LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380159901

SEWAGE INSTALLATION

Issued 06/27/97
Expires 12/27/97
Revenue Code 18754

Establishment

DENNIS HAYWARD
T12N R6E SEC 30
LOT 24
17701 NW 40 STREET

FEES: $150.00

TOTAL $150.00

Permittee

DENNIS HAYWARD
6133 NW 2 CIR
APT 137
LINCOLN NE 68521

4914

Issued By M. Jane Ford
Health Director

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 17701 N.W. 40th (no rural route) City Raymond NE, Zip 68428

Legal Description N.E. (1/4) (1/4) 30 (Section) 12N (Township) 6E (Range) Subdivision Addition Block 24 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Dennis B. Hayward Signature Dennis B Hayward

Address 6133 NW 2nd Cir #137 City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 477-6012 Work Phone 458-1281

C. Contractor

Name Dennis B Hayward Company Name _____

Address 6133 NW 2nd Cir #137 City/State/Zip Lincoln NE 68521

☐ Check if contractor designed system Work Phone 458-1281

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

Designer Name John Strohmyer Firm Excavating Work Phone 470-3100

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify Seperate drain

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 6/20/97 Date frwd 6/20/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-20-97 Date frwd 6-20-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-20-97 Date frwd 6-20-97 ACTION ☒ Approved ☐ Disapproved Signature Jim Rhodes

9-11-97 run appears to be Pawnee Clay Loam
9-12-97 run w/ dressed & pass test
9-15-97 2nd letter ok

Installation Final Written Approval

By Ron Mayfield

Date 9-15-97

Business Office Use Only 3250

Date Rec'd 06/20/97

Amt Paid 150

Rec'd By _____ Cash/Check No. 8222

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

Special Note:

2:00 PM

Inspector witnessed 2nd perc test

1- 1
2- 3/4
3- 1 3/4
4- 1 1/2
5- 2
6- 1 3/4

results were faster than initial test.

Installer will abandon lateral in rocky glacial fill and install 2nd 100 ft lateral in faster "perc rate" soil in the deep box method will be used - 1st lateral fills 1st then 2nd lateral

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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 17701 N.W. 40th (no rural route) City Raymond NE, Zip 68428

Owner Dennis B Hayward Addresss 6133 NW 2nd Cir #137 Lincoln NE

Soil Type (SCS): ~~PA02~~ SHARPSBURG SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 6/15/97 to 6/16/97 Weather: Precipitation dry Temperature 85°

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	24	6/15	10:00	6/16	10:00	6/16	1:00	6	6/16	1:30	30	1"	30MIN/IN
2	28	6/15	10:00	6/16	10:00	6/16	1:00	6	6/16	1:30	30	1 1/8	27MIN/IN
3	24	6/15	10:00	6/16	10:00	6/16	1:00	6	6/16	1:30	30	1 1/4	24MIN/IN
4	30	6/15	10:00	6/16	10:00	6/16	1:00	6	6/16	1:30	30	3/4	40MIN/IN
5	28	6/15	10:00	6/16	10:00	6/16	1:00	6	6/16	1:30	30	3/4	40MIN/IN
6	30	6/15	10:00	6/16	10:00	6/16	1:00	6	6/16	1:30	30	1 1/8	27MIN/IN

Person Conducting Percolation Tests

Name: John Stutheyer
Phone: 430-6073
Address 16667 N.W. 48th

Sum of Percolation Rates: _____
Average of Rates: 31
Rate Used for Calculation: 31

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Witnessed 2nd perc test see info above

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 20, 1997

FORM 23-101 10-96

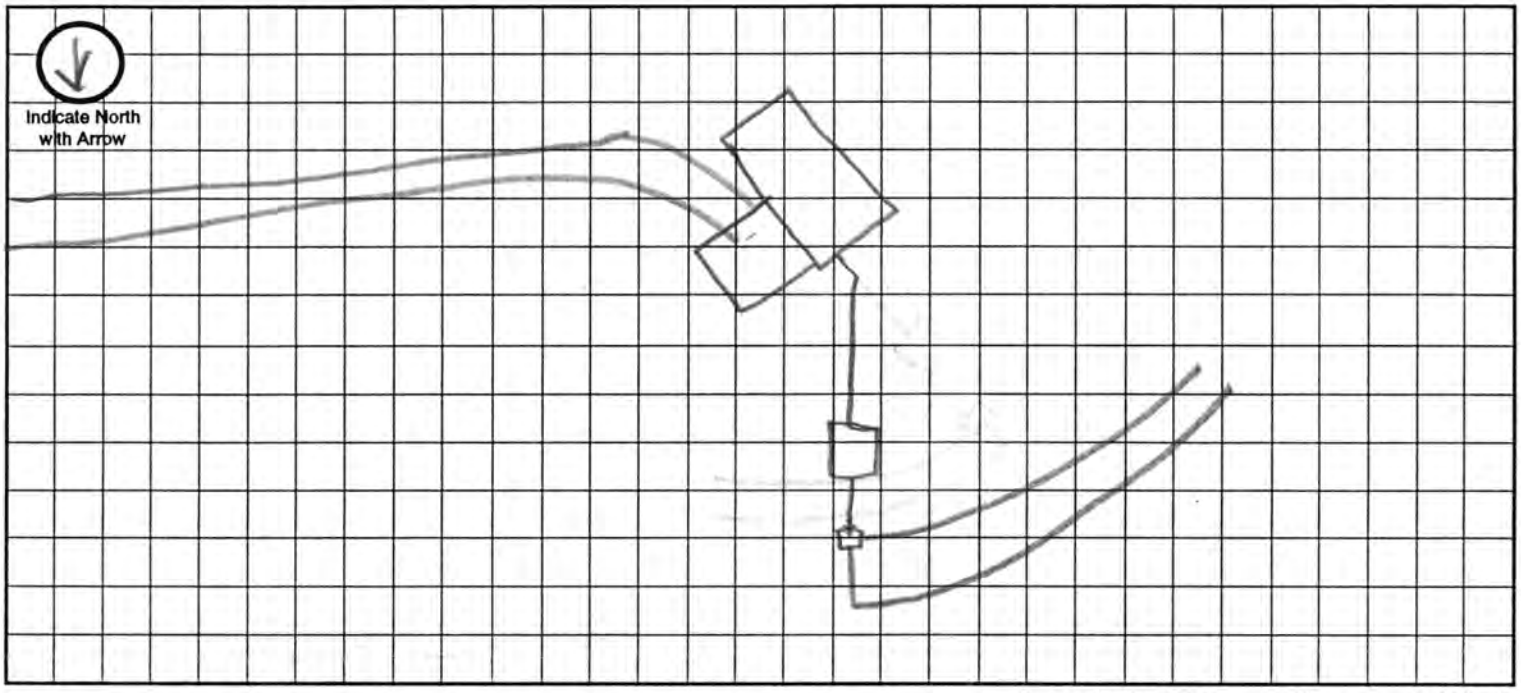
Lincoln-Lancaster County Health Department
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C

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) 17701 N.W. 40th 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: 762 sq. ft.

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

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

Total Length of Laterals 191 ft. Number of Trenches _____ 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 _____ Date _____

Installer _____ Date _____

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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 4701 NW 40TH (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PLASTIC CLASS 160
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 10" in
3. Distance between dwelling and septic tank: 180+ ft.
4. Number of clean-outs: 3
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: CONCRETE
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter NONE in.
   Over outlet, diameter NONE in.
   Riser: ☒ above ☐ below grade 6" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12" 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: CONCRETE
   Number available outlets: 1
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 6 1/2 ft.

D. Absorption Field

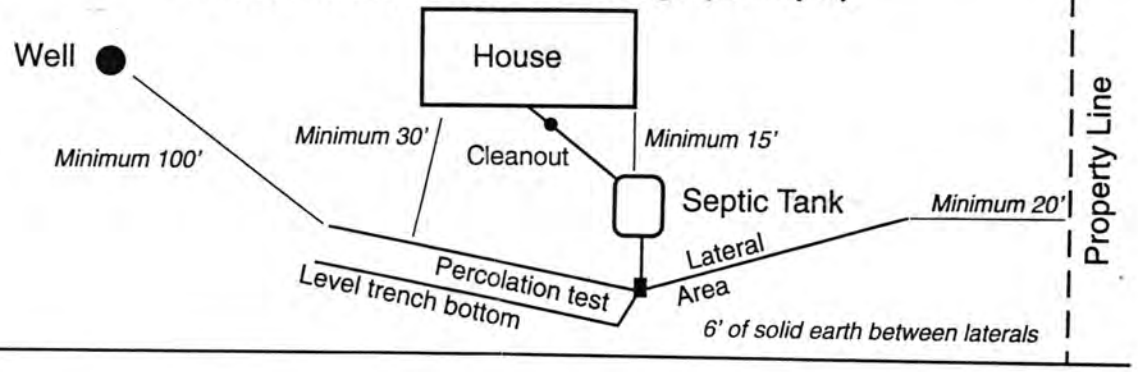
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2" in/100 ft.
   Average depth 26 in
4. Filter material: GRAVEL
   Depth of material 10 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

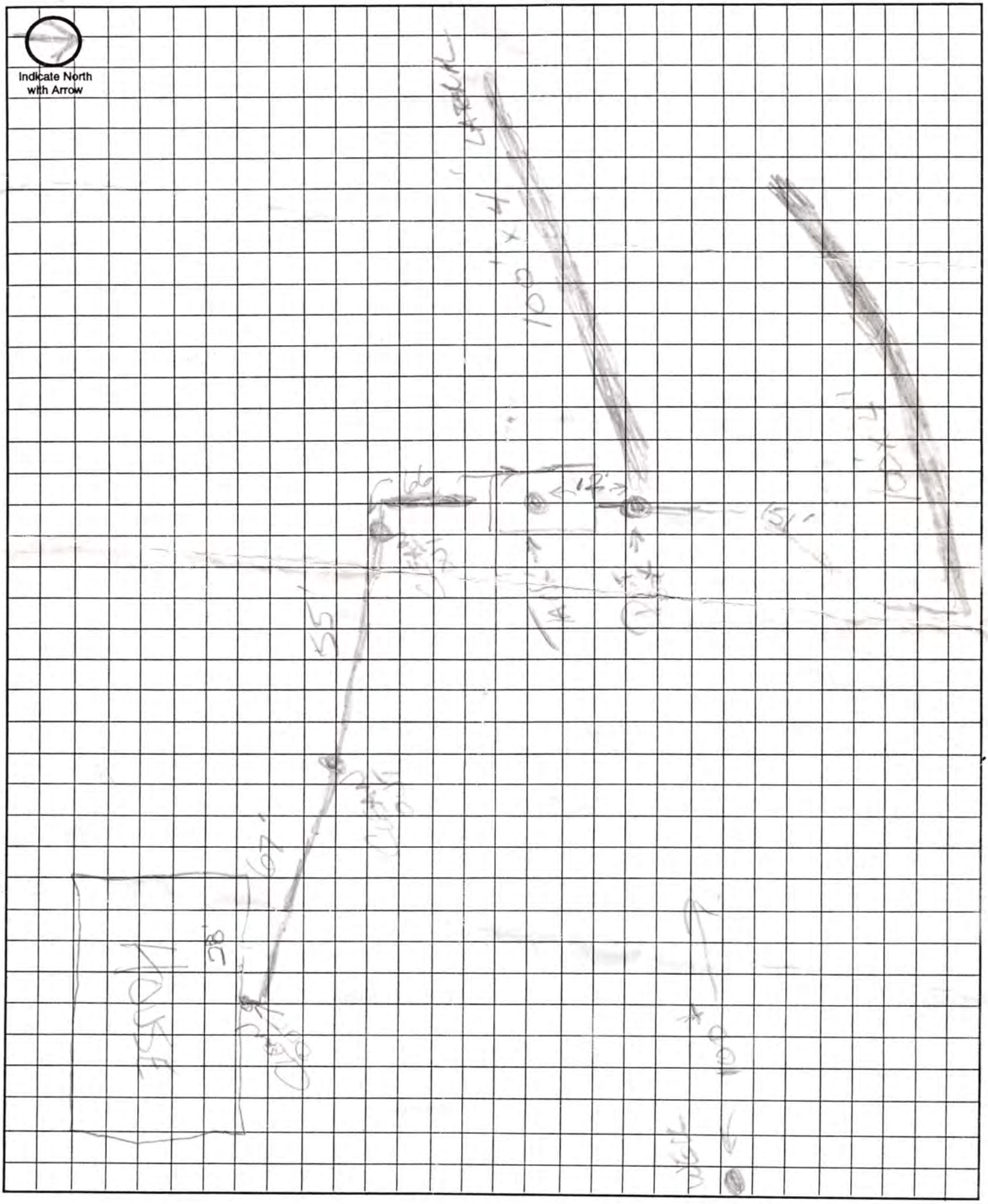
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

(joins sheet 2)



(joins sheet 13)