LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380164101

Issued 08/25/97
Expires 02/25/98
Revenue Code 18754

Establishment

EUGENE MATULKA
T12N R6E SEC 10

FEES: $150.00

TOTAL $150.00

Permittee

EUGENE MATULKA
RR0001
BOX 00176
RAYMOND NE 68428

5182

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"

AUG 8 1997

A

Permit Number:

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

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) Major Repair

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 Little Salt entrance, ½ mile E. of pvmt 12th, S. 400 ft.

A. System Location (Indicate correct number and street)

Address Box 176 (no rural route) City Raymond Ne NE, Zip 68428

Legal Description NW in NE corner 10 12N 4E
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 Eugene Matulka Signature Eugene Matulka

Address Box 176 Raymond Ne City/State/Zip 68428

☑ Check if owner designed system Home Phone 785-5175 Work Phone _____

C. Contractor

Name Ben Earnest Company Name Earnest Well drilling

Address RFD 1 Milford Ne City/State/Zip _____

☑ Check if contractor designed system Work Phone _____

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 8/18/97 Date frwd 8/18/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

8-19-97. site plan rcvd
9-11-97 rcvd need drawing

Installation Final Written Approval

By Ron Mangerant

Date 9-16-97

Business Office Use Only

Date Rec'd 08/08/97

Amt Paid 150 CK

Rec'd By LS ~~Cash~~/Check No. 3662

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

AUG 8 1997

B

Permit Number:

Lincoln-Lancaster County Health Department
Environmental Health Division
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Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Box 176 (no rural route) City Raymond NE, Zip 68428

Owner Eugene Matulka Addresss Box 176 Raymond Ne 68428

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

Date of Tests 8-6 to _____ Weather: Precipitation 0 Temperature 78

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	8-5	3 PM	8-6	7:30 AM	8-6	11:30 AM	6	8-6	12 Noon	30	3/4	40
2	36	"	"	"	"	"	"	"	"	"	30	5/8	48
3	36	"	"	"	"	"	"	"	"	"	30	1/2	60
4	36	"	"	"	"	"	"	"	"	"	30	5/8	48
5	36	"	"	"	"	"	"	"	"	"	30	3/4	40
6	36	"	"	"	"	"	"	"	"	"	30	5/8	48
													284

Sum of Percolation Rates: 284

Average of Rates: 47 min/inch

Rate Used for Calculation: 47

Person Conducting Percolation Tests

Name: Eugene Matulka

Phone: 785-5175

Address Box 176 Raymond Ne 68428

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sharpsburg silty clay loam

Signature of Reviewing Official Ron Maynard Date 8-14-97

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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AUG 8 1997

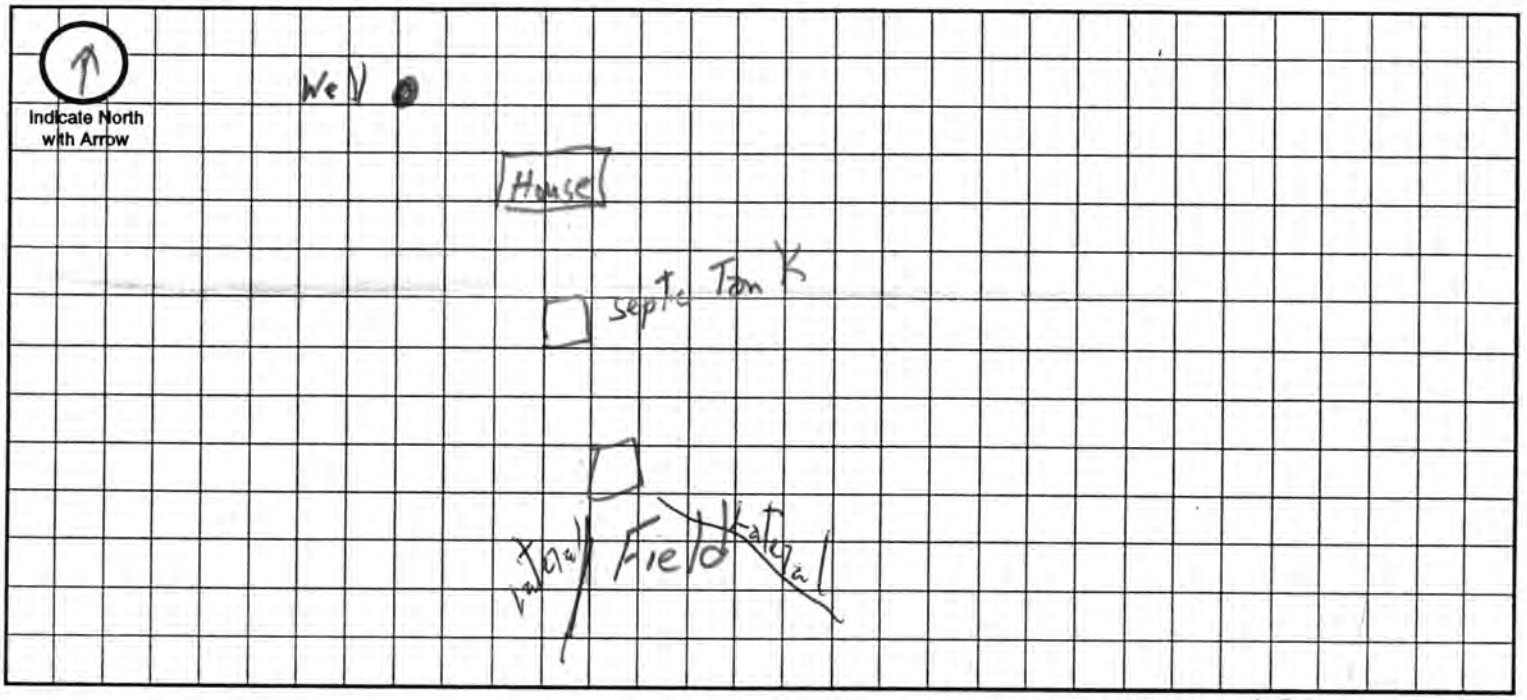
C

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: 25 ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) ½ E NW 12th, S. 400 ft. City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Existing tank

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 47 (min. per inch) Soil Type: Sharpsburg silty clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 911 sq. ft.

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

Capacity of Septic Tank 2 _____ gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 228 ft. Number of Trenches _____ Trench Width ~~3~~ 4 Ft

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Existing home

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 _____

SEP 1 5 1997

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Gene Matulka

Date 9/11/97

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: SDR 26
   Diameter: 4 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: _____
   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: Concrete
   Number available outlets: 2
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 40 ft.

D. Absorption Field

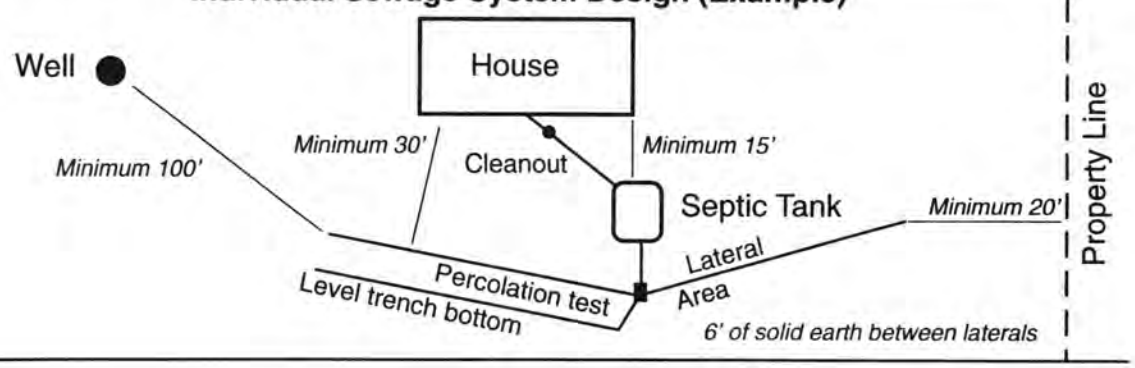
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 16"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete Equalizer
   ☐ other Infiltrator 24
2. Lateral lines: Number 3
   Length of each line: 100' ft. 90' ft.
   60' ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope Level to 2" in/100 ft.
   Average depth 48 in
4. Filter material: Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line 200 ft.
   Stream N/A ft.
   Pressure line N/A ft.
   Property line N/A ft.

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

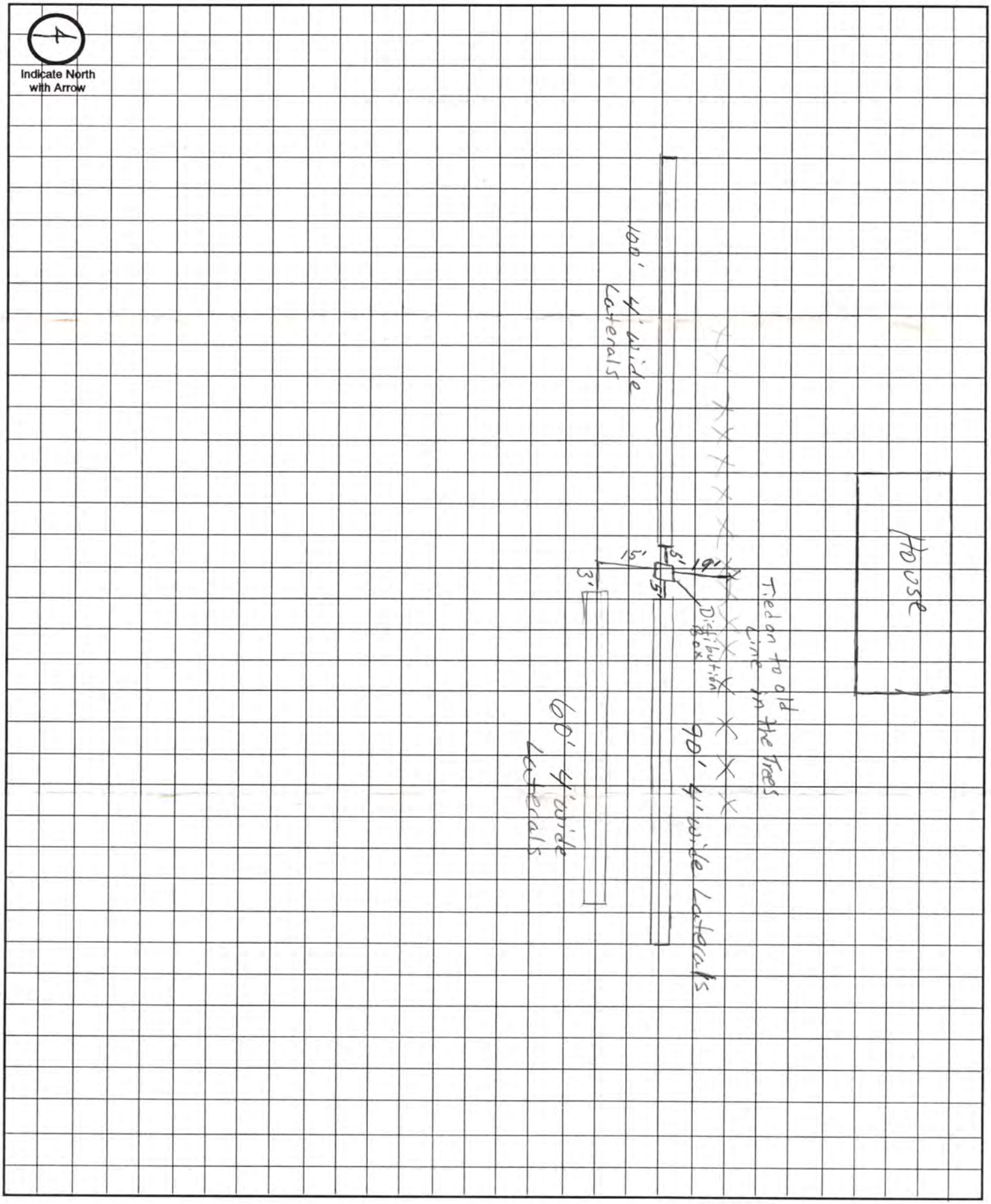
Indicate North with Arrow

Individual Sewage System Design (Example)

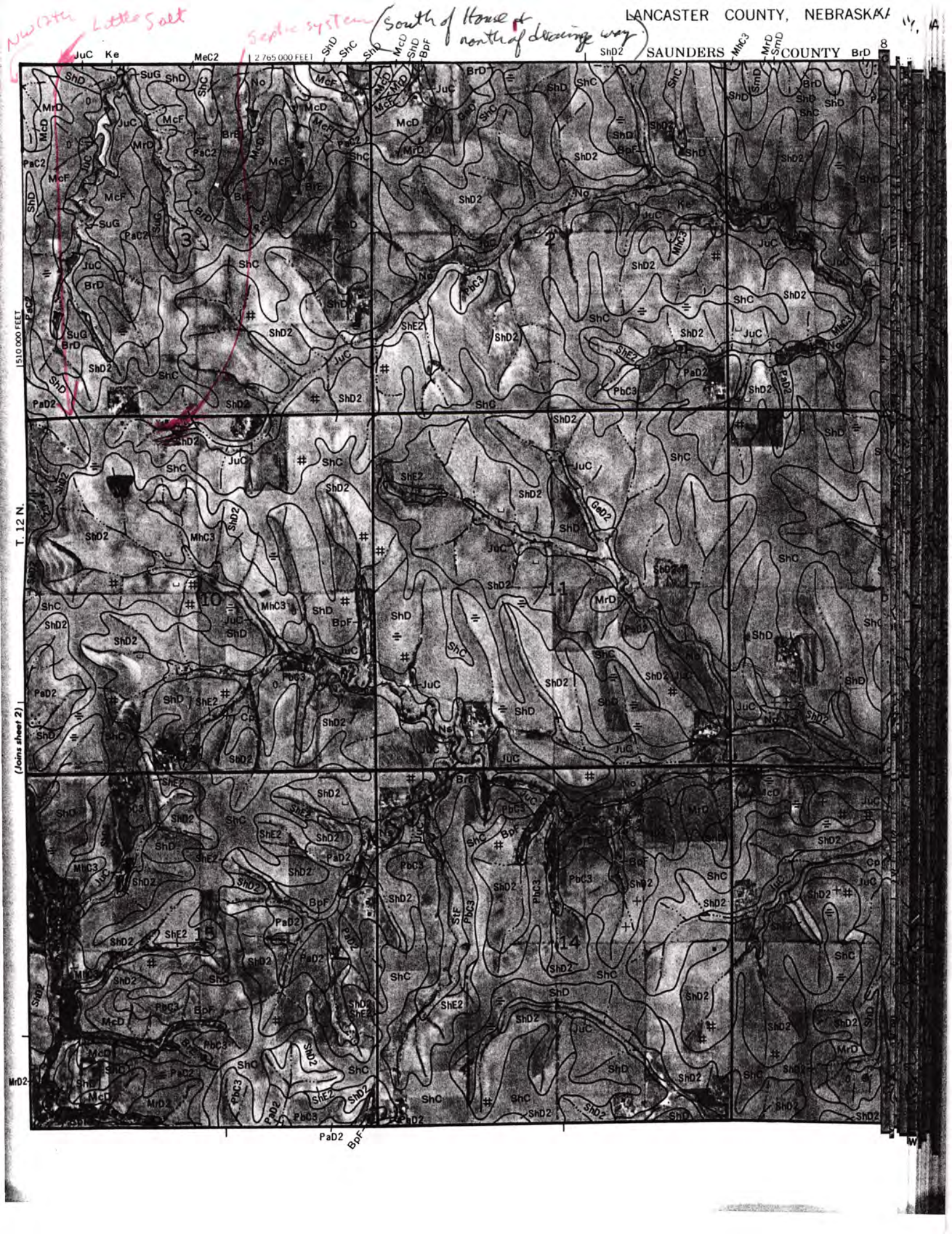


FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s


LANCASTER COUNTY, NEBRASKA
SAUNDERS COUNTY
2 765 000 FEET
510 000 FEET
T. 12 N.
(Joins sheet 2)
Septic system
(South of House & north of drainage way)
Well
Little Salt
JuC
Ke
MeC2
ShD
ShC
McD
BpF
ShD2
MhC3
MrD
SmD
BrD
SuG
McF
No
PaC2
BrE
ShE2
PbC3
PaD2
MrD2
StF
GeD2
1
2
3
8
10
11
14
15