Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380214301

Issued 01/26/00
Expires 07/26/00
Revenue Code 3157

Establishment

STEVE KRATOCHVIL
T12N R5E SEC 22 QTR NE
19201 NW 84 ST-RAYMOND

FEES: $150.00

Permitee

STEVE KRATOCHVIL
19201 NW 84 ST
RAYMOND NE 68428

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011645

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

JAN 21 2000

A

Permit Number: 00302143

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 19201 NW 84TH (no rural route) City RAYMOND NE, Zip 68428

Legal Description NE 22 12N 5E ____ ____ 18 I.T.
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 Steve Kratochvil

Address 19201 NW 84TH City/State/Zip RAYMOND NE 68428

☐ Check if owner designed system Home Phone 784-3321 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 1/24/00 Date frwd 1/26/00	ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 1-24-00 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	
3. City or County Engineer	Date rec'd 1/26/00 Date frwd 1/26/00	ACTION ☒ Approved ☐ Disapproved Signature [illegible]	

2-1-00 mm

Installation Final Written Approval

By Ron Mayhew

Date 2-2-00

Business Office Use Only

Date Rec'd 01/24/2000

Amt Paid 150 00

Rec'd By _____ Cash/Check No. 2437

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

JAN 21 2000

B

Permit Number: 6038021463

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19201 NW 84TH (no rural route) City RAYMOND NE, Zip 68428

Owner STEVE KRATOCHVIL Addresss

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

Date of Tests 1-13-00 to 1-14-00 Weather: Precipitation SUNNY Temperature 40°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	1/13	11 00 AM	1/14	10 00 AM	1/14	10 00 AM	6	1/14	7 00 PM	30	5½	5.5=6
2	30	1/13	11 00 AM	1/14	10 00 AM	1/14	10 00 AM	6	1/14	7 00 PM	30	3½	9
3	30	1/13	11 00 AM	1/14	10 00 AM	1/14	10 00 AM	6	1/14	7 00 PM	30	2	15
4	32	1/13	11 00 AM	1/14	10 00 AM	1/14	10 00 AM	6	1/14	7 00 PM	30	6	5
5	31	1/13	11 00 AM	1/14	10 00 AM	1/14	10 00 AM	6	1/14	7 00 PM	30	1½	20

Person Conducting Percolation Tests

Name: Stan Kruse

Phone: 560-1208

Address 1324 Billard

LINCOLN NE 68507

Sum of Percolation Rates: 55

Average of Rates: 9

Rate Used for Calculation:

2 - 1050 - 500#

3 - 630# - 155 - 4'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Approved to Shrinkbury soil

Signature of Reviewing Official Ron Mayer Date 2-1-00

FORM 23-101 10-96

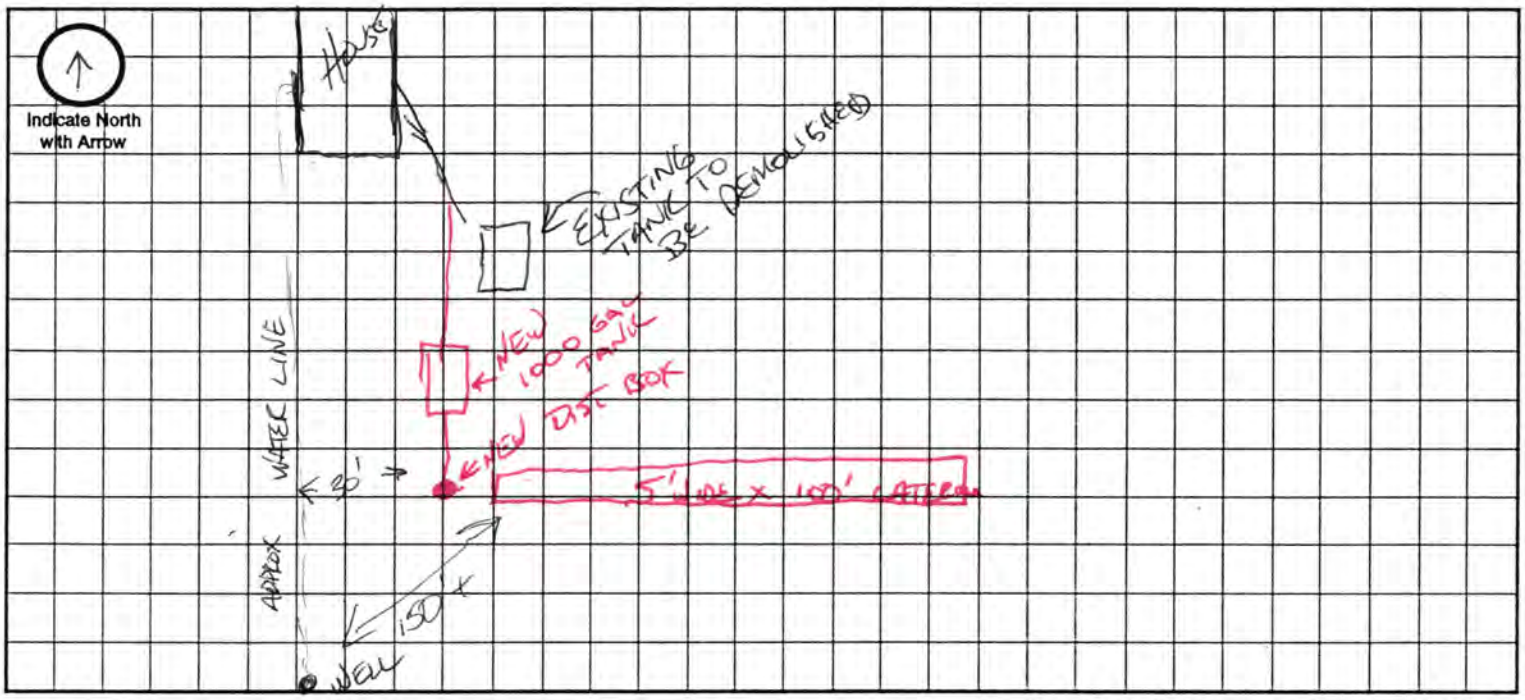
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

JAN 21 2000 **C**

Permit Number: 003802143

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) 19201 NW 84TH City RAYMOND NE, Zip 68434

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: 420317 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed _____

Total Length of Laterals 100 ft. Number of Trenches 1 Trench Width 4.5

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 Steve Kratochvil Date _____

Installer Stan Krause Date 1-18-00

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:

Sewage Disposal System

As Built Plans & Specifications

Date 2/1/00

System Location (Indicate correct number and street)

Address 19201 NW. 84th (no rural route) City Raymond NE, Zip

A. Building Sewer

1. Material: Class 160 Plastic
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 65 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 125 to well ft.
   stream NA ft.
   pressure line 40 ft.
   property line 80 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: ____ gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 125 ft.
   Stream NA ft.
   Pressure line 40 ft.
   Property line 75 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 4' 6" ft.

D. Absorption Field

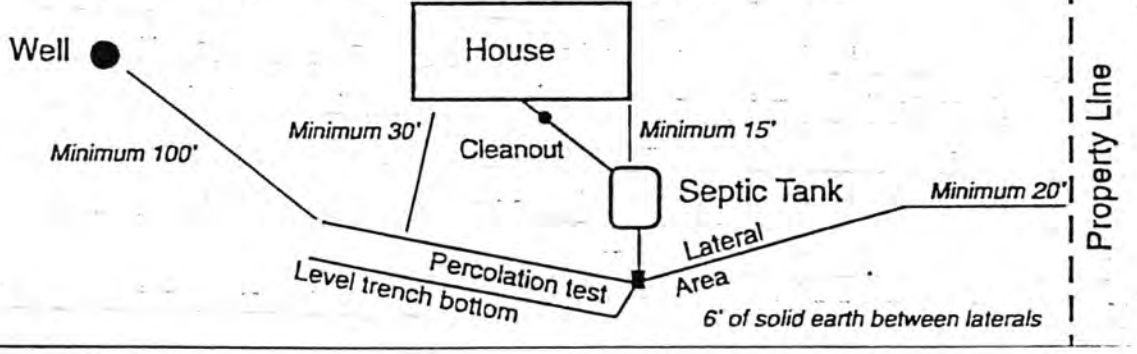
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: infiltrator on
   or perforated pipe: Ground
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 52 ft. 52 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 5 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 105 ft.
   Stream NA ft.
   Pressure line 50 ft.
   Property line 20 ft.

Indicate North with Arrow

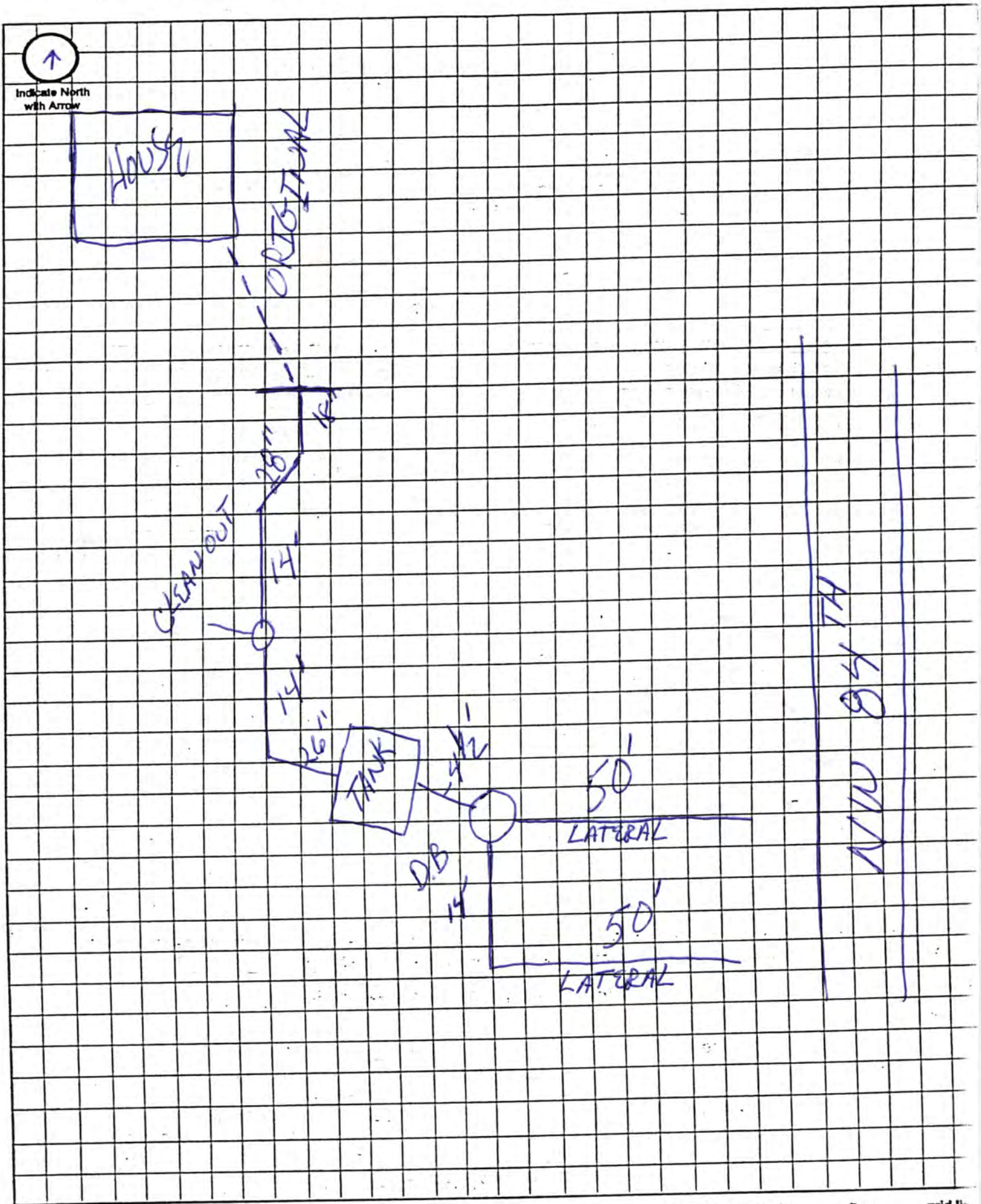
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

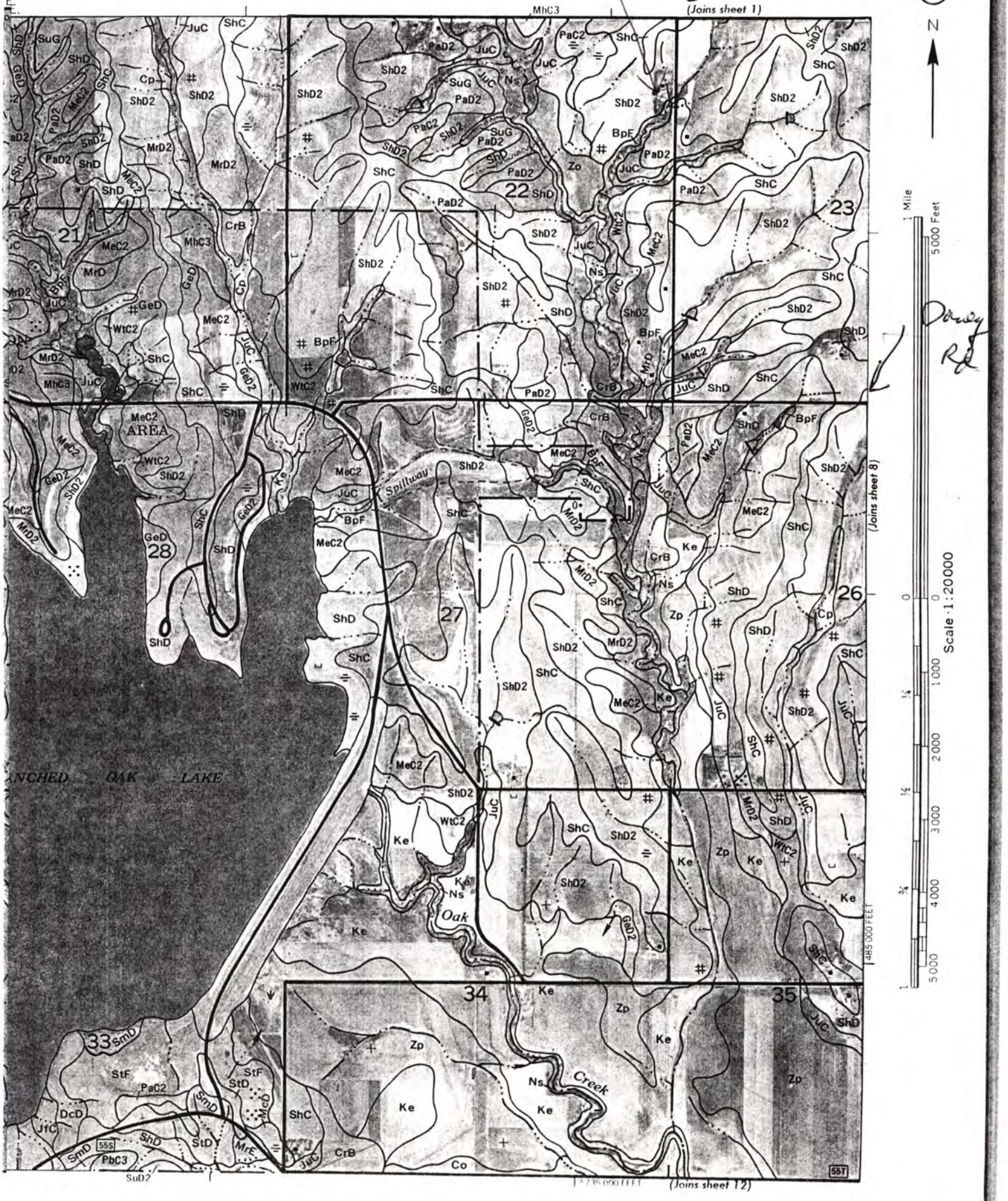


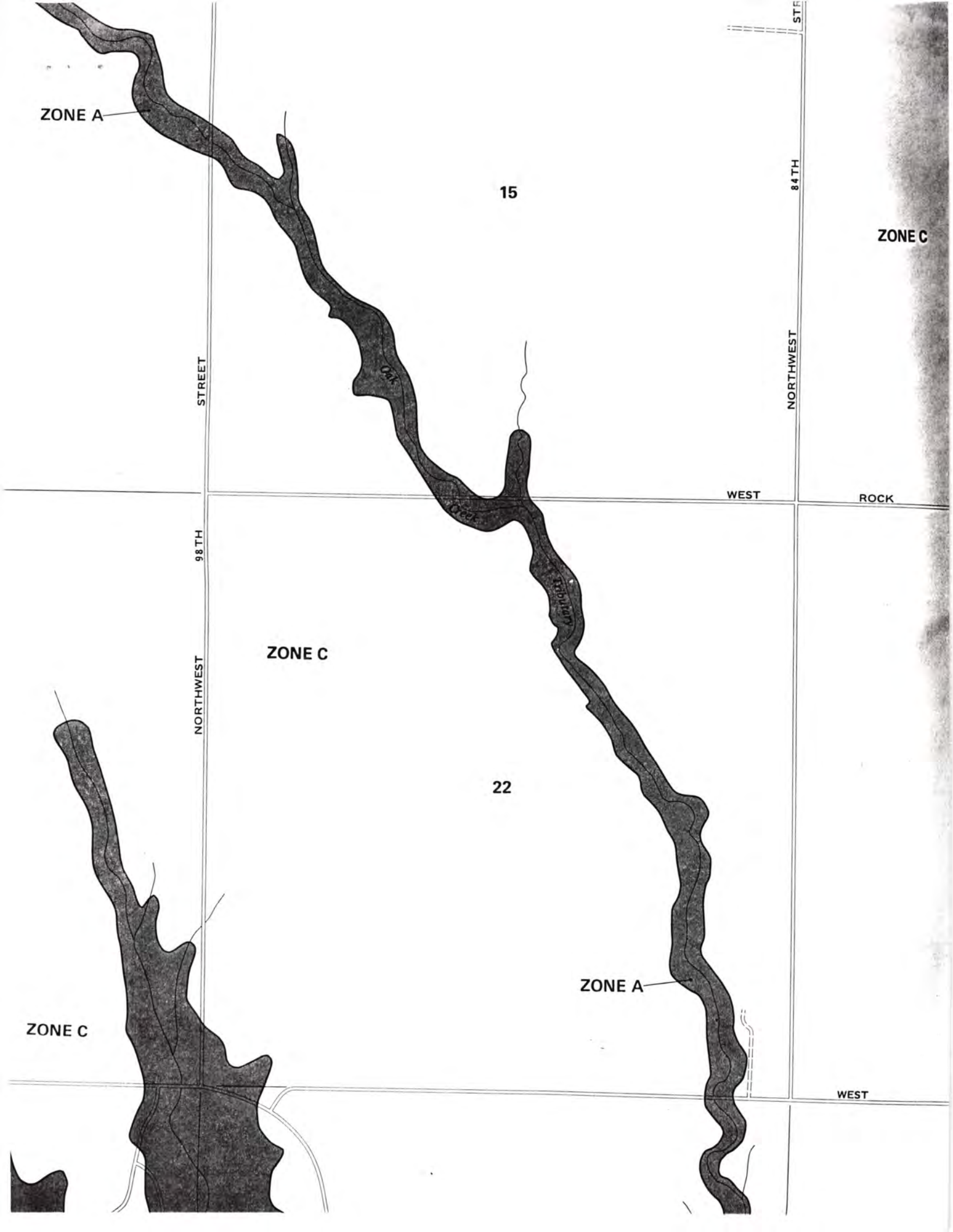
FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid li


(Joins sheet 1)
(Joins sheet 8)
(Joins sheet 12)
ANCHED OAK LAKE
Oak Creek
Spillway
MeC2 AREA
21
22
23
26
27
28
33
34
35
N
1 Mile
5000 Feet
Scale 1:20000
485000 FEET
1235000 FEET


ZONE A
15
ZONE C
STREET
84TH
NORTHWEST
Oak
WEST
ROCK
98TH
Tributary
ZONE C
NORTHWEST
22
ZONE A
ZONE C
WEST