LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 97380155501

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

Establishment

GARY LEIBEL
T12N R6E SEC 30

FEES: $150.00

TOTAL $150.00

Permittee

GARY LEIBEL
921 W BEAL ST
LINCOLN NE 68521

Issued By M. Jane Ford
Health Director

3483

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: 973801555

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 4505 West Davey Road (no rural route) City Raymond NE, Zip 68428

Legal Description Lot 16, all of N½ of NW¼ of NE¼ of Section 30-T-12 NR6 E of 6th PM, Lancaster County
~~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 Gary & Judy Leibel Signature Gary Leibel

Address 921 W. Beal City/State/Zip Lincoln Ne 68521

☐ Check if owner designed system Home Phone ~~435-6880~~ 783-5002 Work Phone 437-3292

C. Contractor

Name John Stuhmyr Company Name _____

Address SAME City/State/Zip 9811 NW 40th LNK 68524

☐ Check if contractor designed system Work Phone _____

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

Designer Name John Stuhmyr Firm _____ Work Phone _____

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 3/25/97 Date frwd 3/26/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/26/97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 03/26/97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

4-29-97 - Mr. need Sewer drawing

Installation Final Written Approval

By Ron Myers

Date 10-6-00

Business Office Use Only 3163

Date Rec'd 3/25/97

Amt Paid $ 150 cc

Rec'd By LS Cash/~~Check~~ No. _____

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

430-6023

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

B

Permit Number: 973801555

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4505 West Davey Road (no rural route) City Raymond NE, Zip 68428

Owner Gary Leibel Addresss 921 W. Beal

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 3/15/97 to 3/16/97 Weather: Precipitation 0 Temperature 41°

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"	3/15	9:00	3/16	9:00	3/16	1:00	6	3/16	1:30	30	1/4	
2	31"	3/15	9:00	3/16	9:00	3/16	1:00	6	3/16	1:30	30	0	
3	30"	3/15	9:00	3/16	9:00	3/16	1:00	6	3/16	1:30	30	1/8	
4	32"	3/15	9:00	3/16	9:00	3/16	1:00	6	3/16	1:30	30	1/8	
5	29"	3/15	9:00	3/16	9:00	3/16	1:00	6	3/16	1:30	30	1/4	
6	30	3/15	9:00	3/16	9:00	3/16	1:00	6	3/16	1:30	30	0	

Person Conducting Percolation Tests

Name: John Strubinger

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

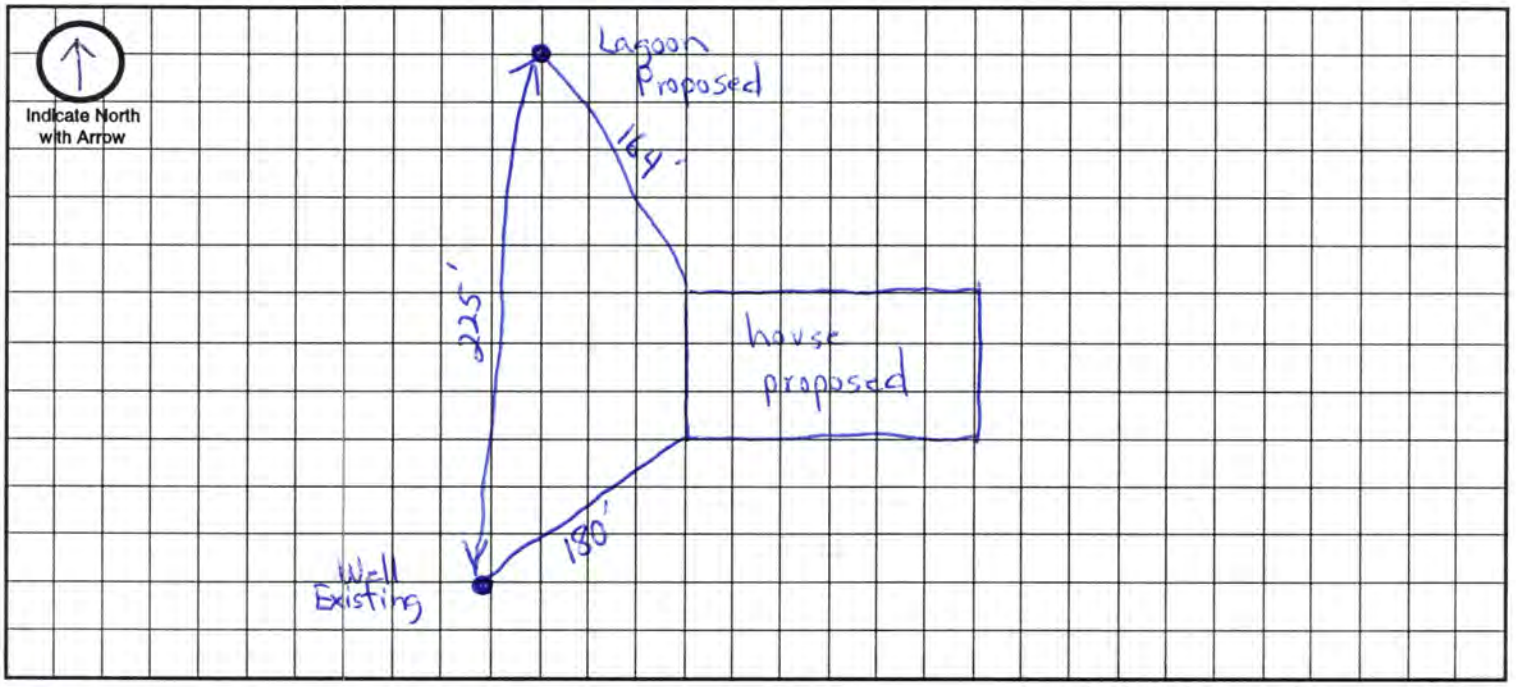
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9738 01555

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) 4505 West Davey Road 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 ☐	☐
X Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Belmont Const Co Roy E Kasselbaum Date 3-25-97

Installer John Strohmyer Date 3/21/97

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:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

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

B. Septic Tank

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

C. Distribution Box

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

D. Absorption Field

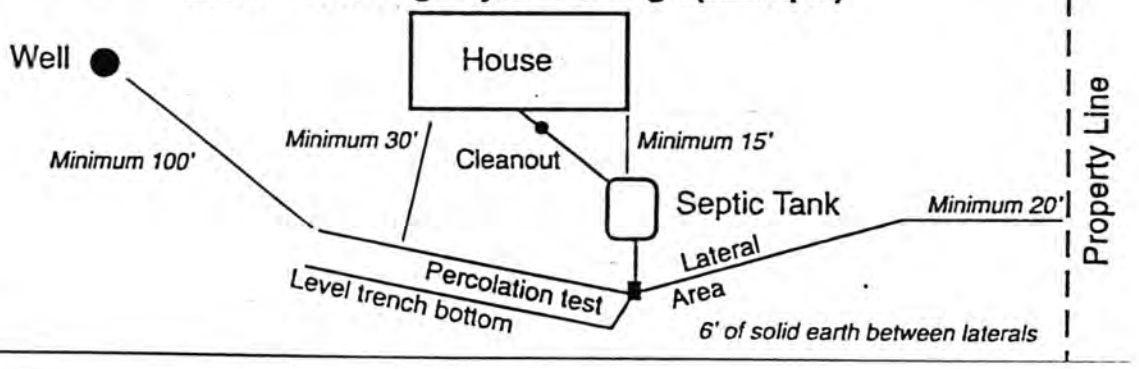
(Provide as-built drawings on back of this form)

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)

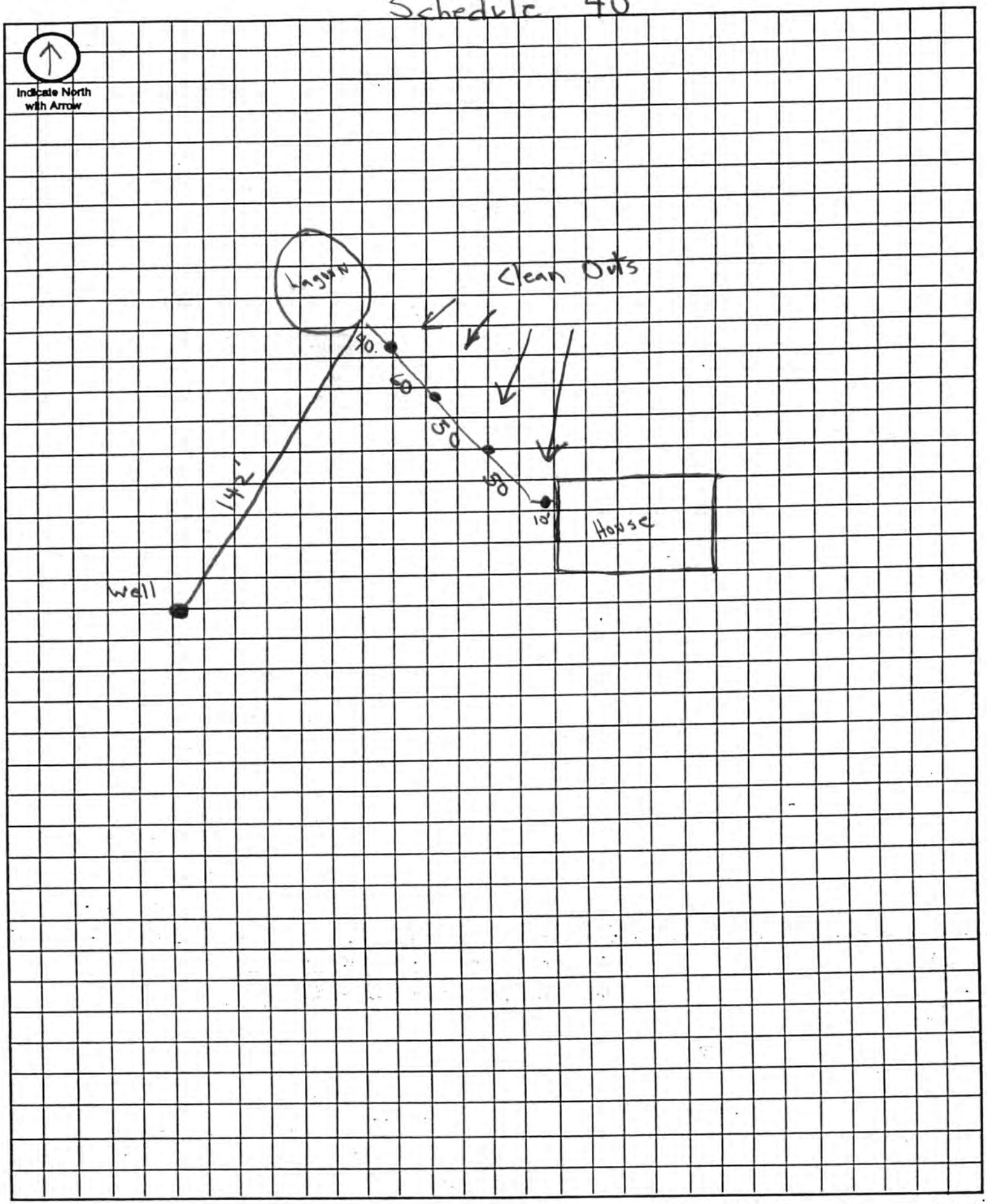


FORM 23-103 10-96

As Built Drawing

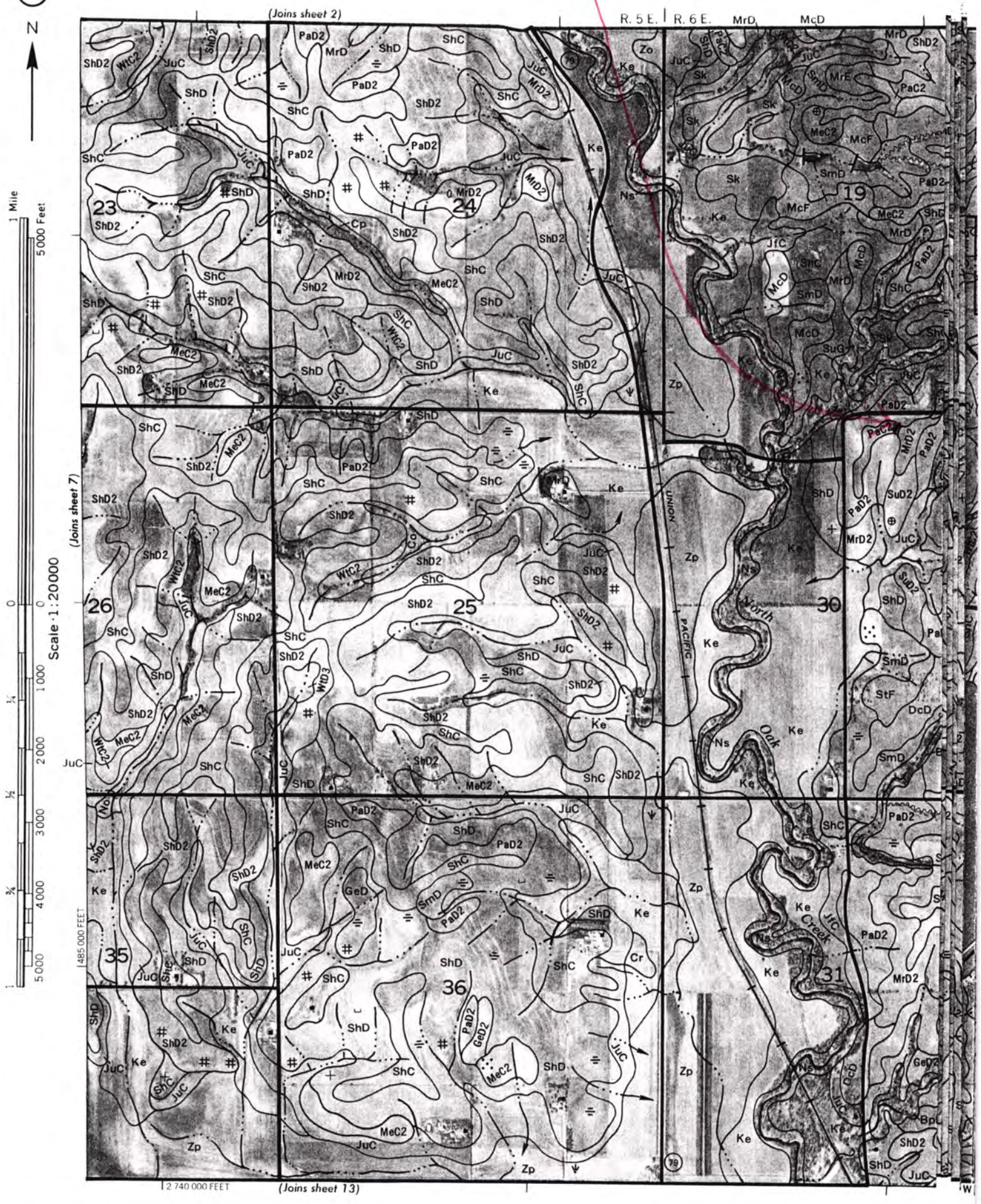
4505 W. Davey Rd.

Schedule 40



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

New lagoon


N
(Joins sheet 2)
R. 5 E.
R. 6 E.
(Joins sheet 7)
(Joins sheet 13)
Scale 1:20000
1 Mile
5000 Feet
485 000 FEET
2 740 000 FEET
23
24
25
26
30
31
35
36
19
Oak
Creek
UNION
PACIFIC
ShD2
ShC
JuC
PaD2
MrD
MrD2
MeC2
WtC2
Ke
Ns
Zp
Cp
Co
Cr
SmD
McD
McF
MrE
PaC2
SuD2
StF
DcD
GeD
GeD2
WtD3
JfC
SuG
BpC