Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

009643

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 06380325301

Issued: 09/26/06
Expires: 09/26/07
Revenue Code: 3157

Establishment:
DON JOHNSON HOMES
T12N R6E SEC 30
LOT 26
17200 NW 48 ST-RAYMOND

FEES: $275.00

Permittee:
DON JOHNSON HOMES
5901 N 27 ST
LINCOLN NE 68521

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 06380325401

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 17200 NW 48th (no rural route) City Raymond NE, Zip 68428

Legal Description 1/4 1/4 Section 30 Township 12N Range 6E Subdivision Addition Block 265E Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address Pro ID 13-30-400-002-000

B. Owner

Name Raymond Kopp Signature Don Johnson Homes

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone 450-1701

C. Contractor

Name Don Johnson ~~Homes~~ Company Name Don Johnson Homes

Address 5901 N. 27th City/State/Zip Linc. NE. 68521

☐ Check if contractor designed system Work Phone ~~488-3391~~ 450-1701

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

Designer Name Melvin Eagner Firm Eagner Const Work Phone 402-432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 9/26/06 Date frwd 9/27/06	**ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9-27-06 Date frwd 9-27-06	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 9/27/06 Date frwd 9/27/06	**ACTION** ☒ Approved ☐ Disapproved Signature	

line + lagoon - needs fence D.S. 12/28/06

Installation Final Written Approval

By _____

Date 3/6/07

Business Office Use Only

Date Rec'd 9/26/06
Amt Paid 275.00
Rec'd By TLH Cash/Check No. 19597

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
Phone: 402-441-8022

B

Permit Number: 0638-03254

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17200 NW 48th (no rural route) City Raymond NE, Zip 68428

Owner Raymond Kopp Addresss

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

Date of Tests 9-13-06 to 9-14-06 Weather: Precipitation 0 Temperature 80

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	9-13	10:30	9:14	11:15	9:14	11:15	6	9:14	11:45	30	1/8	240
2	32	"	"	"	"	"	"	"	"	"	"	1/4	120
3	30	"	"	"	"	"	"	"	"	"	"	1/8	240
4	31	"	"	"	"	"	"	"	"	"	"	5/8	48
5	31	"	"	"	"	"	"	"	"	"	"	1/4	120
6	29	"	"	"	"	"	"	"	"	"	"	3/8	80

Sum of Percolation Rates: 848

Average of Rates: 141

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Melvin Wagner

Phone: 432-5698

Address 4810 "D" Claire Ave
Lincoln NE 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

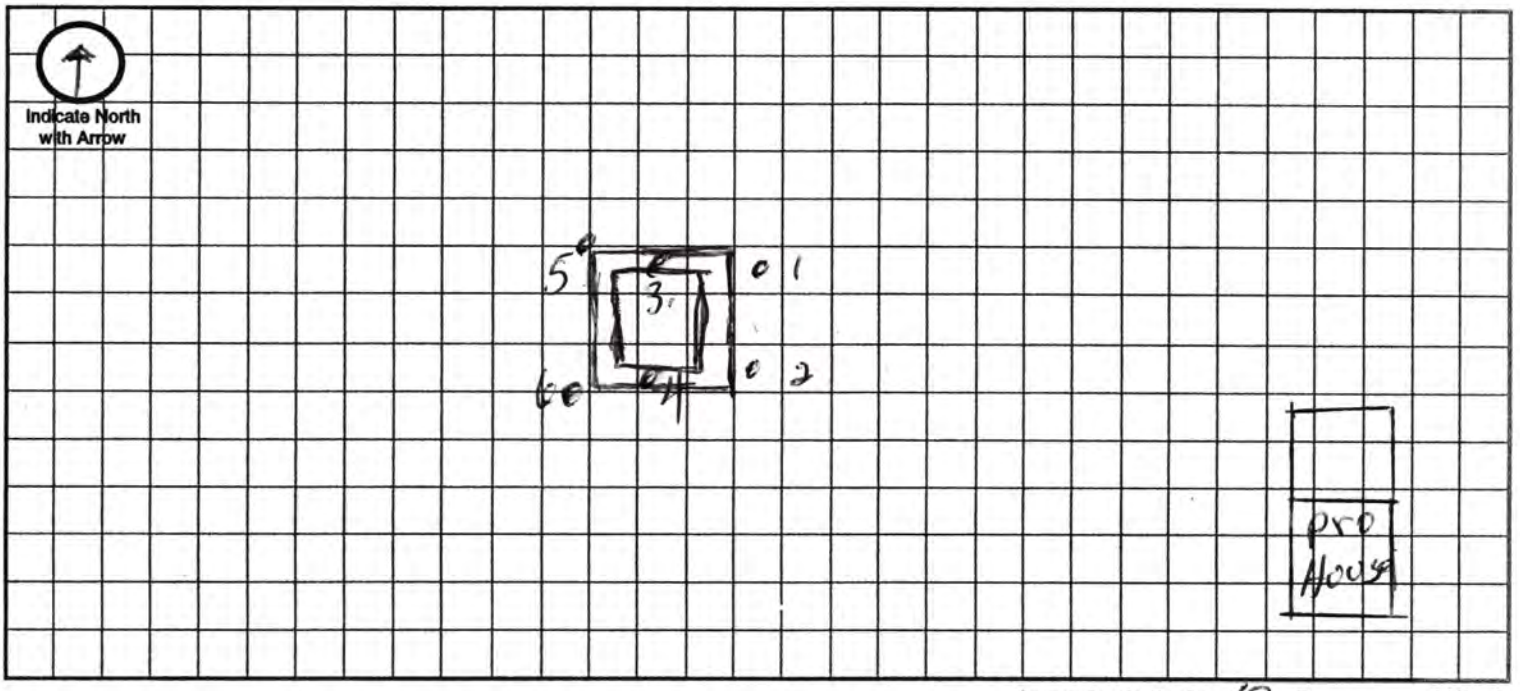
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C

Permit Number: 063803253

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: 10 ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

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

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 _____

Installer Melvin F. Gagner Date 9-14-06