Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

EVRETT LUNQUIST
T12N R6E SEC 30 QTR SE
LOT 19
17201 NW 40 ST-RAYMOND

Permitee

EVRETT LUNQUIST
3283 RANDOLPH ST
LINCOLN NE 68510

Permit # 00380215201

Issued 03/06/00
Expires 09/06/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011915

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

A

Permit Number: 003802152

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 17201 NW 40TH ST. (no rural route) City RAYMOND NE, Zip 68428

Legal Description SE 30 12N 6E 19 I.T.
(1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot)

Geographical Location (if known): Longitude _____ Latitude [illegible]"

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

B. Owner

Name EVRETT LUNQUIST Signature Everett Lunquist

Address 3283 RANDOLPH ST. City/State/Zip LINCOLN NE 68510

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7324 BALLARD City/State/Zip LNK NE 68507

☒ Check if contractor designed system Work Phone 460-1208

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 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 3/6/00 Date frwd 3/6/00 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hoot
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/6/00 Date frwd 3/6/00 ACTION ☒ Approved ☐ Disapproved Signature [illegible]
3. **City or County Engineer** Date rec'd 3/6/00 Date frwd 3/6/00 ACTION ☒ Approved ☐ Disapproved Signature [illegible]

3-17-00, need fence.

Installation Final Written Approval

By Paul Drotzmann

Date 8-23-00

Business Office Use Only

Date Rec'd 3-3-00

Amt Paid $150.00

Rec'd By ac Cash/Check No. 1908

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: 003802152

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 17201 NW 40th St. (no rural route) City RAYMOND NE, Zip 68428

Owner EVRETT LUNQUIST Addresss 3283 RANDOLPH ST. LINCOLN NE 68510

Soil Type (SCS): Sharpsburg Percolation Rate: 100 min./inch

Date of Tests 3/1/00 to 3/2/00 Weather: Precipitation rain previous night Temperature 45°F (evening)

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	21"	3/1	6:30pm	3/2	12:00pm Noon	3/2	NOON	6"	3/2	12:30pm	30	1/4"	120
2	19"	3/1	6:30pm	3/2	12:00pm	3/2	NOON	6"	3/2	12:30pm	30	3/8"	80
3													
4													
5													
6													

Person Conducting Percolation Tests

Name: EVRETT LUNQUIST
Phone: 402-477 0135
Address 3283 RANDOLPH ST.
LINCOLN NE 68510

Sum of Percolation Rates: 200
Average of Rates: 100
Rate Used for Calculation: 100

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

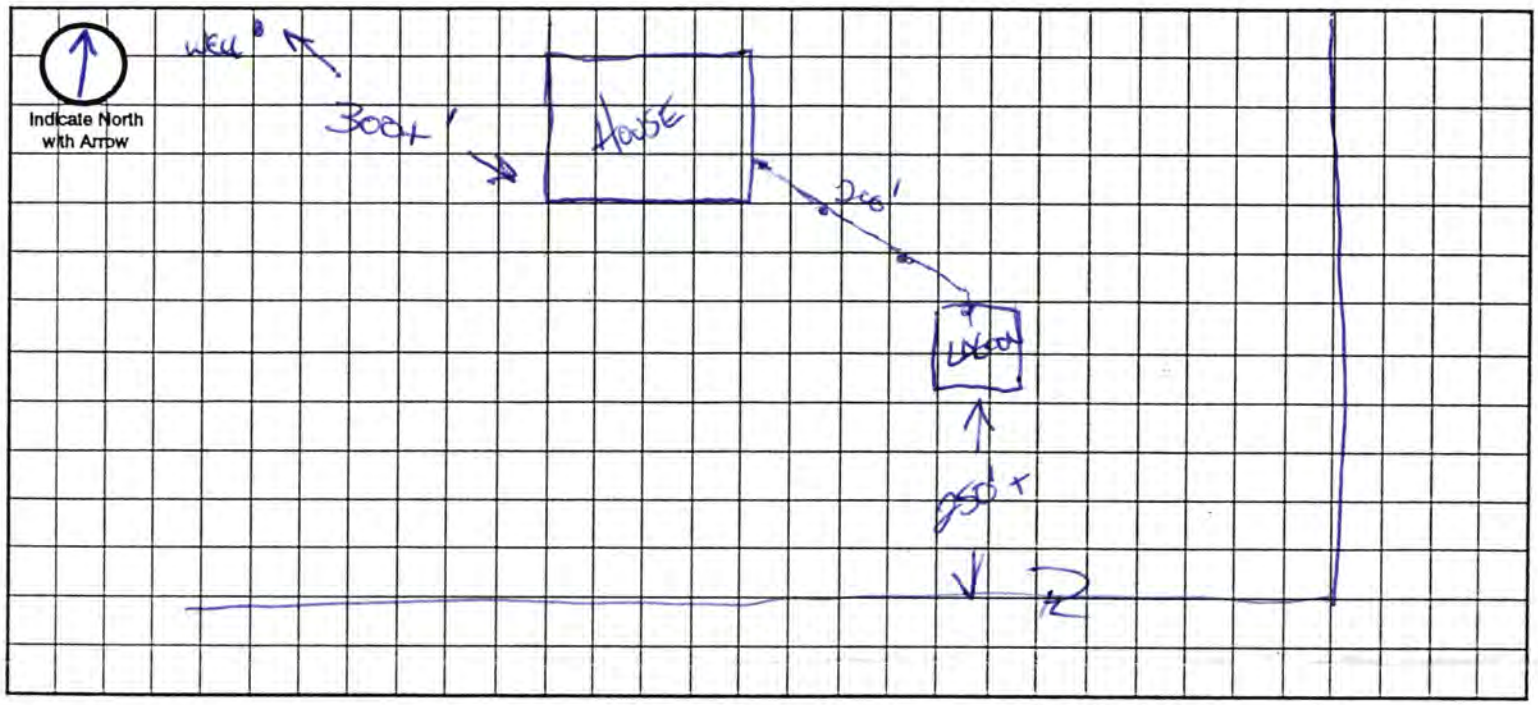
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003802152

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) 17201 NW 40th St. City RAYMOND NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other LAGOON

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 Everett Zook Date 3-3-00

Installer Stan Krause Date 3-3-00

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: A0380215 2

Sewage Disposal System

As Built Plans & Specifications

Date 3-18-00

System Location (Indicate correct number and street)

Address 17201 NW 40TH (no rural route) City RAYMOND NE, Zip _____

A. Building Sewer

1. Material: CL 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 170 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 350+ ft.
   stream 80 ft.
   pressure line 100+ ft.
   property line 150+ 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

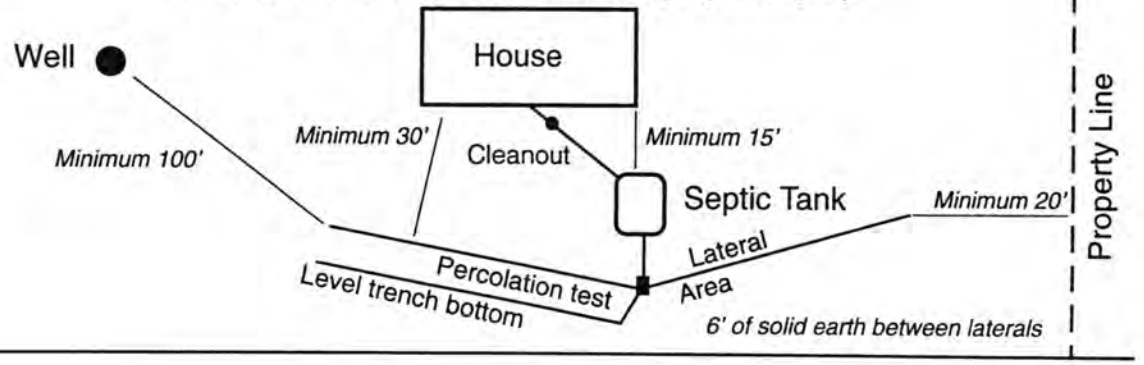
(Provide as-built drawings on back of this form)

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

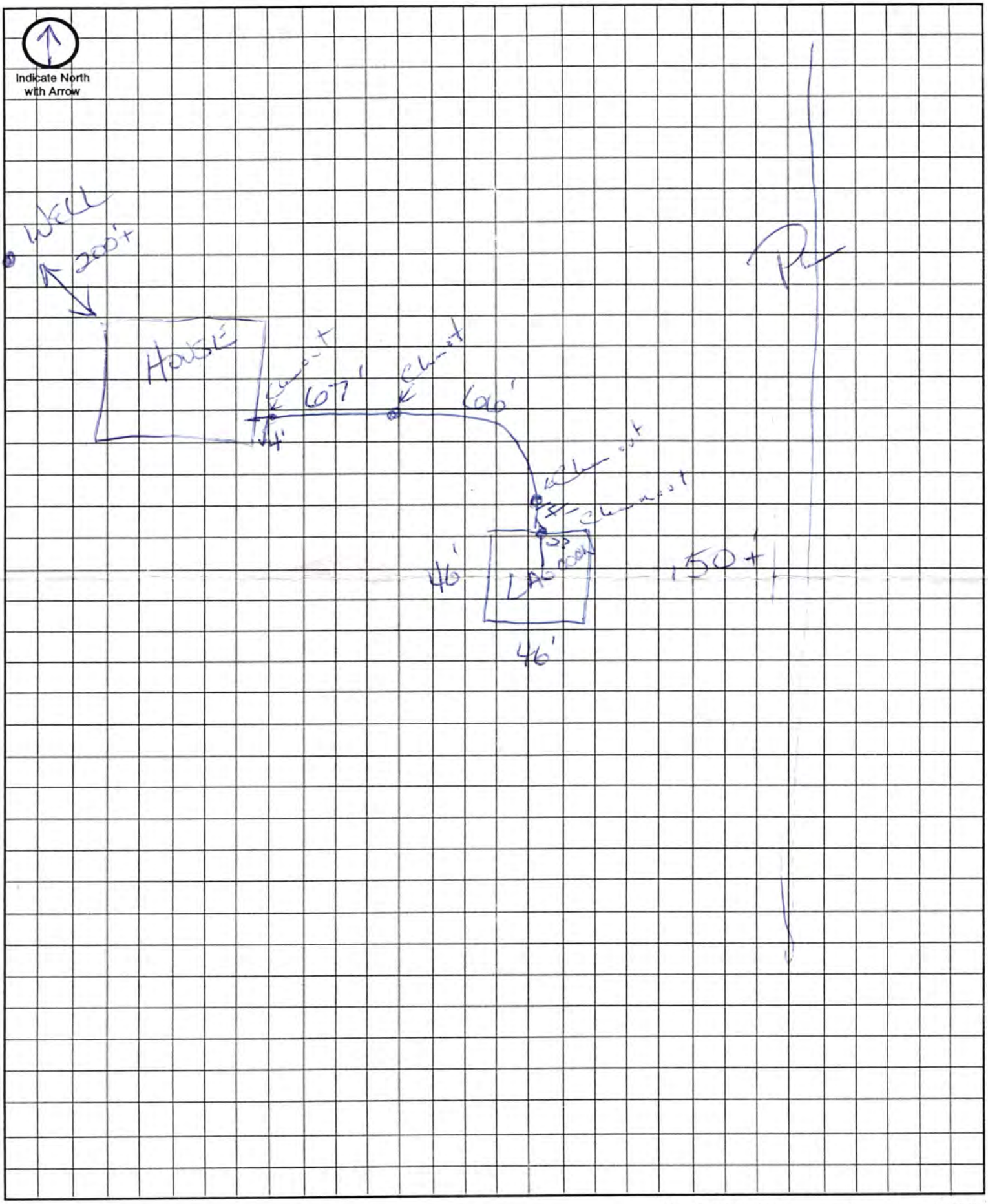
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

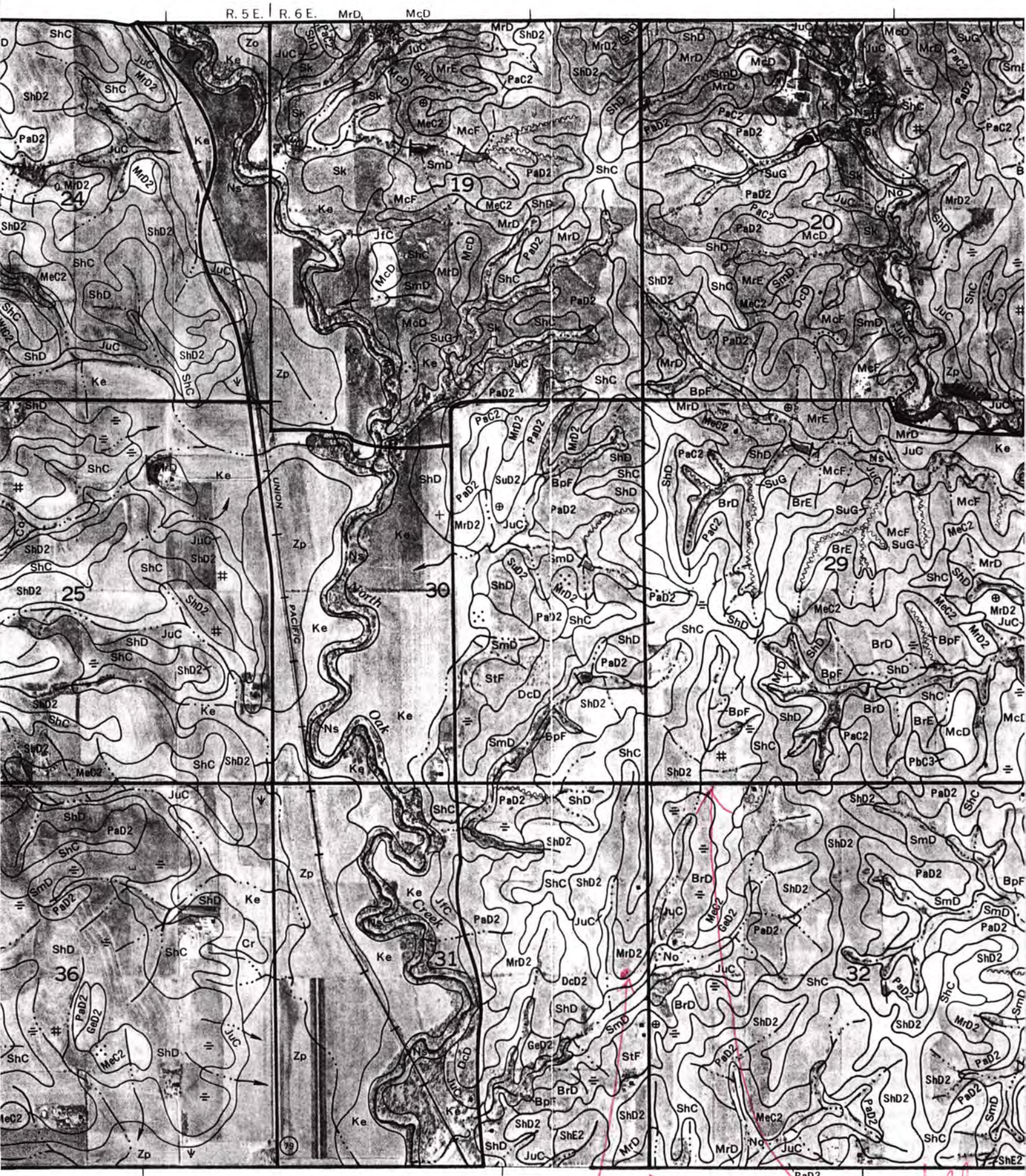


FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


R. 5 E.
R. 6 E.
MrD
McD
19
20
24
25
29
30
31
32
36
UNION PACIFIC
North Oak Creek
New Lagoon
NW 40th
Branched Oak Rd