Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005764

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380291101

Issued 10/05/04
Expires 04/05/05
Revenue Code 3157

Establishment:
HEATHER M GRAEWE
T10N R6E SEC 31
HIGH RIDGE ACRES BLK 5 LOT 2
4101 W PEACH ST

FEES: $200.00

Permittee:
HEATHER M GRAEWE
3325 RIDGE PARK DR
LINCOLN NE 68504

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380291101

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 4101 W. Peach St (no rural route) City Lincoln NE, Zip 68522

Legal Description NE 31 10N 6E High Ridge Acres 5 2
(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 Michael + Heather Graeve Signature Heather Graeve

Address 3325 Ridge Park Dr. City/State/Zip Lincoln, NE 68504

☐ Check if owner designed system Home Phone 440-2699 Work Phone _____

C. Contractor

Name 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 Jakoubek Firm Raymond Contracting, Inc. Work Phone 402-850-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub (YES) NO + Bathroom in shed

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 600 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 10/5/04 Date frwd 10/6/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-6-04 Date frwd 10-6-04 ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson
3. **City or County Engineer** Date rec'd 10-6-04 Date frwd 10-6-04 ACTION ☒ Approved ☐ Disapproved Signature Dennis Bartels

Installation Final Written Approval

By Doug Knoer

Date 12/17/04

Business Office Use Only
Date Rec'd 10/06/04
Amt Paid 200.00
Rec'd By ys Cash/Check No. 5500

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

Check # 5560

A

Permit Number:

Switched to Septic

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 4101 W. Peach St (no rural route) City Lincoln NE, Zip 68522

Legal Description NE 1/4 31 1/4 Section 10 Township 6 Range High Ridge Acres Subdivision 5 Addition 2 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 Michael + Heather Browne Signature Heather Browne

Address 3325 Ridge Park Dr. City/State/Zip Lincoln, NE 68504

☐ Check if owner designed system Home Phone 440-2699 Work Phone _____

C. Contractor

Name 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 Jakoubek Firm Raymond Contracting, Inc. Work Phone 402-850-1009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub (YES) NO + Bathroom in shed

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 600 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 _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4101 W Peach St (no rural route) City Lincoln NE, Zip 68522

Owner Michael + Heather Brauer Addresss 3325 Ridge Park Dr Lincoln, NE 68504

Soil Type (SCS): Wymore Percolation Rate: 56 min./inch

Date of Tests 12-4-04 to 12-5-05 Weather: Precipitation less than 1/16" during final 30 minutes of test Temperature 38°

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	42	12-4	1:00p	12-4	5:00p	12-5	12:30p	6	12-5	4:30p	30	5/8	30/0.63 = 48
2	42	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50 = 60
3	44	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50 = 60
4	43	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50 = 60
5	43	"	"	"	"	"	"	"	"	"	"	1/2	30/0.50 = 60
6	42	"	"	"	"	"	"	"	"	"	"	5/8	30/0.63 = 48

Person Conducting Percolation Tests

Name: Terri JAKOUBEK, Raymond Contracting, Inc.

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

Address 13800 NW 70th St Raymond, NE 68428

P1198

Sum of Percolation Rates: 336

Average of Rates: 56

Rate Used for Calculation: 56

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

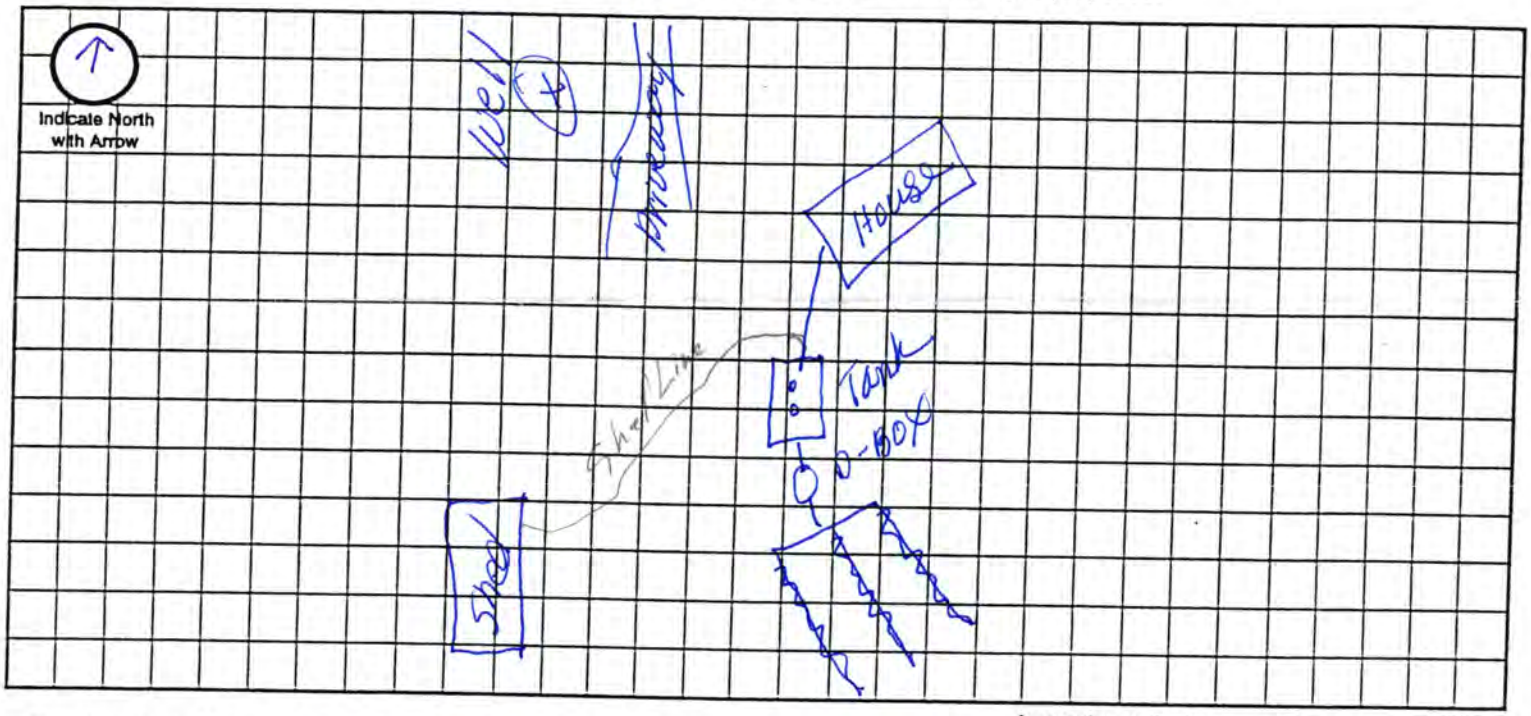
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 4101 W Peach St City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Wymore Land Slope: _____ %

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

Total Square Feet of Field Required: 1,400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS H-10

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 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 Michael Graeve Date 12-11-04

Installer Mike L. Johnson Date 12-7-04

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 12-15-04 Michael Graeve

System Location (Indicate correct number and street)

Address 4101 W Peach St (no rural route) City Lincoln, NE NE, Zip 68522

A. Building Sewer

1. Material: 4" class 160
   Diameter: 4 in.
2. Distance above basement floor: 4' in.
   ~~or distance below basement floor:~~ _____ in.
3. Distance between dwelling and septic tank: 65' ft.
4. Number of clean-outs: one.
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: concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade At Grade 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 100+ ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 15' ft.

D. Absorption Field

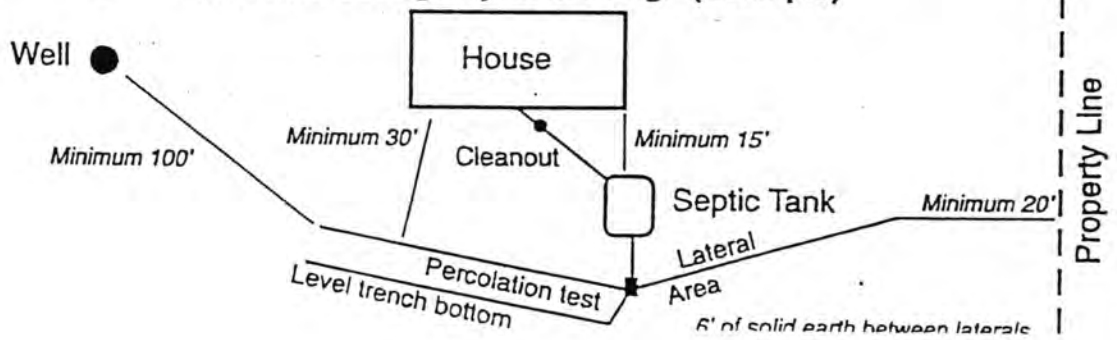
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12" Tall 3/4" wide.
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 75 ft. 137.50 ft.
   137.50 ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ 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.

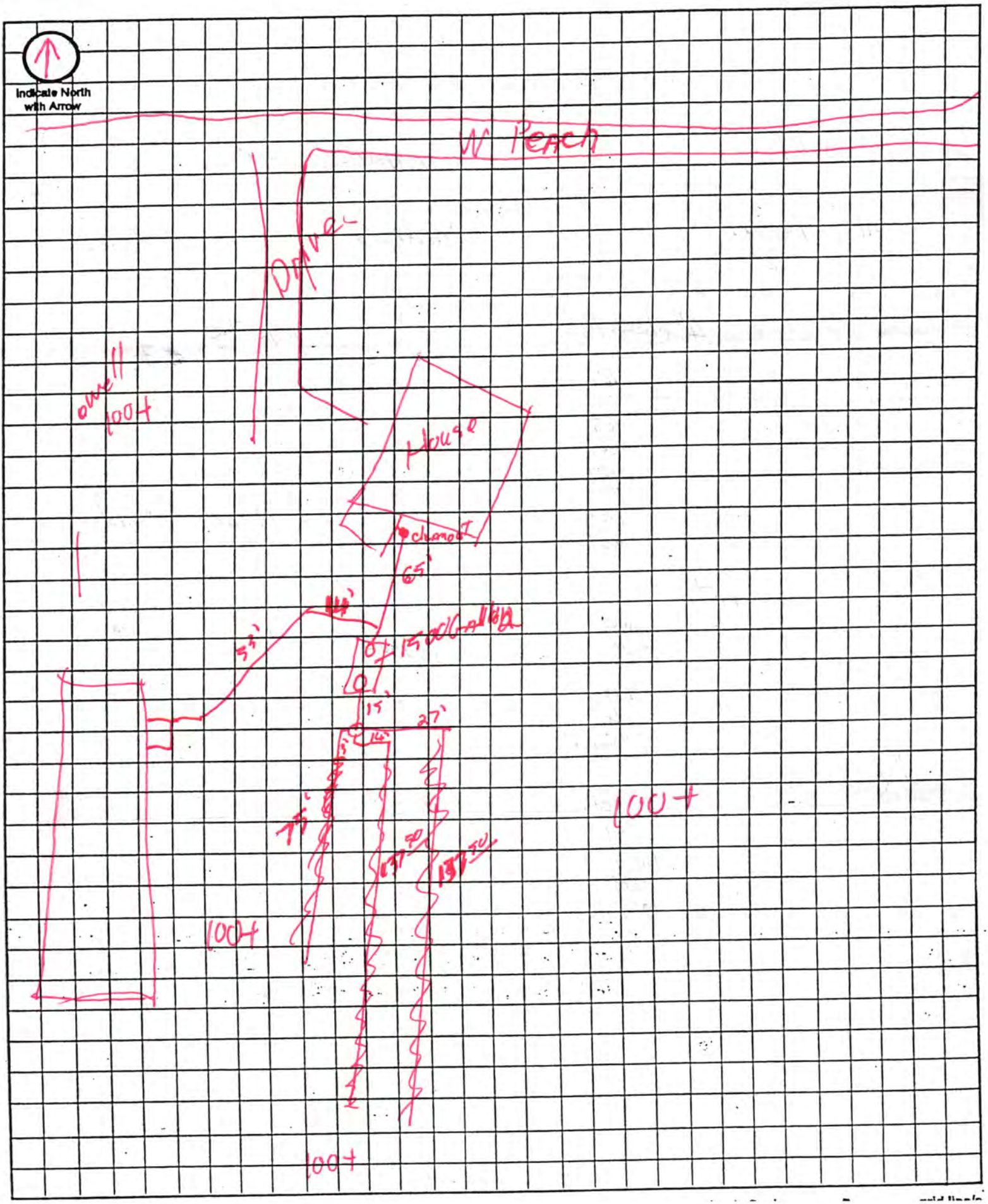
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005765

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 04400114501

Issued 10/06/04
Expires 04/06/05
Revenue Code 3162

Establishment
HEATHER M GRAEWE
T10N R6E SEC 31
HIGH RIDGE ACRES BLK 5 LOT 2
4101 W PEACH ST

FEES: $100.00

Permittee
HEATHER M GRAEWE
3325 RIDGE PARK DR
LINCOLN NE 68504

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

Permit No. 04400114501

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☐ Site Clearance and Permit to construct a new individual water well - $100
- ☐ Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- ☐ Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 4101 W. Peach St. City Lincoln, NE Zip 68522
(No Rural Route Please)
Township 10N Range 6E Section 31 1/4 Section
Block 5 Lot 2 Addition HIGH RIDGE ACRES
Parcel ID 10 - 31 - 205 - 003 - 000 (i.e. 99-99-999-999-999)

2. Well use: ☑ Residential ☐ Commercial ☐ Other Describe

3. Distance to Public Water Supply feet.

Signature of Owner Heather Graewe Print Name Heather M. Graewe
Current Address 3325 Ridge Park Drive Lincoln NE 68504
Current Home Phone 476-6906 Work Phone 440-2699

Signature of Contractor Ernest Drilling Print Name
Address
Home Phone Work Phone Cellular Phone

Sewage Permit Applied for: ☑ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received 10/5/04 Date forwarded 10/6/04	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood			
2. Building & Safety	Date received 10/6/04 Date forwarded 10/6/04	ACTION ☒ Approved ☐ Disapproved Signature: Shawn Johnson			
3. City Engineer	Date received 10/6/04 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature:			

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 5/9/05 By DS
Date: ___/___/___ By
Date: ___/___/___ By

Nitrate Level 0.0 mg/L
Chloride Level mg/L coliform present - owner
Bacteriological Analysis Satisfactory ___Yes ___No
Other notified + taking action

Installation Final Written Approval
Date: 05/16/05 By DS

Business Office Use Only
Received: Date: 10/6/04 Amount #100.00 Check No. 5235 Initials

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector