LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380170501

Issued 12/23/97
Expires 06/23/98
Revenue Code 3157

Establishment

ERIC LEDERER
T11N R6E SEC 5 QTR NW
OAK VALLEY ESTATES BLK 3 LOT 1&6
3401 W RAYMOND RD--RAYMOND

FEES: $150.00

PAID

TOTAL $150.00

Permittee

ERIC LEDERER
16735 JEFFERSON ST
OMAHA NE 68135

Gregg Wright MD.

Issued By M. Jane Ford
Health Director

5586

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

New Home # 783-9000

JAN 13 1998

A

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

Permit Number: 973801705

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 3401 W Raymond Rd. (no rural route) City Raymond NE, Zip 68428

Legal Description X NW¼ of NW¼ 5 11 6 Oak Valley Estates 3 1+6
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

New Home # 783-9000 ok

B. Owner

Name ERIC LEPERER Signature _____

Address 16735 JEFFERSON ST City/State/Zip OMAHA, NE 68135

☐ Check if owner designed system Home Phone (402) 894-4536 Work Phone (402) 397-8757

C. Contractor

Name John Kramer Company Name Kramer & Son Construction Co

Address 4600 Redfield Dr City/State/Zip Lincoln Ne 68526

☐ Check if contractor designed system Work Phone 489-9209

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 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 12-22-97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-6-98 Date frwd 1-12-98 ACTION ☒ Approved ☐ Disapproved Signature _____ Clerk
3. **City or County Engineer** Date rec'd 01/13/98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

RAYMOND

2-24-98, rm. no ~~soil~~ or perc test OK

Installation Final Written Approval

By Ron Maynard

Date 5-24-99

Business Office Use Only

Date Rec'd 12/23/97
Amt Paid #150.00
Rec'd By _____ Cash/Check No. 4911

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

ATTACHMENT C.

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED: Owner: ERIC LEDERER

Location: Township 11

Section & 1/4 Sect. 5, NW¼ Address: 16735 JEFFERSON ST

Property Dimensions: ____ ft. x ____ ft

Area: 64.8 acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ___; Silty Clay Loam ___: Sandy Loam ___

Silty Loam ___: Clay Loam X: Sandy Clay ___

Dates of Tests: 9/27/97 to 9/28/97. Weather: Precip. — Temp. 72

3401 West Raymond Pl

PERCOLATION TEST DATA FILE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percola Rates (Min./
1	30"	9/27	14:00	9/28	14:00	9/28	14:28	13.25	14:58	10.00	30	3.25	9.23
2	30"	9/27	14:00	9/28	14:00	9/28	14:30	13.75	15:00	10.75	30	3.00	10
3	30"	9/27	14:00	9/28	14:00	9/28	14:32	15.00	16:02	11.75	30	3.25	9.23

Sum of Percolation Rates 9.47

Average of Rates: 9.47

Inches per Minute: .106

Signature of Person Conducting Test

Address 16735 JEFFERSON ST OMAHA, NE 68136

Phone 894-4936

894-4936



Fax 402-397-8451
Eric Ledderer

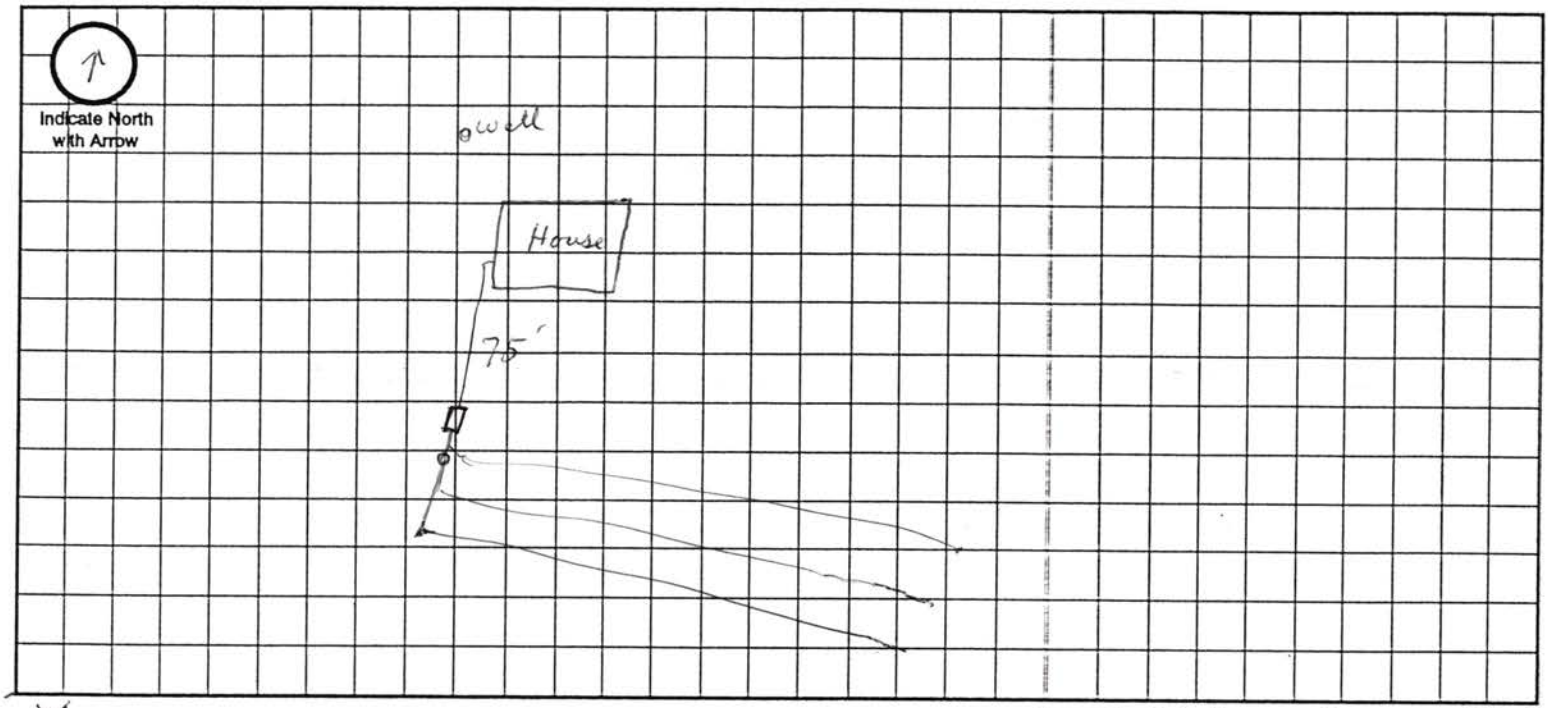
C

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

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) Eric Ledderer 3401 Raymond Rd City Raymond NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: Silty Clay Loam Land Slope: 1 % %

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

Total Length of Laterals 300 ft. Number of Trenches 3 Trench Width 3

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

X Home Building Contractor _____ Date 12-22-97

Installer Larry Schwarek Date 12-22-97

FORM 23-102 10-96

MAR 2 1998

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 2/24/98

5-11-6

System Location (Indicate correct number and street)

Address 3401 W Raymond Rd. (no rural route) City Raymond NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 40 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 85 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
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: 12" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

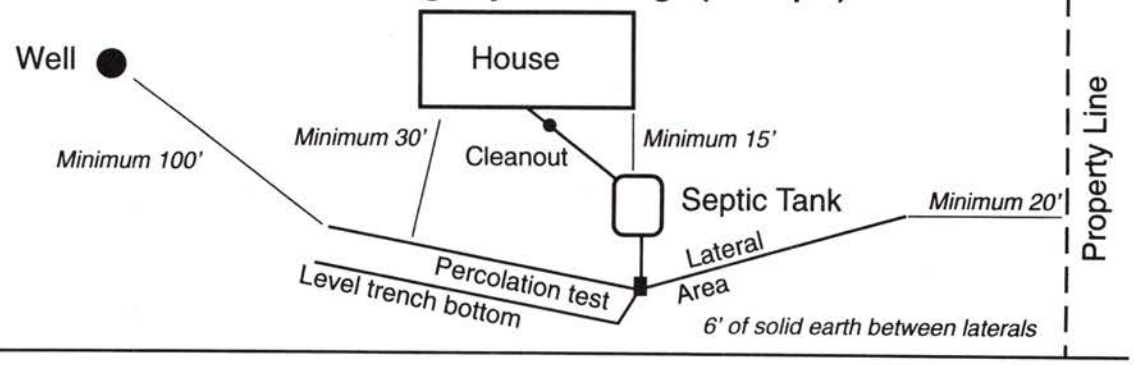
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 6 in/100 ft.
   Average depth 24"-30" in
4. Filter material: Road Gravel
   Depth of material 14 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.

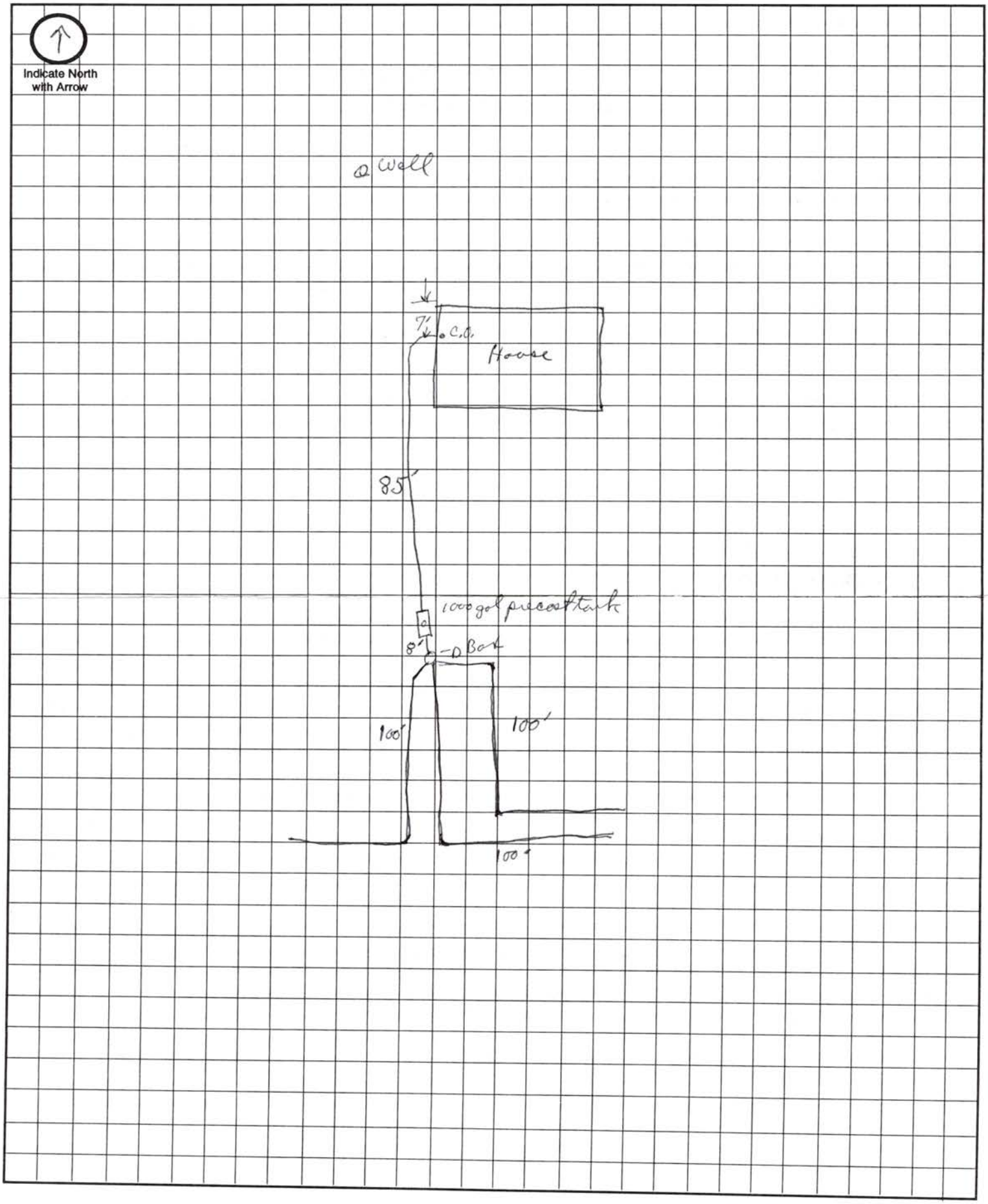
Indicate North with Arrow

Individual Sewage System Design (Example)



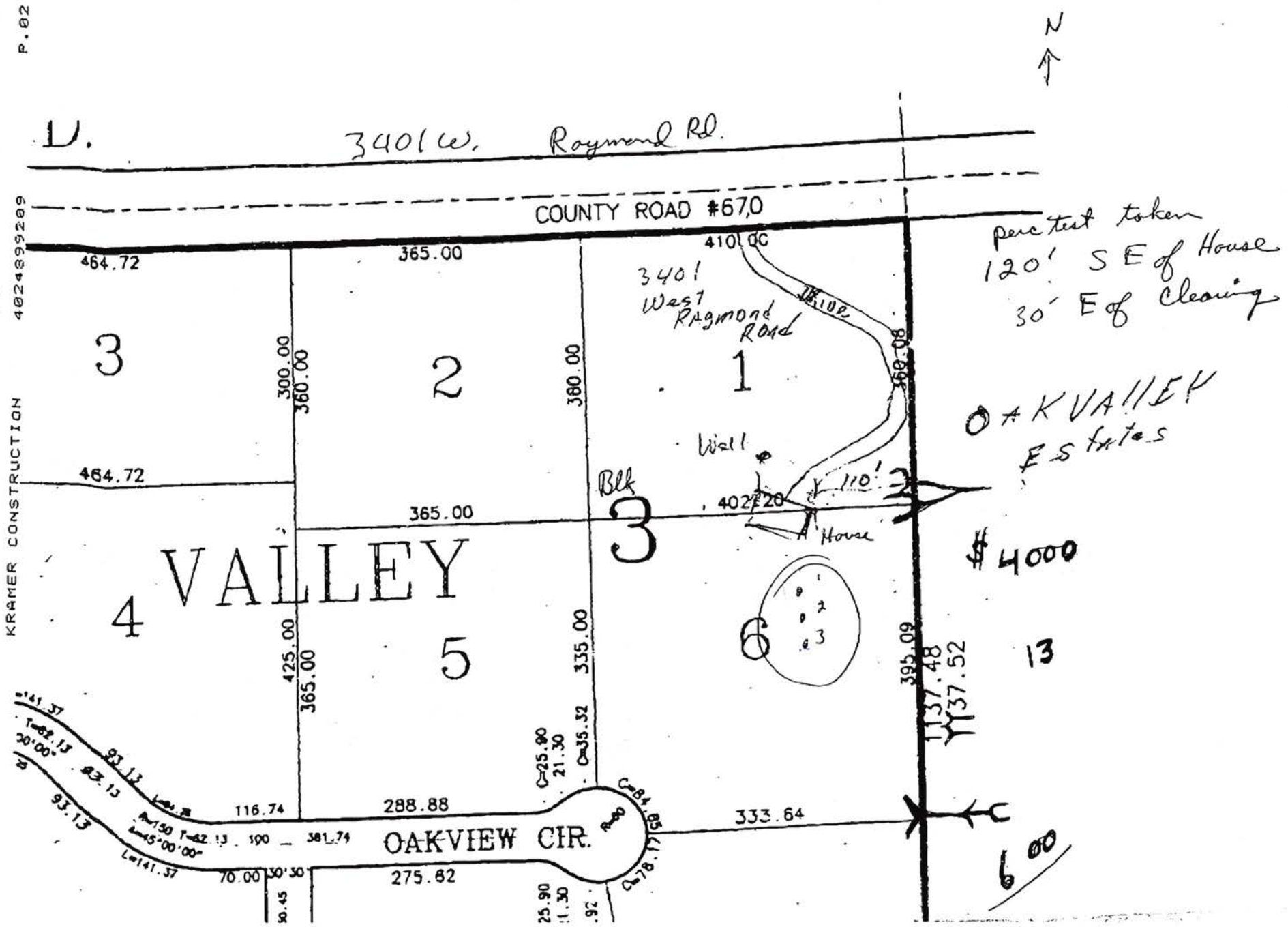
FORM 23-103 10-96

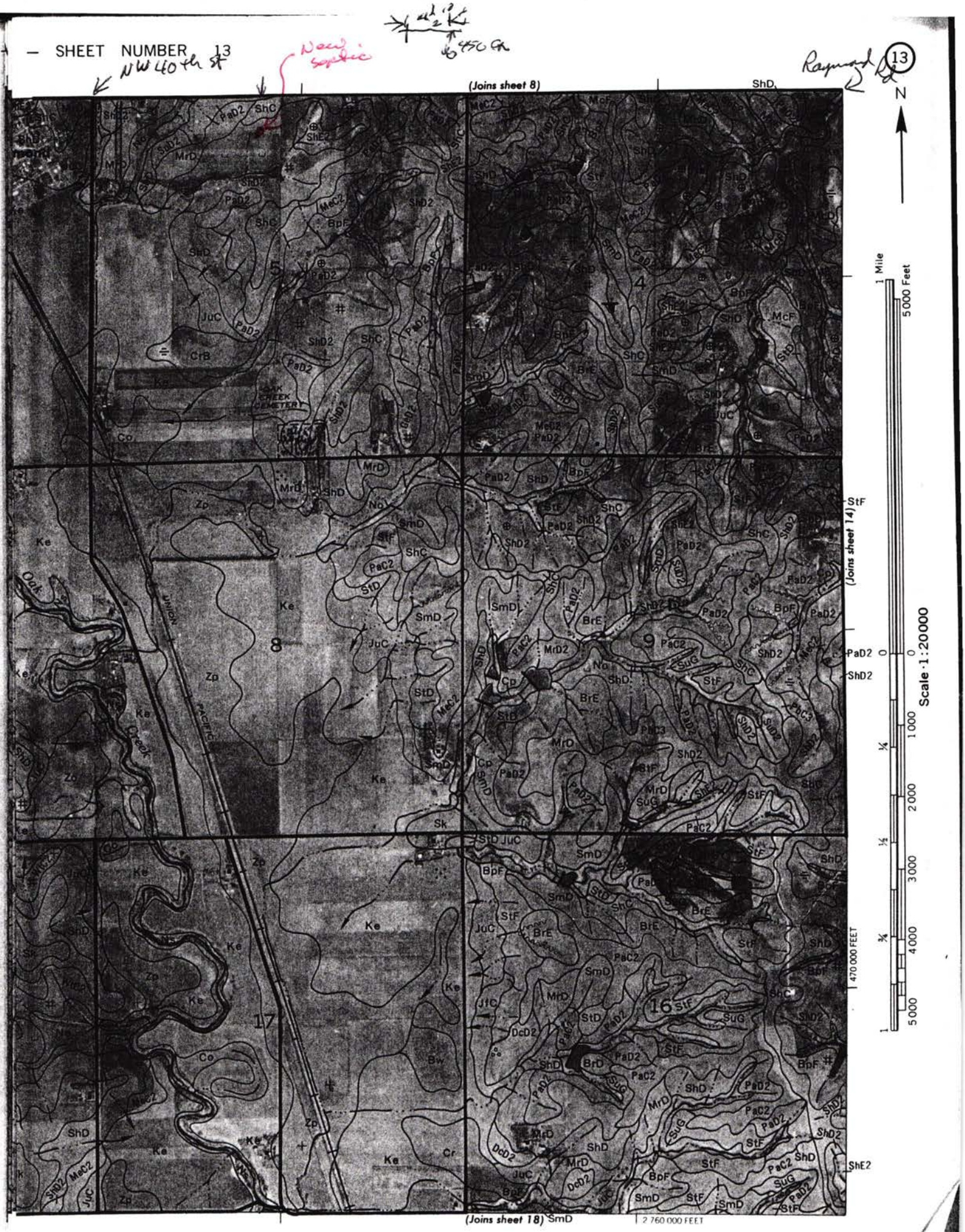
As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

4024899209


N
D. 3401 W. Raymond Rd.
COUNTY ROAD #670
410.00
3401 West Raymond Road
perc test taken
120' SE of House
30' E of Clearing
DRIVE
OAKVALLEY Estates
Well
Blk 3
402.20
110'
House
$4000
13
VALLEY
464.72
365.00
300.00
360.00
380.00
360.08
464.72
365.00
425.00
365.00
335.00
395.09
1137.48
1137.52
141.37
93.13
116.74
288.88
333.64
OAKVIEW CIR.
275.82
70.00
30.30
600
441-8323
KRAMER CONSTRUCTION


SHEET NUMBER 13
NW 40th St
Raymond
(13)
N
(Joins sheet 8)
(Joins sheet 14)
(Joins sheet 18)
1 Mile
5000 Feet
Scale 1:20000
470 000 FEET
2 760 000 FEET
Oak Creek
Union
Pacific
OAK CREEK CEMETERY
Ke
Co
Zp
Sk
Cr
Bw
ShD
ShD2
PaD2
ShC
MrD
SmD
StF
BrE
BpF
McF
McC2
JuC
CrB
StD
PaC2
MrD2
ShE2
DcD2
BrD
JtC
SuG
PaC3
Cp
No
5
4
8
9
16
17