# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

## PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380155701

Issued 04/01/97
Expires 09/01/97
Revenue Code 18754

Establishment

BRET DAVIS
T12N R6E SEC 29
LOT 21
2901 W DAVEY ROAD

FEES: $150.00

TOTAL $150.00

Permittee

BRET DAVIS
2311 SW 12 ST
LINCOLN NE 68522

Issued By M. Jane Ford
Health Director

3474

**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 2901 West Davey Rd (no rural route) City Raymond NE, Zip 68

Legal Description NE 29 12N 6E 2 Lot 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

### B. Owner

Name Bret Davis Signature Bret A. Davis

Address 2311 S.W. 12th City/State/Zip Lincoln Neb.

☐ Check if owner designed system Home Phone 435-1667 Work Phone 441-8373

### C. Contractor

Name Leon Wolf Company Name Wolf Construction

Address Box 62A City/State/Zip Valparaiso NE

☐ Check if contractor designed system Work Phone 430-8509

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

Designer Name Sintek L.L. Firm Sintek Soils Work Phone 435-8868

### 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 3/12/97 Date frwd 3/13/97 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hoot
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/13/97 Date frwd 3/13/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/13/97 Date frwd 3/13/97 ACTION ☒ Approved ☐ Disapproved Signature _____

1st visit - 6-18-97 JB
2nd visit 6-20-97 SB

### Installation Final Written Approval

By Jim Dave

Date 6/20/97

***Business Office Use Only*** 3138

Date Rec'd 3/12/97

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 1249

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
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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)

X Address 2901 West Davey Rd (no rural route) City Raymond NE, Zip 68

Owner Burt A. Davis Addresss 2311 S.W. 12th Lincoln, Neb

Soil Type (SCS): ~~Rosty Con~~ JUDSON SILT LOAM Percolation Rate: _____ min./inch

Date of Tests 3-10-97 to 3-11-97 Weather: Precipitation NONE Temperature 60

### 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 | 18" | 3-10 | 8 AM | 3-10 | 12 PM | 3-11 | 10 AM | 6 | 3-11 | 11 AM | 60 | 1 3/4 | 34 |
| 2 | " | " | " | " | " | " | " | 6 | " | " | 60 | 1 3/4 | 34 |
| 3 | " | " | " | " | " | " | " | 6 | " | " | 60 | 1 3/4 | 34 |
| 4 | " | " | " | " | " | " | " | 6 | " | " | 60 | 1 3/4 | 34 |
| 5 | " | " | " | " | " | " | " | 6 | " | " | 60 | 1 1/2 | 40 |
| 6 | " | " | " | " | " | " | " | 6 | " | " | 60 | 1 3/4 | 48 |
| | | | | | | | | | | | | | 224 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: TJ Sintek

Phone: 435-8864

Address 6710 N 87 St Lincoln NE 68521

Sum of Percolation Rates: 224

Average of Rates: 39

Rate Used for Calculation: 39

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks Ave rate is 37.

Signature of Reviewing Official Tim Bazo Date 6-18-97

FORM 23-101 10-96

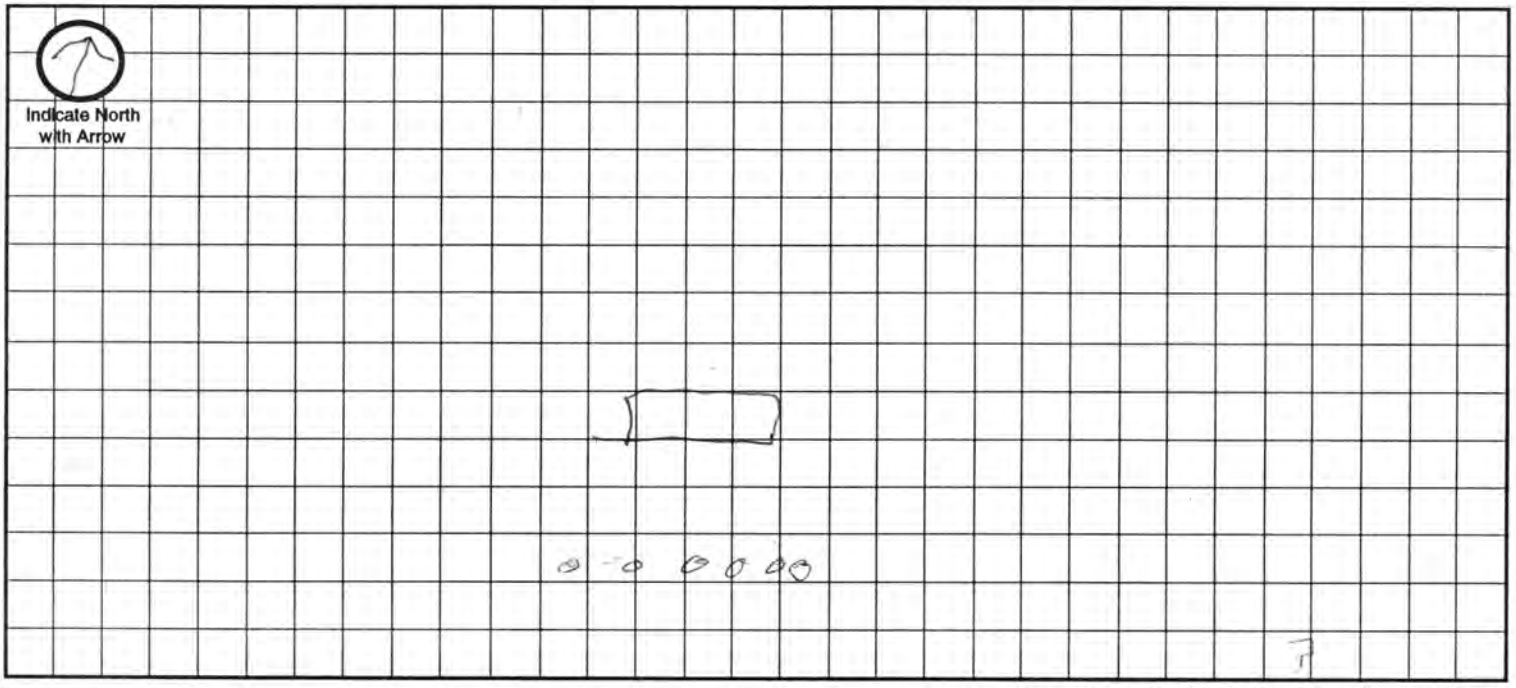
**Lincoln-Lancaster County Health Department**
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Phone: 402-441-8022

**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:** 20 ft. = 1 grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 2701 West Diney Pl City Raymond NE, Zip 68

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 39 (min. per inch) Soil Type: ~~Rusty Clay~~ Judson Silt Loam Land Slope: 6 % %

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

Total Square Feet of Field Required: 1136 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 379 ft. Number of Trenches 4 Trench Width 36"

## 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

X Home Building Contractor Kevin Wolfe Date 1-14-97

Installer L. L. SINTEK Date 1-14-97

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: 9738015577 01

# Sewage Disposal System

## As Built Plans & Specifications

Date 6/20/97

**System Location (Indicate correct number and street)**

Address 2901 W Davey Rd (no rural route) City _____ NE, Zip _____

## A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 56 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line >100 ft.
   stream NA ft.
   pressure line 20 ft.
   property line 50 ft.

## B. Septic Tank

1. Material: Concrete
   Number of compartments: one
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter NO in.
   Over outlet, diameter NO in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 2 in.
8. Distances to: Well or suction line >100 ft.
   Stream N ft.
   Pressure line >100 ft.
   Property line >100 ft.

## C. Distribution Box

1. Material: Plastic
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 47 ft.

## D. Absorption Field

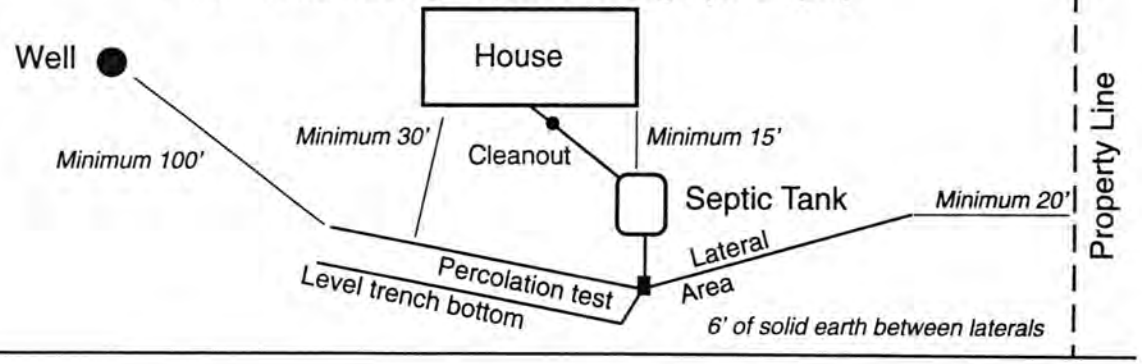
*(Provide as-built drawings on back of this form)*

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

Indicate North with Arrow

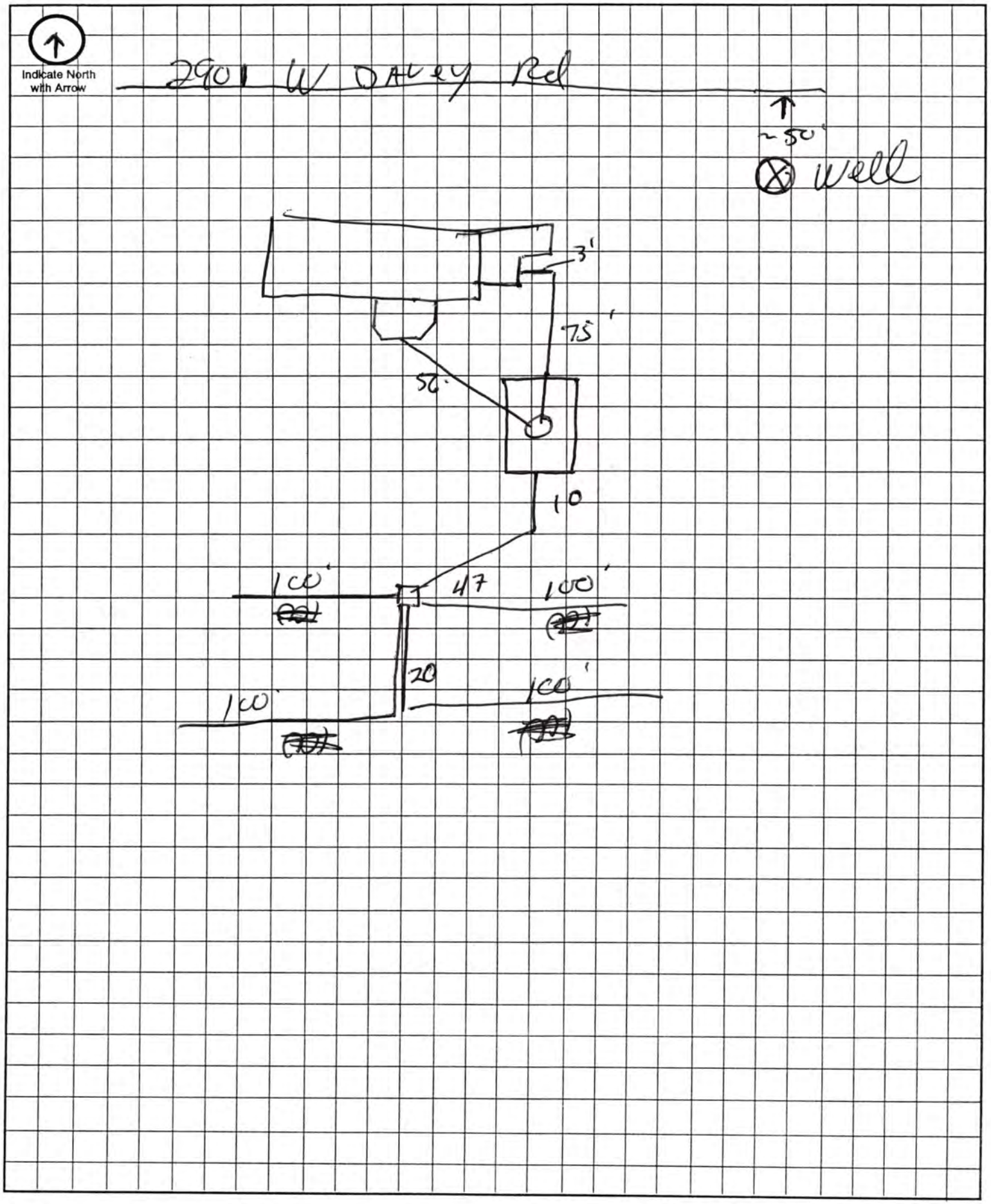
**Complete "As Built" drawing on back of this form.**

### Individual Sewage System Design (Example)




FORM 23-103 10-96

# As Built Drawing




Approximate Scale: _____ ft. = _____ grid line/s

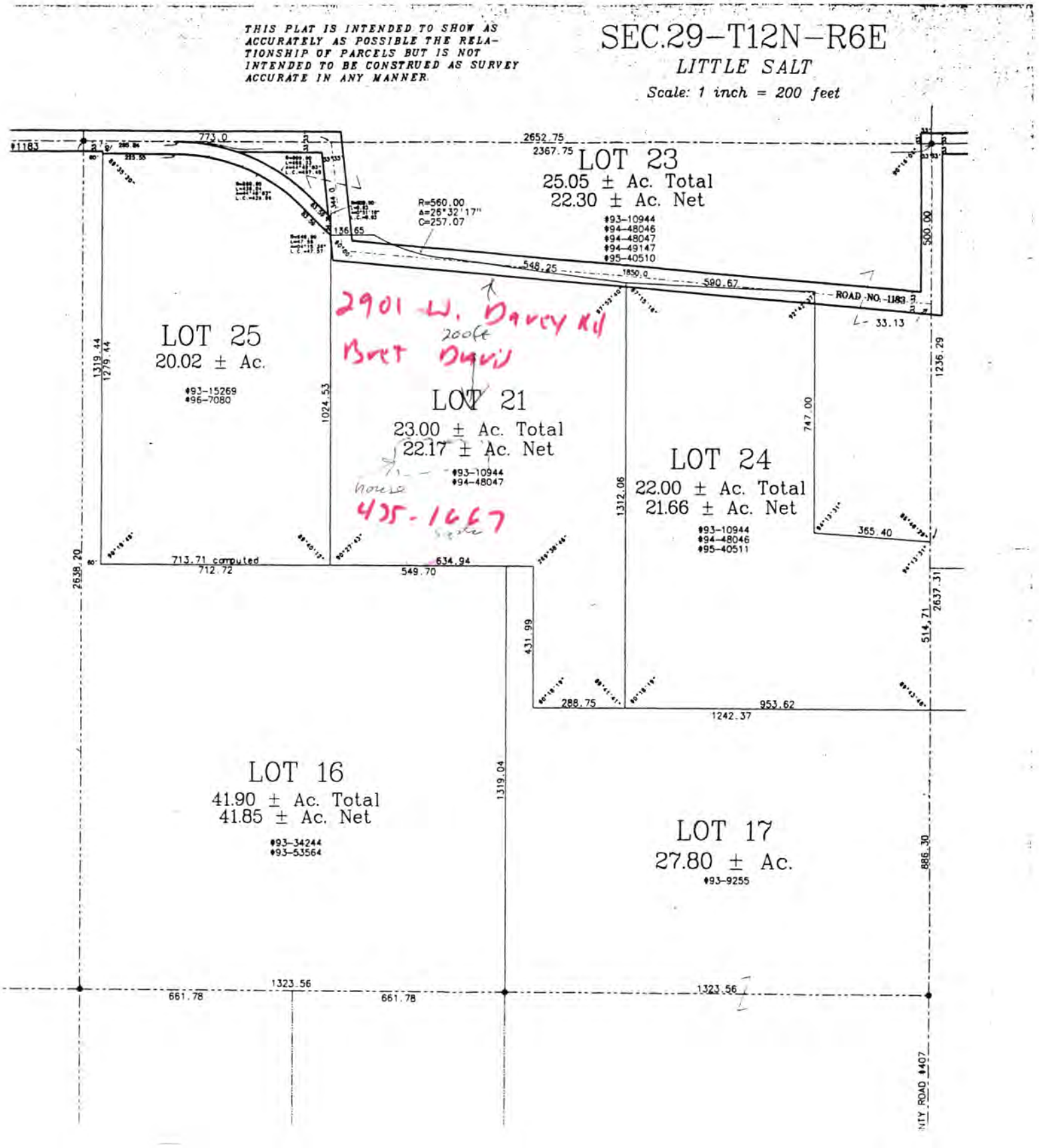

2 760 000 FEET
495 000 FEET
T. 12 N.
(Joins sheet 9)
20
21
28
29
32
33
Salt Creek
ShD2
WtC2

THIS PLAT IS INTENDED TO SHOW AS ACCURATELY AS POSSIBLE THE RELATIONSHIP OF PARCELS BUT IS NOT INTENDED TO BE CONSTRUED AS SURVEY ACCURATE IN ANY MANNER.

# SEC.29–T12N–R6E

## LITTLE SALT

*Scale: 1 inch = 200 feet*



# Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 2901 West Davey Rd (on mail box)

Twp 12 Range 6W Section 29 1/4 1/4 Block Lot Addition

Directions to Property 5 side 29

Location of Well NE corner of Property Tap Location: Inside ☐ Outside ☐

Location of Sewage System Year Installed

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | | | |
| Tenant/Buyer: | Bret Davis | 2901 W. Davey Rd Raymond NE 68428 | 783-2901 |
| Return to: | Kim Beatty | 2501 S. 48th ST Lincoln, NE 68506 | 488-3642 FAX 488-3529 |

Signature of Applicant Bret A. Davis Address Same Date 8/20/97

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**

Date 08/20/97
Initials M
Amount 150.00
Check No. 7430

**DATA ENTRY**

Date / /
Case No.
Initials

**PRELIMINARY STATUS--By** Ron Maryuart **DATE:** 8/20/97

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ 0 /ml | ☐ /ml |
| Nitrate | ☒ <0.1 ppm | ☐ ppm |

**SEWAGE SYSTEM**

Approved ☒
Provisional ☐
Disapproved ☐

**Additional Site Visits**

Date / / by
Date / / by
Date / / by

**Comments:**

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Ron Maryuart, RS Date 8/26/97

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95