Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380218301

Issued 05/08/00
Expires 11/08/00
Revenue Code 3157

Establishment

STEVE KRATOCHVIL
T12N R5E SEC 23 QTR NW
LOT 1
19000 NW 84 ST-RAYMOND

FEES: $150.00

TOTAL: $150.00

Permitee

STEVE KRATOCHVIL
19000 NW 84 ST
RAYMOND NE 68428

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013089

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

A

Permit Number: 00380218 3

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 19000 NW 84 (no rural route) City RAYMOND NE, Zip 68428

Legal Description LOT 1 NW 23-12-5
~~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 STEVE KRATOCHVIL Signature Stephen M Kratochvil

Address 19000 NW 84TH City/State/Zip RAYMOND NE 68428

☐ Check if owner designed system Home Phone 784 3323 Work Phone _____

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7324 BALLARD City/State/Zip LNK NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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 2 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 5-4-00	**ACTION** ☑ Approved	☐ Disapproved
	Date frwd _____	Signature Paul Dayton	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd _____	**ACTION** ☐ Approved	☐ Disapproved
	Date frwd _____	Signature N/A	
3. **City or County Engineer**	Date rec'd _____	**ACTION** ☐ Approved	☐ Disapproved
	Date frwd _____	Signature N/A	

Installation Final Written Approval

By Paul Dayton

Date 5-12-00

Business Office Use Only

Date Rec'd 05/04/00

Amt Paid 150 ⁰⁰

Rec'd By _____ ~~Cash~~/Check No. 2771

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

59" square
66" round



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

B

Permit Number: 03802183

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19000 NW 84TH (no rural route) City RAYMOND NE, Zip 68428

Owner STEVE KRATOCHVIL Addresss 19000 NW 84TH

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

Date of Tests 5/1/00 to 5/2/00 Weather: Precipitation 0 Temperature 60°

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	27	4/28	1000 AM	4/29	900 AM	4/29	900 AM	6	4/29	100 PM	30	1/2	60
2	26	4/28	1000 AM	4/29	900 AM	4/29	900 AM	6	4/29	100 PM	30	5/8	48
3	24	4/28	1000 AM	4/29	900 AM	4/29	900 AM	6	4/29	100 PM	30	1/2	60
4	27	4/28	1000 AM	4/29	900 AM	4/29	900 AM	6	4/29	100 PM	30	1/2	60
5	26	4/28	1000 AM	4/29	900 AM	4/29	900 AM	6	4/29	100 PM	30	1/2	60

Sum of Percolation Rates: 288
Average of Rates: 57.6
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: STAN KROESE
Phone: 560-1208
Address 7324 BALLARD
LNK NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks This is to replace an existing system

Signature of Reviewing Official Paul Dostal Date 5-4-00

FORM 23-101 10-96

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

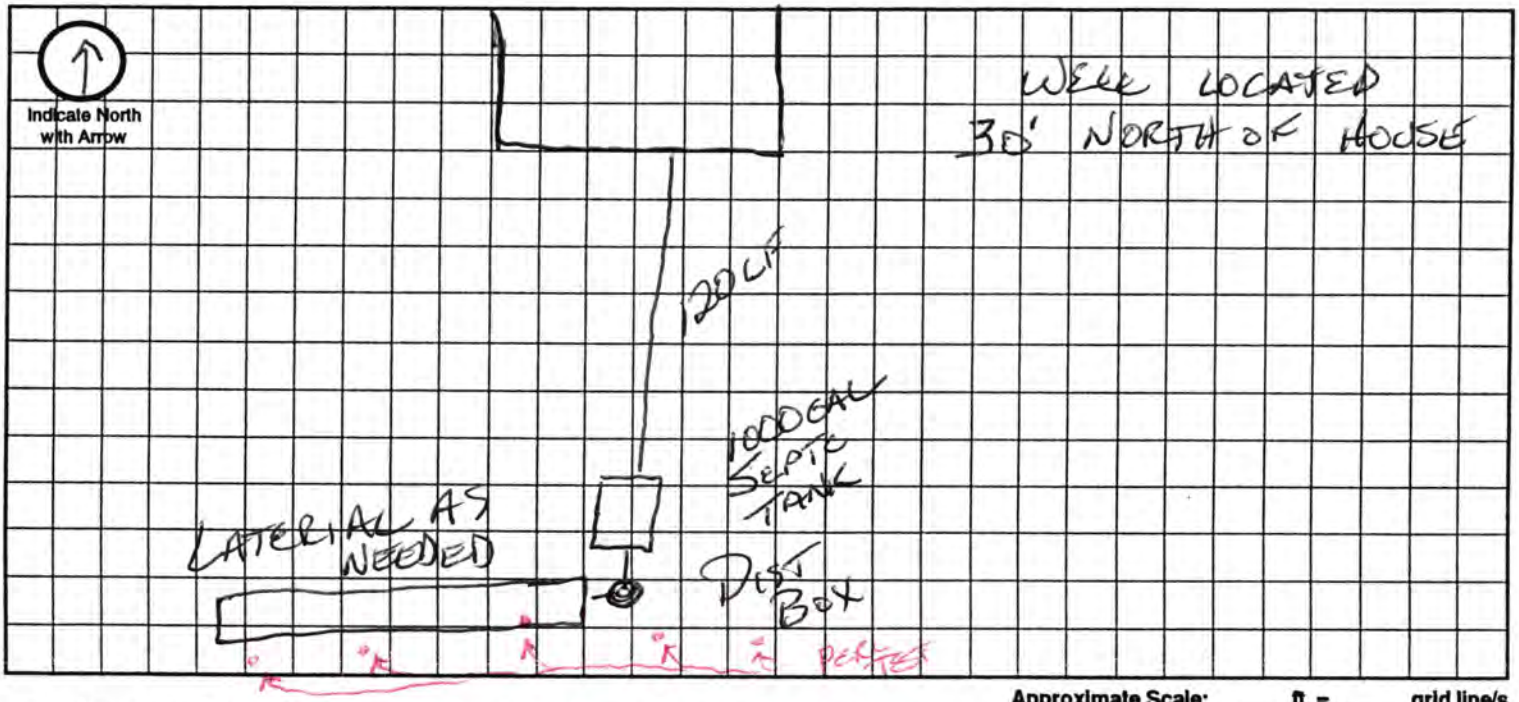
C

Permit Number: 00380218 3

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) 19000 NW 84TH 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: 700 sq. ft.

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

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

Total Length of Laterals 175 ft. Number of Trenches _____ 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 Stephen D Kratochvil Date 4-28-00

Installer Stan Kier Date 4/28/00

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: 00380218 3

Sewage Disposal System

As Built Plans & Specifications

Date 5-12-00

System Location (Indicate correct number and street)

Address 19000 NW 84th (no rural route) City Raymond NE, Zip _____

A. Building Sewer

1. Material: PVC
   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: Concrete
   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 _____ 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

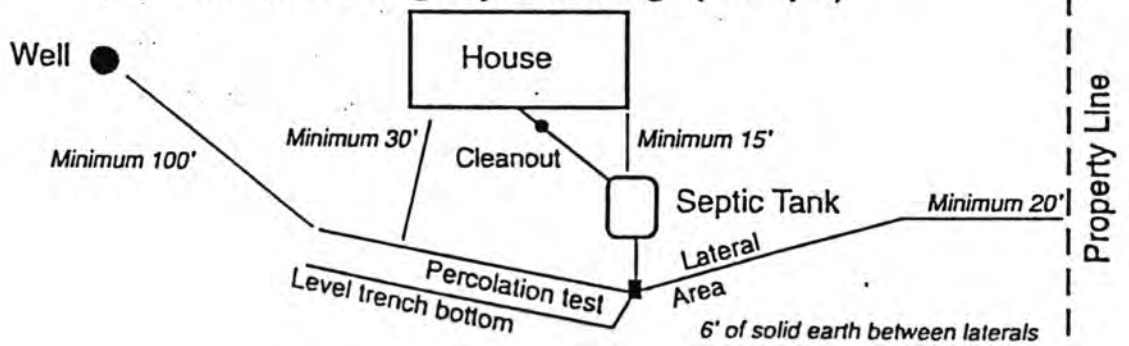
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number ~~2~~ 2
   Length of each line: 94 ft. 84 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 4 in/100 ft.
   Average depth 24 in
4. Filter material: Gravel
   Depth of material 18 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

