Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380225801

Issued 10/26/00
Expires 04/26/01
Revenue Code 3157

Establishment

PHILLIP KNAUB
T12N R6E SEC 33 QTR NW
W 1/2 OF NW 1/4 LOT 9
NA

FEES: $200.00

Permitee

CHRISTO CONSTRUCTION CO
641 S 21 ST
LINCOLN NE 68510

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013852

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

A

Permit Number: 00380275B

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 15902 NW 27th (no rural route) City Raymond NE, Zip 68428

Legal Description W1/2 NW1/4 & lot 9 Sec 33 - T 12 N - R 6 E ¢ 9 I.L
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 Phillip & Joyce Knaub Signature _____

Address _____ City/State/Zip Raymond, NE 68428

☐ Check if owner designed system Home Phone 783-0277 Work Phone _____

C. Contractor

Name Jim Christo Company Name Christo Construction Co-

Address 641 So. 21st City/State/Zip Lincoln, NE 68510

☐ Check if contractor designed system Work Phone 402- 432- 0590

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 10/26/00 Date frwd 10/26/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-26-00 Date frwd 10-26-00 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10/26/00 Date frwd 10/26/00 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Paul Dostrom

Date 7-27-01

Business Office Use Only

Date Rec'd 10/26/00
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 25853

FORM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector Also well - Refund to

B

Permit Number: 00380258

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15902 NW 27th (no rural route) City _____ NE, Zip _____

Owner Phil Knaus Addresss _____

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

Date of Tests 10/18/00 to 10/19/00 Weather: Precipitation 0 Temperature 75

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	10/18	5:00	10/19	2:00	10/19	2:00	6	10/19	6:00	30	4 3/4	6.
2	36	10/18	5:00	10/19	2:00	10/19	2:00	6	10/19	6:00	30	2 3/4	11.
3	36	10/18	5:00	10/19	2:00	10/19	2:00	6	10/19	6:00	30	1 3/4	17.
4	36	10/18	5:00	10/19	2:00	10/19	2:00	6	10/19	6:00	30	2	15.
5	36	10/18	5:00	10/19	2:00	10/19	2:00	6	10/19	6:00	30	1 3/4	17.
6	36	10/18	5:00	10/19	2:00	10/19	2:00	6	10/19	6:00	30	3/4	40.

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: >20 min difference

Rate Used for Calculation: 30 min.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

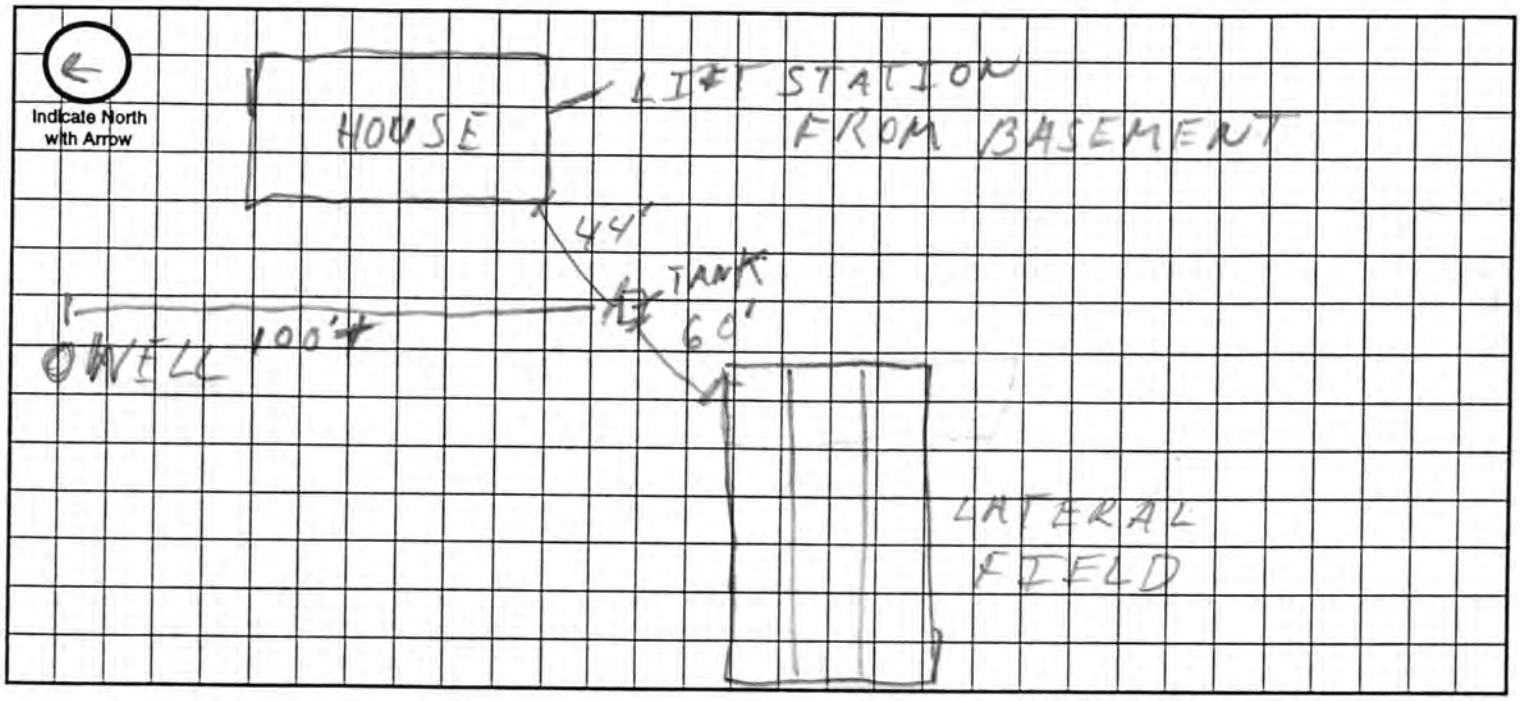
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003802258

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 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: SHELBY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 825 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 ~~275~~ 206 ft. Number of Trenches 3 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 Christo Const. Co. Date 10-25-00

Installer Heidtbrink CONST INC. Date 10-25-00

FORM 23-102 10-96

Kent Heidtbrink

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Phone: 402-441-8022

D

Permit Number: 003802258

Sewage Disposal System

As Built Plans & Specifications

Date 4-24-01 PHIL KNAUB RES.

System Location (Indicate correct number and street)

Address 15902 NW 27TH (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: CLS 160
   Diameter: 4" in.
2. Distance above basement floor: 5 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 122 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line _____ ft.
   stream 600 ft.
   pressure line 50 ft.
   property line 300+ ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 3 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 300+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

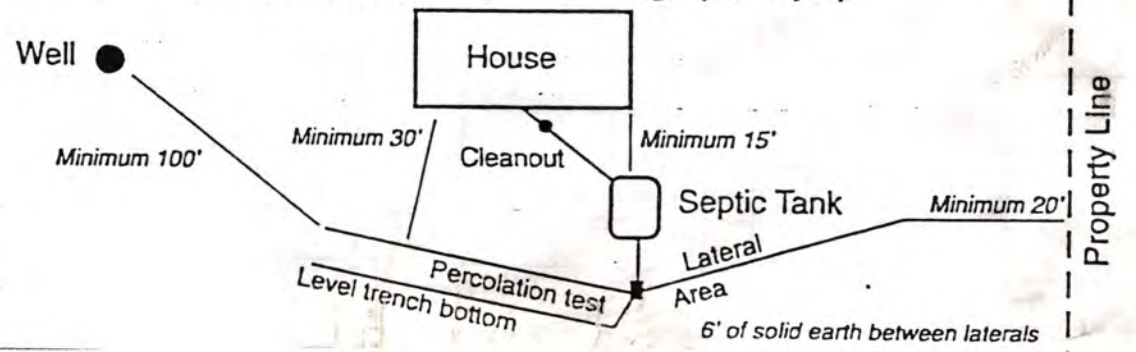
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other EQUALIZER (HIGH CAPACITY)
2. Lateral lines: Number 2
   Length of each line: 106 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3.5 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: GRAVEL-LESS
   Depth of material 0 in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 300+ ft.

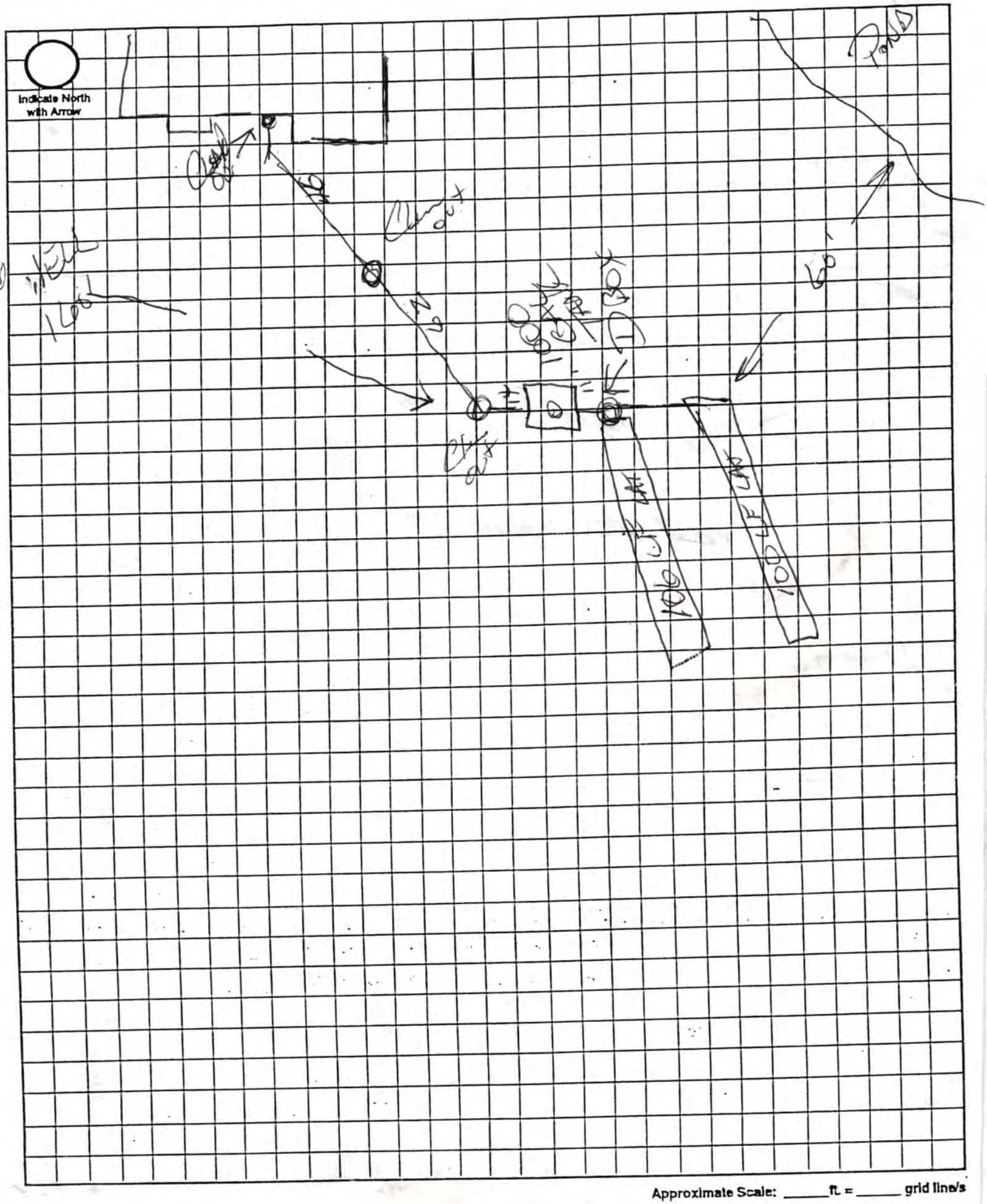
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



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