LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380180601

Issued 07/22/98
Expires 01/22/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment
PRIDE HOMES
T11N R6E SEC 7 QTR SW
LOT 30IT
5400 W WAVERLY RD-RAYMOND

TOTAL $150.00

Permittee
PRIDE HOMES
1544 S 1 ST
LINCOLN NE 68502-1903

Issued By Health Director
Lincoln-Lancaster County Health Department

007869

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: ~~98~~ 980180601

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 5400 West Waverly Rd. (no rural route) City Raymond NE, Zip 68428

Legal Description SW 7 11N 6E of the 6th PM ~~Block~~ 301 ft. Lot
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 Pride Homes Signature _____

Address 1544 So. 1st City/State/Zip Lincoln Ne. 68502

☐ Check if owner designed system Home Phone 430 6484 Work Phone 434-3220

C. Contractor

Name Pride Homes Company Name Greg Shinaut

Address 1544 So 1st City/State/Zip Lincoln Ne. 68502

☐ Check if contractor designed system Work Phone 434-3220

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400

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 7/21/98 Date frwd 7/22/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Head
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-22-98 Date frwd 7-22-98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-22-98 Date frwd 7-22-98 ACTION ☒ Approved ☐ Disapproved Signature _____

7/31/98 Need fence ~~drawing~~ complete J.C.#

Installation Final Written Approval

By _____

Date 10-12-98

9/28/98 needs signs, Depth marker JEB

Business Office Use Only
Date Rec'd 07/21/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 11685

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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Phone: 402-441-8022

B

Permit Number: 98380180601

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5400 (no rural route) W. Waverly Rd City Raymond NE, Zip 68428

Owner Pride Homes Addresss 1544 S. 1st Lincoln Ne. 68502

Soil Type (SCS): Clay - Brown Percolation Rate: 240 min./inch

Date of Tests 6-23-98 to 6-24-98 Weather: Precipitation Dry 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	36	6-23	9 am	6-24	9 am	6-24	9 am	6	6-24	9:30 am	30	1/8	.240

Sum of Percolation Rates: 240
Average of Rates: 240
Rate Used for Calculation: 240

Person Conducting Percolation Tests

Name: Clint Presnell
Phone: 434-2400
Address 3130 S. 6th Lincoln Ne

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Lagoon to be installed

Signature of Reviewing Official Jim Bare Date

FORM 23-101 10-96

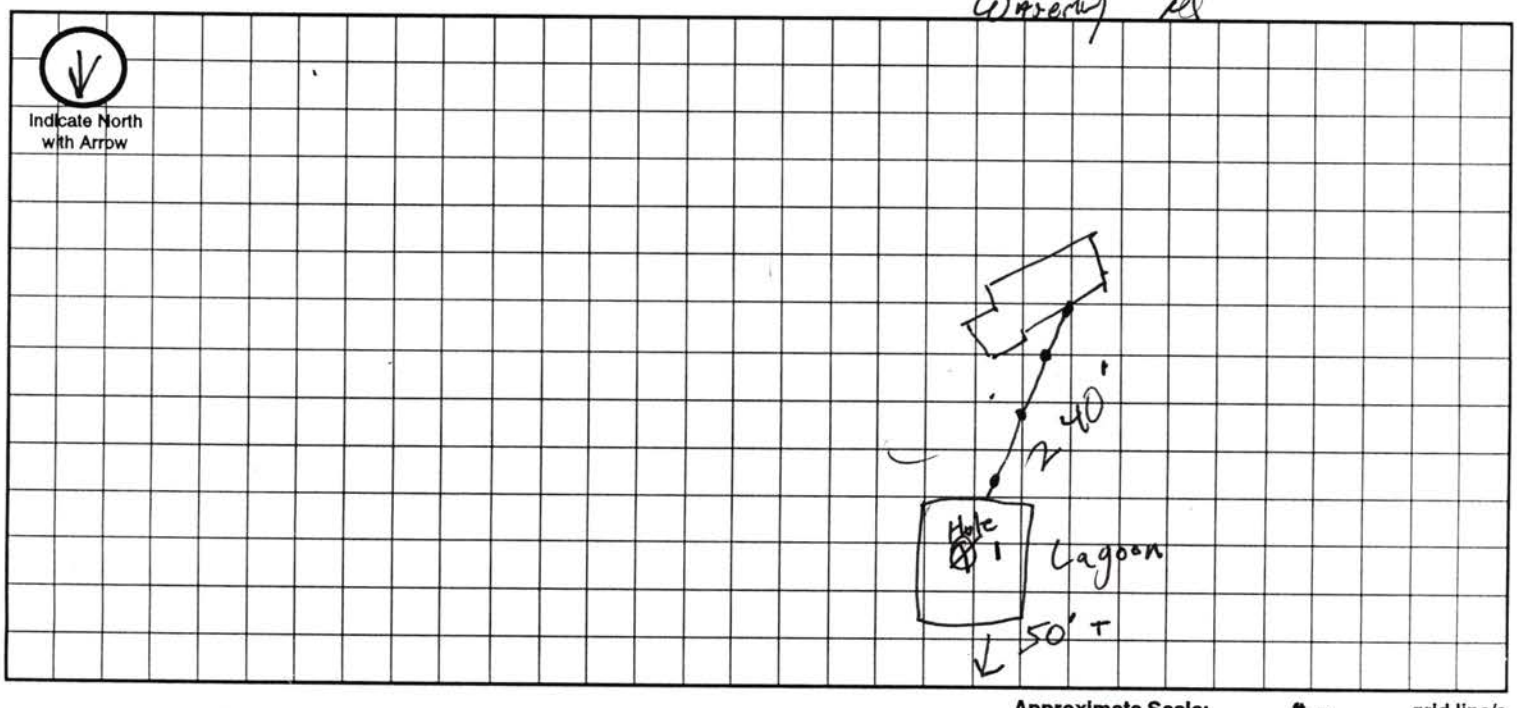
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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C

Permit Number: 98380180601

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) 5400 W. Waverly Rd. City Raymond NE, Zip 68428

B. Proposed Septic Tank/s Lagoon

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 ☑	NA ☐	30 ☑	50 ☑	100 ☑	200 ☐	☑

E. Required Signatures

Home Building Contractor _____ Date 6-24-98

Installer _____ Date 6-24-98

FORM 23-102 10-96

Attn: Jerry Hood

D

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

Permit Number: 98380180601

Sewage Disposal System

As Built Plans & Specifications

Date 8-3-98 Wellmann Plumbing

System Location (Indicate correct number and street)

Address 5400 W WAVERLY Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC SCH 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: N/A ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 250+ ft.

B. Septic Tank

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

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

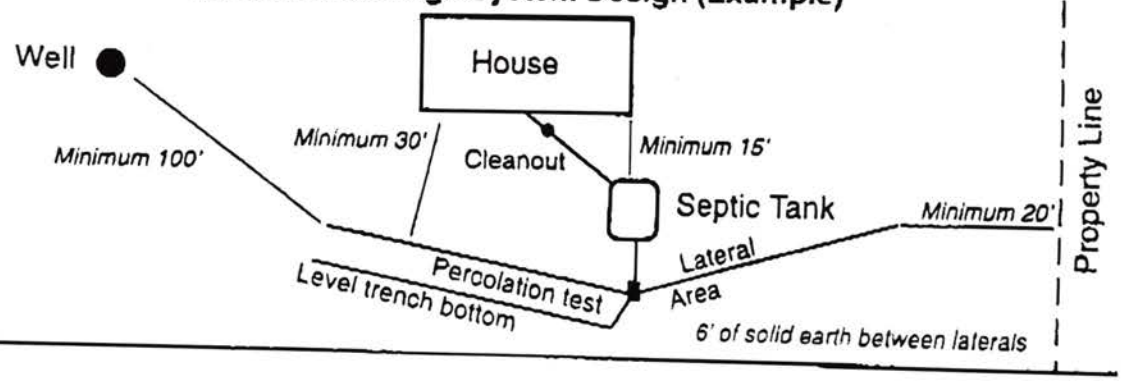
(Provide as-built drawings on back of this form)

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

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

Indicate North with Arrow

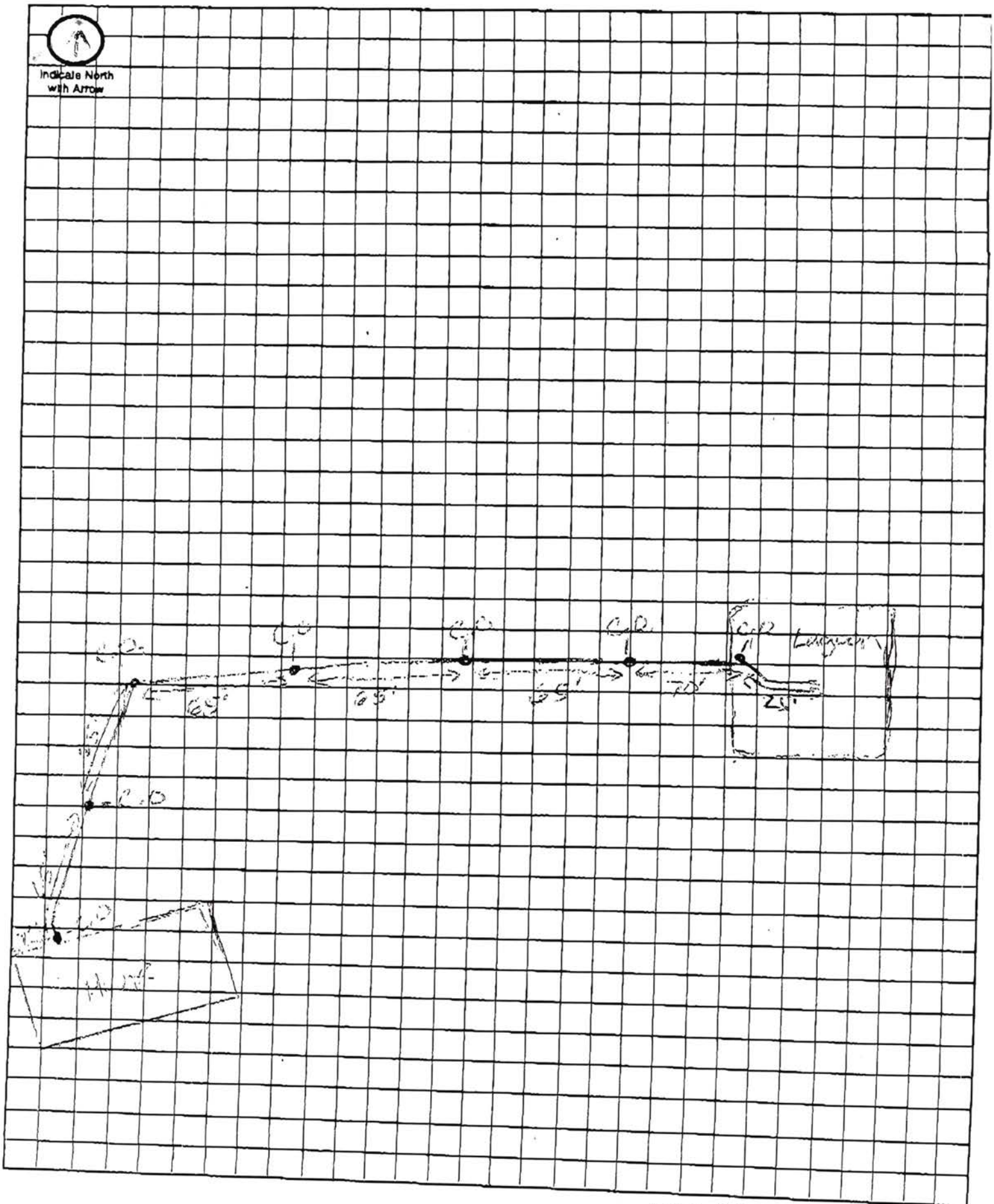
Individual Sewage System Design (Example)



FORM 23-103 10-96

Attn Jerry Hood

As Built Drawing



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