-98 rmy - noted top of well is old metal implement wheel poured with concrete sitting atop what appears to be a 24" water-tight concrete casing.

Sewage System ___ Septic ___ Lagoon

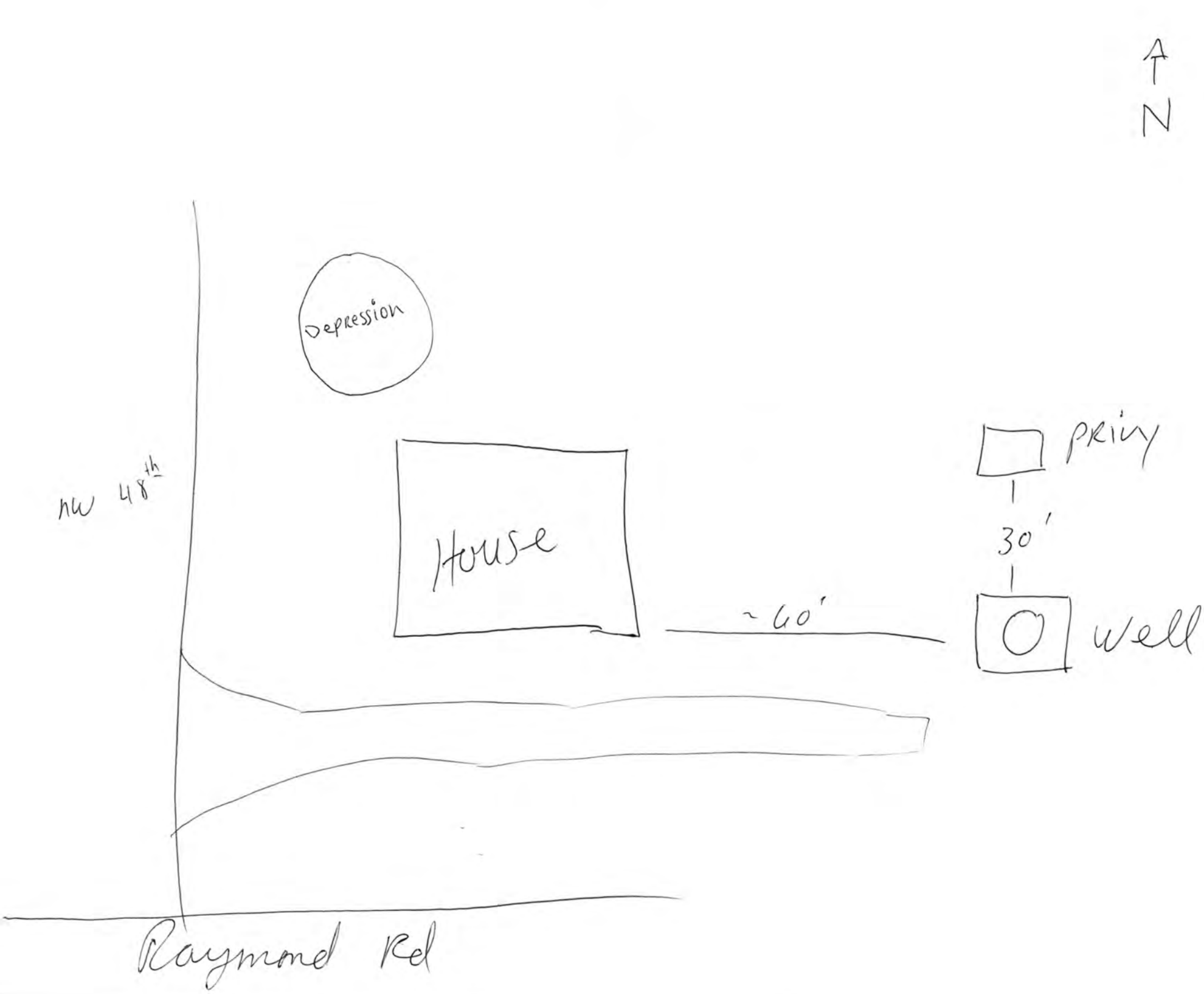
1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: J Bare Received by: _____

Date: 2-26-98

WA1002

3/16/98 Nitrate water sample taken


N
Depression
House
priv
30'
~40'
well
NW 48th
Raymond Rd

Lincoln-Lancaster County Health Department

FEB 2 0 1998

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 15100 NW 48th

Twp 12N Range 6E Section 31 1/4 ___ 1/4 ___ Block ___ Lot 1 Addition Wilson's Add, Raymond

Directions to Property Go To RAYMOND HEADING EAST, TURN LEFT AFTER RR TRACKS, FIRST PROPERTY ON THE Right

Location of Well SO of SHED (?) Tap Location: Inside ☐ Outside ☐

Location of Sewage System NORTH WEST SIDE of HOME Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	RANDALL L. ACHER		
Tenant/Buyer:			
Return to:	RTA GREEN	Woods Bro's Realty 3737 O. 27th Lincoln, Ne. 68502	#440.8133

Signature of Applicant [signature] Address RT 1 Box 115 Malcolm, NE 68402 Date 2-13-98 KW

HEALTH DEPARTMENT USE ONLY

#821 2/20/98 tlf

Date Received 2/20/98 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jim Bare DATE: 2/26/98

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☒ 0.3 ppm	☐ ___ppm

SEWAGE SYSTEM		Additional Site Visits
Approved	☐	Date 5/6/98 by Jim
Provisional	☒	Date ___/___/___ by ___
Disapproved	☐	Date ___/___/___ by ___

Comments: Well does not meet Construction STANDARDS. No septic system permit on file. System predates REGULATIONS. PROVISIONAL Approval – Recommend septic TANK be checked And pumped if needed. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☐ SEWAGE DISPOSAL SYSTEM Approved: ☐ Provisional Approval: ☒

Approved by ___ Date ___/___/___

Approval or disapproval is based on State and local 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 operations.