Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

ERIC NELSON
T11N R6E SEC 5 QTR SE
LOT 31IT
3300 W MILL RD-RAYMOND

Permittee

ERIC NELSON
2230 S CANTERBURY LN
LINCOLN NE 68512

Permit # 01380240101

Issued 10/19/01
Expires 04/19/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

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NOV 1 3 01

A

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

Permit Number: 01380240 1

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 3300 W. Mill Rd. (no rural route) City Raymond NE, Zip 68428

Legal Description SE¼ of 5 - 11 North - 6 EAST of the 6th P.M. 31 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 Eric Nelson Signature Eric Nelson

Address 2230 S. Canterbury Ln. City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-423-4635 Work Phone 402-580-7320

C. Contractor

Name Lloyd Jakoubek Company Name Raymond Contracting.

Address 12800 NW 70 City/State/Zip Raymond Ne. 68428

☒ Check if contractor designed system Work Phone 890-6009

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

Designer Name Raymond contracting Firm — Work Phone 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 420 sq. ft office/shop area w/ 1 Bathroom/shower

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 10/19/01 Date frwd 11/14 ACTION ☐ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/20/01 Date frwd 11/1/01 ACTION ☒ Approved ☐ Disapproved Signature Nancy K Hoeman
3. **City or County Engineer** Date rec'd 11/14/01 Date frwd 11/14/01 ACTION ☒ Approved ☐ Disapproved Signature

8-2-02 mm Force up

Installation Final Written Approval

By Ron Mayfield

Date 8-2-02

Business Office Use Only

Date Rec'd 10/19/01

Amt Paid 200.00

Rec'd By — Cash/Check No. 4251

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

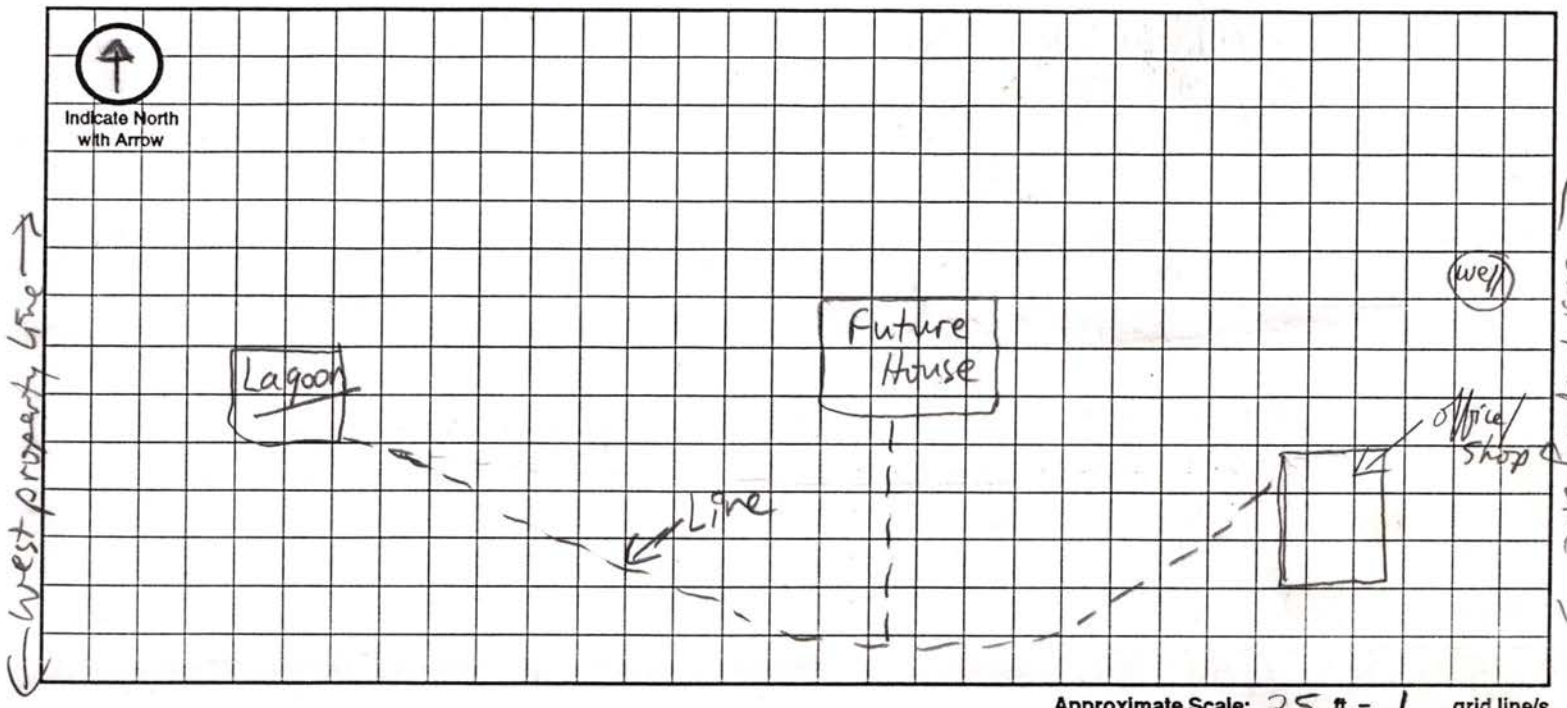
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3300 W. Mill Rd City ~~Lincoln~~ Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon w/ Bentonite

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 ☒	N/A ☐	30 ☒	50 ☒	100 ☐	200 ☒	☐

E. Required Signatures

Home Building Contractor Dave Joyce Date _____

Installer Lloyd J. Jabenske Date 10/5/01

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 11/27/01

Eric Nelson

System Location (Indicate correct number and street)

Address 3300 W Mill Rd. (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: plastic
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 6
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ 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

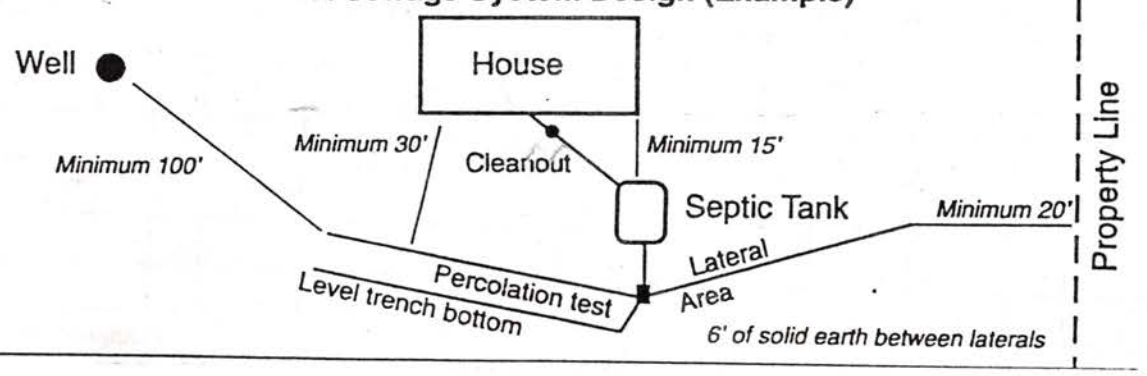
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

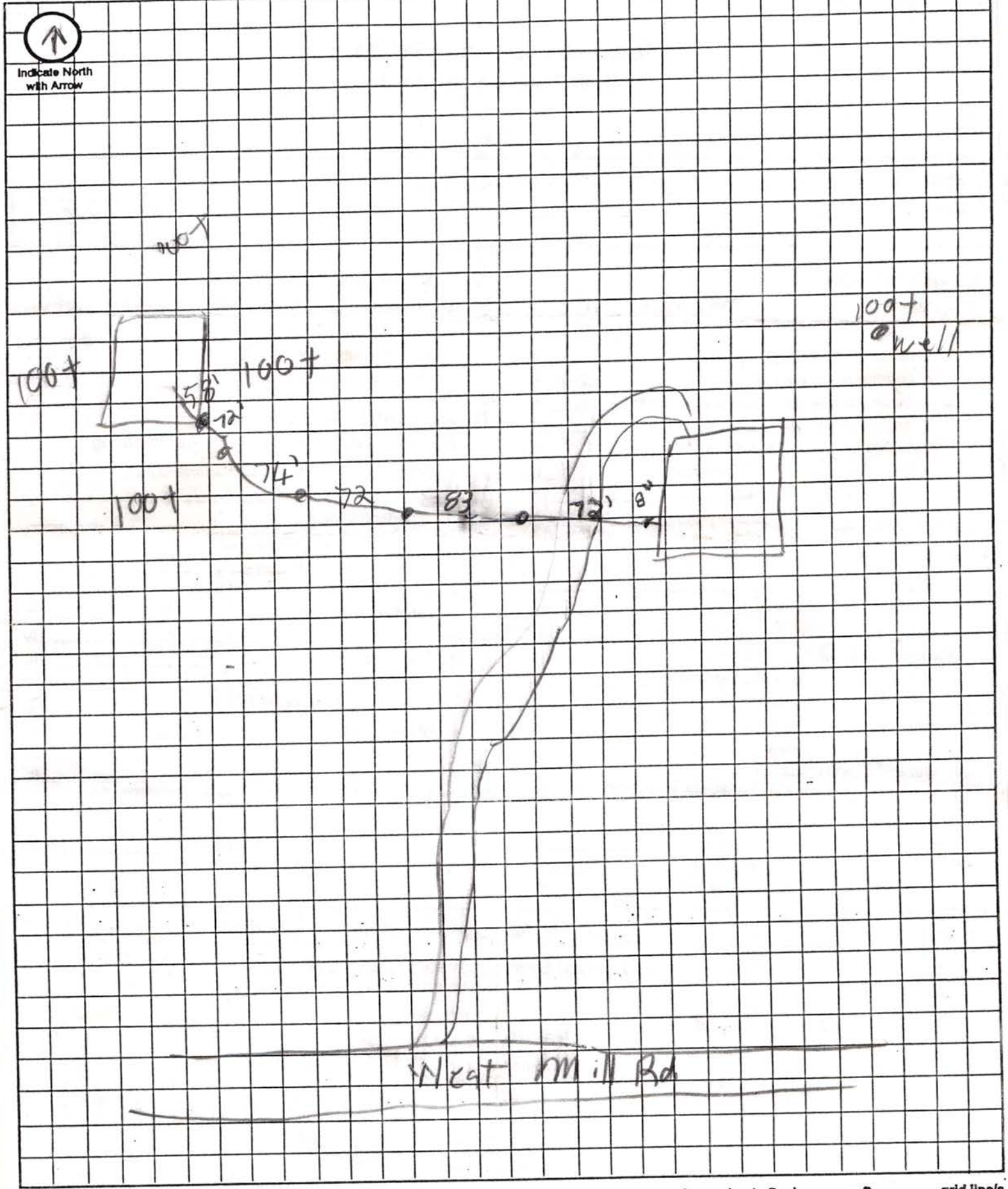
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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