LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 98380170801

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 01/07/98
Expires 07/07/98
Revenue Code 3157

Establishment

PERRY LEIF
T12N R6E SEC 28 QTR SW
LOT 12 IT
2400 W BRANCHED OAK RD--RAYMOND

FEES: $150.00

TOTAL $150.00

Permittee

PERRY LEIF
3735 X ST
LINCOLN NE 68503-2758

Issued By Greg Wright MD.
M. Jane Ford
Health Director

5853

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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 2400 West Branched OAK Rd (no rural route) City Raymond NE, Zip 68524

Legal Description SW 1/4 (1/4) 28 (Section) 12 North (Township) 6 East (Range) Subdivision Addition Block 12 I.T. Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name PERRY Leif Signature [signature]

Address 3735 X ST City/State/Zip Lincoln Nebr 68503

☐ Check if owner designed system Home Phone 466 1707 Work Phone 466-2313

C. Contractor

Name PERRY Leif Company Name _____

Address 3735 X ST City/State/Zip Lincoln Ne 68503

☐ Check if contractor designed system Work Phone 466 2313 wk 466 1707 Hm

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Dale Anderson Firm _____ Work Phone 761-3241

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_____ 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 1/6/98 Date frwd 1/7/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/7/98 Date frwd 1/7/98 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 1-12-98 Date frwd 1-7-98 ACTION ☒ Approved ☐ Disapproved Signature [signature]

5-11-98 mm Need sch 40 sewer pipe
5-28-98 mm corrected

Installation Final Written Approval

By Ron Mayfield

Date 6-12-98

Business Office Use Only

Date Rec'd 01/06/98
Amt Paid 150.00
Rec'd By [signature] ~~Cash~~/Check No. 7739

FORM 23-100 10-96 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 2400 W Branched Oak Rd (no rural route) City Raymond NE, Zip 68524

Owner Perry & Judy Leif Addresss 3735 X ST Lincoln Ne 68503

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

Date of Tests 12-31-97 to 1-1-98 Weather: Precipitation 0 Temperature 33 / 43

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"	12/31	10:15	12/31	2:15	1/1	2:15	0	1/1	6:15	30	3-25	9min-1in
2	36"	12/31	10:15	12/31	2:15	1/1	2:16	0	1/1	6:16	30	3.0	10min-1in
3	36"	12/31	10:15	12/31	2:15	1/1	2:17	0	1/1	6:17	30	3-5	9min-1in
4	36"	12/31	10:15	12/31	2:15	1/1	2:18	0	1/1	6:18	30	1-25	24min-1in
5	36"	12/31	10:15	12/31	2:15	1/1	2:19	0	1/1	6:19	30	1-5	20min-1in
6	36"	12/31	10:15	12/31	2:15	1/1	2:20	0	1/1	6:20	30	3-25	9min-1in

Person Conducting Percolation Tests

Name: PERRY LEIF

Phone: 466-1707 Hm 466-2313 wk

Address 3735 X ST
Lincoln Ne 68503

Sum of Percolation Rates: _____

Average of Rates: 13-5 - 1in

Rate Used for Calculation: 13-5 - 1inch

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JANUARY 7, 1998

FORM 23-101 10-96

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

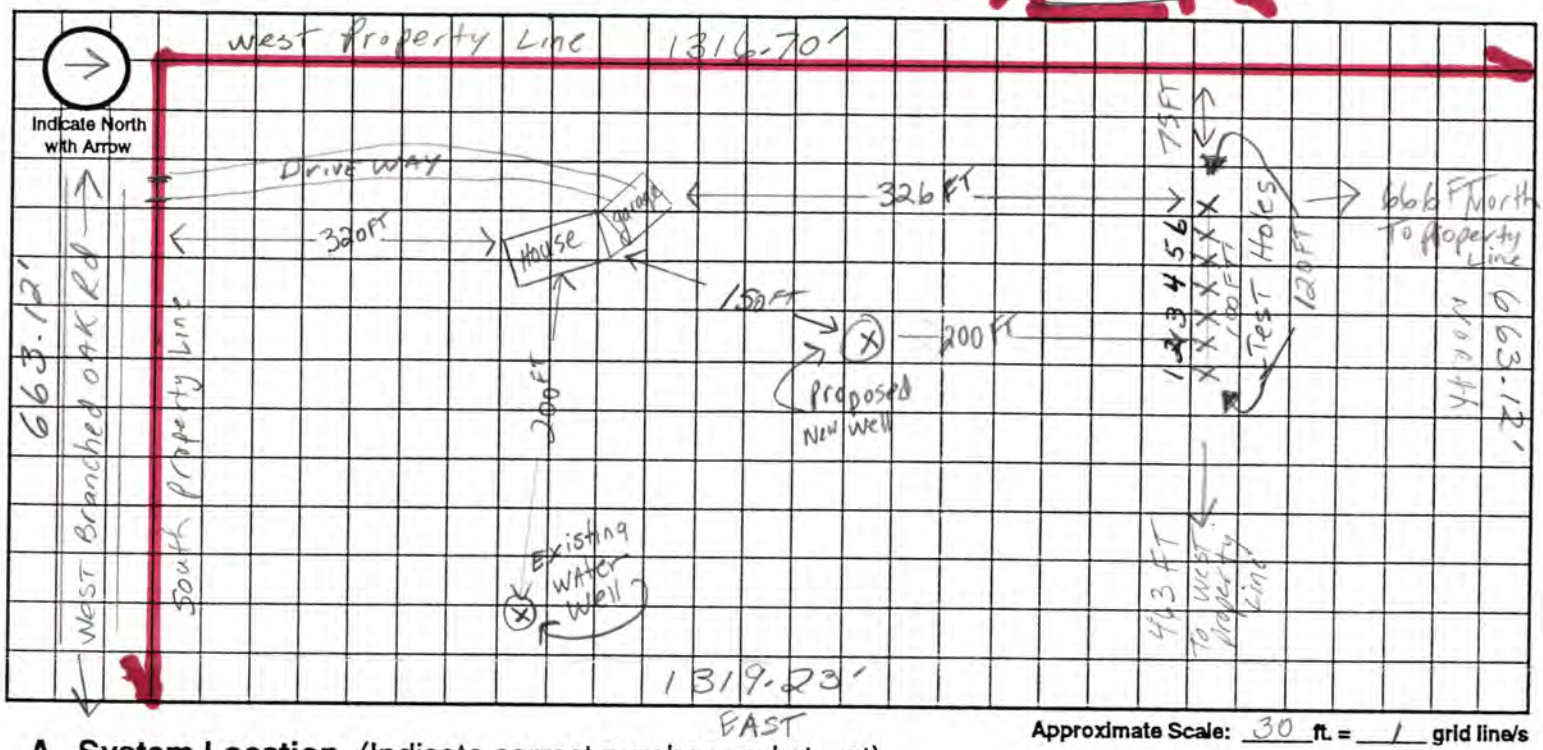
C

Permit Number:

5 BEDRM House 2800 Sq FT

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2400 W Branched OAK Rd City Raymond NE, Zip 68503

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 13-5 per/inch (min. per inch) Soil Type: MCD Land Slope: %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 743 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: — Number of Distribution Laterals per Bed —

Total Length of Laterals 187 ft. Number of Trenches 2 Trench Width 4Ft

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 Jerry L Pf Date 1-6-98

Installer Dale A. Anderson Date 1-4-98

FORM 23-102 10-96



START 2:15 - Drop Level per 30 min period

Test Hole	2:45	3:15	3:45	4:15	4:45	5:15	5:45	6:15
1	4.75	3.5	3.5	4.75	3.5	3.75	3.25	3.25
2	2	4	3	3.5	3	2.75	3	3
3	5.75	4	4	3.75	3.75	3.5	3.75	3.5
4	2.25	1.25	2.5	1.5	2	1.5	2.25	1.25
5	3	2.5	2	1.75	2.25	1.75	2	1.5
6	3.75	3.25	3.5	3.75	3.5	3.25	3	3.5

Lincoln-Lancaster County Health Department
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JUN 3 1998 **D**

Permit Number: 98380170801

Sewage Disposal System

As Built Plans & Specifications

Date 6-2-98

System Location (Indicate correct number and street)

Address 2400 W Branched OAK Rd (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: Schedule 40
   Diameter: 4 in.
2. Distance above basement floor: 0 in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 104 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 180 ft.
   stream — ft.
   pressure line — ft.
   property line 200 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☐ above ☐ below grade ____ 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 215 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 231 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 265 ft.

D. Absorption Field

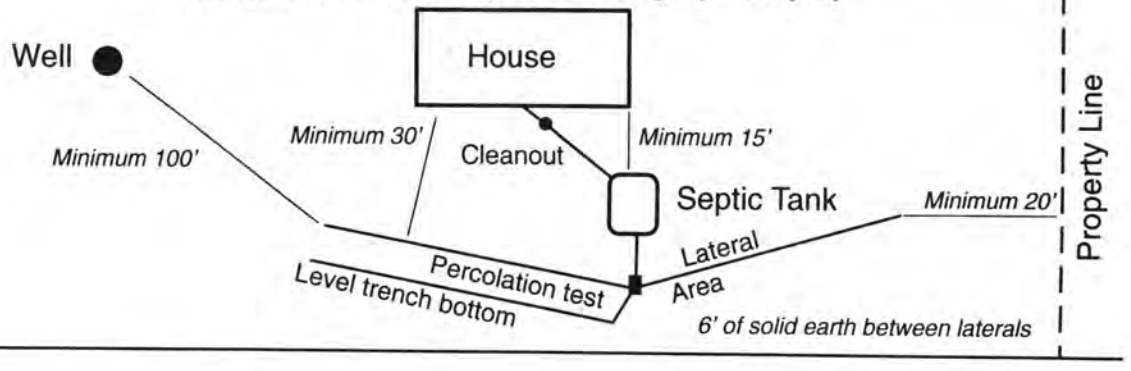
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 100' ft. 100' ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3' ft.
   Slope 0 in/100 ft.
   Average depth 24" in
4. Filter material: Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line 480 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 108 ft.

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

Indicate North with Arrow

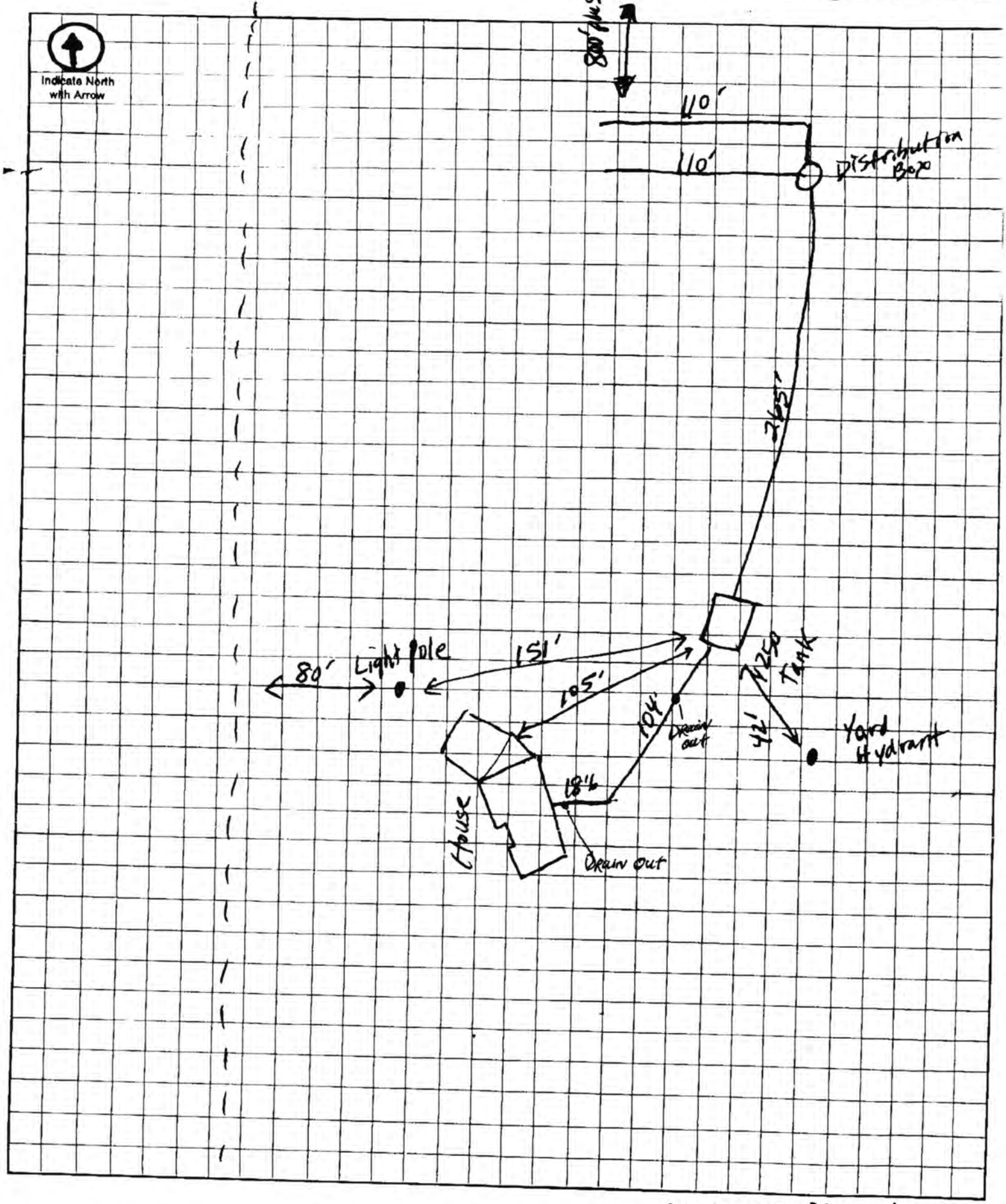
Individual Sewage System Design (Example)



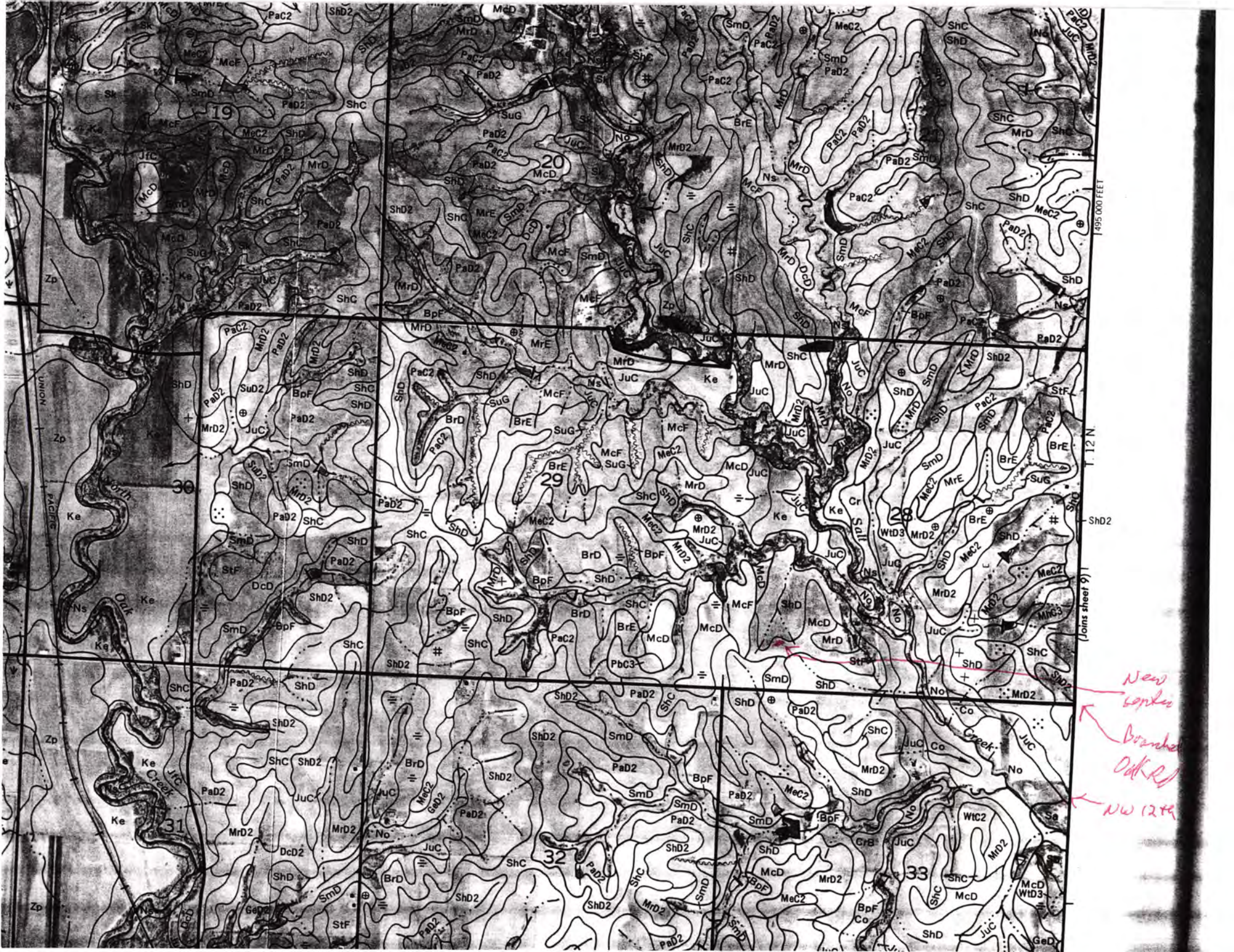
FORM 23-103 10-96

As Built Drawing

JUL 9 1998



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


T. 12 N.
(Joins sheet 9)
New
Branch
Oak R
NW 12th
Creek
Oak
Creek
Sall
UNION
PACIFIC
19
20
29
30
28
31
32
33