LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380162801

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 08/04/97
Expires 02/04/98
Revenue Code 18754

Establishment

DAVE FRIEDEMAN
T12N R6E SEC 29
LOT 23
2900 WEST DAVEY ROAD

FEES: $150.00

TOTAL $150.00

Permittee

DAVE FRIEDEMAN
3041 ALAMOSA DR
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

5098

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 2900 West Davey Rd. (no rural route) City Raymond NE, Zip NE 68428

Legal Description NE (1/4) 29 (Section) 12N (Township) 6E (Range) ____ (Subdivision) ____ (Addition) 23 (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 Dave Friedeman Signature ____

Address 3041 Alamosa Dr. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone (402) 420-1611 Work Phone (402) 441-8378

C. Contractor / Excavating

Name John Strohmyer Company Name Excavating, Inc.

Address 9811 NW 40th City/State/Zip Lincoln NE 68524

☑ Check if contractor designed system Work Phone 430-6023

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

Designer Name John Strohmyer Firm Excavating, Inc. Work Phone 430-6023

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 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 8/4/97 Date frwd 8/4/97	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk** CHECK FLOOD PLAIN	Date rec'd 8/4/97 Date frwd 8/4/97	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 8-4-97 Date frwd 8-4-97	**ACTION** ☒ Approved ☐ Disapproved Signature Jim Blouzek	

Installation Final Written Approval

By Ron Maynard

Date 9-18-97

Business Office Use Only 3114

Date Rec'd 7/28/97

Amt Paid $150.00

Rec'd By ____ Cash/Check No. 1027

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

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

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 2900 West Davey Rd (no rural route) City Raymond NE, Zip NE 68428

Owner Dave Friedeman Addresss 3041 Alamosa Dr Lincoln NE 68516

Soil Type (SCS): Gravel - Sand MORRIL CLAY LOAM (APPARENTLY SANDY PHASE) Percolation Rate: 11 min./inch

Date of Tests 12/15/96 to 12/16/96 Weather: Precipitation Dry Temperature 38°

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	12/96	10:00	12/16	10:00	12/16	2:00	6	12/16	2:30	30	2 3/4	11 MIN/IN
2	30	12/15	10:02	12/16	10:00	12/16	2:10	6	12/16	2:40	30	2 1/2	12 MIN/IN
3	28	12/15	10:04	12/16	10:10	12/16	2:20	6	12/16	2:50	30	3	10 MIN/IN
4	27	12/15	10:06	12/16	10:10	12/16	2:30	6	12/16	3:20	30	2 3/4	11 MIN/IN
5	32	12/15	10:10	12/16	10:20	12/16	2:40	6	12/16	3:30	30	2 3/4	11 MIN/IN
6	24	12/15	10:20	12/16	10:30	12/16	2:50	6	12/16	3:40	30	3	10 MIN/IN

Sum of Percolation Rates:

Average of Rates: 11 MIN/IN

Rate Used for Calculation: 11 MIN/IN

Person Conducting Percolation Tests

Name: John Stuhmyer

Phone: 402-430-6023

Address 7811 NW 48th
Lincoln NE 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks MORRILL CLAY LOAM (SANDY PHASE)

Signature of Reviewing Official Jerrold C. Hood Date 8/4/97

FORM 23-101 10-96

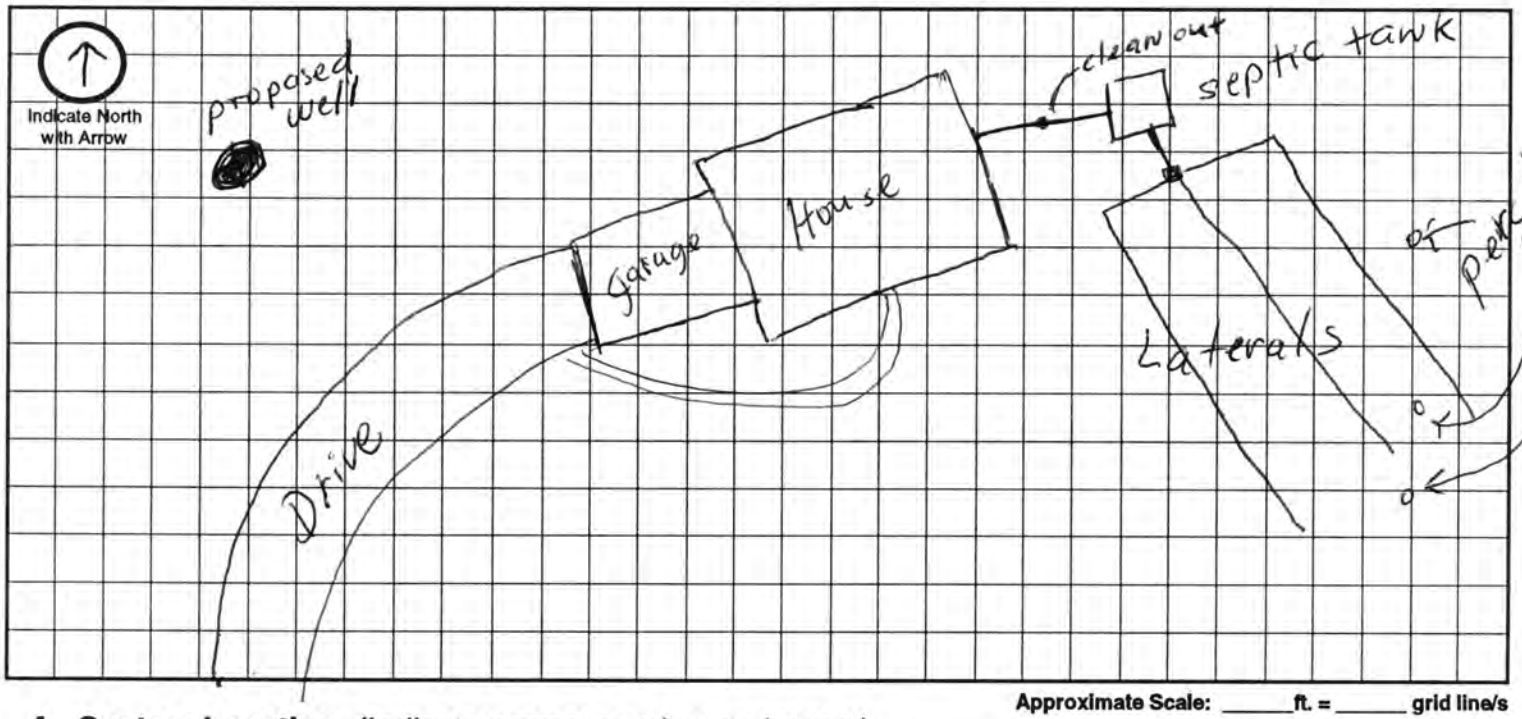
Lincoln-Lancaster County Health Department
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C

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) 2900 West Davey Rd City Raymond NE, Zip NE 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 Kevin Swift Date July 20, 1997

Installer _____ Date _____

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 2900 W Davey Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLASS 160 - PVC
   Diameter: 4" in.
2. Distance above basement floor: [illegible] in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 57 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 0 in.
   Over outlet, diameter 0 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONC.
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 7 ft.

D. Absorption Field

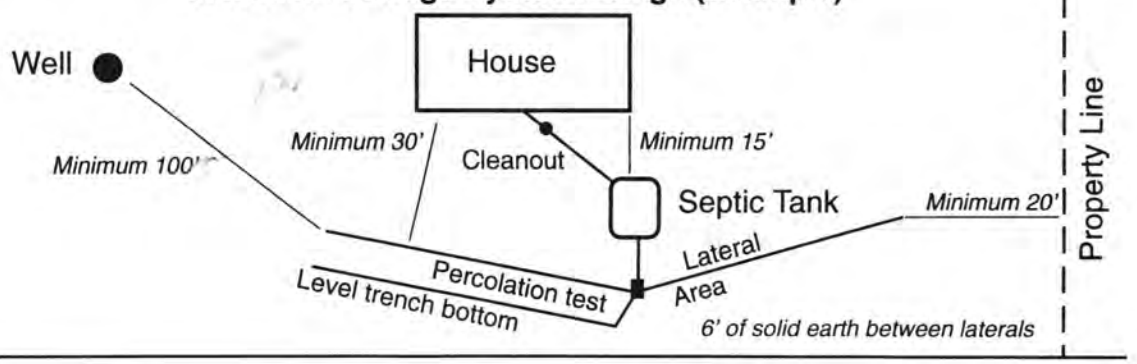
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 86 ft. [illegible] ft.
   25 ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2" in/100 ft.
   Average depth 20" in
4. Filter material: GRAVEL
   Depth of material 16 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 20 ft.

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

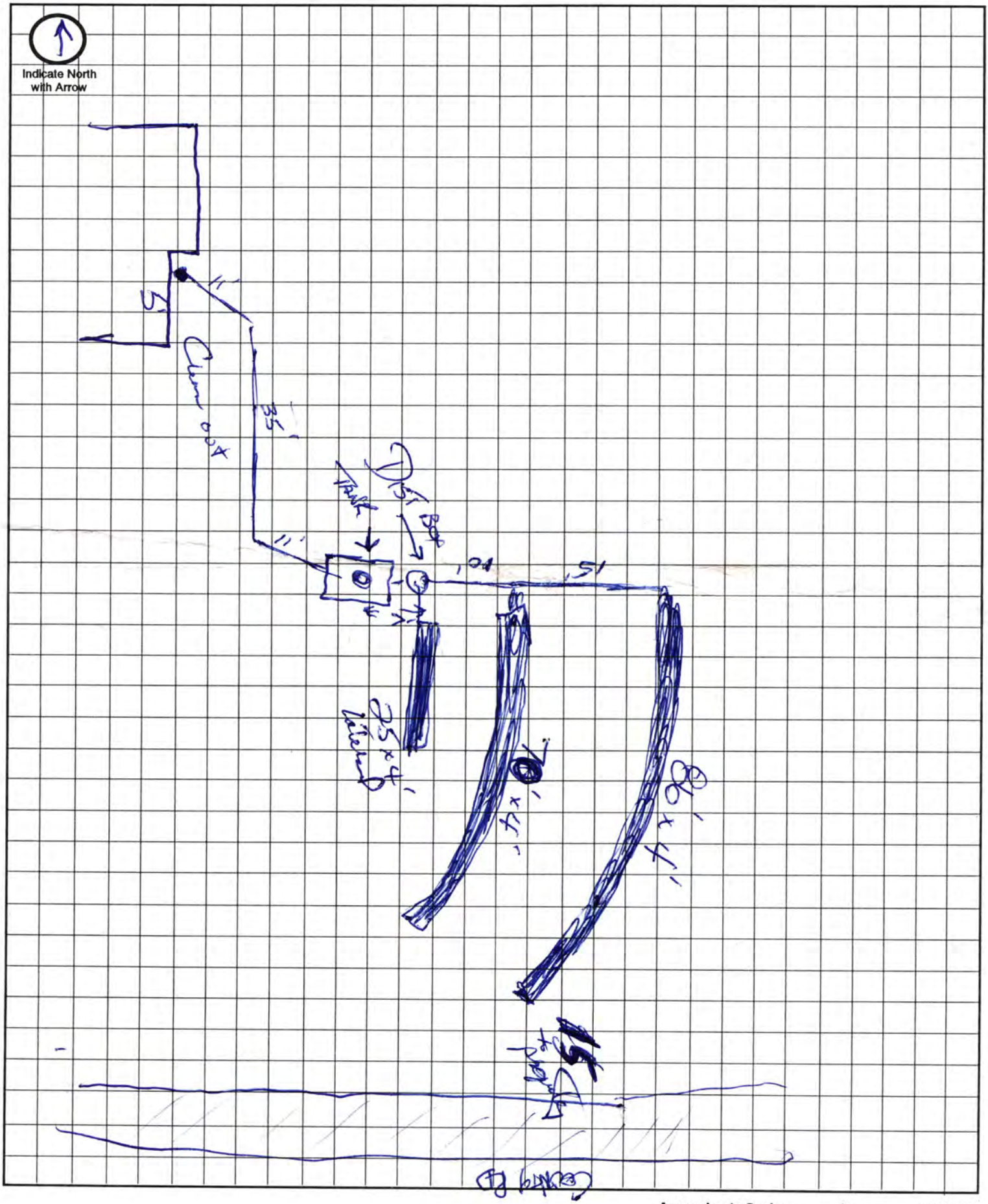
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



NEBRASKA — SHEET NUMBER 8

