Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

TODD & SUSAN RIVERS
T11N R6E SEC 15 QTR NE
LOT 3IT
525 W WAVERLY RD-RAYMOND

Permittee

TODD & SUSAN RIVERS
6822 PLATTE AVE
LINCOLN NE 68507

Permit # 02380257601

Issued 12/09/02
Expires 06/09/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003152

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

A

Permit Number: 02380257601

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 525 "W" WAVERLY Rd. (no rural route) City RAYMOND NE, Zip 68428

Legal Description NE (1/4) 15 (1/4) 11N (Section) 6E (Township) (Range) Subdivision Addition 3 (Block) T (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 + SUSAN RIVERS Signature Todd Rivers

Address 6822 PLATTE AVE City/State/Zip LINCOLN NE 68507

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name MEL GAGNER Company Name GAGNER CONST

Address 4810 W CLAIRE AVE City/State/Zip LINCOLN NE 68523

☒ Check if contractor designed system Work Phone 432-5698

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 5 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 12/9/02 Date frwd 12/9/02	ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 12-9-02 Date frwd 12-9-02	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 12/9/02 Date frwd 12/9/02	ACTION ☒ Approved ☐ Disapproved Signature Thomas J. Baker for C.H.	

12-11-02 tank & cover OK
12-12-02 3 drainfield lines OK

Installation Final Written Approval

By Ron Mazgowski

Date 12-16-02

Business Office Use Only

Date Rec'd 12-9-02
Amt Paid 200.00
Rec'd By CW Cash/Check No. 3401

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: 023802574

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 525 "W" Waverly Rd. (no rural route) City RAYMOND NE, Zip 68428

Owner Todd Rivers Addresss 6822 PLATTE AV. LINCOLN NE 68507

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

Date of Tests 11-22 to 11-23 Weather: Precipitation SNOW Temperature 40

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	11-22	3:10	11-23	2:35	11-23	3:40	6	11-23	4:20	30	5/8	48 MIN/IN
2	36	"	"	"	"	"	"	"	"	"	"	1/2	60 MIN/IN
3	32	"	"	"	"	"	"	"	"	"	"	1/2	60 MIN/IN
4	30	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
5	34	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN
6	29	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN

Person Conducting Percolation Tests

Name: Mel Eagner

Phone: 432-5698

Address 4810 "W" Claire Ave Lincoln NE 68523

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 49

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hook R.E.H.S. Date December 9, 2002

FORM 23-101 10-96

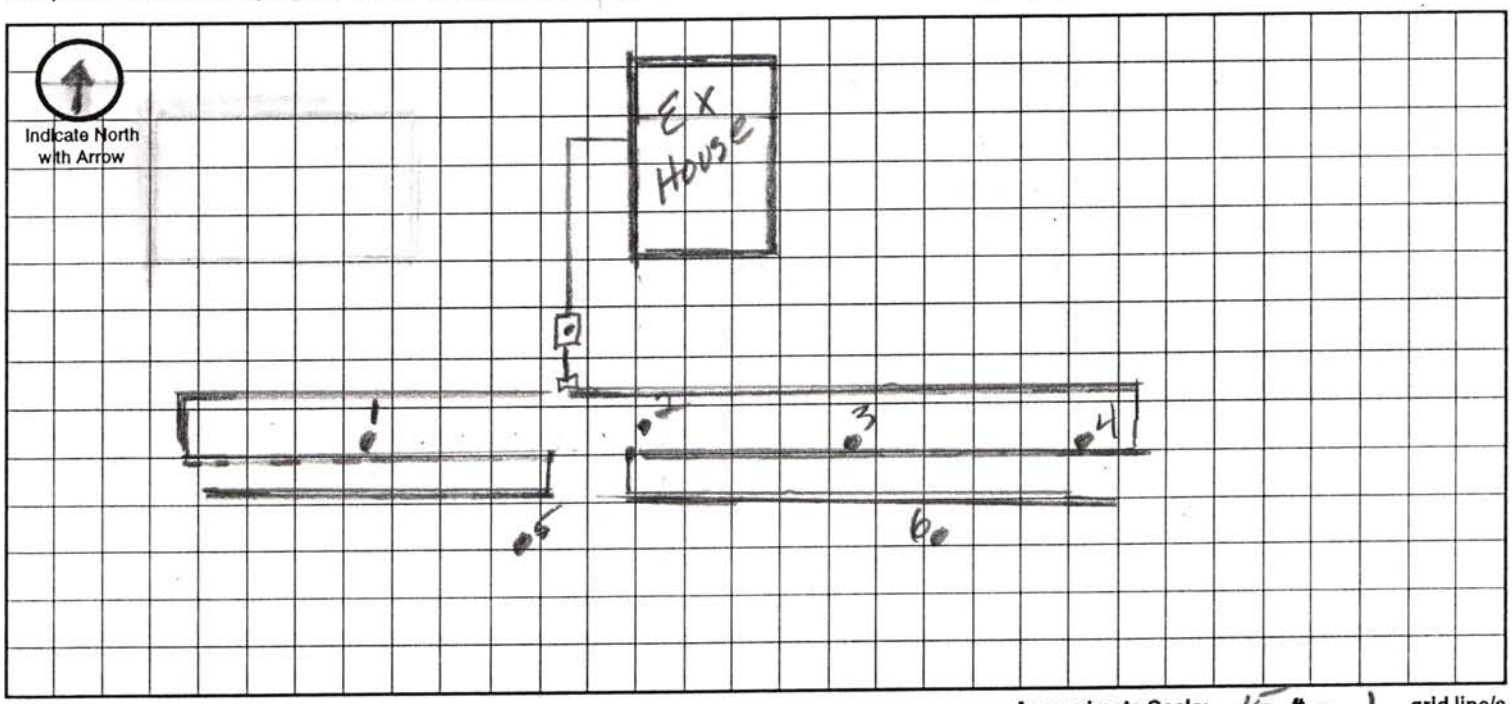
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802574

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) 525 "W" Waverly Rd. City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 48 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1650 sq. ft.

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

Capacity of Septic Tank 15 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 413 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 _____ Date _____

Installer Melvin F Dahlen Date 12/7/02

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: 023802574

Sewage Disposal System

As Built Plans & Specifications

Date DEC 4-02

System Location (Indicate correct number and street)

Address 525 "W" WAVERLY Rd. (no rural route) City RAYMOND NE, Zip 68428

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 24 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 18 ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Poly
   Number of compartments: 1
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 4 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 _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 3'6" ft.

D. Absorption Field

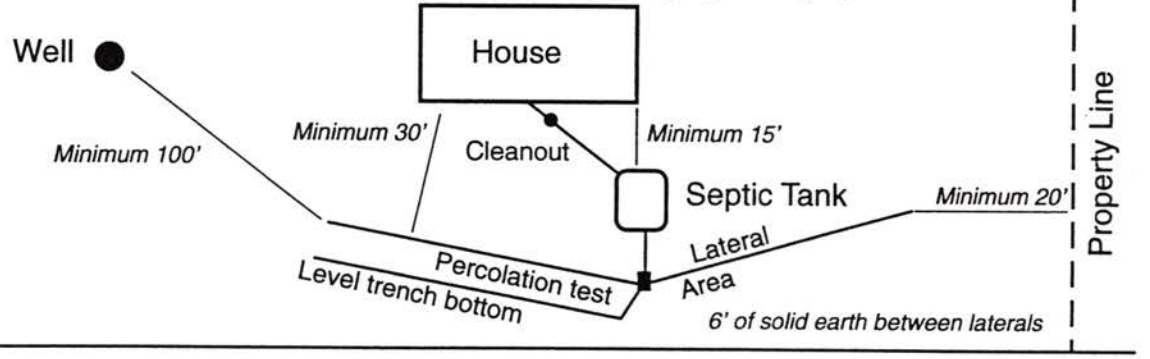
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: INFILTRATORS
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 10
   Length of each line: 62.6-25 ft. 50-37.6 ft.
   43'9"-56"3" ft. 43'9"43'9" ft., 43'9"-12'6" ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 20 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

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

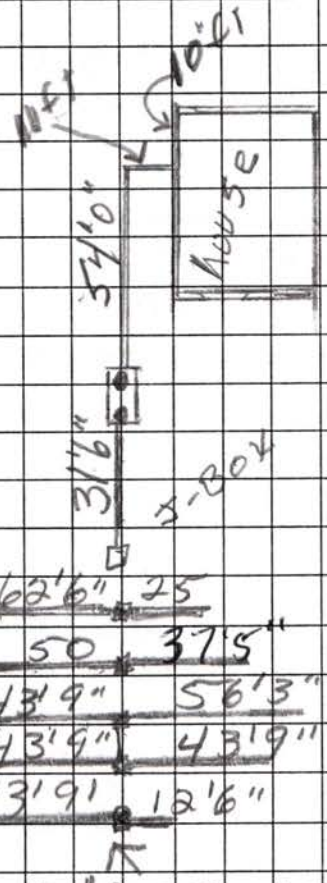
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow

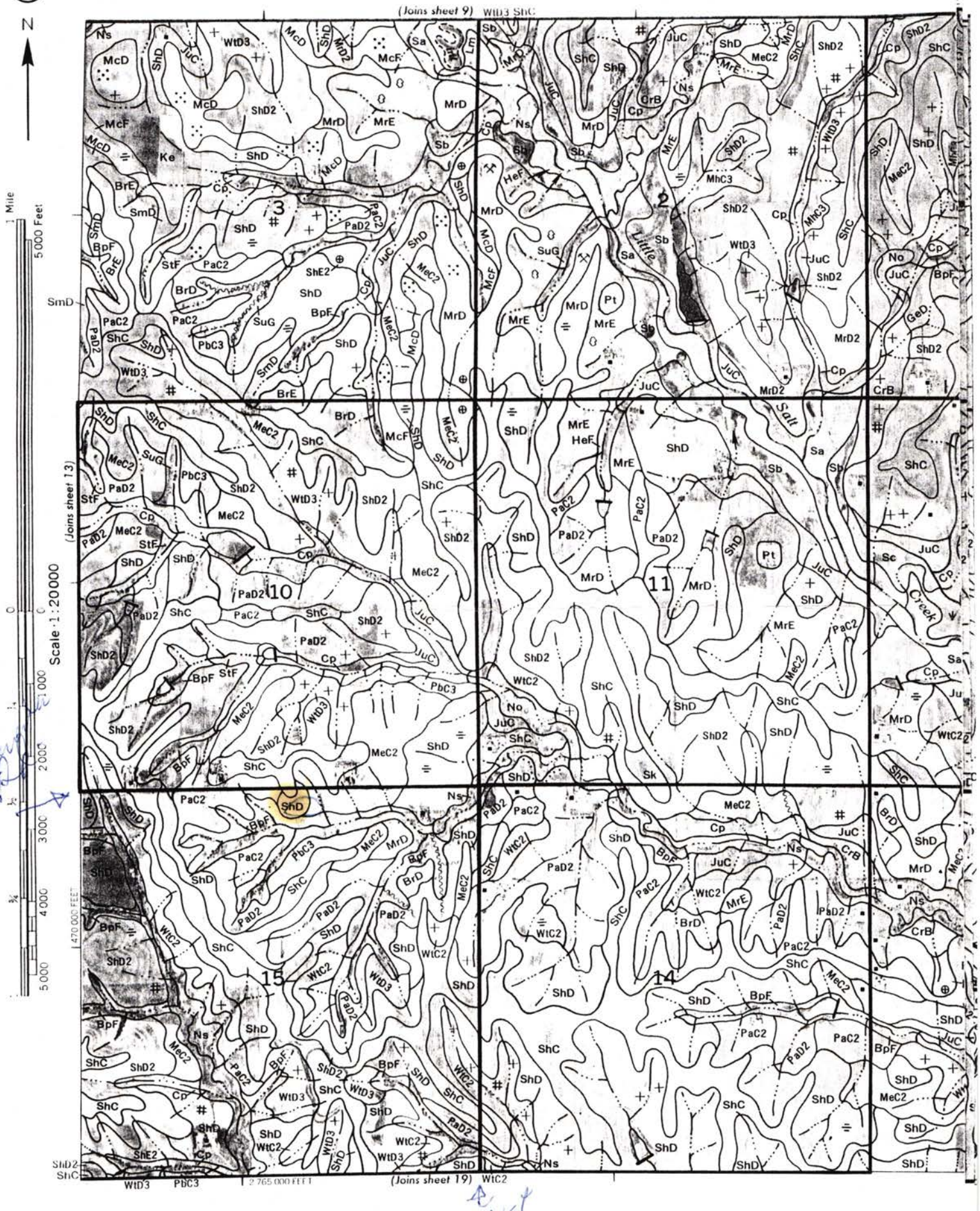


10 Sq. INFILTRATO 62'6" 25
8 " " 50 37'5"
7 " " 43'9" 56'3"
7 " " 43'9" 43'9"
7 " " 43'9" 12'6"

4 ea INFILTRATORS
6 ea "
9 ea "
7 ea "
2 ea "

5 ea Drop Boxes

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


N
(Joins sheet 9)
(Joins sheet 13)
(Joins sheet 19)
Scale 1:20000
1 Mile
5000 Feet
470 000 FEET
2 765 000 FEET
Little Salt Creek
10
11
14
15
2
3