Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009887

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON PENDING RESULTS OF
PERCOLATION TESTS

Permit # 07380330801

Issued 03/07/07
Expires 03/07/08
Revenue Code 3157

Establishment

DON JOHNSON HOMES
T11N R6E SEC 5
OAK VALLEY EST-LLCN BLK 3 LOT 8
OAKVIEW CIRCLE-RAYMOND

FEES: $290.00

Permittee

DON JOHNSON HOMES
5901 N 27 ST
LINCOLN NE 68521

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

* Will be septic once perc test is Submitted *

A

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

Permit Number: 07380330801

FAXED MAR 7 Raymond BY:

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: 3.05 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address OAK VIEW CIRCLE City Raymond NE, Zip NE

Legal Description LCR 5936 (no rural route) 5 (1/4) 11 (1/4) Section 6 Township OAK VALLEY EST. Range Subdivision LLCN Addition 3 Block 8 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Rob & Kim Boyd Signature Don Johnson Homes

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone 450-1701

C. Contractor NCR 36586

Name DON JOHNSON Company Name DON JOHNSON HOMES

Address 5901 N 27TH ST City/State/Zip LINCOLN 68521

☐ Check if contractor designed system Work Phone 436-3228

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

Designer Name MELVIN EAGNER Firm EAGNER CONST Work Phone 432-5698

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 3/7/07	ACTION ☑ Approved	☐ Disapproved
	Date frwd 3/7/07	Signature	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd	ACTION ☐ Approved	☐ Disapproved
	Date frwd	Signature	
3. City or County Engineer	Date rec'd 3-8-07	ACTION ☒ Approved	☐ Disapproved
	Date frwd 3-8-07	Signature Jim Eberly	

Installation Final Written Approval

By Doug Amos

Date 6/29/07

Business Office Use Only
Date Rec'd ~~290.00~~ 3/6/07
Amt Paid 290.00
Rec'd By CW Cash/Check No. 20088

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

A will be cr

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein: 3.05 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address OAK View Circle (no rural route) City Raymond NE, Zip NE

Legal Description 5 (1/4) 11 (1/4) 6 (Section) OAK Valley Est. (Township) LLCN (Range) 3 (Subdivision) 8 (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 Rob & Kim Boyd Signature Don Johnson Homes

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone 450-1701

C. Contractor

Name DON JOHNSON Company Name DON JOHNSON HOMES

Address 5901 N 27th ST City/State/Zip LINCOLN 68521

☐ Check if contractor designed system Work Phone 436-3228

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

Designer Name Melvin Eagner Firm Eagner Const Work Phone 432-5698

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 3/2/06 Date fwd 3/2/06 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/7/07 Date fwd 3/7/07 ACTION ☒ Approved ☐ Disapproved Signature Nancy K. Thomas, CLERK
3. **City or County Engineer** Date rec'd _____ Date fwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd ~~290.00~~ 3/6/07
Amt Paid 290.00
Rec'd By CW Cash/Check No. 20088

RM 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:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3501 OAKVIEW CIR. (no rural route) City RAYMOND NE, Zip 68428

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: 52.6 min./inch

Date of Tests 1MAY to 2MAY07 Weather: Precipitation 0 Temperature 51

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	1MAY		5-2	4:30	2MAY	4:30	6	2MAY	5:00	30	5/8	48
2	29	5-1	"	"	"	"	"	"	"	"	"	1/2	60
3	30	"	"	"	"	"	"	"	"	"	"	1/2	60
4	31	"	"	"	"	"	"	"	"	"	"	5/8	48
5	28	"	"	"	"	"	"	"	"	"	"	3/4	40
6	32	"	"	"	"	"	"	"	"	"	"	1/2	60

Person Conducting Percolation Tests

Name: MELVIN F. GAGNER
Phone: 432-5698
Address 4810 "W" CLAIRE AVE
LINCOLN NE 68523

Sum of Percolation Rates: 316
Average of Rates: 52.6
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

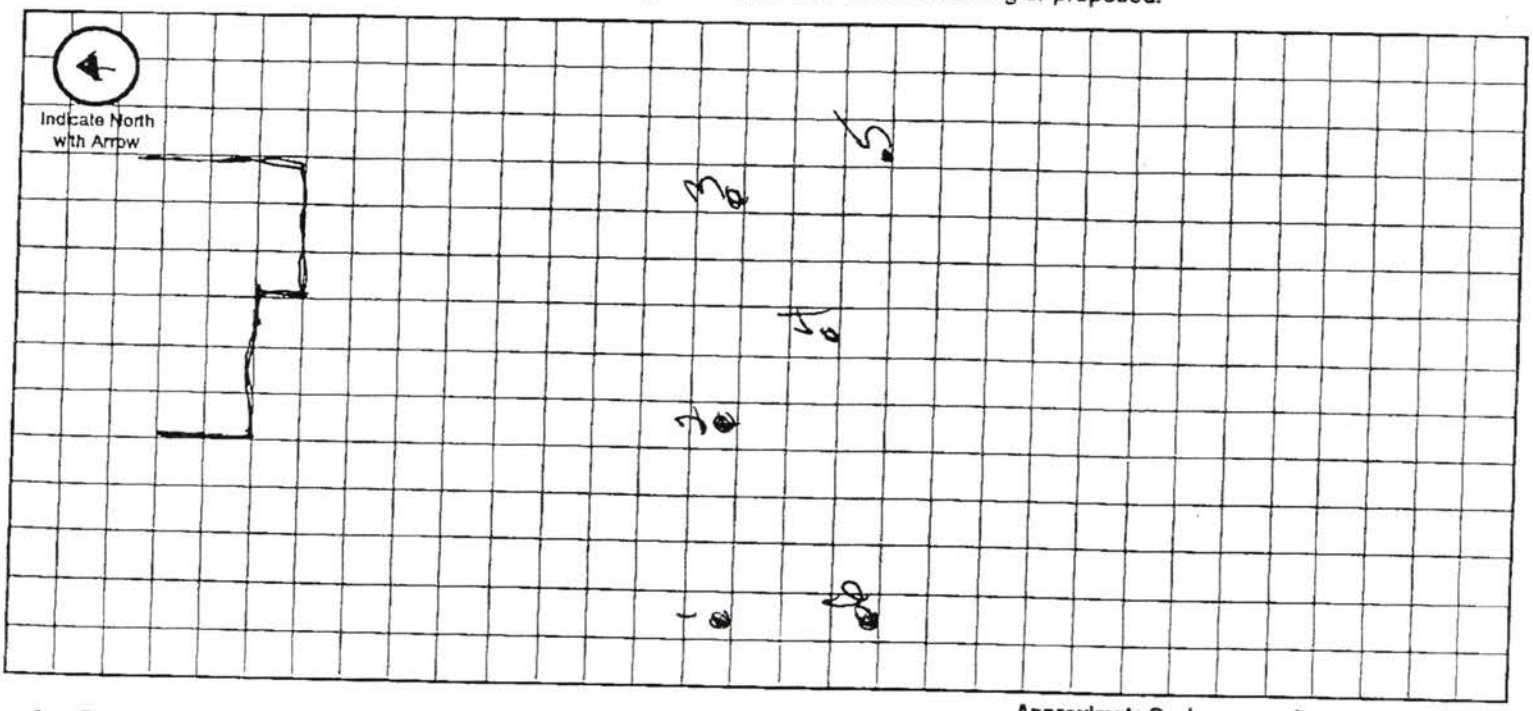
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 3501 OAKVIEW CIR. 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 52.6 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 ft. Number of Trenches _____ Trench Width 48

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 Melvin F Gagner Date 2 MAY 07

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

EPS TANK
N 40° 57.363'
W 96° 46.190'

Date 27MAY 07

System Location (Indicate correct number and street)
Address 3501 OAKVIEW CR (no rural route) City RAYMOND NE, Zip 68428

A. Building Sewer
1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 42 in.
3. Distance between dwelling and septic tank: 47 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line NA ft.
   property line OVER 20 ft.

B. Septic Tank
1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 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: 34 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line OVER 20 ft.

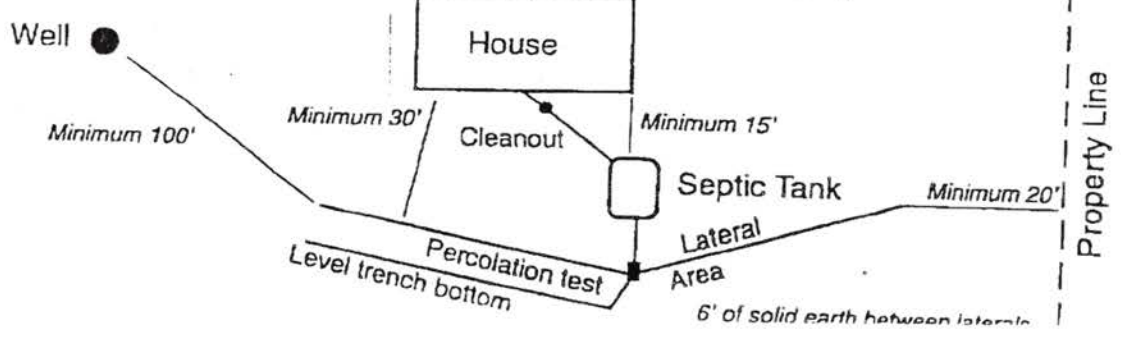
C. Distribution Box
1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

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 ENFILTRATORS
2. Lateral lines: Number 2
   Length of each line: 134 ft. 129 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: NA
   Depth of material _____ in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 50 ft.
   Property line OVER 20 ft.

Scale North with Arrow

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

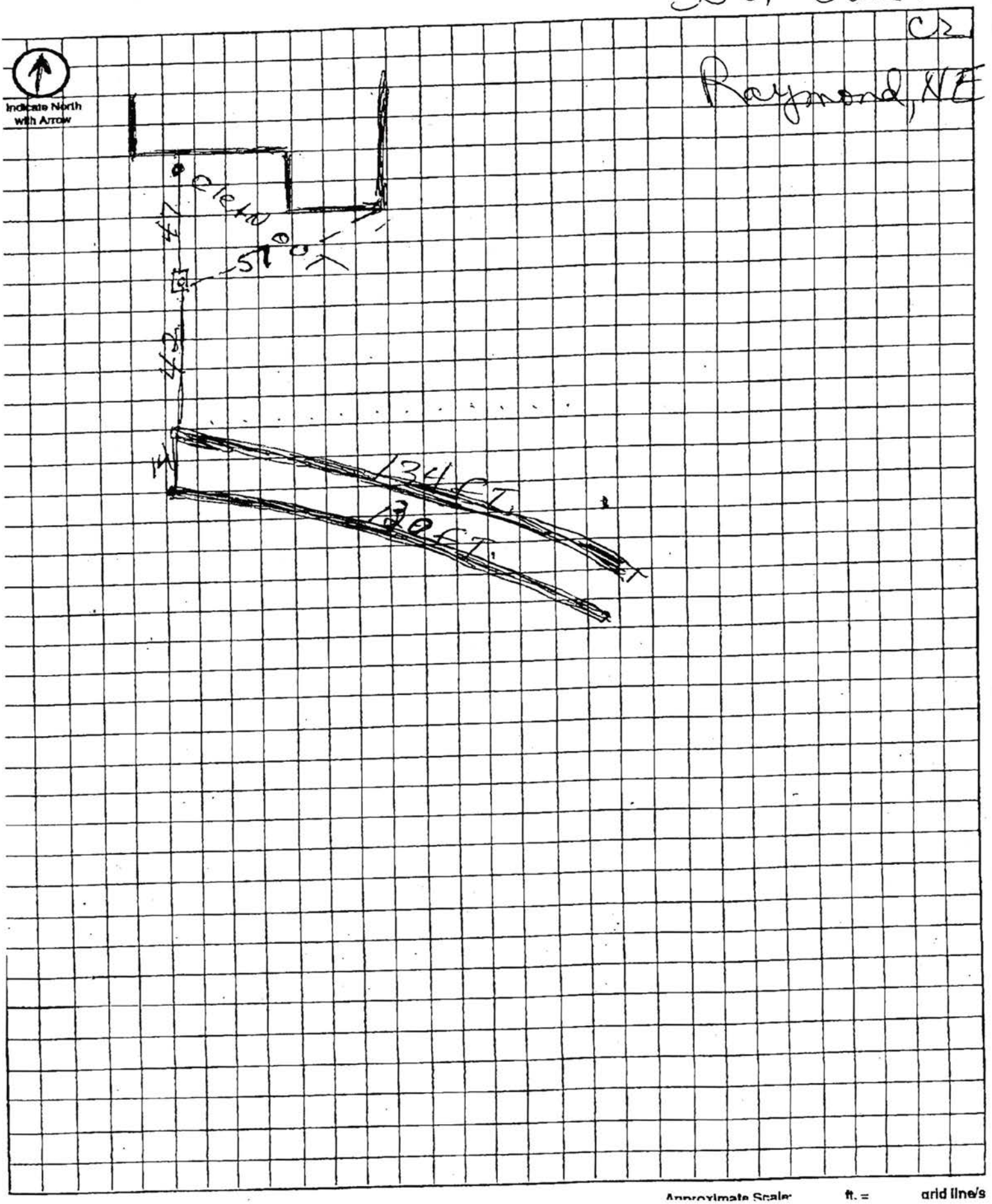
Individual Sewage System Design (Example)



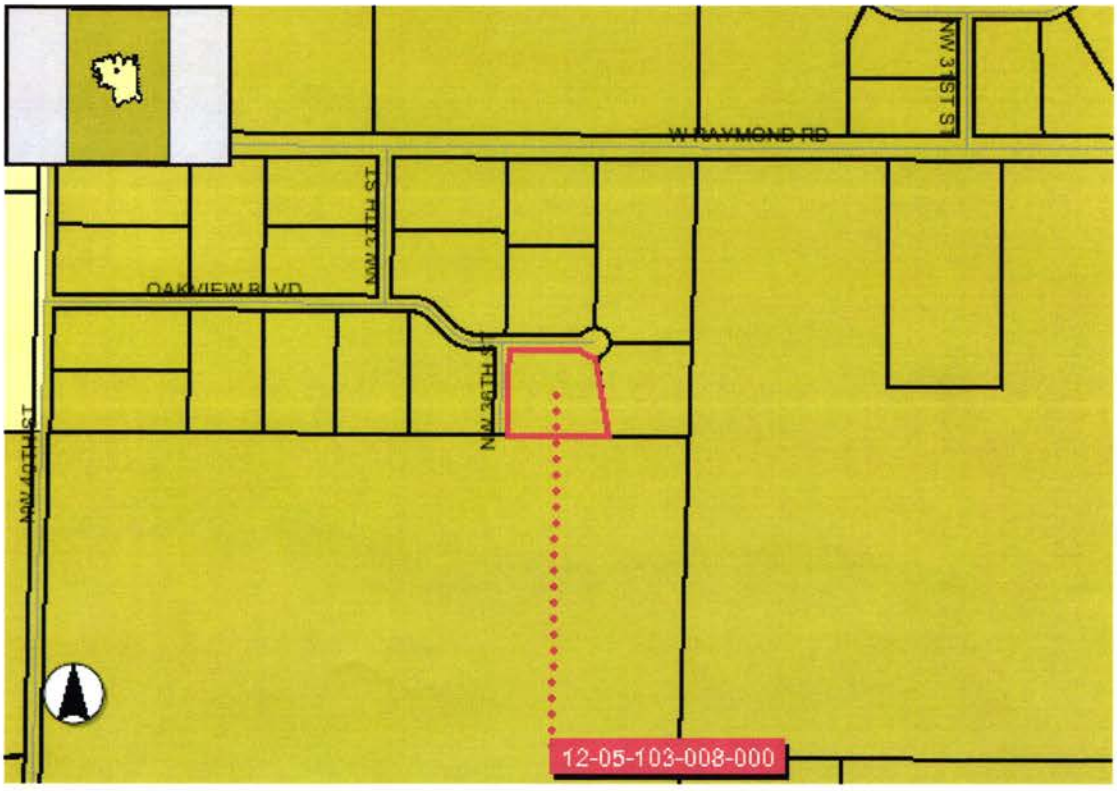
M 23-103 10-96

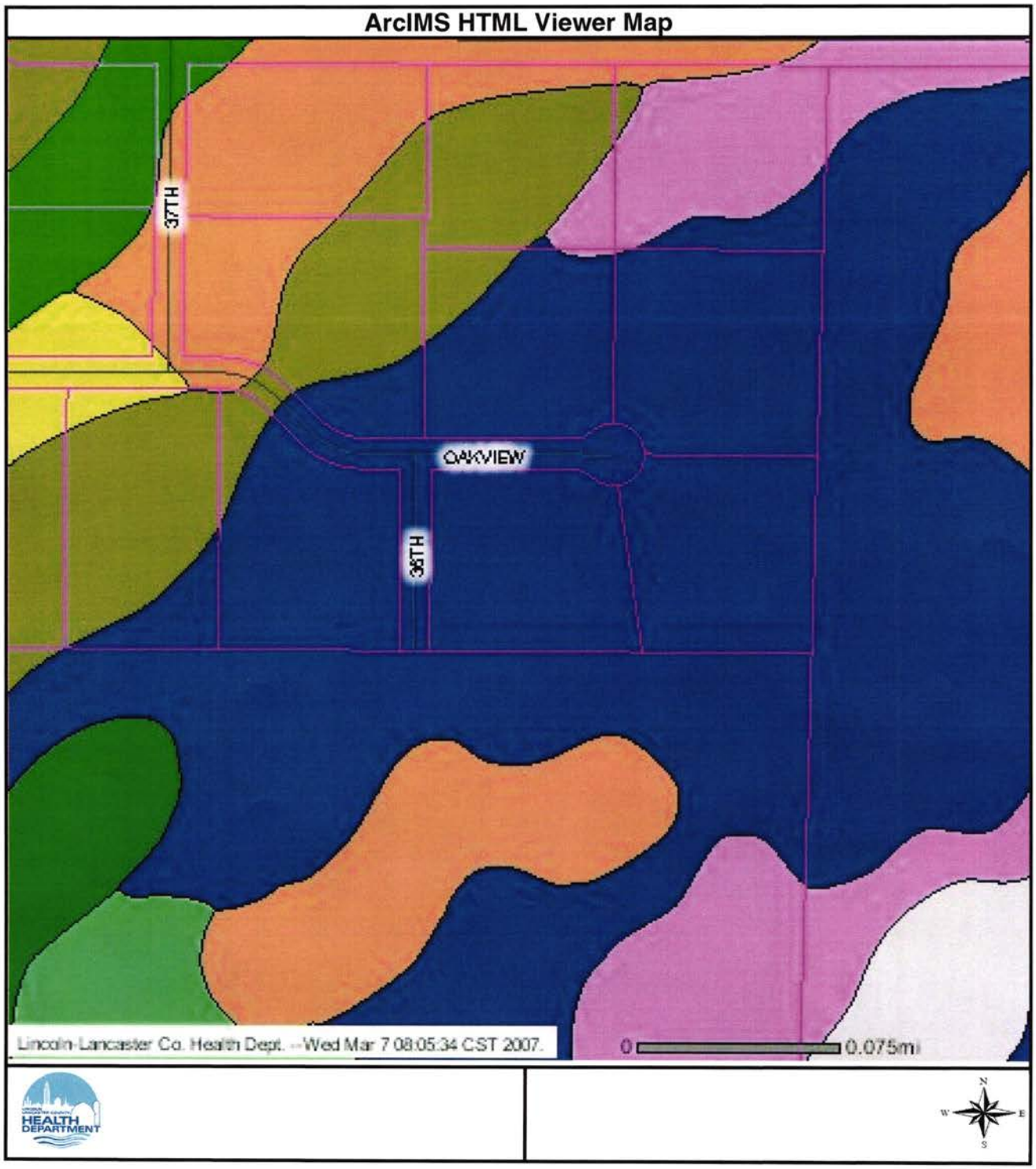
As Built Drawing

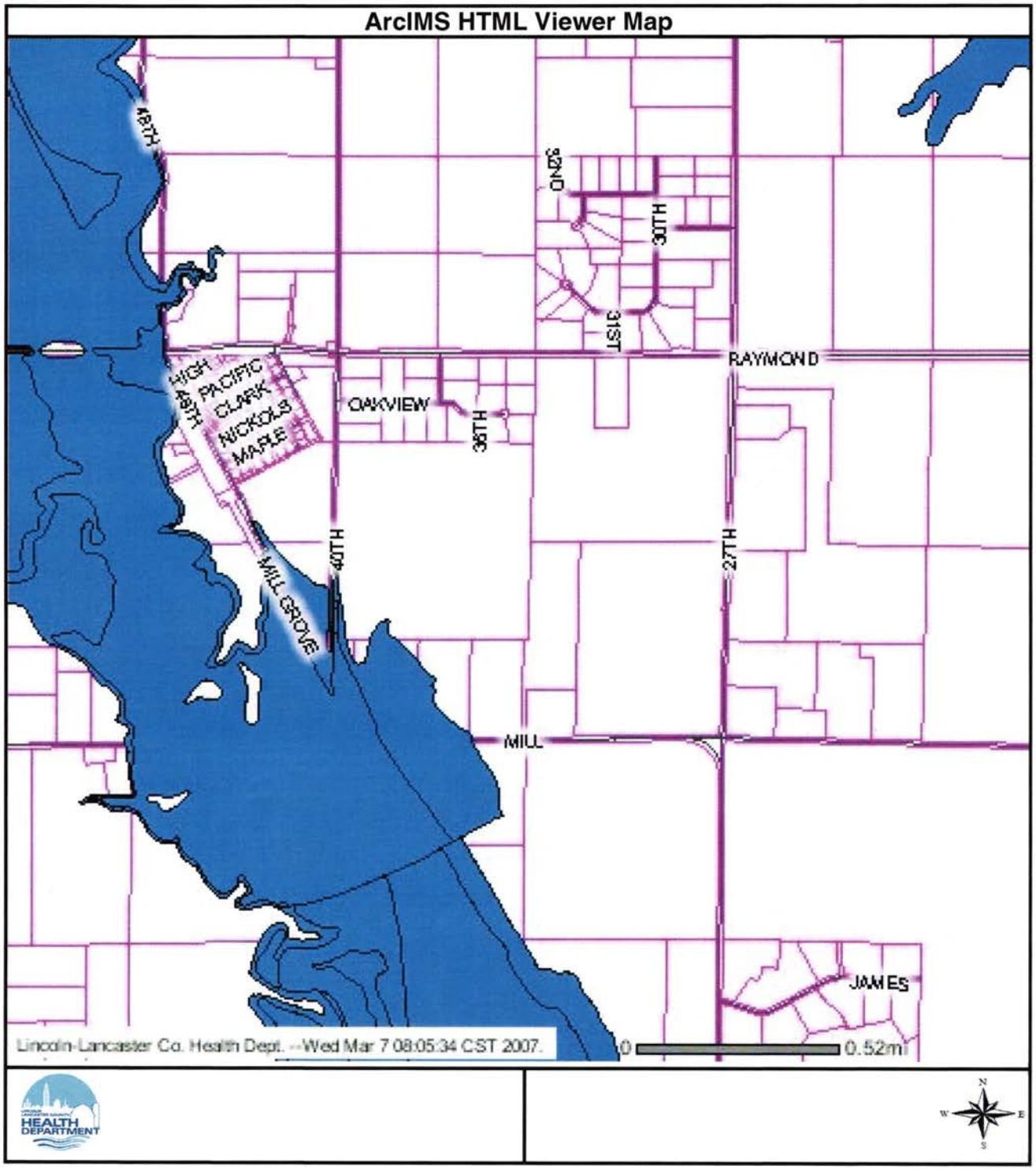
3501 Oak View Dr
Raymond, NE



Approximate Scale: ft. = grid line/s


W RAYMOND RD
NW 31ST ST
NW 35TH WAY
OAKVIEW BLVD
NW 36TH ST
NW 40TH ST
12-05-103-008-000


ArcIMS HTML Viewer Map
37TH
OAKVIEW
36TH
Lincoln-Lancaster Co. Health Dept. --Wed Mar 7 08:05:34 CST 2007.
0
0.075mi
HEALTH DEPARTMENT
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ArcIMS HTML Viewer Map
48TH
SENO
30TH
31ST
RAYMOND
HIGH
48TH
PACIFIC
CLARK
NICKOLS
MAPLE
OAKVIEW
36TH
40TH
MILL GROVE
27TH
MILL
JAMES
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