# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003204

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON DEPENDING UPON PERC
TEST RESULTS

Permit # 03380274301

Issued 11/05/03
Expires 05/05/04
Revenue Code 3157

Establishment

MIKE TRENTMAN
T12N R6E SEC 14 QTR NW
20.1 ACRES-RAYMOND LOT 16IT
1ST&AGNEW RD-1/4MI S ON E SIDE

FEES: $200.00

TOTAL: $200.00

Permittee

MIKE TRENTMAN
2854 NW 51 ST
LINCOLN NE 68524

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: 033802743 01

weil call in Sept
11/6/03

# 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 Agnew RD 1st 1/4 South EAST side of RD City Raymond NE, Zip _____
(no rural route)

Legal Description NW 1/4 14 Section 12N Township 6E Range _____ Subdivision _____ Addition 16 Block T.I. Lot

Geographical Location (if known): Longitude _____ Latitude _____ 20.10 ACRES

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

### B. Owner

Name Mike Trautman Signature MIKE TRAUTMAN BY LH

Address 2854 NW 81st City/State/Zip LINCOLN NE 68521

☐ Check if owner designed system Home Phone 464 1538 Work Phone 467-1300 890-0939

### C. Contractor

Name LEONARD HARPER Company Name HARPER WELL / Plumbing

Address P.O Box City/State/Zip ADAMS NE 68301

☑ Check if contractor designed system Work Phone 402-432-2204

### 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 11/5/03 Date frwd 11/10/03 ACTION ☒ Approved ☐ Disapproved Signature Lerold C. Harper
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/10 Date frwd 11/10 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-16-03 Date frwd 11-19-03 ACTION ☑ Approved ☐ Disapproved Signature _____

### Installation Final Written Approval

By Ron Mayhew

Date 4-14-04

***Business Office Use Only***

Date Rec'd 11/05/03

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 3168

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: 033801743

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

Perk test Pending

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

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

Owner Mike Trentman Addresss _____

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

Date of Tests 10/28/03 to 10/29/03 Weather: Precipitation ~None Temperature _____

## 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) |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

### Person Conducting Percolation Tests

Name: Harperwell Plumbing

Phone: 402 988-2055

Address P.O Box 15 Adams NE 68301

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

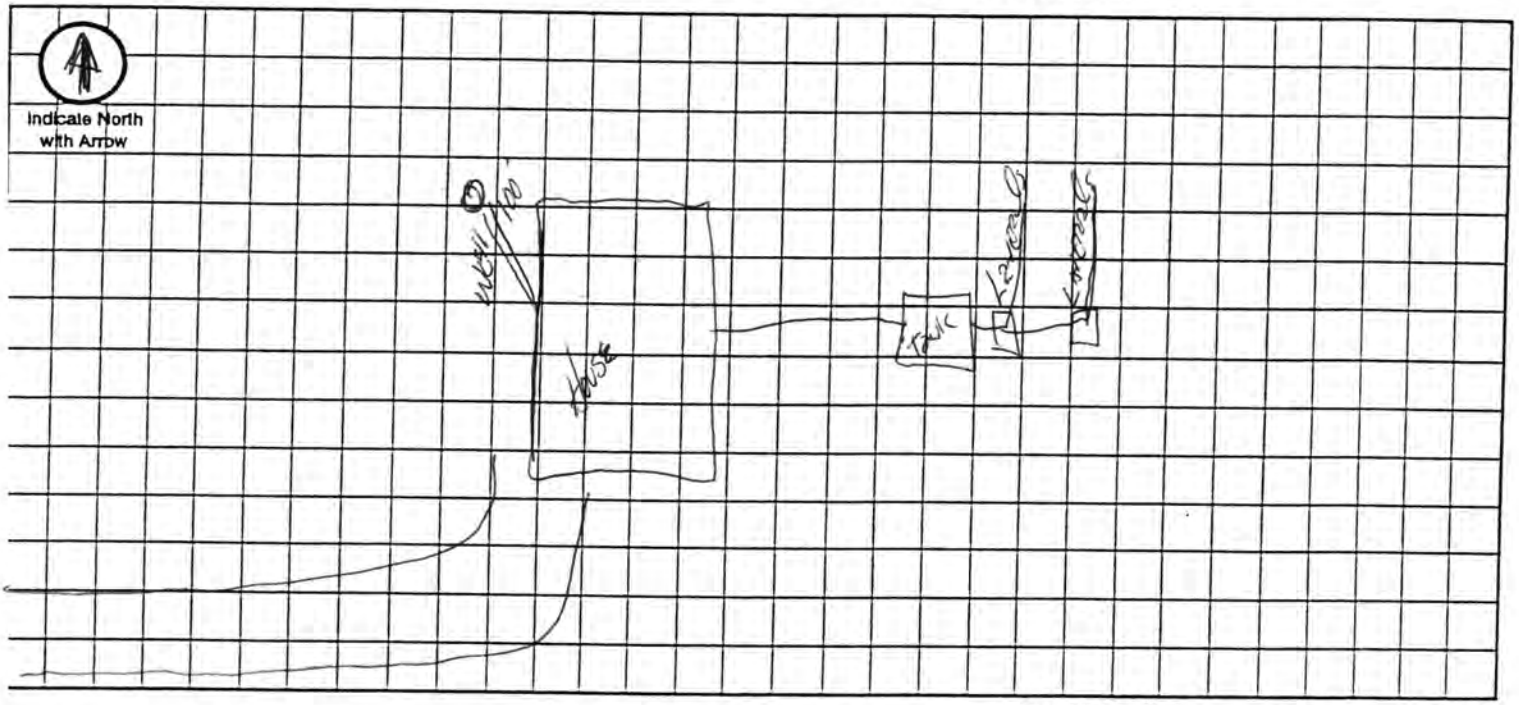
C

Permit Number: 033802743

# 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) _____ City Raymond NE, Zip _____

## 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: _____ sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 110 ft. Number of Trenches 2 Trench Width 36

## 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 Mike Trautman By LH Date 11/4/03

Installer Donald Gipson Date 11/4/03

RM 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 14 - 12 - 6

Date 12/19/03

**System Location (Indicate correct number and street)**

Address 20900 151 (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: 18" in.
3. Distance between dwelling and septic tank: 30' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

## B. Septic Tank

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

## C. Distribution Box

1. Material: Concrete
   Number available outlets: _____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 15' ft.

## D. Absorption Field

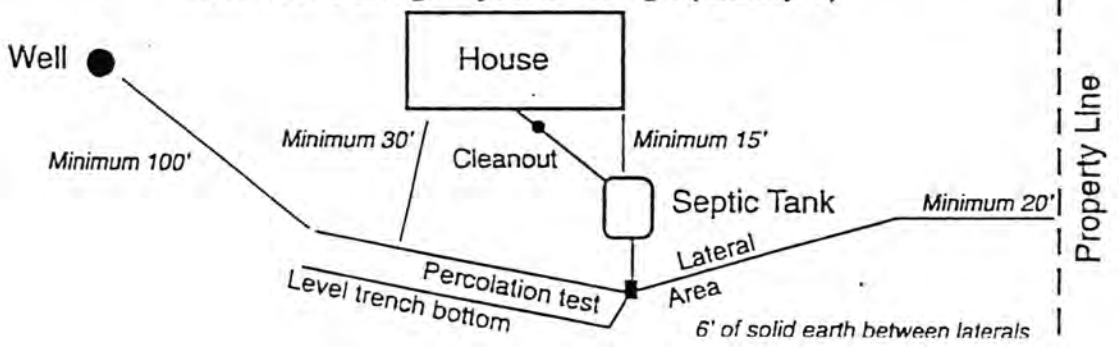
*(Provide as-built drawings on back of this form)*

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36" ft.
   Slope 3" in/100 ft.
   Average depth 18" 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

