Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

004891

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380281501

Issued 04/15/04
Expires 10/15/04
Revenue Code 3157

Establishment

PATRICK R WENZL
T11N R6E SEC 11 QTR SE
LOT 16
NO ADDRESS YET

FEES: $200.00

Permittee

PATRICK R WENZL
601 S 27 ST
LINCOLN NE 68510

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

RECEIVED
APR 15 2004

A

Permit Number: 043802815O1

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 12600 S 14th St (no rural route) City Raymond NE, Zip 68428

Legal Description SE 11 11N 6E 160
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 Pat Wenzl Signature Patrick R Wenzl

Address 601 S. 27th St City/State/Zip Lincoln, NE 68510

☐ Check if owner designed system Home Phone 402-438-3446 Work Phone 402-441-7691

C. Contractor Home Builder Information

Name PATRICK WENZL Company Name OWNER IS GENERAL CONTRACTOR

Address 601 S 27 City/State/Zip LINCOLN NE 68510

☐ Check if contractor designed system Work Phone 441-7693

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting Work Phone 402-890-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO) + 1 Bathroom in shed

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 560 Type of Wastewater: ☒ Domestic ☐ Non-Domestic. Sized for # 4 Bedroom

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 4/15/04 Date frwd 4/16/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/16/04 Date frwd 4/16/04 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4/16/04 Date frwd 4/16/04 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 8/7/04

Business Office Use Only

Date Rec'd 4/15/04
Amt Paid $200.00
Rec'd By QW Cash/Check No. 5303

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: 043802815

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address No Address – Lot 16 SE 11-11-6 City Raymond NE, Zip 68428
(no rural route)

Owner Patrick Wenzl Addresss 601 S. 27th Lincoln, NE 68510

Soil Type (SCS): _____ Percolation Rate: 13 min./inch

Date of Tests 3/24/04 to 3/25/04 Weather: Precipitation 0 Temperature 68°

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	26	3/24	2:15p	3/24	6:15p	3/25	10:00a	6	3/25	12:00p	10	1 1/4	1.25/10 = 8
2	27	"	"	"	"	"	"	"	"	"	10	1 5/8	1.63/10 = 6
3	24	"	"	"	"	"	10:30a	"	"	2:30p	30	2 1/4	2.25/30 = 13
4	26	"	"	"	"	"	"	"	"	"	30	2 1/8	2.13/30 = 14
5	28	"	"	"	"	"	"	"	"	"	30	2 3/8	2.38/30 = 13
6	28	"	"	"	"	"	"	"	"	"	30	1 1/4	1.25/30 = 24

Sum of Percolation Rates: 78
Average of Rates: 13
Rate Used for Calculation: 13

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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Phone: 402-441-8022

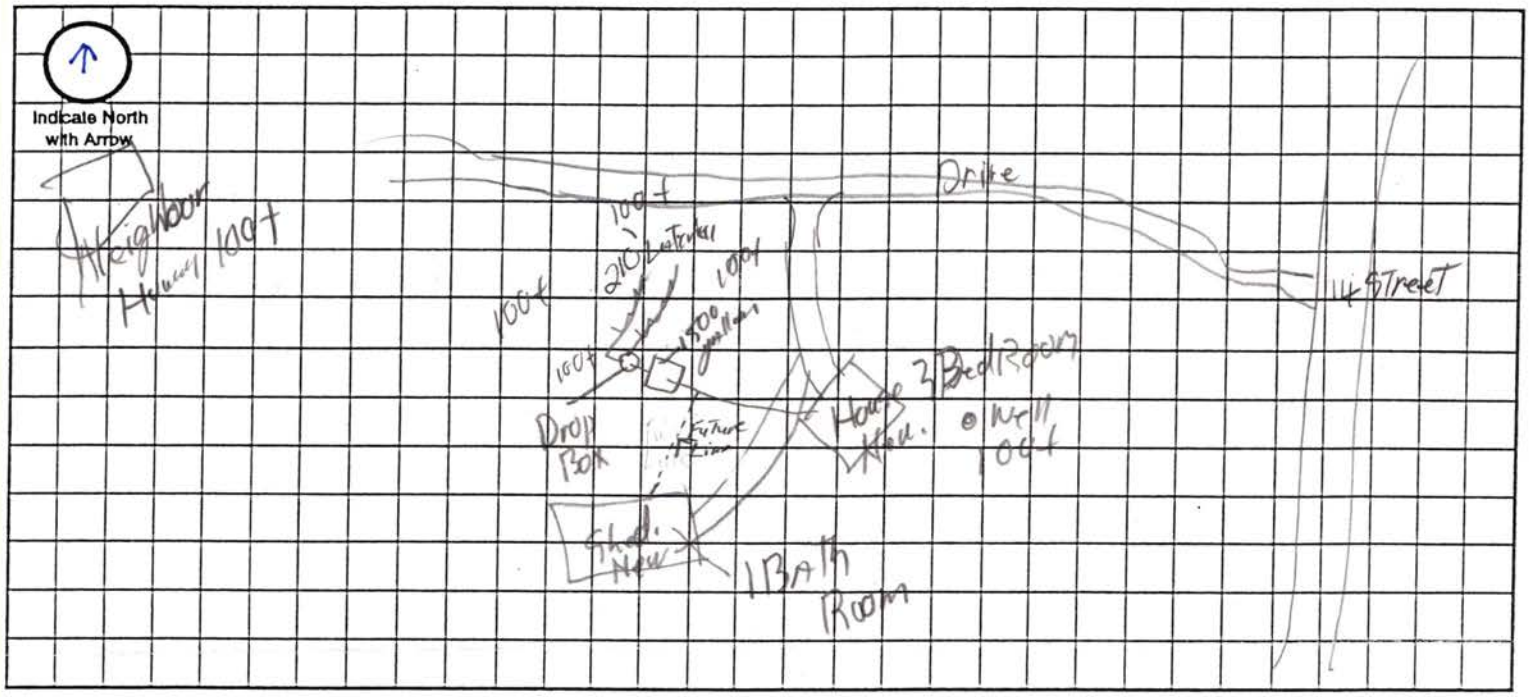
C

Permit Number: 04380281 5

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) No Address yet 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 13 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 840 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS 11-10 Standard

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

Total Length of Laterals 210 ft. Number of Trenches 2 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

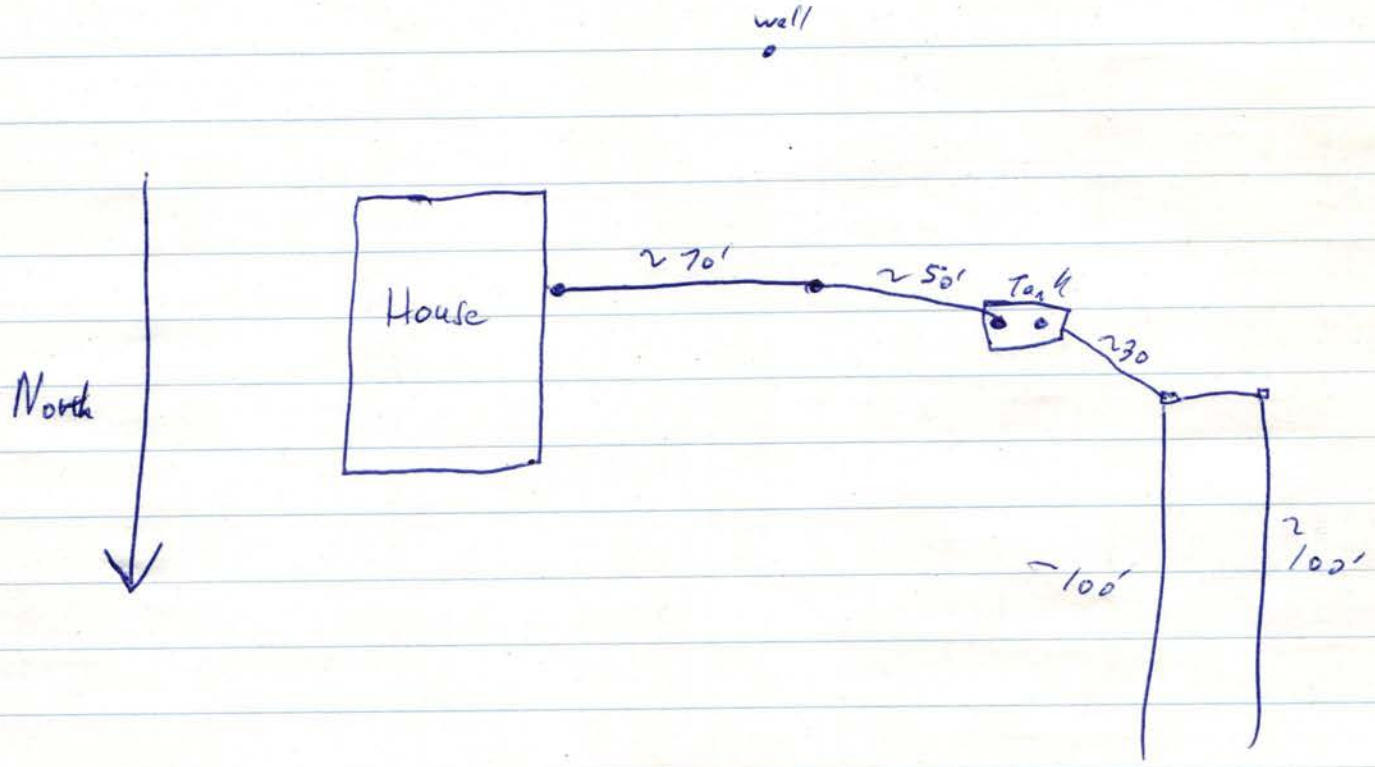
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☐	50 ☐	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☐
Field (ft)	100 ☑	500 ☐	50 ☐	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Patrick R Wolf Date 4-9-04

Installer Mike Jakowski Date 4-14-04

FORM 23-102 10-96


well
North
House
~70'
~50'
Tank
~30
~100'
~100'