LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98380177101

SEWAGE INSTALLATION
LAGOON

Issued 06/02/98
Expires 12/02/98
Revenue Code 3157

Establishment

CHARLES INGERSOLL
T12N R6E SEC 19 QTR SE
4600 W DAVEY RD-RAYMOND

FEES: $150.00

PAID

TOTAL $150.00

Permittee

CHARLES INGERSOLL
971 RIVERSIDE DR
APT 6N
ST CHARLES IL 60174

Issued By Health Director
Lincoln-Lancaster County Health Department

007432

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 4600 West Davey Road (no rural route) City Raymond NE, Zip 68428

Legal Description SE 19 ~~13N 6E~~

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 Charles INGersoll Signature _____

Address 6 North 971 Riverside Dr. City/State/Zip ST Charles ILL 60174

☐ Check if owner designed system Home Phone _____ Work Phone 1-888-259-4040

C. Contractor

Name Dave Hurst Company Name Daves Plumbing Inc.

Address 1635 Waverly Rd City/State/Zip Garland Ne. 68360

☒ Check if contractor designed system Work Phone 432-2865

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 ~~4~~ 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 6/2/98 Date frwd 6/2/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Kool
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6.2.98 Date frwd 6.2.98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-2-98 Date frwd 6-2-98 ACTION ☒ Approved ☐ Disapproved Signature Jim Klough

6-3-98 own site inspection
6-4-98 rec'd fence + drawing

Installation Final Written Approval

By Ron Morgan

Date 6-12-98

Business Office Use Only

Date Rec'd 06/02/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 3856

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

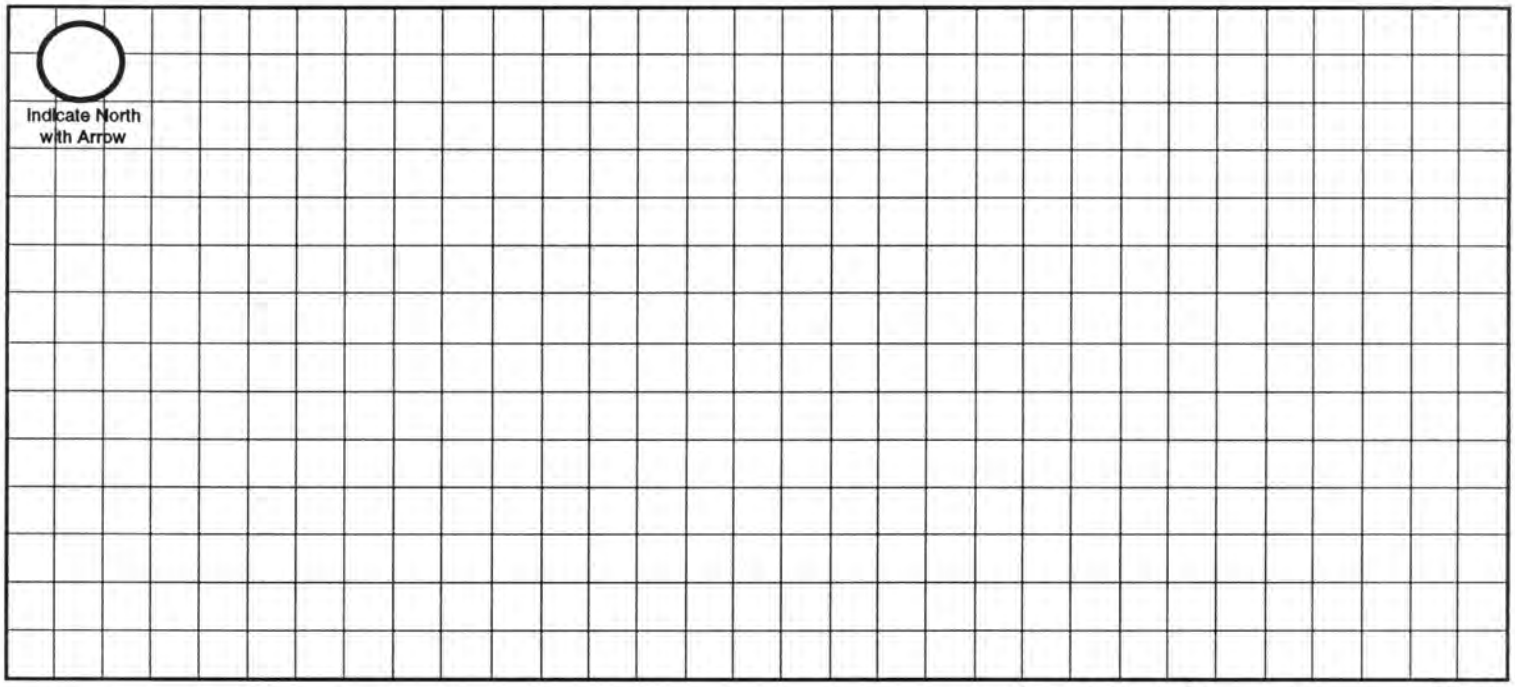
C

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) 4600 WEST DAVEY ROAD 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: Pawnee Clay loam 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 [signature] Davis Plumbing Inc Date 6-2-98

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: Class 160 sch40 SD, Pipe
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 4" in.
3. Distance between dwelling and ~~septic tank~~ treatment: 200+ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 350ft ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 55ft 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

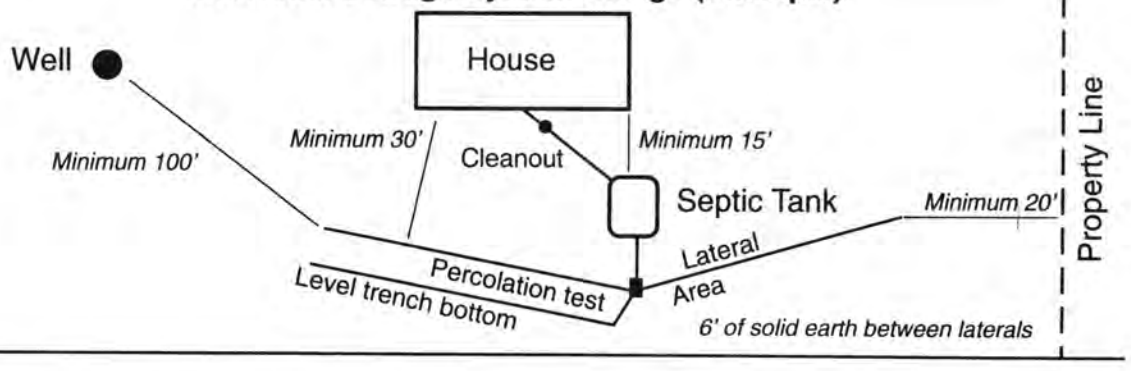
(Provide as-built drawings on back of this form)

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.

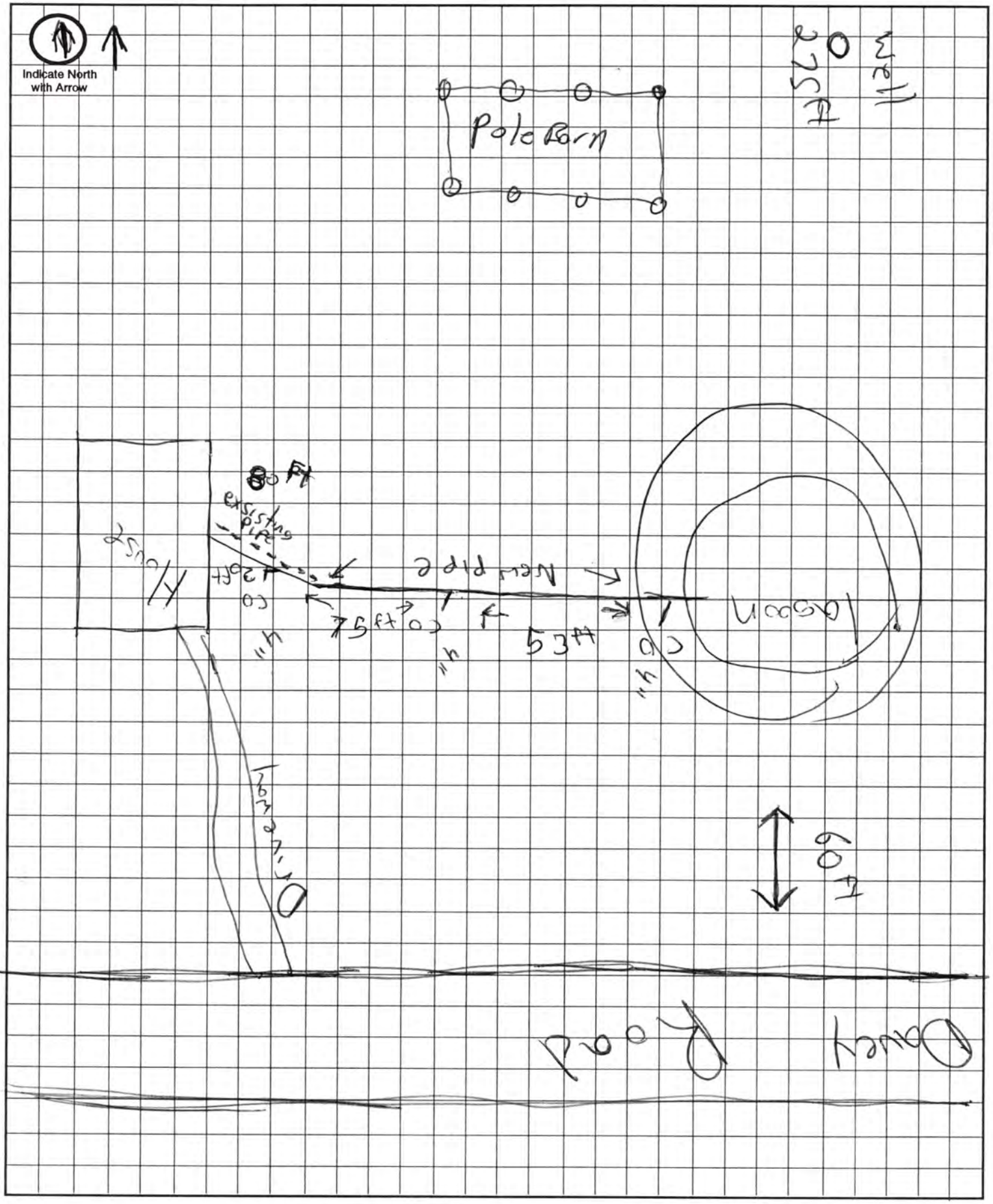
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

4600 Davey Road



Approximate Scale: _____ft. = _____ grid line/s


W. Davey Rd
New Lagoon
NW 40th
LANCASTER COUNTY, NEBRASKA — SHEET NUMBER 8
R. 5 E.
R. 6 E.
MrD
McD
19
20
24
25
29
30
31
32
36
UNION PACIFIC
North Oak Creek
ShD
ShC
ShD2
PaD2
JuC
MrD2
MeC2
McF
SmD
PaC2
Ke
Ns
Zp
Sk
SuG
BrD
BrE
BpF
StF
DcD
JfC
MrE
SuD2
GeD2
PbC3