Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002256

(402) 441-8000

Permit SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380263901

Issued 05/19/03
Expires 11/19/03
Revenue Code 3157

Establishment THOMAS & MARILYN TABOR
T12N R6E SEC 19 QTR SE
LOT 18
18601 NW 40 ST-RAYMOND

FEES: $200.00

Permittee THOMAS & MARILYN TABOR
1648 S 20 ST
LINCOLN NE 68502

TOTAL: $200.00

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: 033802639 01

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 18601 NW 40 (no rural route) City Raymond NE, Zip 68428

Legal Description Lot 18 SE¼ 19 - 12 - 6 18 I.T.
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 Thomas A + Marilyn J. Tabor Signature Marilyn J Tabor

Address 1648 S 20 City/State/Zip Lincoln NE 68502

☐ Check if owner designed system Home Phone 402-435-6570 Work Phone 402-472-9377

C. Contractor

Name Kevin Wolfe Company Name _____

Address 24021 NW 56 City/State/Zip Valparaiso NE 68065

☐ Check if contractor designed system Work Phone 402-783-2203

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

Designer Name AWS Don Anderson Firm AWS Work Phone 624-3895

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 5/19/03 Date frwd 5/19/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-19-03 Date frwd 5-19-03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/19/03 Date frwd 5/19/03 ACTION ☒ Approved ☐ Disapproved Signature _____

7/2/03 Need drawing. J.C.H.

Installation Final Written Approval

By _____

Date 12-17-03

Business Office Use Only

Date Rec'd 05/19/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 4255

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 18601 NW 40 (no rural route) City Raymond NE, Zip 68428

Owner Thomas Tabor Addresss 1648 S 20 Lincoln NE 68502

Soil Type (SCS): ShD2 MrD Percolation Rate: 60 min./inch

Date of Tests 11-23-02 to 11-24-02 Weather: Precipitation none Temperature 50°

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	36	11-23	3:35	11-23	7:35	11-24	3:40	30	11-24	4:40	60	1	60
2	36	11-23	3:38	11-23	7:36	11-24	3:40	11	11-24	11	11	1½	40
3	36	11-23	3:41	11-23	7:37	11-24	3:40	11	11-24	11	11	2	30
4	36	11-23	3:43	11-23	7:38	11-24	3:40	11	11-24	11	11	2	30
5	36	11-23	3:45	11-23	7:39	11-24	3:40	11	11-24	11	11	1½	40
6	36	11-23	3:49	11-23	7:40	11-24	3:40	11	11-24	11	11	2	30

Person Conducting Percolation Tests

Name: Marilyn Tabor
Phone: 402-435-6570
Address 1648 S 20
Lincoln NE 68502

Sum of Percolation Rates: 330
Average of Rates: 38
Rate Used for Calculation: 6038 6.33
60 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

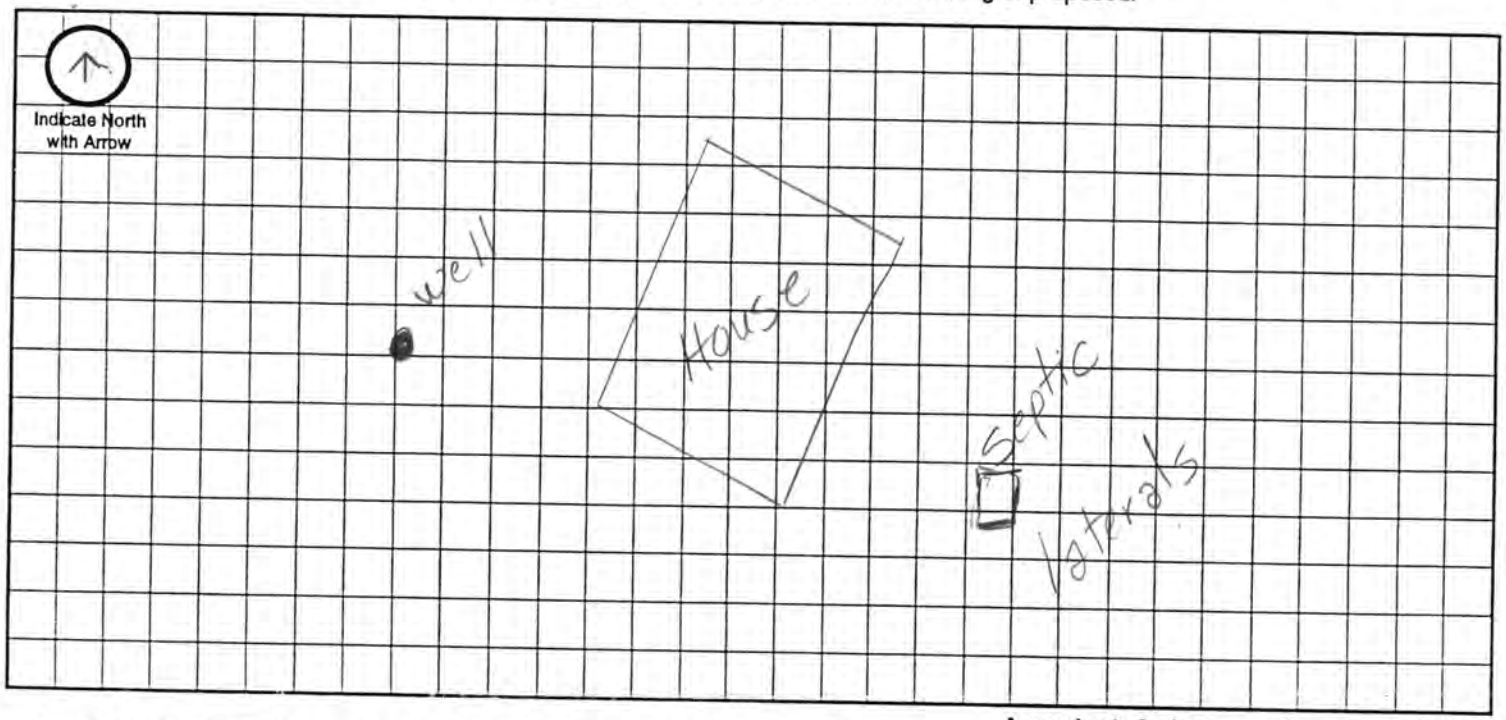
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

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) 18601 NW 40 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 6.0 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: ADS EQ 12

Capacity of Septic Tank 1500 (1000) gals Number of Absorption Beds: — Number of Distribution Laterals per Bed —

Total Length of Laterals 263 ft. Number of Trenches 2 Trench Width 4ft

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 Kevin Wolfe Date 5-18-03

Installer Clas Well Co. - Dan Carlstrom Date 5/15/03

FORM 23-102 10-96

NOV 2 5 2003

D

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Permit Number: 033802639

Sewage Disposal System

As Built Plans & Specifications

Date 11-19-03

System Location (Indicate correct number and street)

Address 18601 NW 20 (no rural route) 20-12-6 City Raymond NE, Zip 68428

A. Building Sewer

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

B. Septic Tank

1. Material: Cement
   Number of compartments: _____
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 20 in.
   Over outlet, diameter 20 in.
   Riser: ☒ above ☐ below grade 3 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 20 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 15 ft.

D. Absorption Field

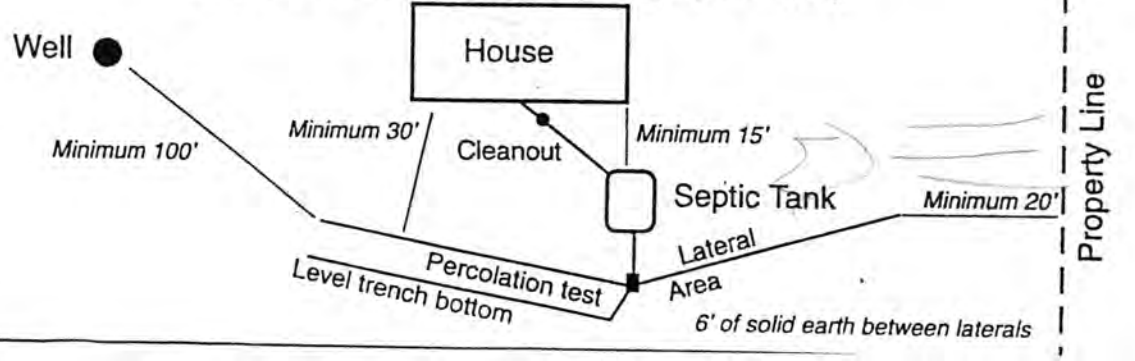
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: ADS Eq 12
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 80 ft. 85 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 to 1" in/100 ft.
   Average depth 30 in
4. Filter material: Pea Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

Indicate North with Arrow

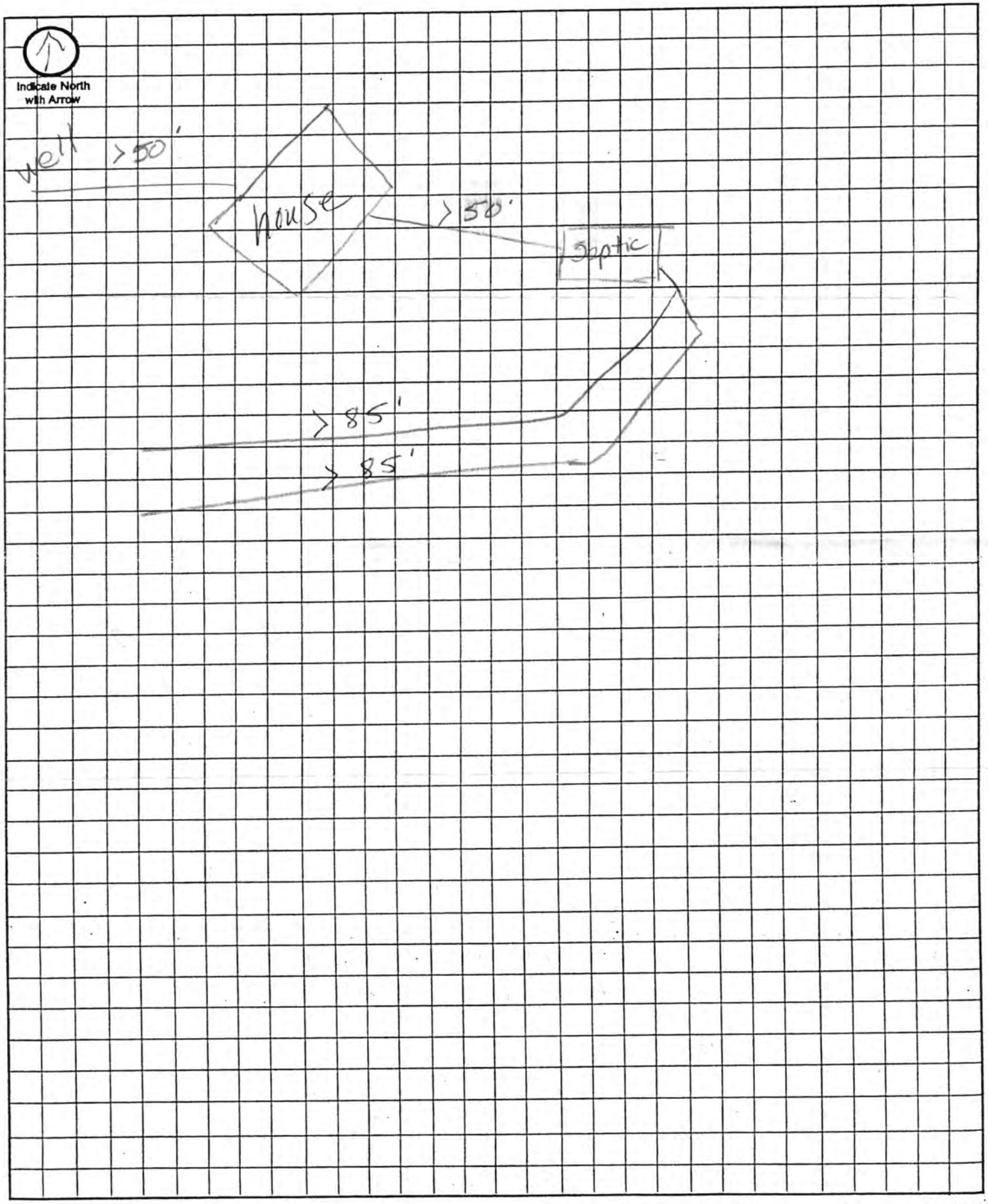
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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