Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380224301

Issued 10/02/00
Expires 04/02/01
Revenue Code 3157

Establishment

TOM F NOVACEK
T11N R6E SEC 11
22 ACRES
555 MILL RD-RAYMOND

FEES: $200.00

Permitee

TOM F NOVACEK
555 MILL RD
RAYMOND NE 68428

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013779

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

A

Permit Number: 0038 02243

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 555 Mill Rd (no rural route) City RAYMOND NE NE, Zip 68428

Legal Description NW 11 ~~11~~ 6-E 22 ~~acres~~ 12 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 TOM NOVACEK Signature Thomas J Novacek

Address 555 Mill Rd City/State/Zip RAYMOND, NE 68428

☐ Check if owner designed system Home Phone 327-8226 Work Phone 458-4309

C. Contractor

Name STEVE MACHACEK Company Name M & W CONST

Address PO Box 91 City/State/Zip WESTON NE 68070

☑ Check if contractor designed system Work Phone 480-2006

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 2 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 9-29-00	**ACTION** ☒ Approved	☐ Disapproved
	Date frwd _____	Signature Paul Williams	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10-6-2000	**ACTION** ☒ Approved	☐ Disapproved
	Date frwd _____	Signature [illegible]	
3. **City or County Engineer**	Date rec'd 10/06/00	**ACTION** ☒ Approved	☐ Disapproved
	Date frwd _____	Signature [illegible]	

Installation Final Written Approval

By Paul Williams

Date 10-12-00

Business Office Use Only

Date Rec'd 10-2-00

Amt Paid #200.00

Rec'd By [illegible] Cash/Check No. 7002

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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B

Permit Number: 00380224 3

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 555 Mill Rd (no rural route) City Raymond NE, Zip 68428

Owner Tom Novacek Address 2630 Scott Ave

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 19 min./inch

Date of Tests 3-25-00 to 3-26-00 Weather: Precipitation Clear 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	30	3-19	9 AM			3-20	9 AM	6"	3-20		30	1½	20
2	"	"	"			"		"			"	1¾	17
3	"	"	"			"		"			"	1	30
4	"	"	"			"		"			"	2	15
5	"	"	"			"		"			"	2	15
6	"	"	"			"		"			"	1¾	17

Person Conducting Percolation Tests

Name: Tom Novacek
Phone: 402-327-8226
Address 2630 Scott Ave
Lincoln, NE 68506

Sum of Percolation Rates: 114
Average of Rates: 19
Rate Used for Calculation: 30 min

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Paul Drotzmann Date 9-29-00

FORM 23-101 10-96

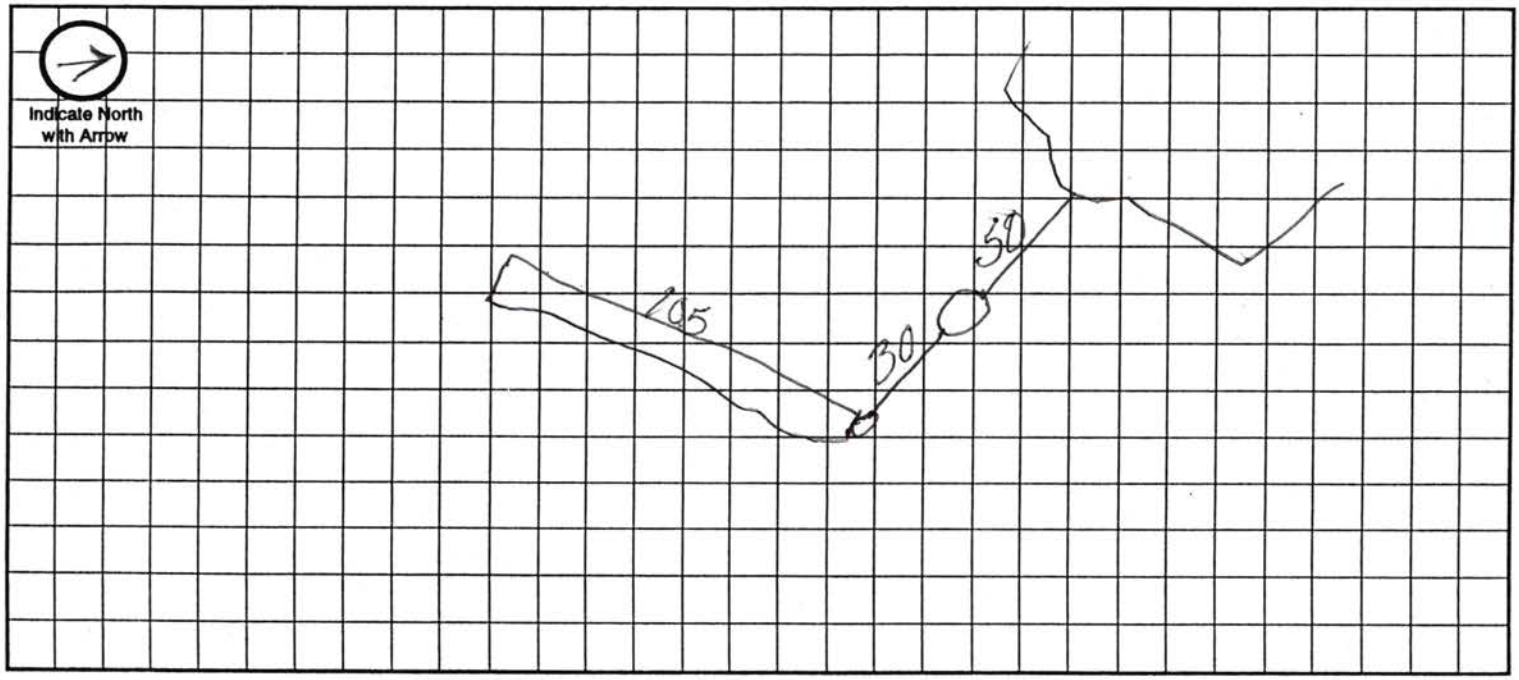
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003802243

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) 555 Mill 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 19 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: ~~402~~ 420 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 105 ft. Number of Trenches 1 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 Steve Machacek M&W CONST Date 9/28/00

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
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D

Permit Number: 003802243

Sewage Disposal System

As Built Plans & Specifications

Date 9-29-00

System Location (Indicate correct number and street)

Address 550 Mill Rd (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: SCH 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 34" in.
3. Distance between dwelling and septic tank: 52' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 135 ft.
   stream 100+ ft.
   pressure line 33' ft.
   property line 100+ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 4000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6 in.
   Over outlet, diameter 6 in.
   Riser: ☐ above ☒ below grade 2 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line 187 ft.
   Stream NA ft.
   Pressure line 85 ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 29 ft.

D. Absorption Field

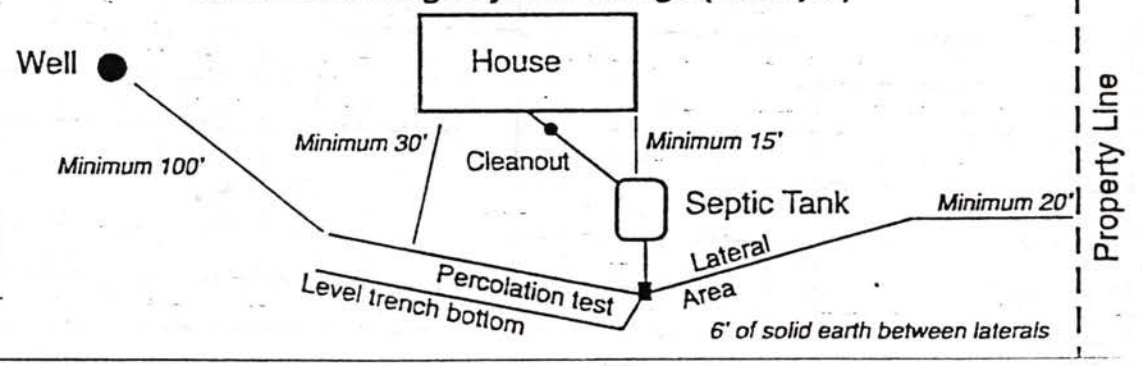
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: INFILTRATOR 24
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 1
   Length of each line: 100' ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 5 ft.
   Slope 1 in/100 ft.
   Average depth 30 in
4. Filter material: GRAVEL
   Depth of material 16 in.
5. Distances to: Well or suction line 168 ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

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

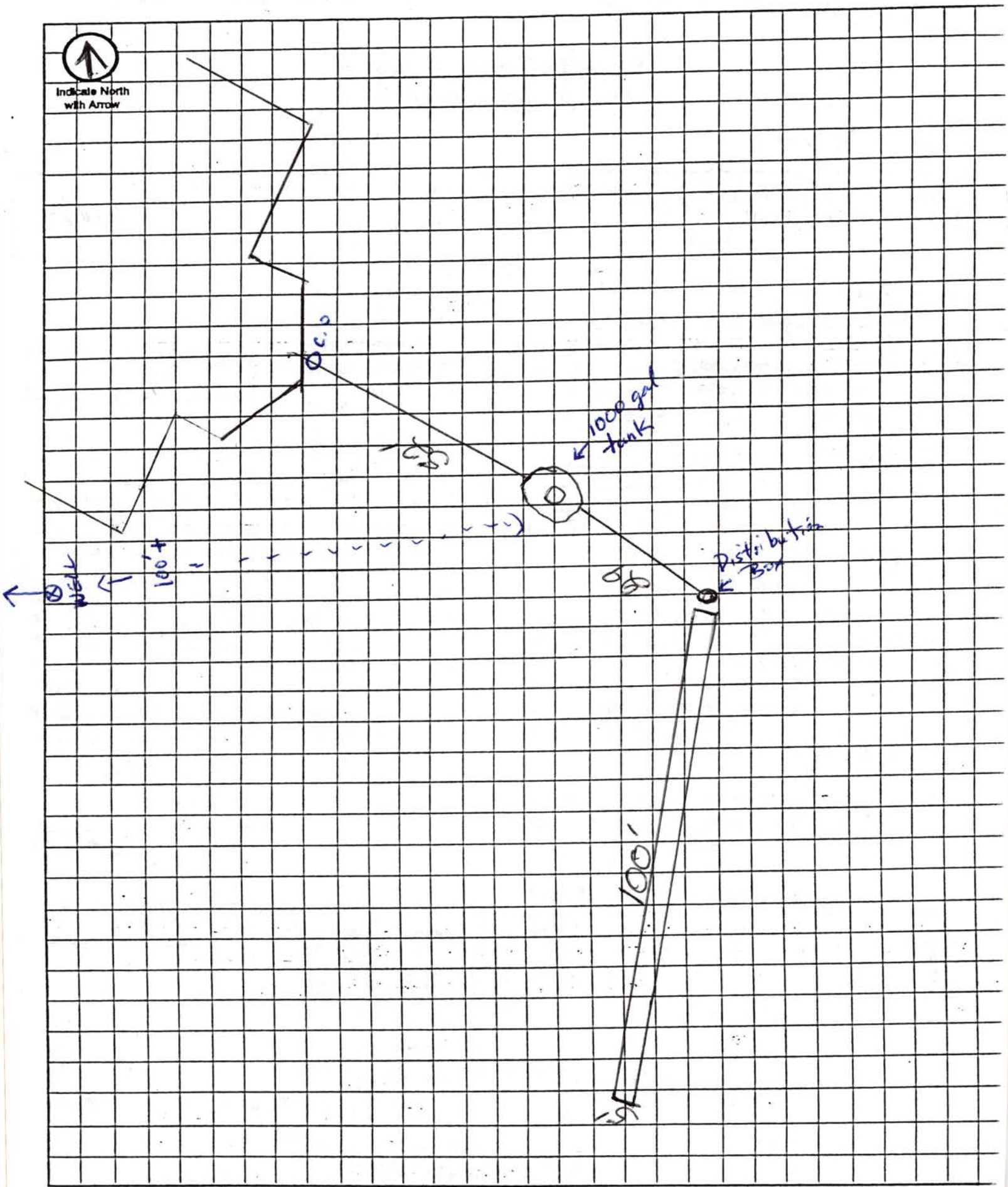
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 6 ft. = 1 grid lin