Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009140

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380322601

Issued 07/10/06
Expires 07/10/07
Revenue Code 3157

Establishment

OAKS TRUST UNION BANK
T11N R6E SEC 6 QTR SW
NELSON LOT 2
5490 W MILL RD-RAYMOND

FEES: $275.00

Permittee

OAKS TRUST UNION BANK
BOX 82535
LINCOLN NE 68501

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

JUL 3 1 2006 JUL 1 0 2006

A

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

Permit Number: 06380322601

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 5490 W. Mill Road (no rural route) City Raymond NE, Zip 68428

Legal Description SW (1/4) 1/4 6 (Section) 11N (Township) 6E (Range) Nelson (Subdivision) (Addition) (Block) 2 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name OAKS TRUST UNION BANK, TRUSTEE Signature By [signature] TRUST OFFICER

Address PO Box 82535 City/State/Zip Lincoln NE 68501

☐ Check if owner designed system Home Phone ← Work Phone 402-323-1545

C. Contractor

Name Mike Beach Company Name Beach Construction

Address 3134 S. 48th St City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 402-440-4973 or 402-430-7084

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

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

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 7/10/06 Date frwd 8/1/06	**ACTION** ☐ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 7/13/06 Date frwd 7/27/06	**ACTION** ☒ Approved ☐ Disapproved Signature Nancy K. Hiemann, CLERK	
3. **City or County Engineer**	Date rec'd 8-1-06 Date frwd 8-1-06	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]	

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date AUGUST 4, 2006

Business Office Use Only

Date Rec'd 7/10/06

Amt Paid $275.00

Rec'd By JS Cash/Check No. 6198

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: 06380326

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5490 W. Mill Road City Raymond NE, Zip 68428
(no rural route) SW 1/4 6-11-6 Nelson subdivision lot 2 PO Box 82535
Owner OAKS TRUST Addresss UNION BANK, TRUSTEE LINCOLN NE 68501
Soil Type (SCS): Sharpsburg Percolation Rate: 17 min./inch
Date of Tests 5-11-06 to 5-12-06 Weather: Precipitation 0 Temperature 66°

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	27	5-11	3:00pm	5-11	7:00pm	5/12	12:00p	6	5/12	4:00p	30	1 3/8	30/1.38 = 22
2	30	"	"	"	"	"	"	"	"	"	"	2 1/16	30/2.06 = 15
3	31	"	"	"	"	"	"	"	"	"	"	1 7/16	30/1.44 = 21
4	29	"	"	"	"	"	"	"	"	"	"	2	30/2.00 = 15
5	29	"	"	"	"	"	"	"	"	"	"	1 11/16	30/1.69 = 18
6	27	"	"	"	"	"	"	"	"	"	"	2 11/16	30/2.69 = 11

Sum of Percolation Rates: 102
Average of Rates: 17
Rate Used for Calculation: 17

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-3870
Address 13860 NW 70th St
Raymond, NE 68428 # C1197.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JULY 10, 2006

FORM 23-101 10-96

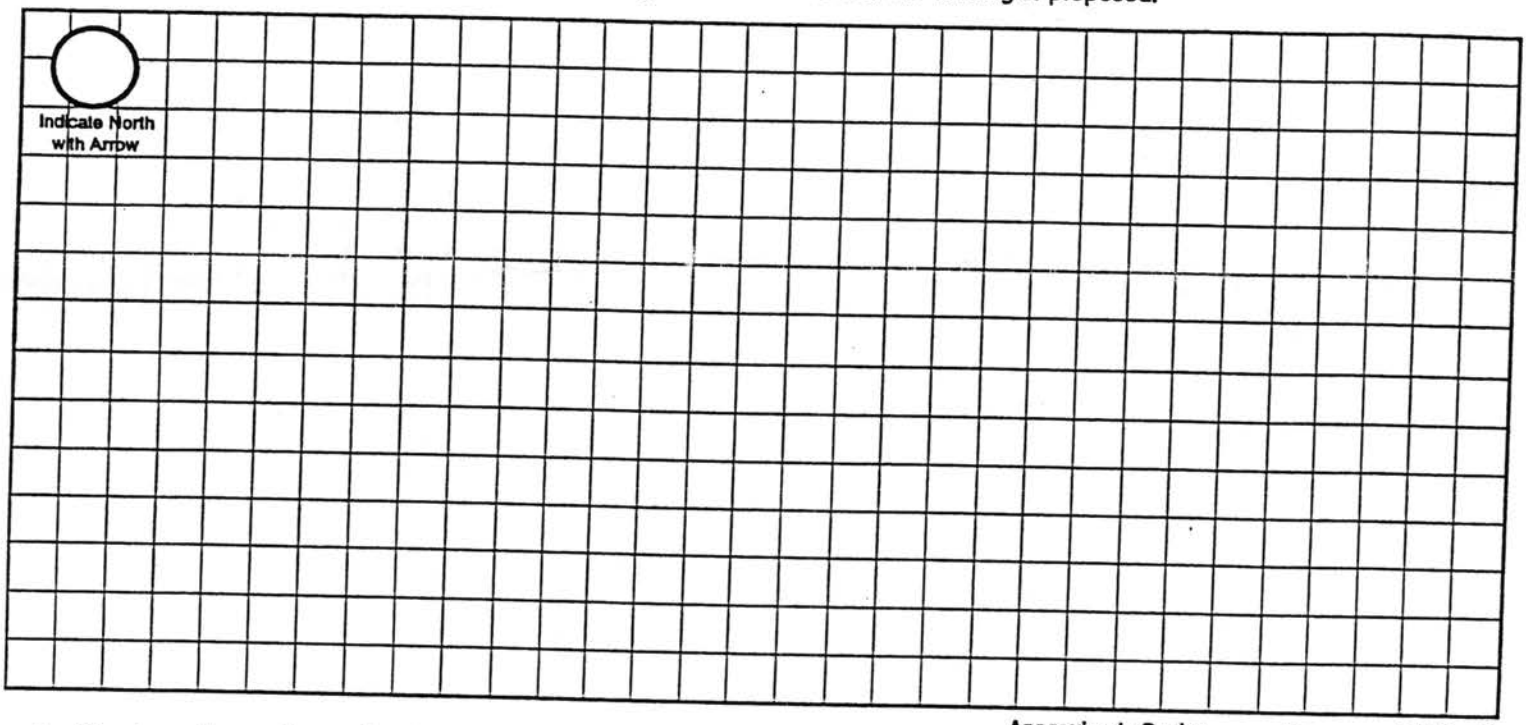
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063803226

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) 5490 W. Mill Road City Raymond NE, Zip 68428
SW 1/4 6-11-6 Nelson Subdivision Lot 2

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 17 (min. per inch) Soil Type: Sharpsburg Land Slope: _____ %

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

Total Square Feet of Field Required: 630 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator Quick 4 / chamber

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 158 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 Mike Beach Date 5/31/06

Installer Kevin L. Jakubek Date 5-16-06

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D

Permit Number: 063803226

Sewage Disposal System

As Built Plans & Specifications

Date 7/6/05

System Location (Indicate correct number and street)

Address 5490 W Mill Rd (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: class 160.
   Diameter: 4 in.
2. Distance above basement floor: 48 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 102' ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 60' ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: one
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 At Grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50 ft.

C. Distribution Box

1. Material: 2- Plastic
   Number available outlets: 12
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 4' - 12' ft.

D. Absorption Field

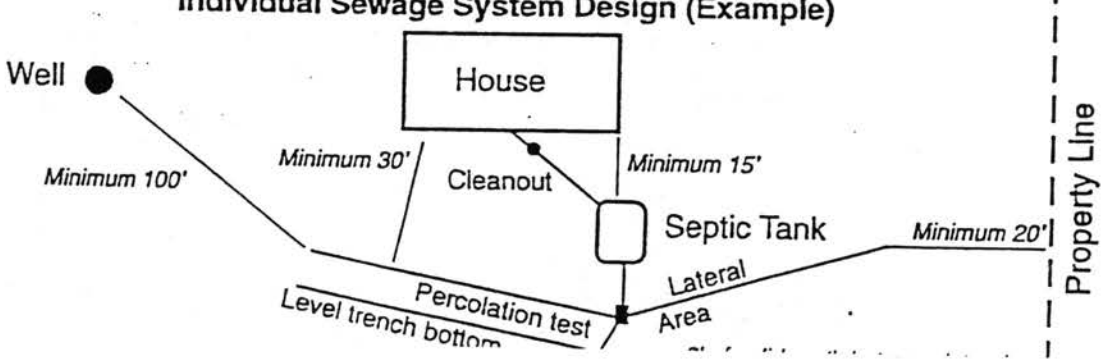
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe Quick 4-4
   Diameter of half round: 34"W X 12"T Tr 11
   or perforated pipe: _____
   Material: ☒ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 106.25 ft. 55.25 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 32" in
4. Filter material: Dirt
   Depth of material 32" in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 17' 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

