Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

GENE L PETERSEN
T12N R6E SEC 28 QTR SE
NW1/4 OF SE 1/4 LOT 21IT
17200 NW 19 ST-RAYMOND

Permittee

GENE L PETERSEN
17200 NW 19 ST
LINCOLN NE 68428

Permit # 01380236201

Issued 08/22/01
Expires 02/22/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000034

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

A

Permit Number: 0138 02362

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 17200 NW 19th (no rural route) City Raymond NE, Zip 68428

Legal Description NW (1/4) SE (1/4) 28 (Section) 12N (Township) 6E (Range) Subdivision Addition Block 21 Lot I,T

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Gene Petersen Signature X Gene L. Petersen

Address 17200 NW 19th City/State/Zip Raymond NE 68428

☐ Check if owner designed system Home Phone 402-783-2026 Work Phone _____

C. Contractor

Name Lloyd J. Jakoubek. Company Name Raymond Contracting.

Address 12800 NW 70th. City/State/Zip Raymond. NE. 68428.

☐ Check if contractor designed system Work Phone 890-6009.

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

Designer Name Lloyd. Firm Raymond Cont. Work Phone 890 6009.

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 8/22/01 Date frwd 8/22/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-23-01 Date frwd 8-23-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8/22/01 Date frwd 8/22/01 ACTION ☒ Approved ☐ Disapproved Signature _____

8/22/01 Out of flood plain. J.C.H.

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 08/22/01

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 4169

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: 0138 02362

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17200 NW 19Th. (no rural route) City Raymond NE, Zip 68428

Owner Gene Peterson Address 17200 NW 19Th.

Soil Type (SCS): Black Dirt. JuC-Judson silt loam. Percolation Rate: _____ min./inch

Date of Tests 8/19 4:00 pm to 8/20 8:00 pm. Weather: Precipitation Dry. Temperature 80°

4:00 pm - 8:00 pm.

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	28"	8/19	4:00 pm	8/20	7:30 pm	8/20	7:30	20"	8/20	8:00 pm	30 min	2 1/4	13
2	28"	8/19	4:00 pm		7:30	8/20	7:30	20"	8/20	8:00	30 min	1 1/2	20
3	28"	8/19	4:00 pm		7:30	8/20	7:30	20"	8/20	8:00	30 min	1 1/2	20
4	32"	8/19	4:00 pm		7:30	8/20	7:30	24"	8/20	8:00 pm	30 min	1 3/4	17
5	28"	8/19	4:00 pm		7:30	8/20	7:30	20"	8/20	8:00	30 min	2 1/4	13
6	28"	8/19	4:00 pm		7:30	8/20	7:30	20"	8/20	8:00	30 min	1 3/4	17
													100
													6

Person Conducting Percolation Tests

Name: Lloyd J. Jakoubek.

Phone: H-783-2663-W-890-6009

Address 12800 NW 70Th.
Raymond Ne. 68428

Sum of Percolation Rates: 100

Average of Rates: 17

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Judson silt loam

Signature of Reviewing Official Ron Mayer Date _____

FORM 23-101 10-96

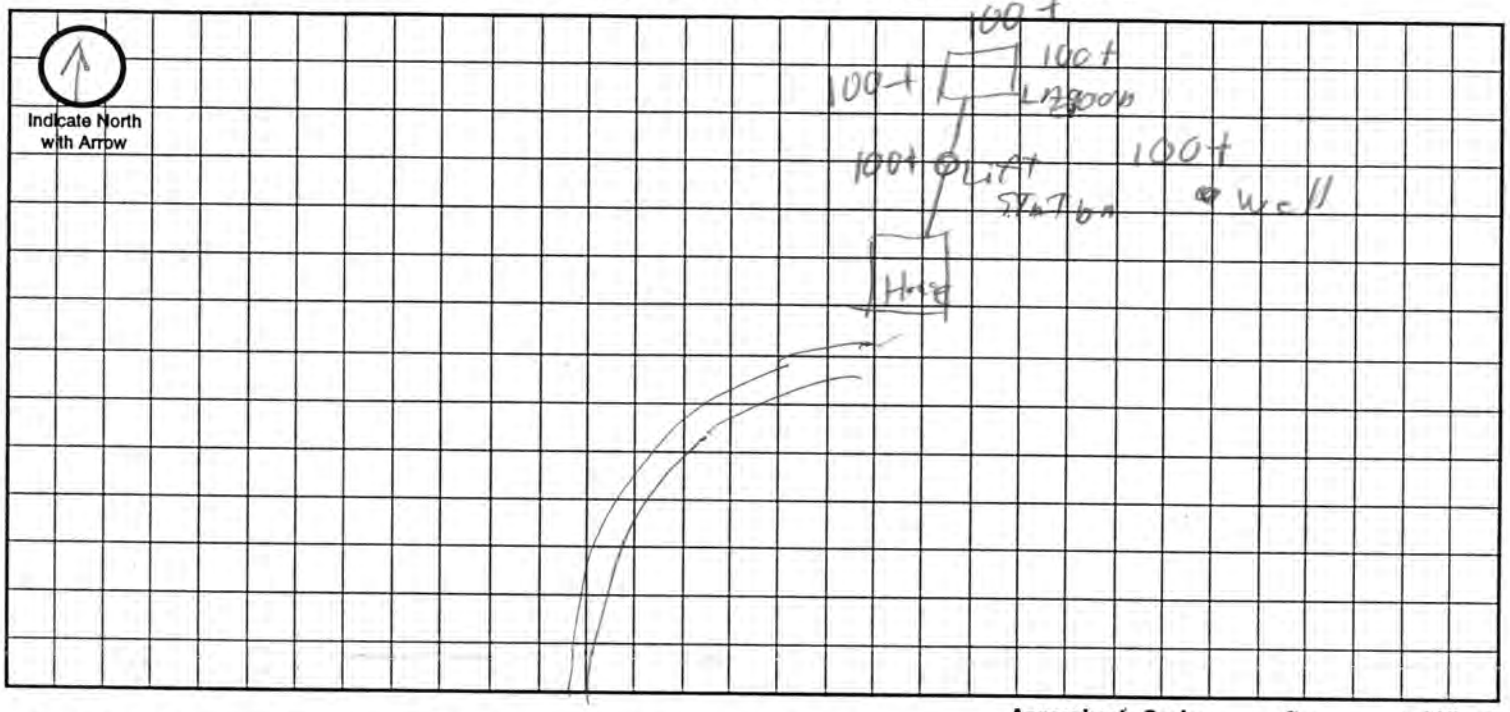
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 01302362

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) 17200 NW 19th 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

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

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

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

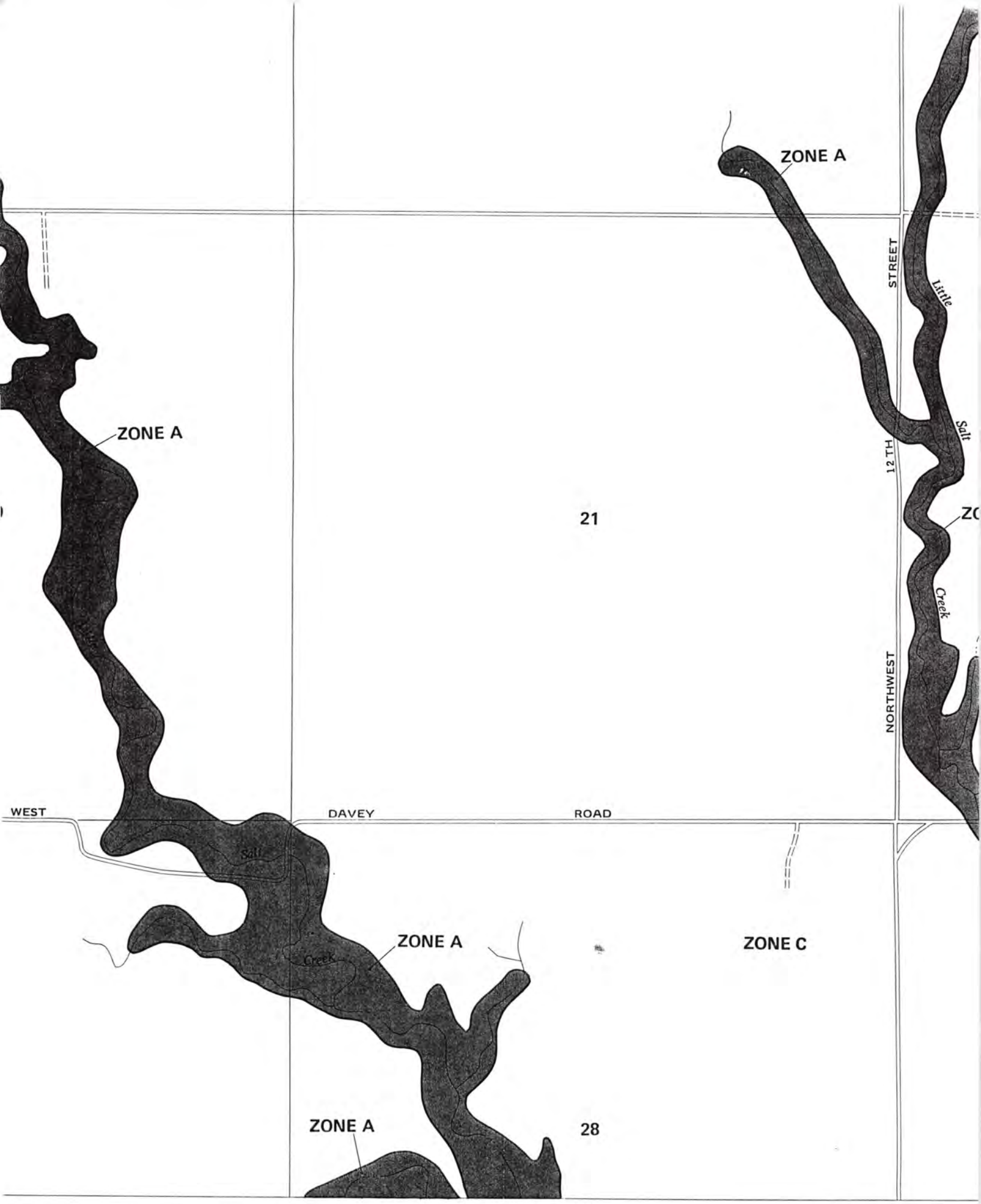
Home Building Contractor _____ Date _____

Installer Robert J Jakubik Date 8/22/01

FORM 23-102 10-96


2 760 000 FEET
1 495 000 FEET
T. 12 N.
20
21
28
29
32
33
(Joins sheet 9)
Creek
Salt
Cr
Co
New Sophie
New 12th
Bounded Oak Rd


ZONE C
ZONE A
28
BRANCHED
OAK
ROAD
Little
Salt
Creek
ZONE C
27TH STREET
NORTHWEST
32
33
NORTHWEST 12TH STREET
WEST
RAYMOND
ROAD
ZONE C
4


ZONE A
ZONE A
ZONE A
ZONE A
ZONE C
21
28
STREET
12TH
NORTHWEST
Little
Salt
Creek
WEST
DAVEY
ROAD
Salt
Creek