Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011052

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 07380336001

Issued: 07/12/07
Expires: 07/12/08
Revenue Code: 3157

Establishment:
DALE LILYHORN
T12N R6E SEC 29 QTR SE
SW1/4OFSE1/4-34.2ACR
3110 W BRANCHED OAK RD-RAYMOND

FEES: $290.00

Permittee:
DALE LILYHORN
3110 W BRANCHED OAK RD
RAYMOND NE 68428

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number
07380336001

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C.
Submit correct fee with this Application

3 acres or more required for: ☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

34.7 acres

A. Onsite System Location

Address 3110 W. Branched Oak Rd. City Raymond, NE Zip 68428
(no rural route)
LCR 600J

Legal Description SW SE 29 12N R6E

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: 34.7

B. Owner

NCR 71684
Name Dale Lilyhorn ACR 97386 Signature _____

Address 3110 W Branched Oak Rd City/State/Zip Raymond NE 68428

☐ Check if owner designed system Home Phone 402-783-2875 Work Phone _____

C. Contractor

Name: Lloyd Jakoubek Company Name Raymond Contracting

Address 13800 N.W. 70th City/State/Zip Raymond, NE 68428

☐ Check if contractor designed system Work Phone 783-2663

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

Designer Name Jeremy Williams Firm Design Associates Work Phone 474-3000

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Winery Design flow in gallons per day _____

Type of Wastewater ☒ Domestic ☒ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd 7/11/07
Date frwd 7/11/07
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 7/12/07
Date frwd 7/12/07
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 7-12-07
Date frwd 7-12-07
ACTION ☒ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date 10/26/07

Live, lagoon, Holding tank) 8/31/07 O.K

Business Office Use Only
Date Received 7/12/07 Amount Paid 290.00
Received By _____ Cash/Check No. 6472

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

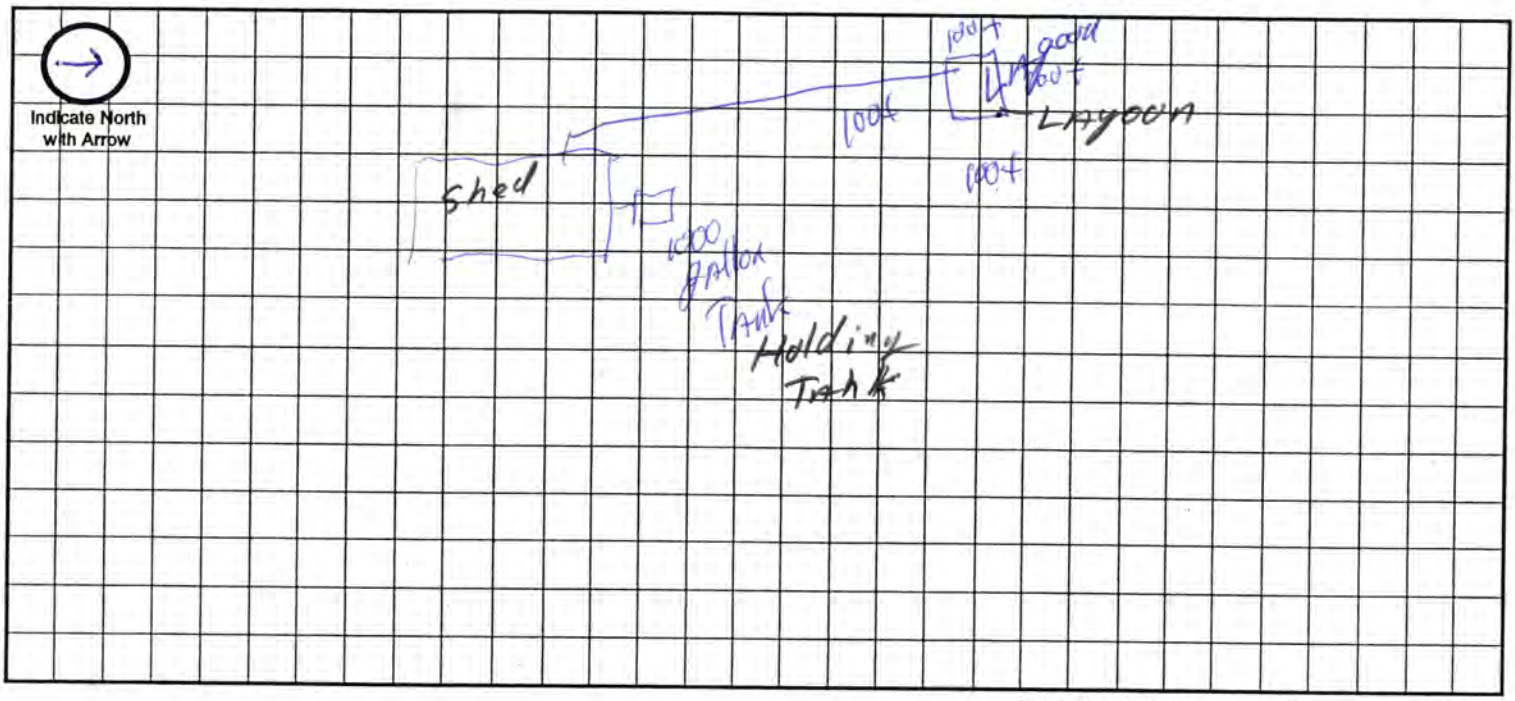
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 3110 W. Branched Oak Rd. 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 7-10-07

Installer Lloyd _____ Date 7-10-07

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 8-31-07

System Location (Indicate correct number and street)

Address 3110 W Branched Oak Rd (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: class 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24" in.
3. Distance between dwelling and septic tank: 54' ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. ~~Septic~~ Holding Tank

1. Material: concrete
   Number of compartments: one
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24" in.
   Over outlet, diameter 24" in.
   Riser: ☐ above ☐ below grade At 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

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

D. Absorption Field

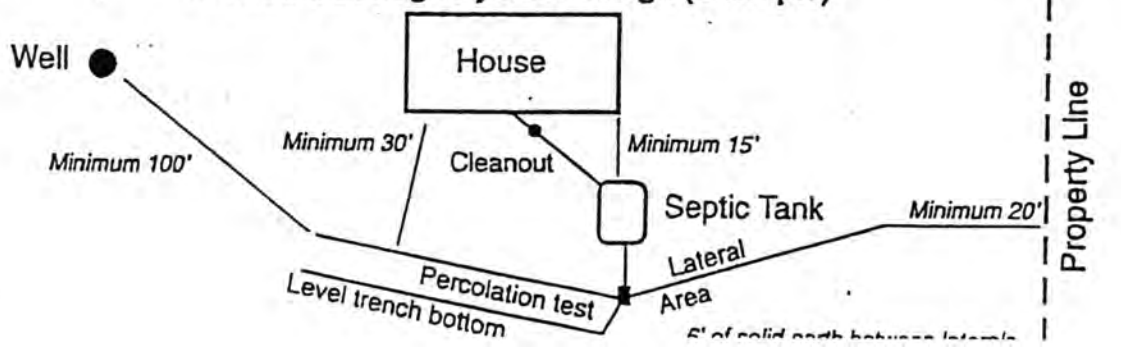
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing

Well 500+

8/31/07

