Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009870

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 07380329401

Issued 01/26/07
Expires 01/26/08
Revenue Code 3157

Establishment: JAMES WAMBOLD
T12N R6E SEC 16 QTR NW
LOT 8
20751 NW 12 ST-DAVEY

FEES: $290.00

Permittee: JAMES WAMBOLD
23300 N 14 ST
CERESCO NE 68017

TOTAL: $290.00

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: 07380329401

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 20751 NW 12th St City Dawey NE, Zip 68336
(no rural route)

Legal Description 2CR5919 — 1/4 — 1/4 — Section 16 — Township 12 — Range 6 — Subdivision — Addition — Block — Lot 8

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

NOR 40667

Name James Wambold Signature James Wambold by Jean Scott DVP

Address 23300 N. 14th St City/State/Zip Cortesco NE. 68517

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

C. Contractor

Name Pat Strohmyer Company Name Diet Weeks Plus

Address 6667 NW 48th Stel City/State/Zip Lincoln NE 68524

☐ Check if contractor designed system Work Phone 402-325-0529 or 560-1208

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 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 1/26/07 Date frwd 1/26/07
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

2. **Supt. Bldg. Insp. or Village Clerk**
   ~~No Access Permit~~
   Date rec'd 1/26/07 Date frwd 1/26/07
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

3. **City or County Engineer**
   Date rec'd 01/26/2007 Date frwd _____
   ACTION ☒ Approved ☐ Disapproved
   Signature _____

Installation Final Written Approval

By _____

Date 5/12/07

Business Office Use Only
Date Rec'd 1/26/07
Amt Paid 290.00
Rec'd By CW Cash/Check No. 9270

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 20751 NW 12 (no rural route) City RAYMOND NE, Zip 68428

Owner JIM WAMBOLD Addresss 20751 NW 12TH

Soil Type (SCS): _____ Percolation Rate: 32 min./inch

Date of Tests 6-23-07 to 6-24-07 Weather: Precipitation NONE Temperature 80°-90°

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		6-23	10:00	6-23	2:00	6-24	12:00	6 IN	6-24	12:30	30	1 1/4	24
2		6-23	10:00	6-23	2:00	6-24	12:00	6 IN	6-24	12:30	30	1	30
3		6-23	10:00	6-23	2:00	6-24	12:00	6 IN	6-24	12:30	30	3/4	40
4		6-23	10:00	6-23	2:00	6-24	12:00	6 IN	6-24	12:30	30	1	30
5		6-23	10:00	6-23	2:00	6-24	12:00	6 IN	6-24	12:30	30	1	30
6		6-23	10:00	6-23	2:00	6-24	12:00	6 IN	6-24	12:30	30	3/4	40

Person Conducting Percolation Tests

Name: MIKE KROESE

Phone: 610-0885

Address 2521 KIMCO CT #1

Sum of Percolation Rates: 194

Average of Rates: 32.3

Rate Used for Calculation: 32

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

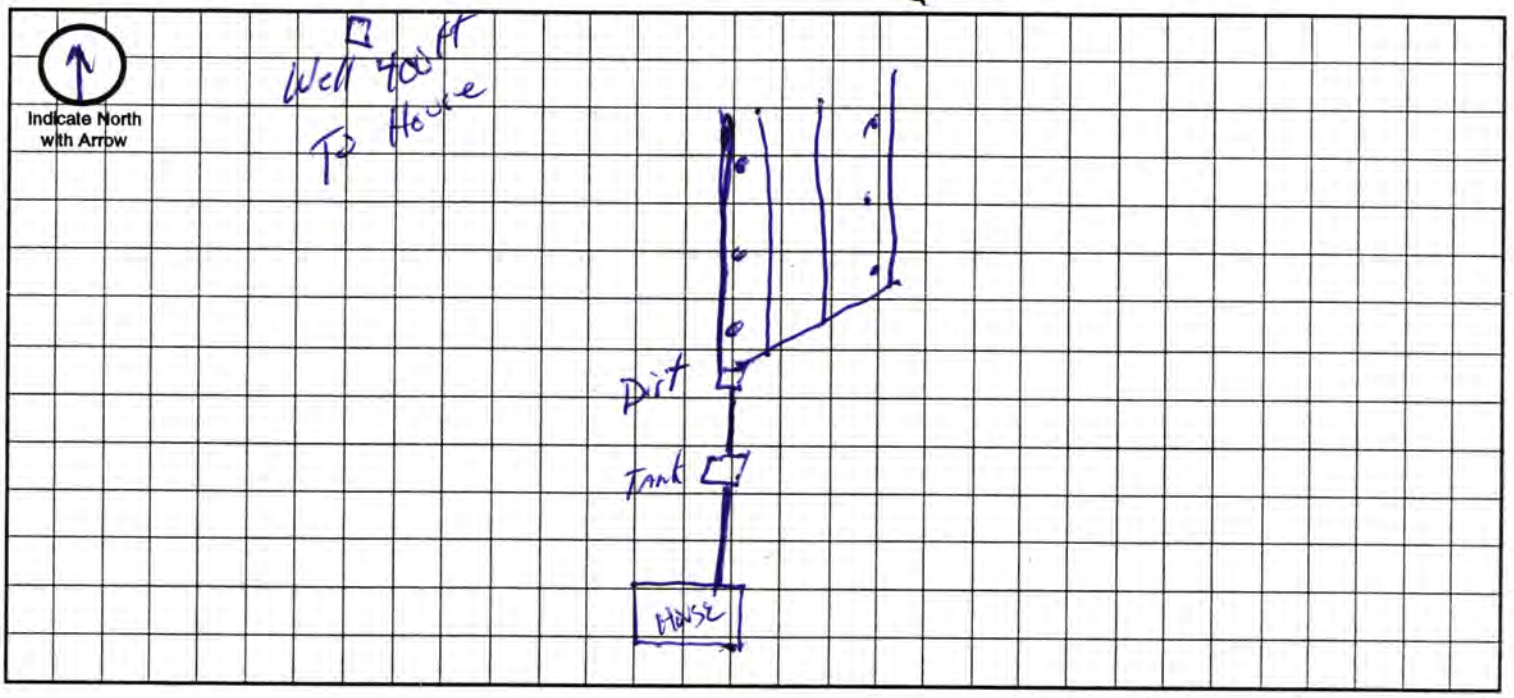
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 20751 N.W. 12TH ST 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 32 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1100' sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: 36 CHAMBER

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

Total Length of Laterals 275 ft. Number of Trenches 4 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 Jim Wenbold Date 6-27-07

Installer Mike Hansen Date 6-27-07

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: 07380329401

Sewage Disposal System

As Built Plans & Specifications

Date 7/12/07

System Location (Indicate correct number and street)

Address 20751 NW 12th St. (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 25 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 400 ft.
   stream — ft.
   pressure line 4 ft.
   property line 100 ft.

B. Septic Tank

1. Material: Poly
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☒ below grade 6 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line 300 ft.
   Stream — ft.
   Pressure line 20 ft.
   Property line 100 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 16.6" ft.

D. Absorption Field

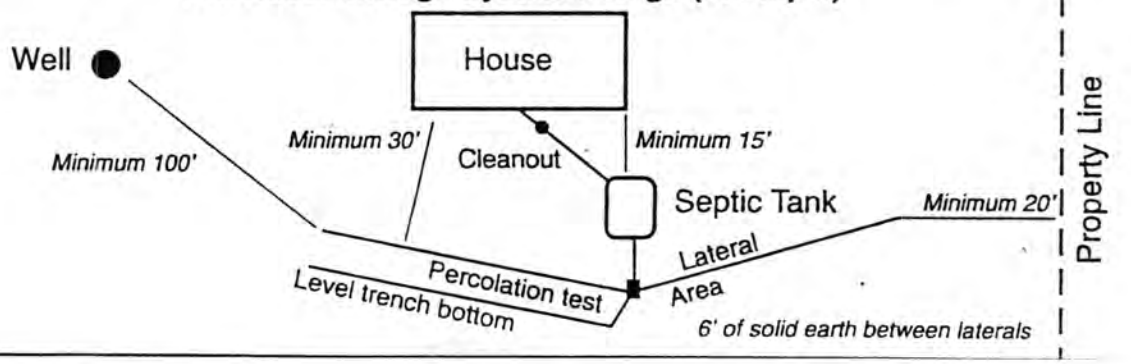
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 32"
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 90 ft. 86 ft.
   100 ft. ft., ft.
3. Trench dimensions: Width 3' ft.
   Slope 3" in/100 ft.
   Average depth 24" in
4. Filter material: Dirt
   Depth of material 18-24 in.
5. Distances to: Well or suction line 100 + ft.
   Stream — ft.
   Pressure line 70 ft.
   Property line 85 ft.

Indicate North with Arrow

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

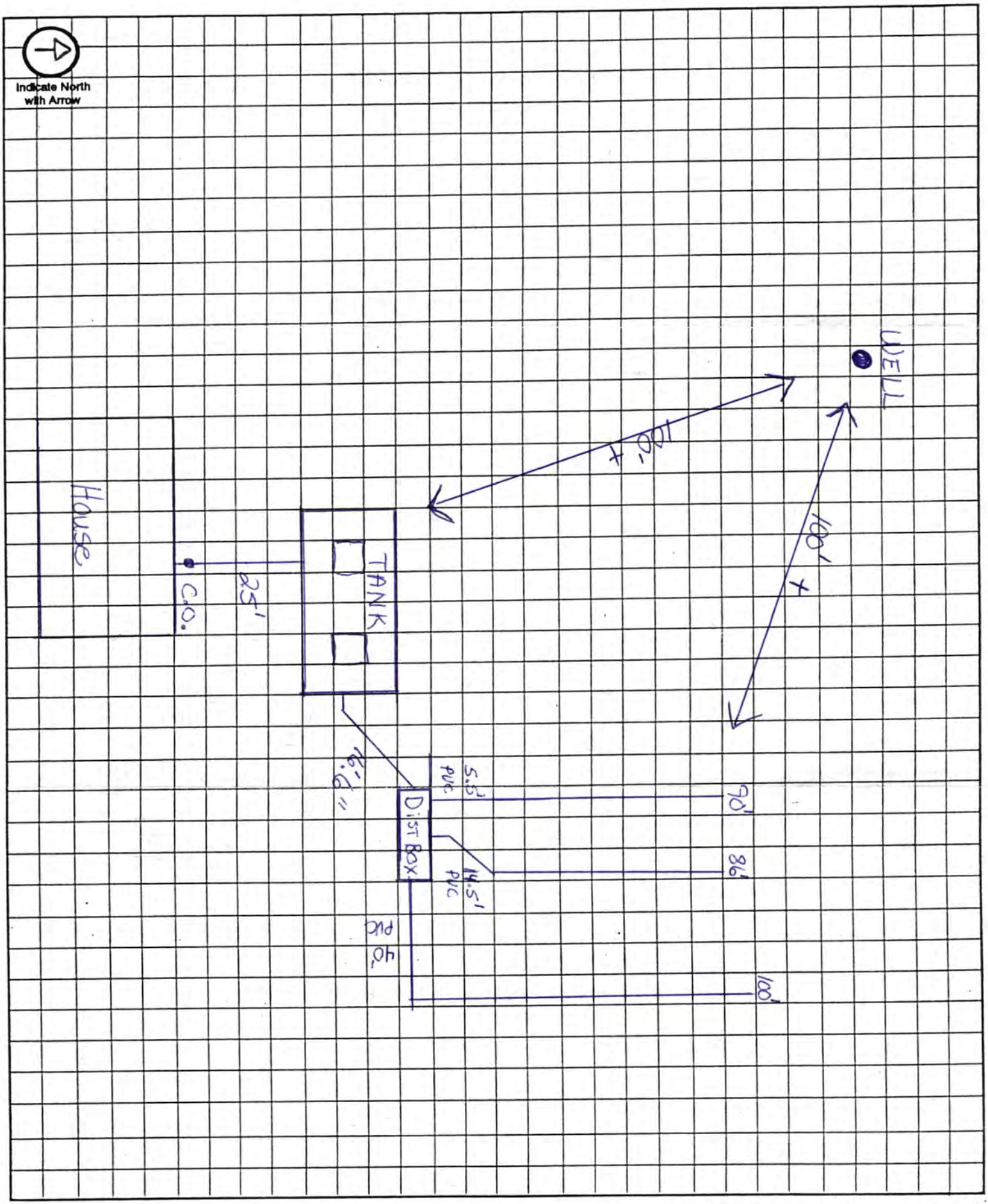
Individual Sewage System Design (Example)



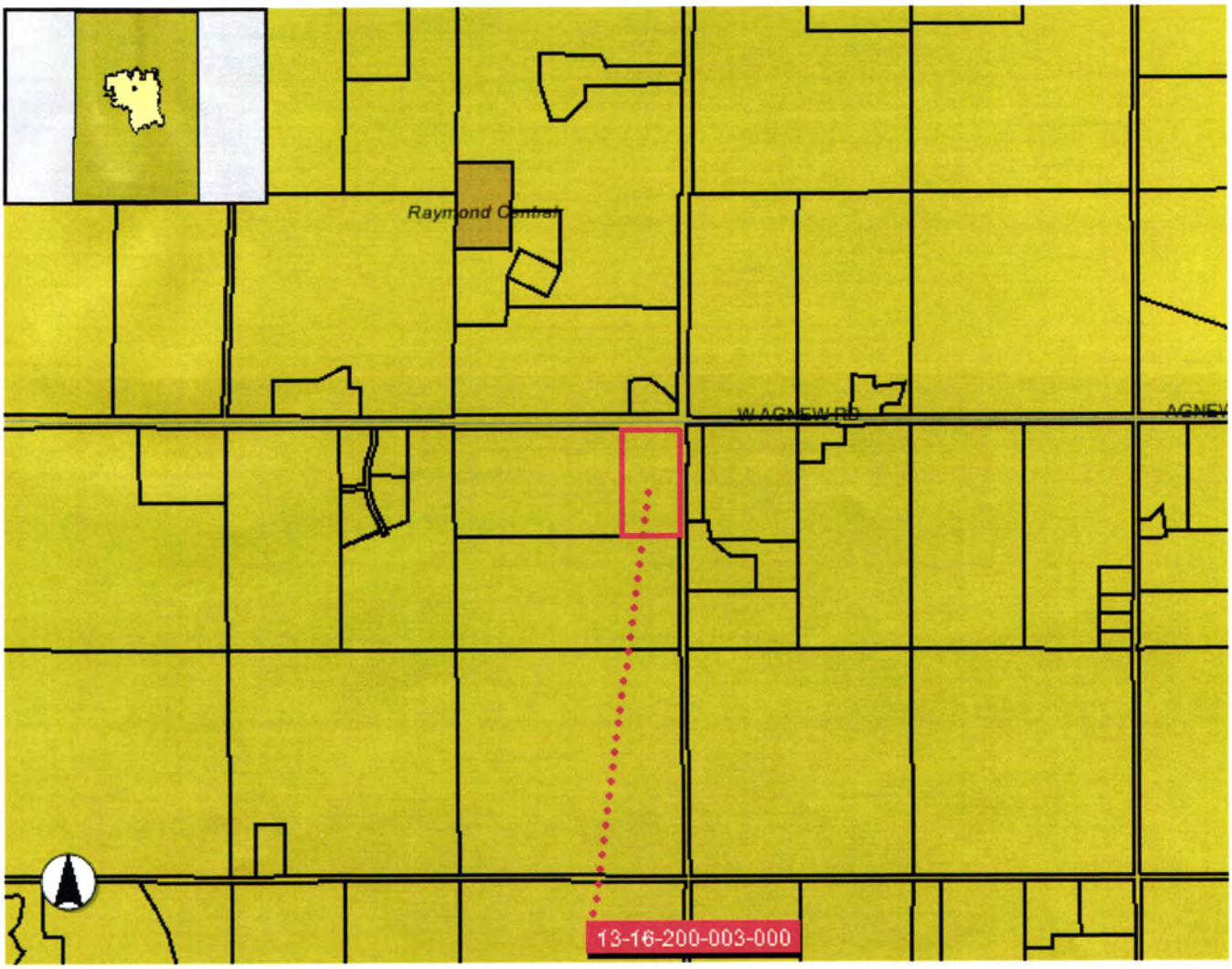
FORM 23-103 10-96

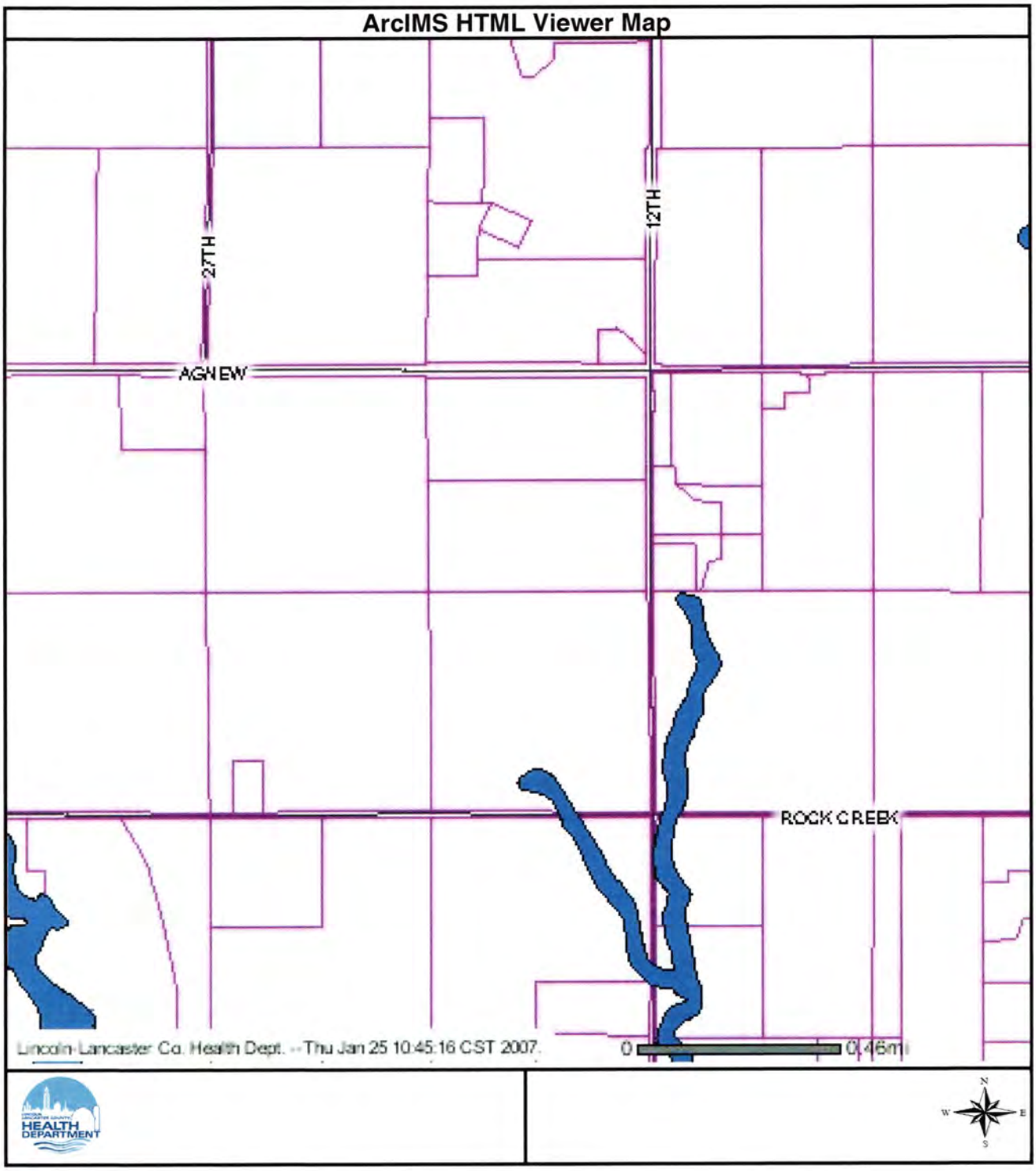
As Built Drawing

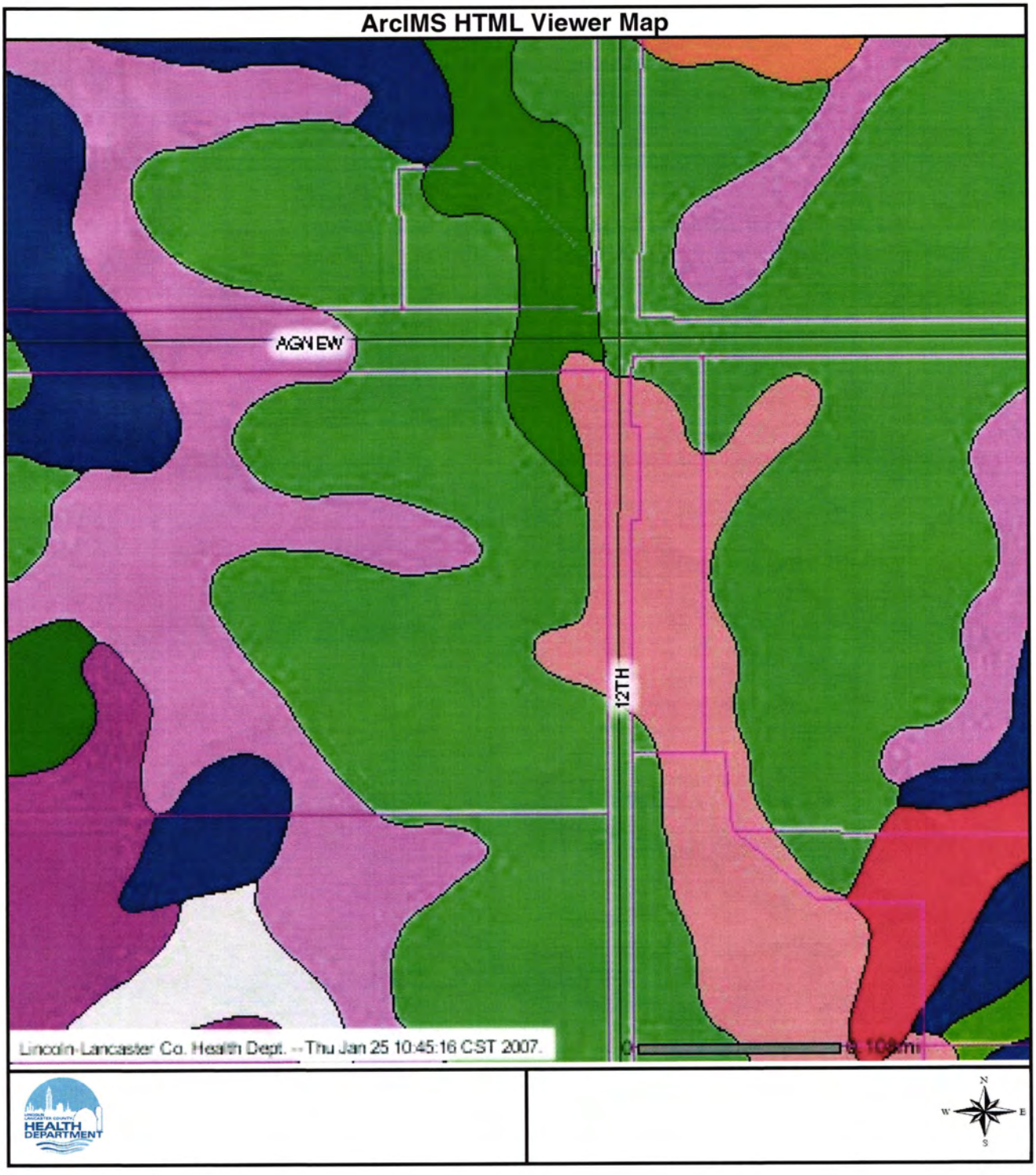
20751 NW 12th



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


Raymond Central
W AGNEW RD
13-16-200-003-000


ArcIMS HTML Viewer Map
27TH
12TH
AGNEW
ROCK CREEK
Lincoln-Lancaster Co. Health Dept. -- Thu Jan 25 10:45:16 CST 2007.
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0.46mi
HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
AGN EW
12TH
Lincoln-Lancaster Co. Health Dept. -- Thu Jan 25 10:45:16 CST 2007.
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