Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

MARK L HEITHOFF
T12N R6E SEC 29
LOT 24IT
2801 W DAVEY RD-RAYMOND

Permitee

MARK L HEITHOFF
1109 IDYLWILD DR
LINCOLN NE 68503

Permit # 99380200801

Issued 06/10/99
Expires 12/10/99
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010562

.2 S. of Davey Rd.
.1 W of 202nd St

MAY 2 7 1999

A

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

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 2801 West Davey Rd. (no rural route) City Raymond NE, Zip 68428

Legal Description ~~E~~ ~~2~~ 28 12N Lot 74 6E Little Salt 24IT
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 Mark Helthoff Signature Mark A. Helthoff

Address 1109 Idylwild Dr. City/State/Zip Lincoln Nebr. 68503

☐ Check if owner designed system Home Phone 466-6174 Work Phone 441-8377

C. Contractor

Name Stan Klein Company Name Dirt Works Plus Inc

Address 12800 NW 70TH City/State/Zip Raymond NE 68428

☑ Check if contractor designed system Work Phone 560-1208

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 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 5/28/99 Date frwd 5/28/99 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/28-99 Date frwd 5/28-99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/28/99 Date frwd 5/28/99 ACTION ☒ Approved* ☐ Disapproved Signature _____

*Verify System is out of flood plain.

Installation Final Written Approval

6-7-99. By Ron Mayer

Date 6-8-99

Business Office Use Only

Date Rec'd 5/28/99
Amt Paid $150.00
Rec'd By CW Cash/Check No. 1658

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

MAY 27 1999

B

Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2801 W. DAVEY RD (no rural route) City RAYMOND NE, Zip 68428

Owner MARK HEITHOFF Addresss 1109 IDYLWILD LN LINCOLN 68503

Soil Type (SCS): ~~SANDY CLAY~~ MORRILL CLAY LOAM Percolation Rate: 26 min./inch

Date of Tests 5/20/99 to 5/21/99 Weather: Precipitation _____ Temperature 70°

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	30	5/20	300PM	5/21	200PM	5/21	530PM	6	5/21	600PM	30	1½	20 MIN/IN
2	29	5/20	300PM	5/21	200PM	5/21	530PM	6	5/21	600PM	30	1	30 MIN/IN
3	30	5/20	300PM	5/21	200PM	5/21	530PM	6	5/21	600PM	30	1	30 MIN/IN
4	27	5/20	300PM	5/21	200PM	5/21	530PM	6	5/21	600PM	30	1½	20 MIN/IN
5	29	5/20	300PM	5/21	200PM	5/21	530PM	6	5/21	600PM	30	1	30 MIN/IN

Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 560 1208

Address 12800 NW 70TH RAYMOND NE 68428

Sum of Percolation Rates: _____

Average of Rates: 26 MIN/IN

Rate Used for Calculation: 26 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MAY 28, 1999

FORM 23-101 10-96

MAY 27 1999

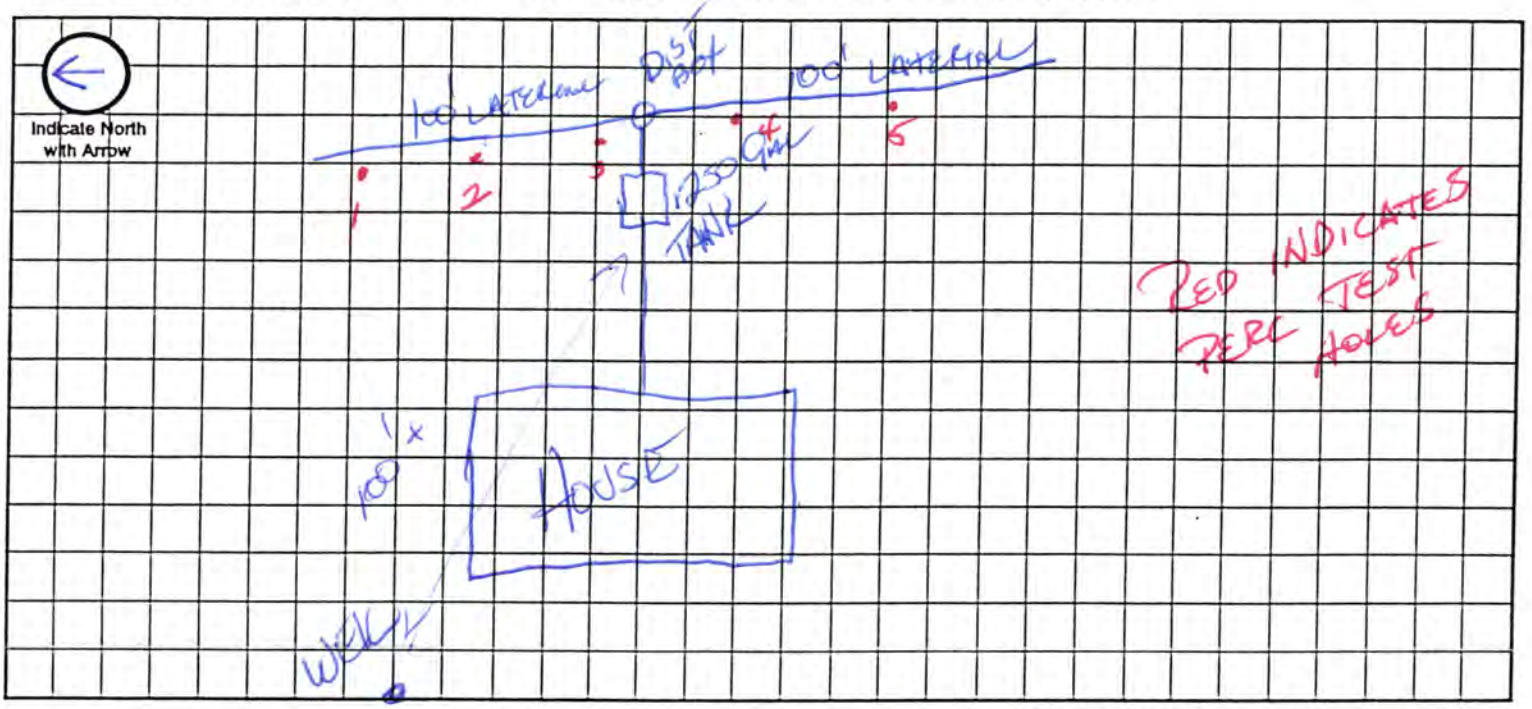
C

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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) 2801 W Davey 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 26 (min. per inch) Soil Type: MORILL CLAY LOAM Land Slope: 15 %

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

Total Square Feet of Field Required: 934 sq. ft.

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

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

Total Length of Laterals TBD 234 ft. Number of Trenches To Be Determined Trench Width 4

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 ★ Mark L. Keithoff Date 12 May 1999

Installer Stan Kluse Date 5-25-99

Mark Heithoff

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 2801 W. Davey Rd. (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 20 in.
3. Distance between dwelling and septic tank: 108 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ 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 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 17 ft.

D. Absorption Field

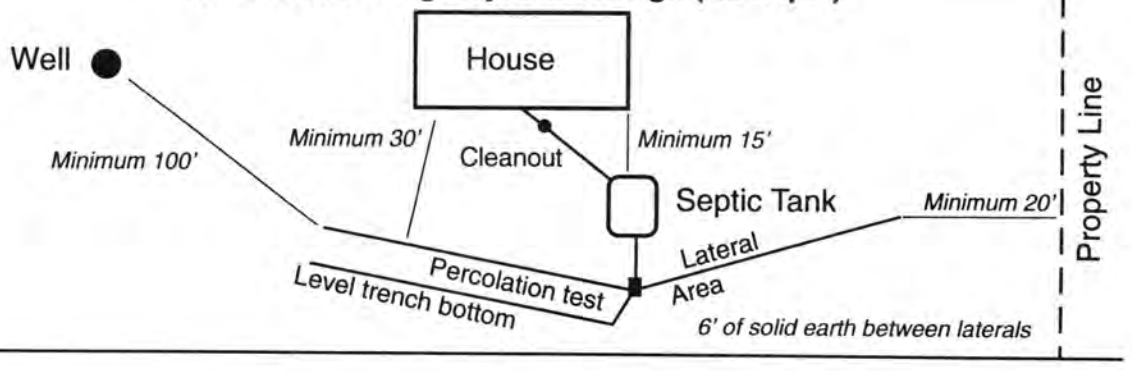
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: infiltrater on ground
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 102 ft. 93 ft.
   43 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 24 in
4. Filter material: Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

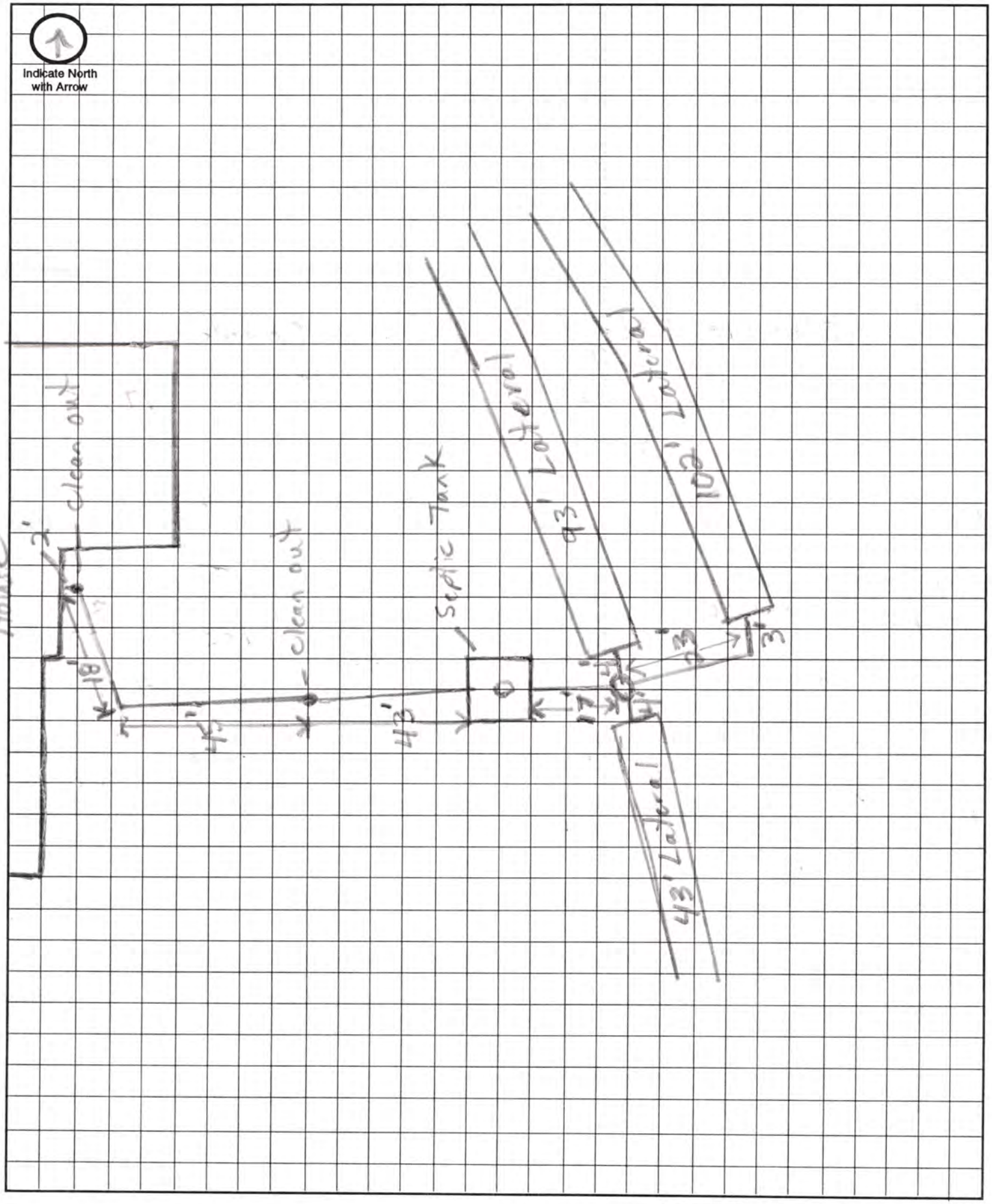
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



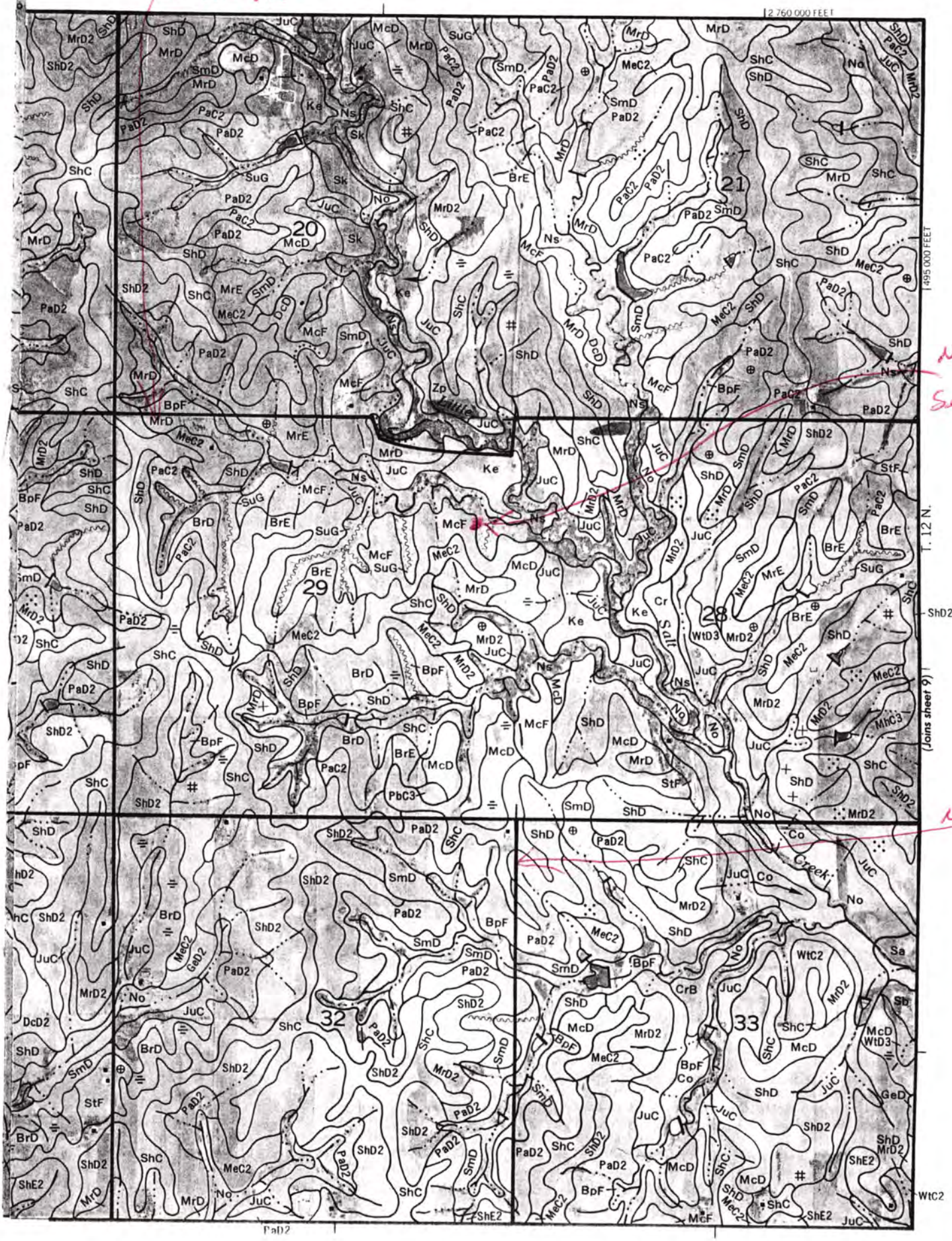
FORM 23-103 10-96

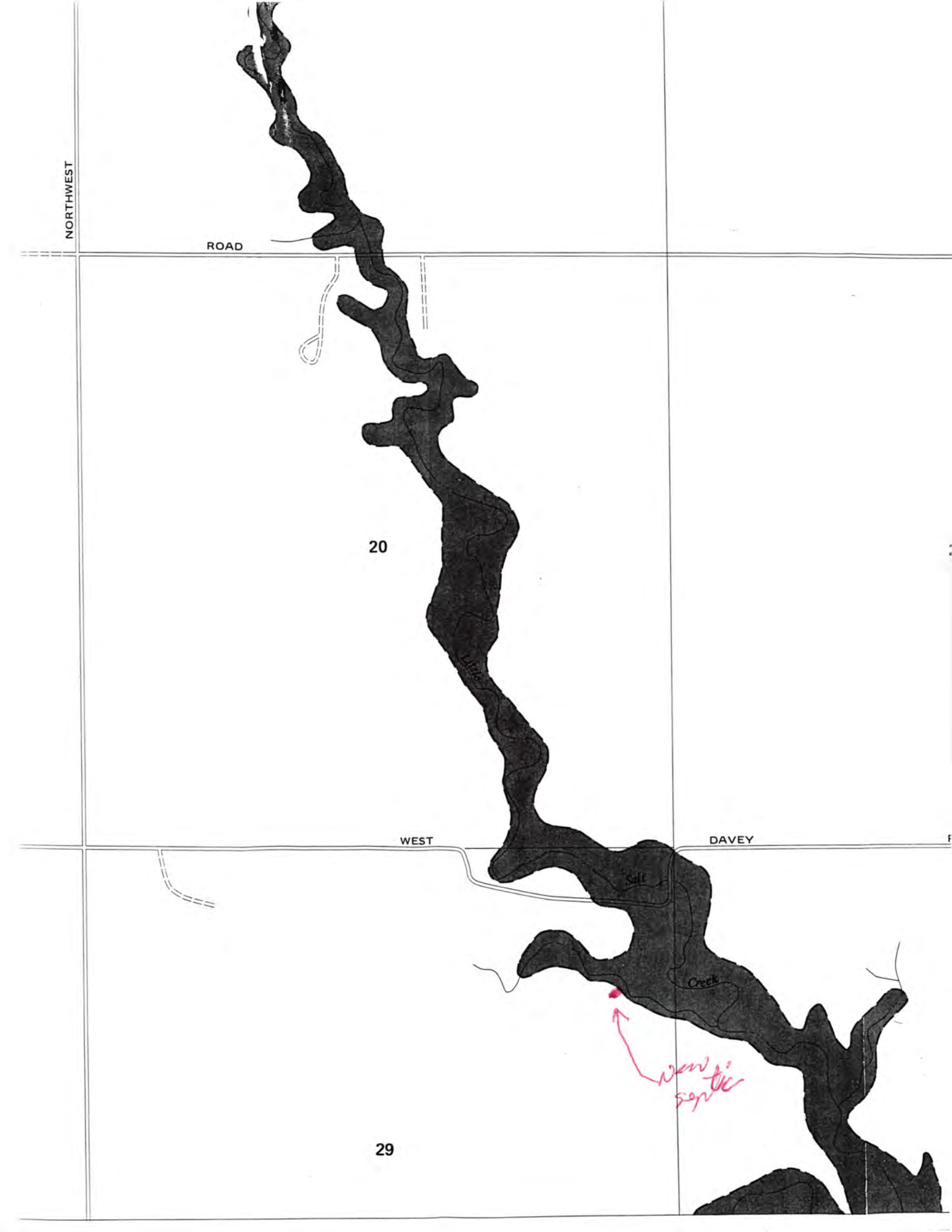
As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

NEBRASKA — SHEET NUMBER 8




NORTHWEST
ROAD
20
WEST
DAVEY
Salt
Creek
New septic
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