Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

GARY B EHLERS
T11N R6E SEC 14 QTR NW
LOT 15&17
405 WAVERLY RD--RAYMOND

Permittee

GARY B EHLERS
405 WAVERLY RD
LINCOLN NE 68428

Permit # 01380236301

Issued 09/11/01
Expires 03/11/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000097

SEP 1 0 2001

A

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

Permit Number: 013802363

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 405 WAVERLY Rd (no rural route) City RAYMOND NE, Zip 68428

Legal Description Lot 15 + 17 North West quater Section 14 township 11 North Range 6 East
(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 GARY B. EHLERS Signature Gary B. Ehlers

Address 405 WAVERLY Rd City/State/Zip RAYMOND, NE 68428

☐ Check if owner designed system Home Phone 402-476-3874 Work Phone 630-460-5284

C. Contractor

Name STAN KROESE Company Name DIRT WORKS PLUS INC

Address 7324 BALLARD City/State/Zip LINCOLN 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 4 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 9/11/01 Date frwd 9/12/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-12-01 Date frwd 9-12-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9/12/01 Date frwd 9/12/01 ACTION ☒ Approved ☐ Disapproved Signature _____

9/12/01 Not in flood plain. JCH

Installation Final Written Approval

By Paul Dorn

Date 9-27-01

Business Office Use Only

Date Rec'd 09/11/01

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 4188

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: 01380 2363

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 405 WAVERLY RD (no rural route) City Raymond NE, Zip 68428

Owner Gary Ehlers Address 405 Waverly Rd

Soil Type (SCS): Pawnee Clay Loam Percolation Rate: 21 min./inch

Date of Tests 9/3 to 9/4 Weather: Precipitation 0 Temperature 90°

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	9/3	900 AM	9/4	900 AM	9/4	900 AM	6	9/4	1:00 PM	30	1 5/8"	18 MIN/IN
2	28	9/3	900 AM	9/4	900 AM	9/4	900 AM	6	9/4	1:00 PM	30	1 1/2"	20 MIN/IN
3	27	9/3	900 AM	9/4	900 AM	9/4	900 AM	6	9/4	1:00 PM	30	1"	30 MIN/IN
4	30	9/3	900 AM	9/4	900 AM	9/4	900 AM	6	9/4	1:00 PM	30	1 1/2"	18 MIN/IN
5	28	9/3	900 AM	9/4	900 AM	9/4	900 AM	6	9/4	1:00 PM	30	1 3/4"	17 MIN/IN

Person Conducting Percolation Tests

Name: STAN KROESE

Phone: 560-1208

Address 7324 BALLARD

LNK NE 68507

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 21 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Mapped as Pawnee Clay Loam. Soil out of percolation holes did not bear this out. Design an area that was a farmstead. Soil has been reworked.

Signature of Reviewing Official Jerold C. Wood Date SEPTEMBER 12, 2001

FORM 23-101 10-96

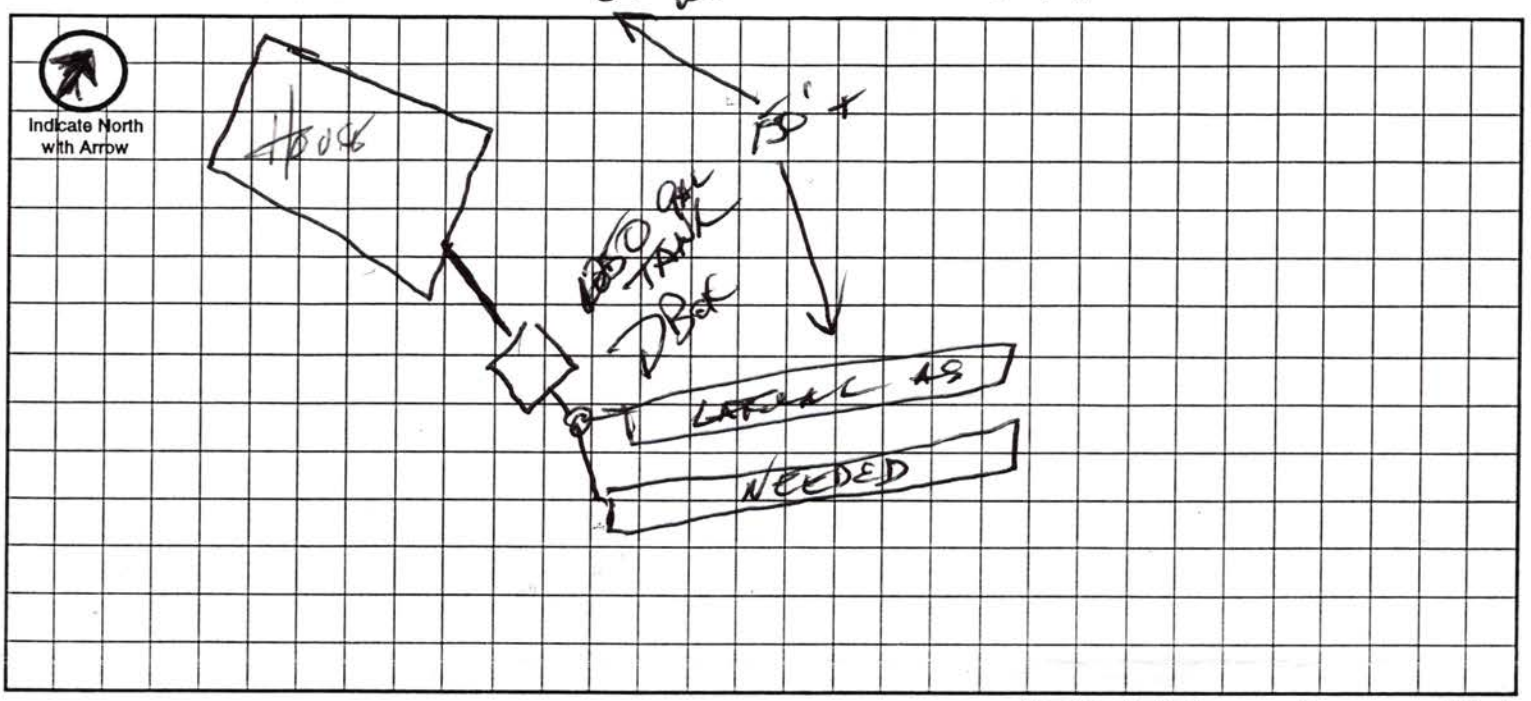
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802363

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) 405 Waverly 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: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 186 ft. Number of Trenches 3 Trench Width 3.5

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 _____ Date 8/27/01

Installer _____ Date 9-7-01

FORM 23-102, ~~10-96~~

Lincoln-Lancaster County Health Department
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D

Permit Number: 013802363

Sewage Disposal System

As Built Plans & Specifications

Date 9-27-01 Gary Ehlers Res.

System Location (Indicate correct number and street)

Address 405 WAVERLY RD (no rural route) City LINCOLN NE, Zip _____

A. Building Sewer

1. Material: CLS 160
   Diameter: 4 in.
2. Distance above basement floor: ~~0~~ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 53' 4" ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 200' ft.
   stream 200' ft.
   pressure line 60 ft.
   property line 300 ft.

B. Septic Tank

1. Material: CONC
   Number of compartments: 1
2. Capacity: 1250 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: 24 in.
8. Distances to: Well or suction line 200 ft.
   Stream 200 ft.
   Pressure line 60 ft.
   Property line 200 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

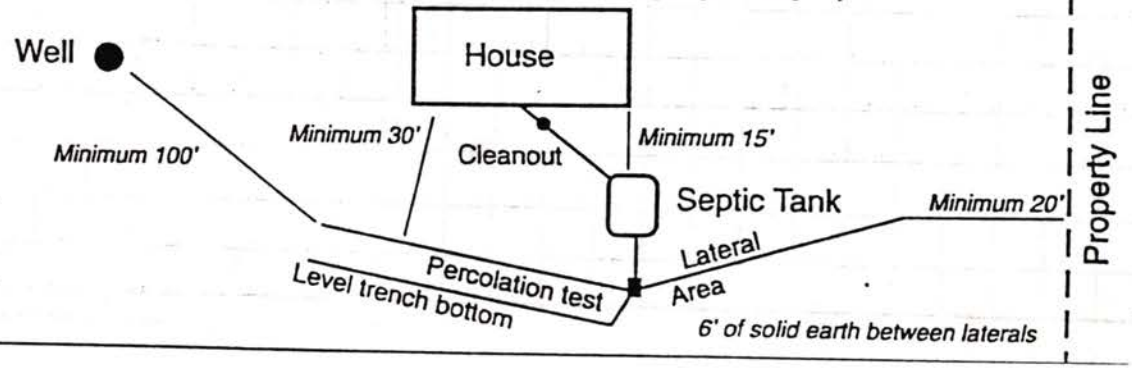
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☑ other HIGH CAPACITY EQUALIZER
2. Lateral lines: Number 3
   Length of each line: ~~102~~ ft. 102 ft.
   84.5 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3.5 ft.
   Slope 0 in/100 ft.
   Average depth 32" in
4. Filter material: GRAVEL-LESS
   Depth of material 0 in.
5. Distances to: Well or suction line 140 ft.
   Stream 200 ft.
   Pressure line 100 ft.
   Property line 60 ft.

Indicate North with Arrow

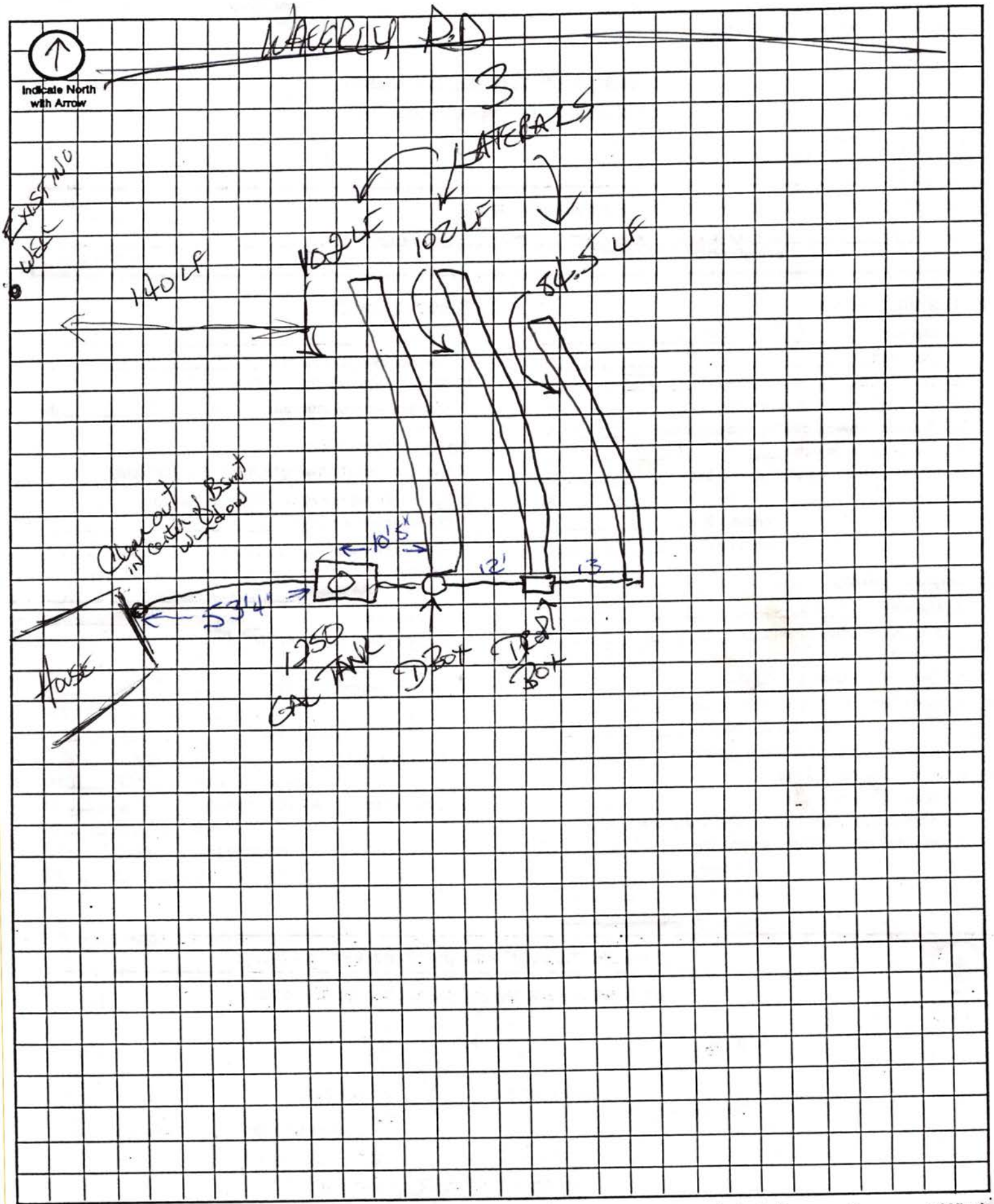
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s