Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

ROBERT E HARGENS
T12N R5E SEC 19 QTR NW
BRNCHD OAK LKSIDE AC LOT 6
13500 W LAKEVIEW RD-RAYMOND

Permittee

ROBERT E HARGENS
2602 WOODSDALE BLVD
LINCOLN NE 68502

Permit # 02380243701

Issued 04/02/02
Expires 10/02/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

001084

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

A

Permit Number: 0238 02437

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 13500 W. LAKE VIEW ROAD City RAYMOND NE, Zip 68428
(no rural route)

Legal Description NW 19 12N 5E E of 6th PM BRANCHED OAK LAKESIDE ACRES 6
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 ROBERT E. HARGENS

Name ~~2602 WOODSDALE BLVD~~ Signature [signature]

Address 2602 WOODSDALE BLVD City/State/Zip LINCOLN, NE 68502

☐ Check if owner designed system Home Phone 328-0879 Work Phone 309-1270

C. Contractor

Name _____ 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 _____ 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 4/2/02 Date frwd 4/2/02 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd 4/2/02 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/2/02 Date frwd 4/2/02 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]

7-23-02, Need drawing + 6" pipe on inlet end

Installation Final Written Approval

By Ron Magnuson

Date 8-20-02

Business Office Use Only

Date Rec'd 04/02/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 2093

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

Address _____ City _____ NE, Zip _____

Owner BOB HARGENS (no rural route) Address _____

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

Date of Tests 7/16/02 to 7/17/02 . Weather: Precipitation NONE Temperature 95°

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	7/16	800 AM	7/17	800 AM	7/17	800 AM	6	7/17		30	1	30 MIN/IN
2	25	7/16	800 AM	7/17	800 AM	7/17	800 AM	6	7/17		30	3/4	40 MIN/IN
3	28	7/16	800 AM	7/17	800 AM	7/17	800 AM	6	7/17		30	1 1/4	24 MIN/IN
4	30	7/16	800 AM	7/17	800 AM	7/17	800 AM	6	7/17		30	3/4	30 MIN/IN
5	27	7/16	800 AM	7/17	800 AM	7/17	800 AM	6	7/17		30	1 1/2	20 MIN/IN
6	27	7/16	800 AM	7/17	800 AM	7/17	800 AM	6	7/17		30	1	30 MIN/IN
													—
													6|174

Sum of Percolation Rates: 174

Average of Rates: 29 mpi

Rate Used for Calculation: 29

Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 560 1208

Address 7324 BALLARD

LINCOLN NE 68507

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Soils Map unit 6 Mayberry or Steinauer Soils that have severe limitations for drainfields.

Signature of Reviewing Official _____ Date _____

RM 23-101 10-96

Dirt Works Plus Inc. 402-454-7020 07/19/02 10:50A P.002

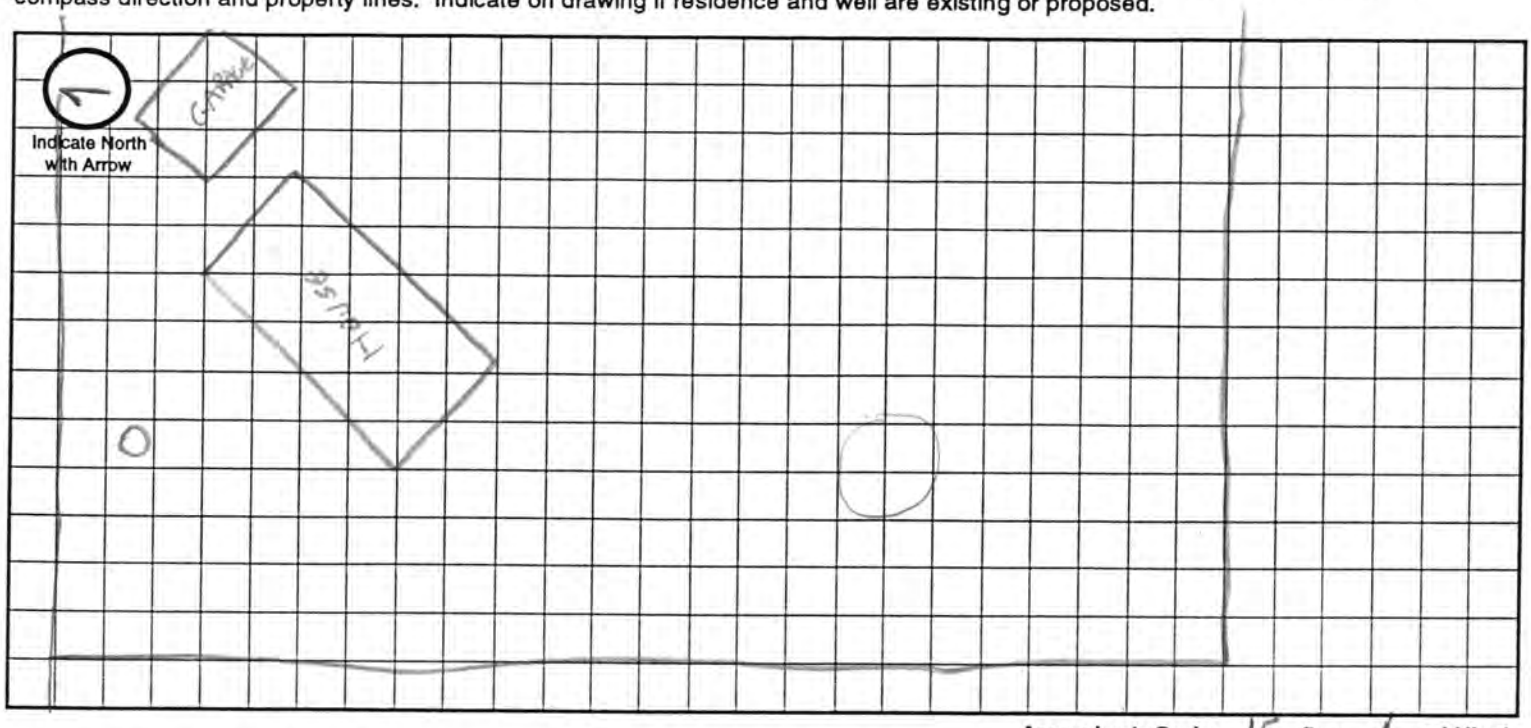
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802437

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 13500 W. LAKE VIEW RD City RAYMOND NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon must be cable to evaporate 1/8" seepage per day

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

Percolation Rate 29 (min. per inch) Soil Type: Mayberry or Sharpsburg Land Slope: ____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other 188

Total Square Feet of Field Required: 750 sq. ft. 4 | 750 | 35 | 28

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 188 ft. Number of Trenches 2 Trench Width 4 Ft

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 REH Date 2 APR 02

Installer REH Date 2 APR 02

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 7-30-02 BOB HARGENS

System Location (Indicate correct number and street)

Address 13500 LAKEVIEW CIR (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: CLS 1&D
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 253 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line: 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ 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 12 in.
   Over outlet, diameter 12 in.
   Riser: ☑ above ☐ below grade 12 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 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10.5 ft.

D. Absorption Field

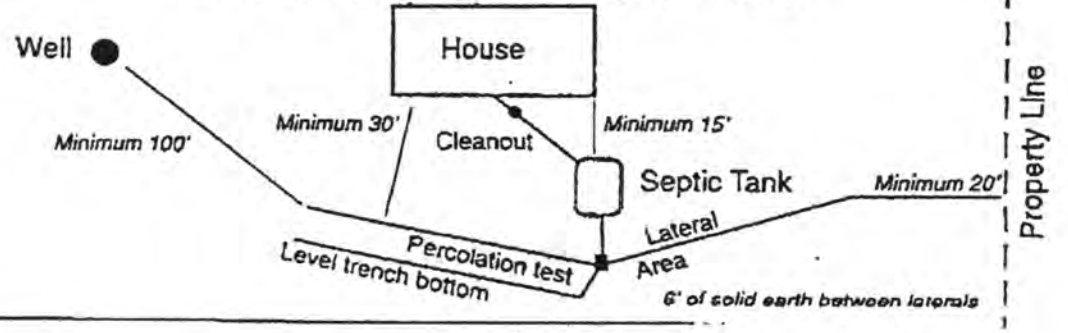
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR
2. Lateral lines: Number 2
   Length of each line: 102 ft. 102 ft.
   _____ ft. _____ ft. _____ ft.
3. Trench dimensions: Width 3.5 ft.
   Slope 0 in/100 ft.
   Average depth 27 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 100+ ft.

Indicate North with Arrow

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

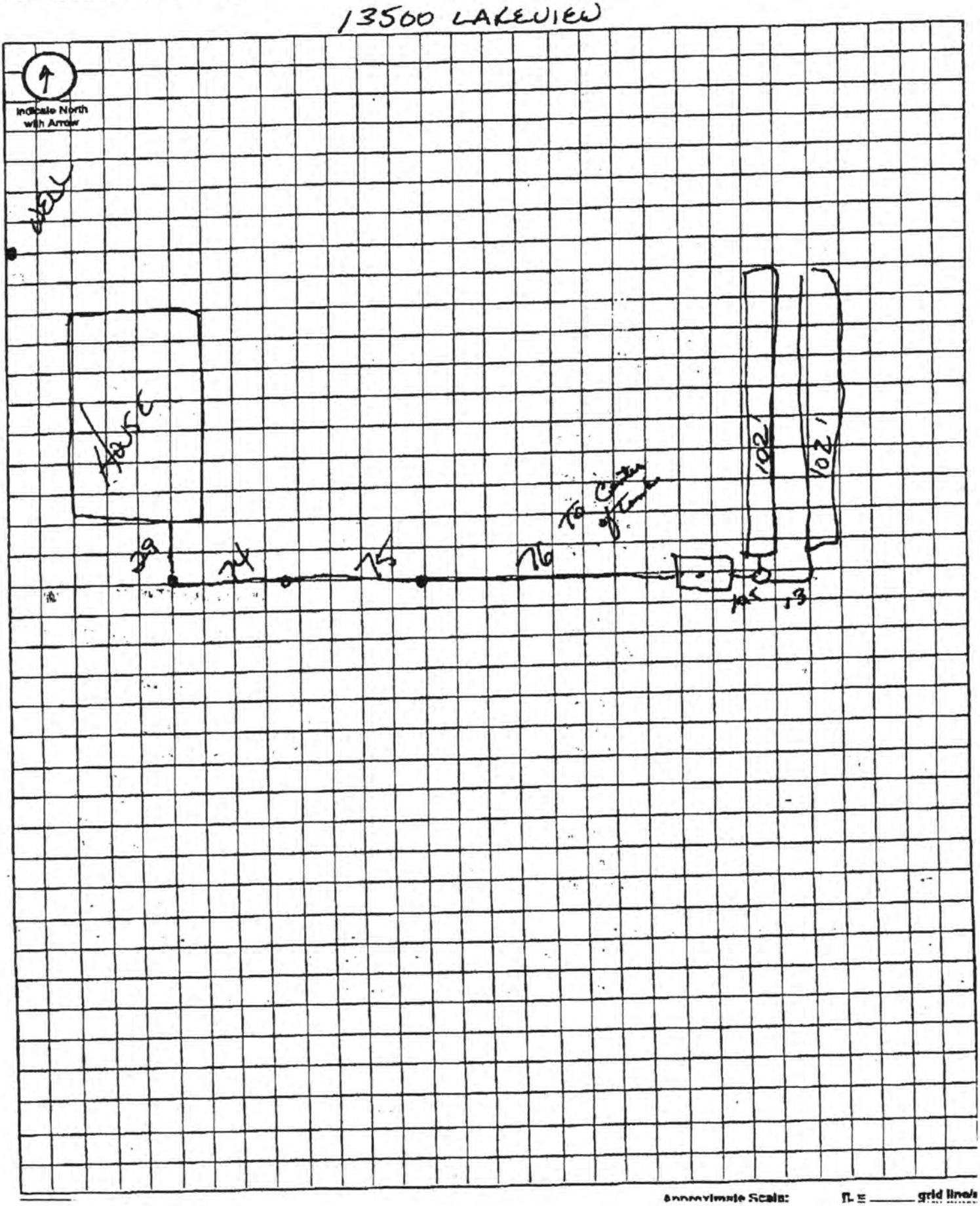
Individual Sewage System Design (Example)



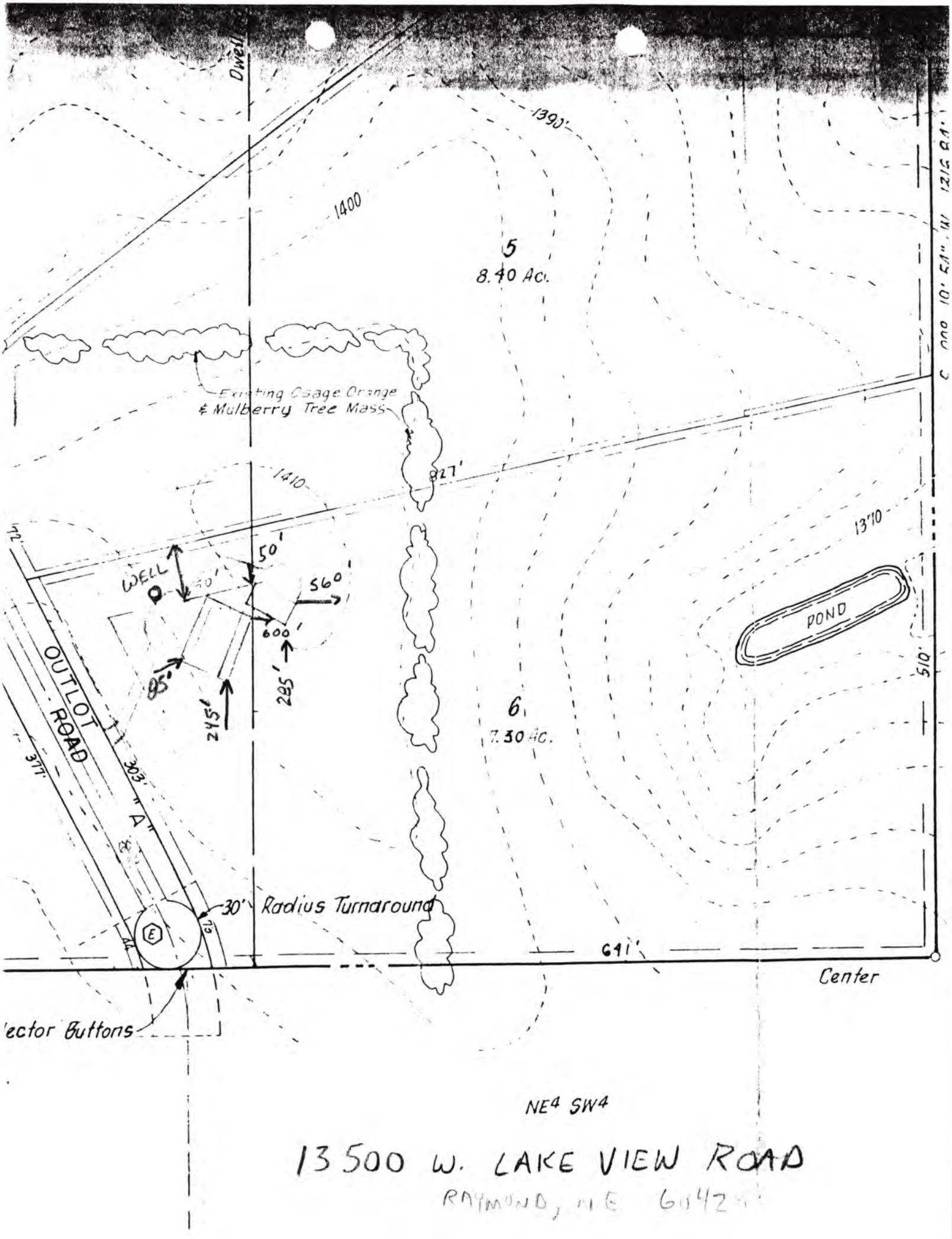
FORM 23-103 10-96

As Built Drawing

BOB HARGENS
13500 LAKEVIEW



Approximate Scale: 1" = _____ grid lines



13500 W. LAKE VIEW ROAD

RAYMOND, NE 6042