Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006148

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-200' LATERAL W/ DROP BOX

Permit # 05390081501

Issued 01/12/05
Expires 07/12/05
Revenue Code 3157

Establishment

MELVIN F GAGNER
T11N R6E SEC 15 QTR NE
LOT 9IT
11333 N 1 ST-RAYMOND

FEES: $100.00

Permittee

MELVIN F GAGNER
4810 W CLAIRE AVE
LINCOLN NE 68523

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 11N Range 6E Section 15 1/4 Section _____
   Block _____ Lot 9 I.T. Addition _____
   Parcel ID _____-_____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 11333 N 1st ST.

2. **Property use:** ☐ residential ☐ commercial ☐ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System** ☐ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** 200 LATERAL W drop Box.

5. **Work to be done by:** ☐ owner ☒ contractor's name Mel Wagner.

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Melvin F Wagner Address 4010 W Claire Ave Phone 432-5698
Applicant Signature (owner or lessee) Melvin F Wagner

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 1/12/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 1/18/05 By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 1/18/05 By _____

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

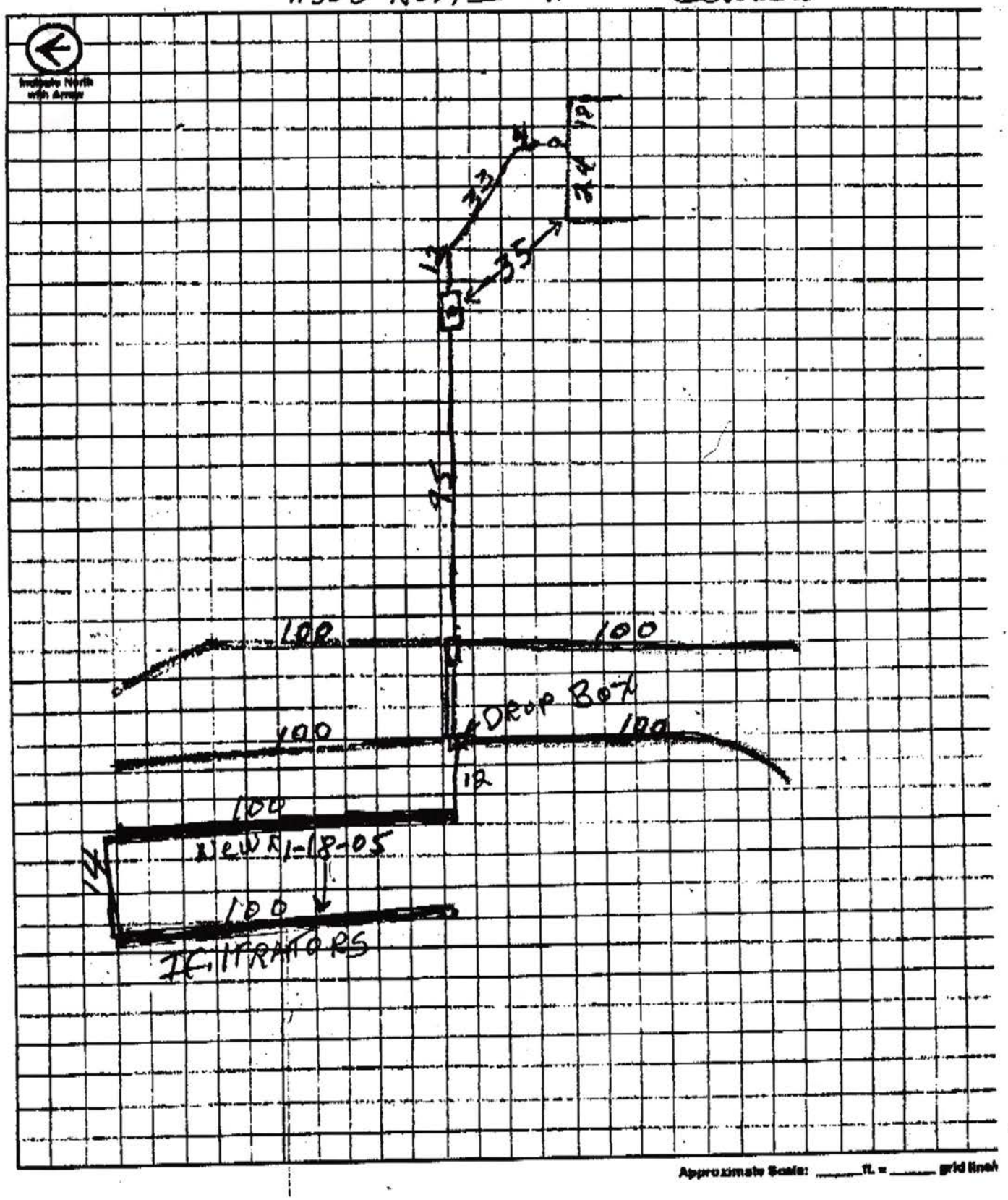
Business Office Use Only
Received: Date: 01/12/05 Amount 100 Check No. 4391 Initials LS

White - Division Copy Pink - Business Office Revised 9/00

As Built Drawing

15-11-6

11333 NO. 1st Kevin Schneider



Approximate Scale: _____ ft. = _____ grid lines

Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380203201

Issued 06/30/99
Expires 12/30/99
Revenue Code 3157

Establishment

KEVIN SCHNEIDER
T11N R6E SEC 15 QTR NE
LOT 9IT
11333 N 1 ST-RAYMOND

FEES: $150.00

TOTAL: $150.00

Permitee

KEVIN SCHNEIDER
3501 COOPER AVE
LINCOLN NE 68506

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010628

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

A

Permit Number: 993802032

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 11333 NORTH 12T (no rural route) City RAYMOND NE, Zip _____

Legal Description NE 15 11N 6E 55 ACRES 9 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 KEVIN SCHNEIDER Signature By Melvin Bragg KEVIN SCHNEIDER

Address 3TH CAMEL City/State/Zip LINCOLN NE

☐ Check if owner designed system Home Phone 489-2047 Work Phone 479-7198

C. Contractor

Name BILL BARCLAY Company Name BARCLAY HOMES

Address 6419 BAYBERRY DR City/State/Zip LINCOLN NE

☐ Check if contractor designed system Work Phone 730-7547

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name MELVIN LOGNER Firm LOGNER CONST Work Phone 432-5698

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 6/24/99 Date frwd 6/25/99	ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 6-25-99 Date frwd 6-25-99	ACTION ☒ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 6/25/99 Date frwd 6/25/99	ACTION ☒ Approved ☐ Disapproved Signature	

10-25-99, rm

Installation Final Written Approval

By Ron Maynard

Date 10-25-99

Business Office Use Only

Date Rec'd 06/24/99
Amt Paid 150 ck
Rec'd By _____ Cash/Check No. 8094

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

JERR Hood

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

B

Permit Number: 993802032

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1133 "N" ST (no rural route) City RAYMOND NE, Zip 68428

Owner _____ Addresss _____

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

Date of Tests 5/18 to 5/19/99 Weather: Precipitation 0 Temperature 65

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	5/18	2:00	5/19	10:00	5/19	10:00	6	5/19	10:30	30	½	60 MIN/IN
2	29	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
3	32	"	"	"	"	"	"	"	"	"	"	5/8	48 MIN/IN
4	26	"	"	"	"	"	"	"	"	"	"	½	60 MIN/IN
5	31	"	"	"	"	"	"	"	"	"	"	½	60 MIN/IN
6	34	"	"	"	"	"	"	"	"	"	"	3/4	40 MIN/IN

Person Conducting Percolation Tests

Name: MELVIN GAGNER
Phone: 432-5692
Address 4510 W Claire Ave
Lincoln Ne

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 53 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

RM 23-101 10-96

JERRY Hood.

C

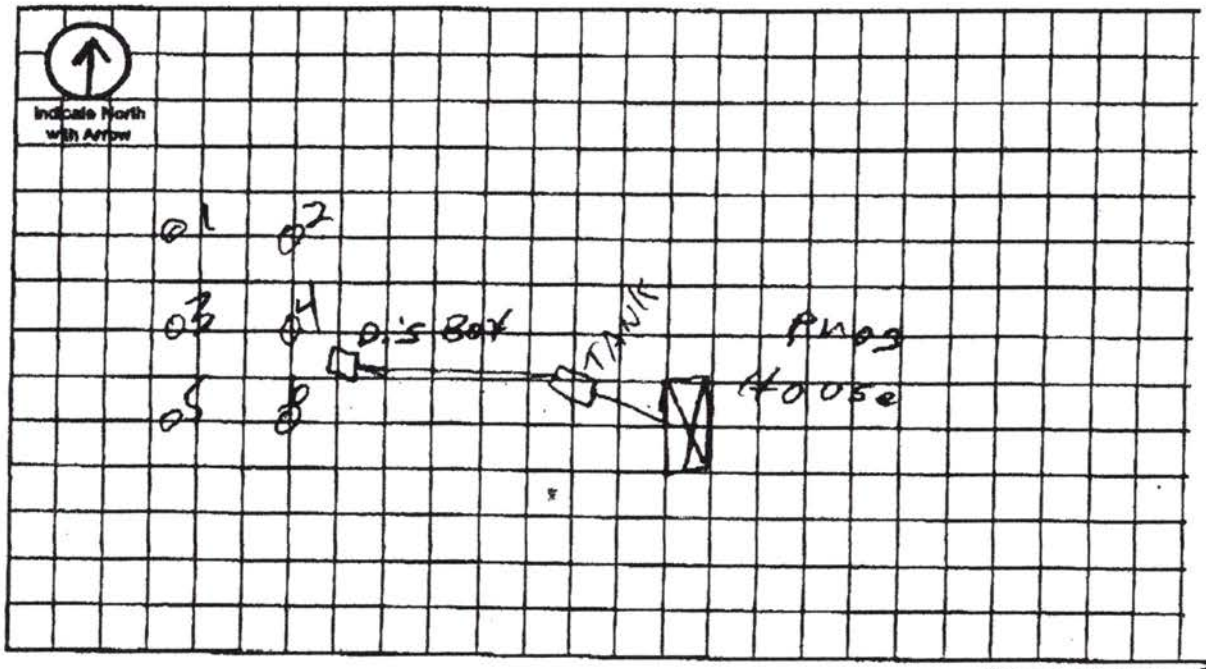
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 993802032

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 2
To Jerry Hood | From Roger Cook
Co. | Co. NSD
Dept. | Phone #
Fax # 441-6266 | Fax # 797-7475

Approximate Scale: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11133 N 1ST 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 53 (min. per inch) Soil Type: Land Slope: %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: ~~900~~ 938 sq. ft.

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 ~~300~~ 313 ft. Number of Trenches Trench Width 36

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 Bill Bracken Date 6-24-95

Installer Melvin F Gagner Date 6-25-95

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 24 OCT 99

System Location (Indicate correct number and street)

Address 11333 NO 1ST (no rural route) City Raymond NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 35 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line OVER 100 ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: CEMENT
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☐ above ☒ below grade 6 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line NA ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 95 ft.

D. Absorption Field

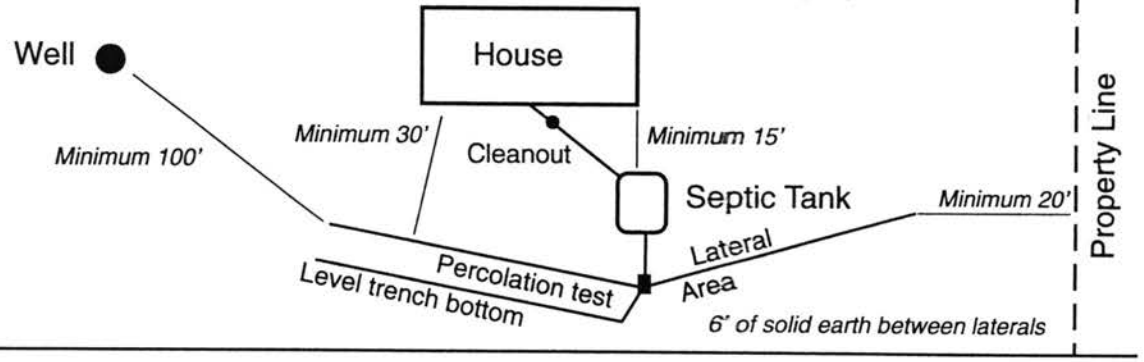
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: 4
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., ____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 4 in/100 ft.
   Average depth 24 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line NA ft.

Indicate North with Arrow

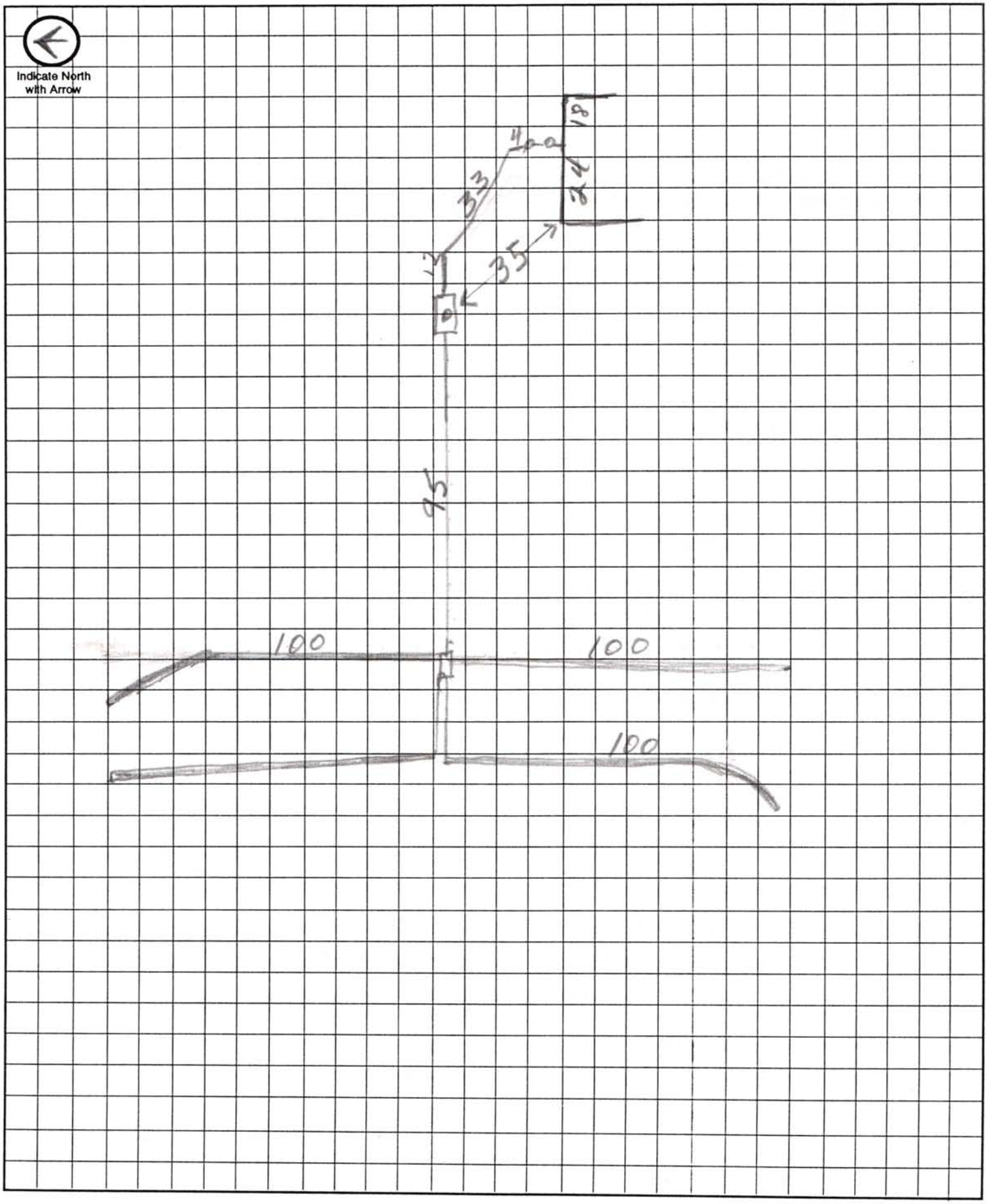
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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


N
(Joins sheet 9)
(Joins sheet 13)
(Joins sheet 19)
Scale 1:20000
5,000 Feet
1 Mile
2,765,000 FEET
2
3
10
11
14
15
Little Salt Creek
Bluff Rd
New Septic

Bldr - Bill Barclay

SEP 17 1999

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO._____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 15 T. 11N R. 6E Block____ Lot____ Addition_____

Owner KEVIN SNYDER Address_____

LOG OF WELL	
	Description
Depth Ft. to	
0 - 20	LIGHT BROWN CLAY
20 - 30	LIGHT BROWN & Light Gray Clay
30 - 90	Light Gray Clay
90 - 120	Sandy Light Gray Clay
120 - 130	Light Gray Clay
130 - 160	Sandy Light Gray Clay
160 - 182	Sandy Dark Gray Clay
182 - 196	Dark Gray Clay
196 - 197	Medium Gray Sand
197 - 205	Dark Gray Clay

WELL COMPLETION RECORD

Drilling Method: Rotary

Depth (from ground level), Ft. 212
Date Completed ~~9-13-99~~ 9-13-99

Casing: Length, Ft. 200 ; Dia. In. 4"
Wall Thickness, Inc. .237 ; type PVC Sch40

Screen: Length, Ft. 10 Dia. In. 4"
Type Jayco PVC , slot Size .018

Drop Pipe: Length, Ft. 180 Dia. In. 1 1/4

Water Level, Surface to top of water, Ft.:
Static 128 , Pumping 135

Yield: 25 ggm, Measured ☐ , Est. ☒

Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller David L. Johnson
(Signed)
Jensen Well Co Inc
Address 767 Iowa St. Blair

Date 9-15-99

REMARKS_____

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☐

FORM 23-4