# Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008743

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380317701

Issued 04/12/06
Expires 04/12/07
Revenue Code 3157

Establishment:
TODD KASTL
T12N R5E SEC 19
BRNCHD OAK LKSIDE AC LOT 1
13800 W LAKESIDE RD-RAYMOND

FEES: $275.00

Permittee:
TODD KASTL
3501 MCGEE ST
LINCOLN NE 68516

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

APR 1 1 2006

**A**

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

Permit Number: 06380317701

# 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 13800 W Lakeview Rd (no rural route) City Raymond NE, Zip 68428

Legal Description NW 1/4 19 Section 12N Township 5E Range Brandeburk Lakeside Acres Subdivision Addition 1 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 Todd Kastl Signature Todd Kastl

Address 3501 McGee St City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 402-480-2572 Work Phone _____

### C. Contractor

Name Same as Owner Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jakowsek Firm Raymond Contracting, Inc Work Phone 402-890-6009

### 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 4/11/06<br>Date frwd 4/11/06 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature Jerrold E. Wood | |
| 2. **Supt. Bldg. Insp. or Village Clerk** | Date rec'd 4/12/06<br>Date frwd 4/12/06 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature | |
| 3. **City or County Engineer** | Date rec'd 4-12-06<br>Date frwd 4-12-06 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature | |

7/20/06 Need drawing. J.C.H.

### Installation Final Written Approval

By _____

Date 3/29/07

***Business Office Use Only***

Date Rec'd 04/12/06

Amt Paid 275.00

Rec'd By _____ Cash/Check No. 6117

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: 063803177

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

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

Address 13800 W Lakeview Rd (no rural route) City Raymond NE, Zip 68428

Owner Todd Kastl Addresss 3501 McGee St

Soil Type (SCS): Sharpsburg / Steinauer Percolation Rate: 21 min./inch

Date of Tests 4/6/06 to 4/7/06 Weather: Precipitation D 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 | 30 | 4/6 | 10:00a | 4/6 | 2:00p | 4/7 | 8:00a | 6 | 4/7 | 12:00p | 30 | 1 3/4 | 17 |
| 2 | 29 | " | " | " | " | " | " | " | " | " | " | 2 1/2 | 12 |
| 3 | 32 | " | " | " | " | " | " | " | " | " | " | 2 1/2 | 12 |
| 4 | 30 | " | " | " | " | " | " | " | " | " | " | 1 1/2 | 20 |
| 5 | 30 | " | " | " | " | " | " | " | " | " | " | 1 | 30 |
| 6 | 29 | " | " | " | " | " | " | " | " | " | " | 15/16 | 32 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Terri Jirkovsky, Raymond Contracting, Inc

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St
Raymond, NE 68428
# C1198

Sum of Percolation Rates: 123

Average of Rates: 21

Rate Used for Calculation: 21

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date

FORM 23-101 10-96

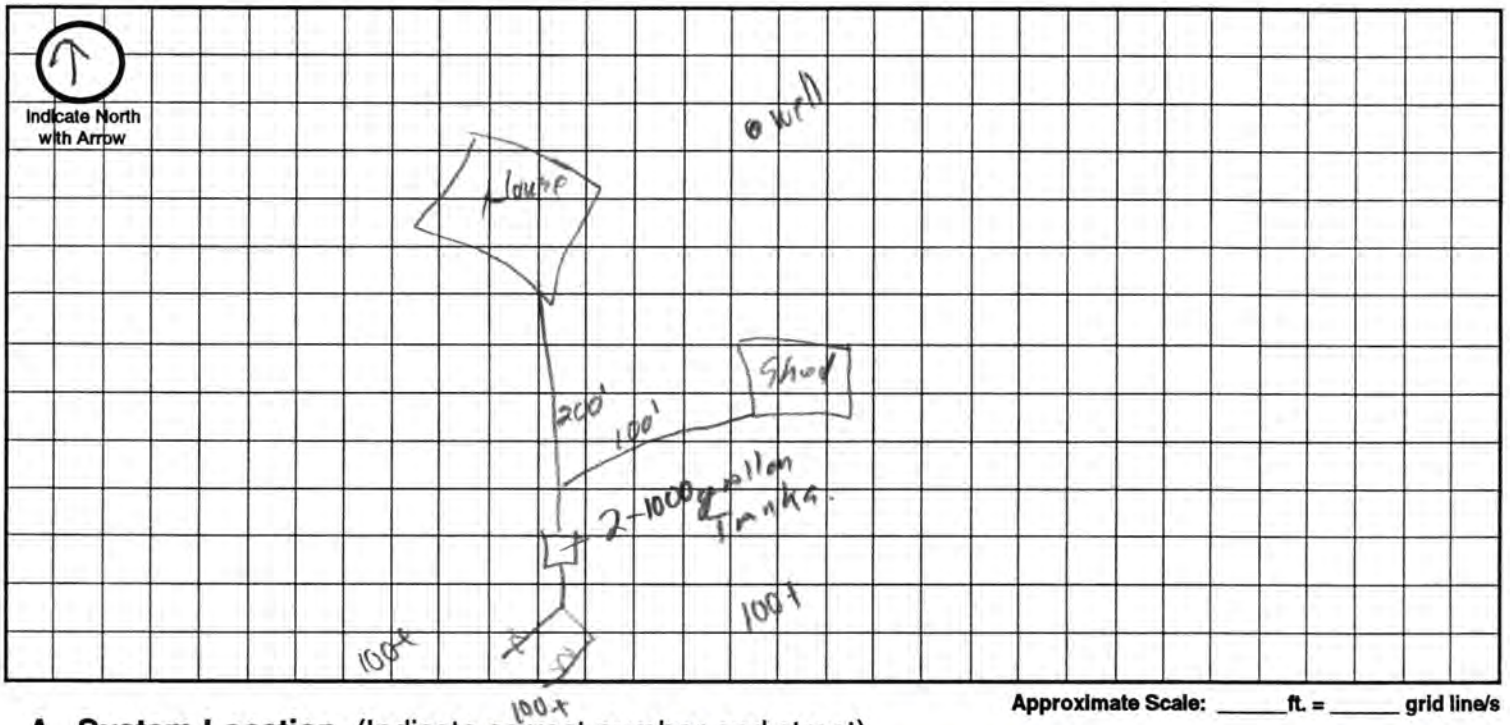
**Lincoln-Lancaster County Health Department**
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**C**

Permit Number: 063803177

# 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) 13800 W Lakeview Rd 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 21 (min. per inch) Soil Type: sharpsburg/ shelmadine Land Slope: _____ %

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

Total Square Feet of Field Required: 750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator Quick 4 Chamber

Capacity of Septic Tank 2000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 188 ft. Number of Trenches 2 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 Todd Kastl Date 4-5-06

Installer Ron L. Jahnke Date 4-5-06

FORM 23-102 10-96