# Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

009962

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380333201

Issued 04/19/07
Expires 04/19/08
Revenue Code 3157

Establishment

ANDEL CONSTRUCTION
T11N R6E SEC 5 QTR NW
OAK VALLEY BLK 3 LOT 3
14900 NW 37 ST-RAYMOND

FEES: $290.00

Permittee

ANDEL CONSTRUCTION
5400 TROON DR
LINCOLN NE 68526

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

**A**

Permit Number: 07380333201

# 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 14900 NW 37th st. (no rural route) City Raymond NE, Zip

Legal Description LCR 5967 — NW (1/4) 5 (1/4) Section 11N Township 6E Range OAKVALLEY Subdivision 3 Addition 3 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 Jim Andel Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

### C. Contractor

Name Jim Andel Company Name Andel Const.

Address 5400 Troon City/State/Zip Lincoln NE 68526

☐ Check if contractor designed system Work Phone 730-3583

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

Designer Name Mike Casement Firm Capitol City Trenching 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 5/4-07 Date frwd 5/4-07 **ACTION** ☑ Approved ☐ Disapproved Signature
   * Pawnee Soil on Property
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd **ACTION** ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5-1-07 Date frwd 5-1-07 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Flowers

### Installation Final Written Approval

By Doug Amber

Date 6/26/07

***Business Office Use Only***

Date Rec'd 04/19/07

Amt Paid 290.00 $275

Rec'd By es Cash/Check No. 15154 + 17974

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

A

Permit Number:

# Sewage Disposal System

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Address 14900 NW 37th St. (no rural route) City Raymond NE, Zip

Legal Description NW (1/4) 5 (1/4) 11N (Section) 6E (Township) OAKVALLEY (Range) Addition 3 (Subdivision) 3 (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 Tim Andel Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

### C. Contractor

Name Tim Andel Company Name Andel Const.

Address 5400 Troon City/State/Zip Lincoln NE 68516

☐ Check if contractor designed system Work Phone 730-3585

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

Designer Name Mike Casavant Firm Capitol City Trenchless Work Phone

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

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1. Health Department
   Date rec'd 5/4-07 Date fwd 5/4-07
   ACTION ☑ Approved ☐ Disapproved
   Signature
   * Pawnee Soil on Property
2. Supt. Bldg. Insp. or Village Clerk
   Date rec'd 5/7-07 Date fwd 5/7-07
   ACTION ☐ Approved ☐ Disapproved
   Signature
3. City or County Engineer
   Date rec'd 5-1-07 Date fwd 5-1-07
   ACTION ☒ Approved ☐ Disapproved
   Signature Jim Flowers

### Installation Final Written Approval

By Everett Nissen

Date 5-7-07

**Business Office Use Only**

Date Rec'd 04/19/07

Amt Paid 290.00 $275

Rec'd By Cash/Check No. 15144 19974

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

TOTAL P.02

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 14900 N.W. 37th st. (no rural route) City Raymond NE, Zip

Owner Addresss

Soil Type (SCS): Silty CLAY Percolation Rate: min./inch

Date of Tests 3/24 to 3/25 Weather: Precipitation Trace Temperature 70+

## 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 | 38 | 3/24 | 9:00 | 3/25 | 8:00 | 3/25 | 10:30 | 32¼ | 3/25 | 12:00 | 30 | ½ | 60 |
| 2 | 40 | 3/24 | 9:05 | 3/25 | 8:05 | 3/25 | 11:35 | 36⅝ | 3/25 | 12:05 | 30 | 7/16 | 69 |
| 3 | 37 | 3/24 | 9:10 | 3/25 | 8:10 | 3/25 | 11:40 | 31⅞ | 3/25 | 12:10 | 30 | 5/8 | 48 |
| 4 | 39 | 3/24 | 9:15 | 3/25 | 8:15 | 3/25 | 11:45 | 34½ | 3/25 | 12:15 | 30 | ½ | 60 |
| 5 | 36 | 3/24 | 9:20 | 3/25 | 8:20 | 3/25 | 11:50 | 30¼ | 3/25 | 12:20 | 30 | ½ | 60 |
| 6 | 38 | 3/24 | 9:25 | 3/25 | 8:25 | 3/25 | 11:55 | 31⅛ | 3/25 | 12:25 | 30 | 5/8 | 48 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 345

Average of Rates: 58

Rate Used for Calculation:

### Person Conducting Percolation Tests

Name: CLAUDE OIE PE-3939

Phone: 402-486-4444

Address 6645 So. 66th st.
Lincoln Ne. 68516

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

**B**

Permit Number:

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

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### System Location (Indicate correct number and street)

Address 14900 N.W. 37th St. (no rural route) City Raymond NE, Zip

Owner Address

Soil Type (SCS): Silty Clay Percolation Rate: min./inch

Date of Tests 3/24 to 3/25 Weather: Precipitation Trace Temperature 70+

### Percolation Test Data Table

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 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 | 38 | 3/24 | 9:00 | 3/25 | 8:00 | 3/25 | 11:30 | 32 1/4 | 3/25 | 12:00 | 30 | 1/2 | 60 |
| 2 | 40 | 3/24 | 9:05 | 3/25 | 8:05 | 3/25 | 11:35 | 36 5/8 | 3/25 | 12:05 | 30 | 7/16 | 69 |
| 3 | 37 | 3/24 | 9:10 | 3/25 | 8:10 | 3/25 | 11:40 | 31 7/8 | 3/25 | 12:10 | 30 | 5/8 | 48 |
| 4 | 39 | 3/24 | 9:15 | 3/25 | 8:15 | 3/25 | 11:45 | 34 1/2 | 3/25 | 12:15 | 30 | 1/2 | 60 |
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| 6 | 38 | 3/24 | 9:25 | 3/25 | 8:25 | 3/25 | 11:55 | 31 1/8 | 3/25 | 12:25 | 30 | 5/8 | 48 |
| 7 | 40 | 4/30 | 1:00 | 5/1 | 1:10 | 5/1 | 4:40 | 32 1/4 | 5/1 | 5:10 | 30 | 1/2 | 60 |
| 8 | 37 | 4/30 | 1:00 | 5/1 | 1:10 | 5/1 | 4:40 | 31 3/8 | 5/1 | 5:10 | 30 | 1/2 | 60 |
| | | | | | | | | | | | | | |
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Sum of Percolation Rates: 345
Average of Rates: 58
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DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

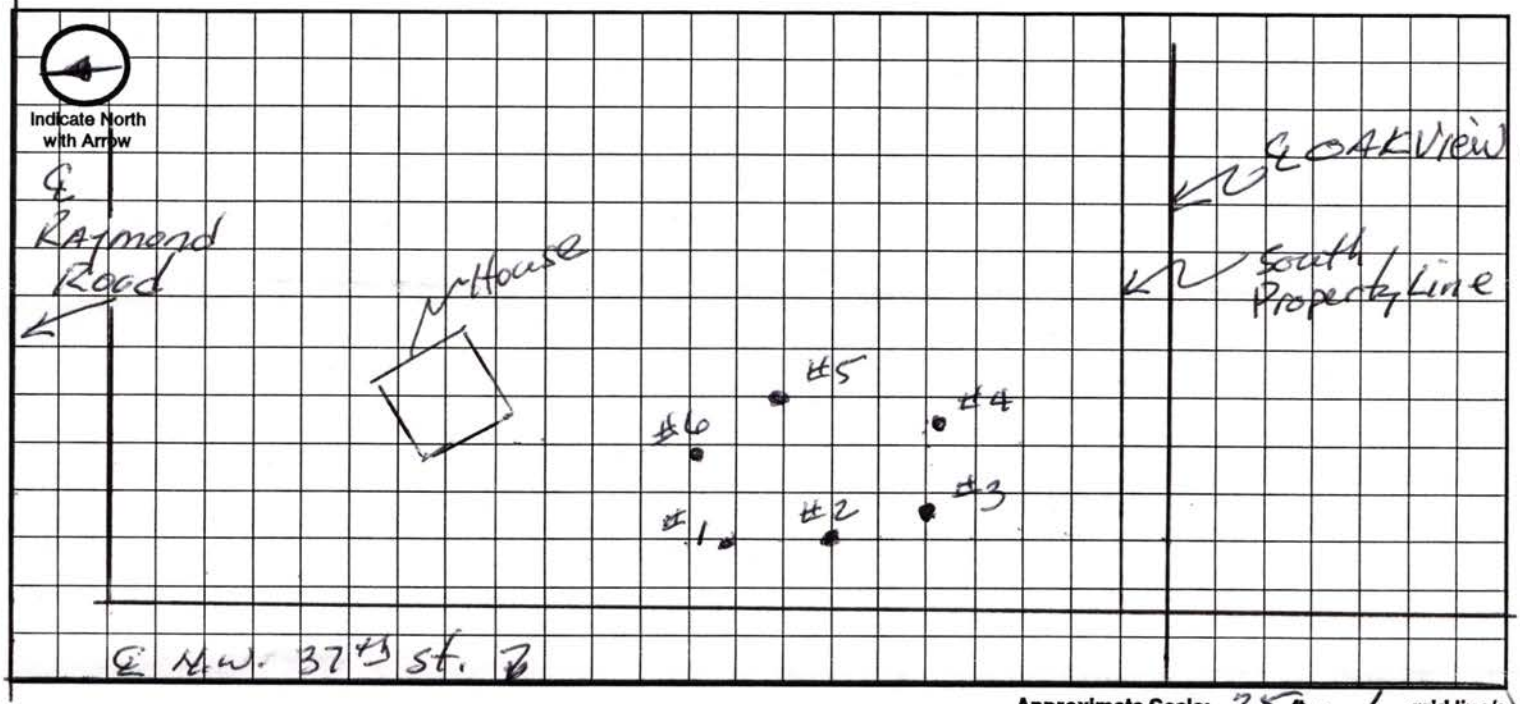
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**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: 25 ft. = 1 grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 14900 N.W. 37th St. 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: _____ 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 _____ Date _____

Installer _____ Capital City Trenching Date 4-17-07

FORM 23-102 10-96

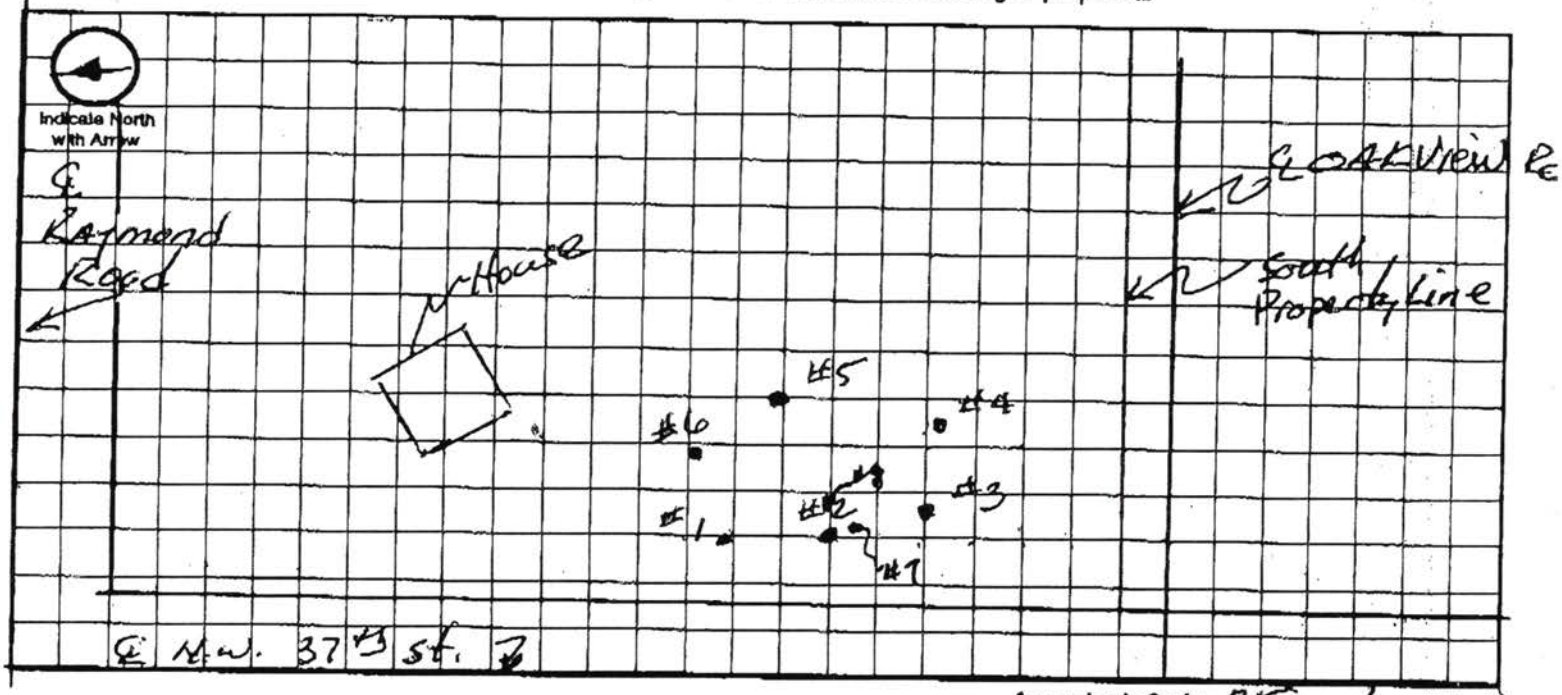
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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Permit Number:

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

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|---|---|---|---|---|---|---|---|---|---|
| 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 ☐ | ☐ |

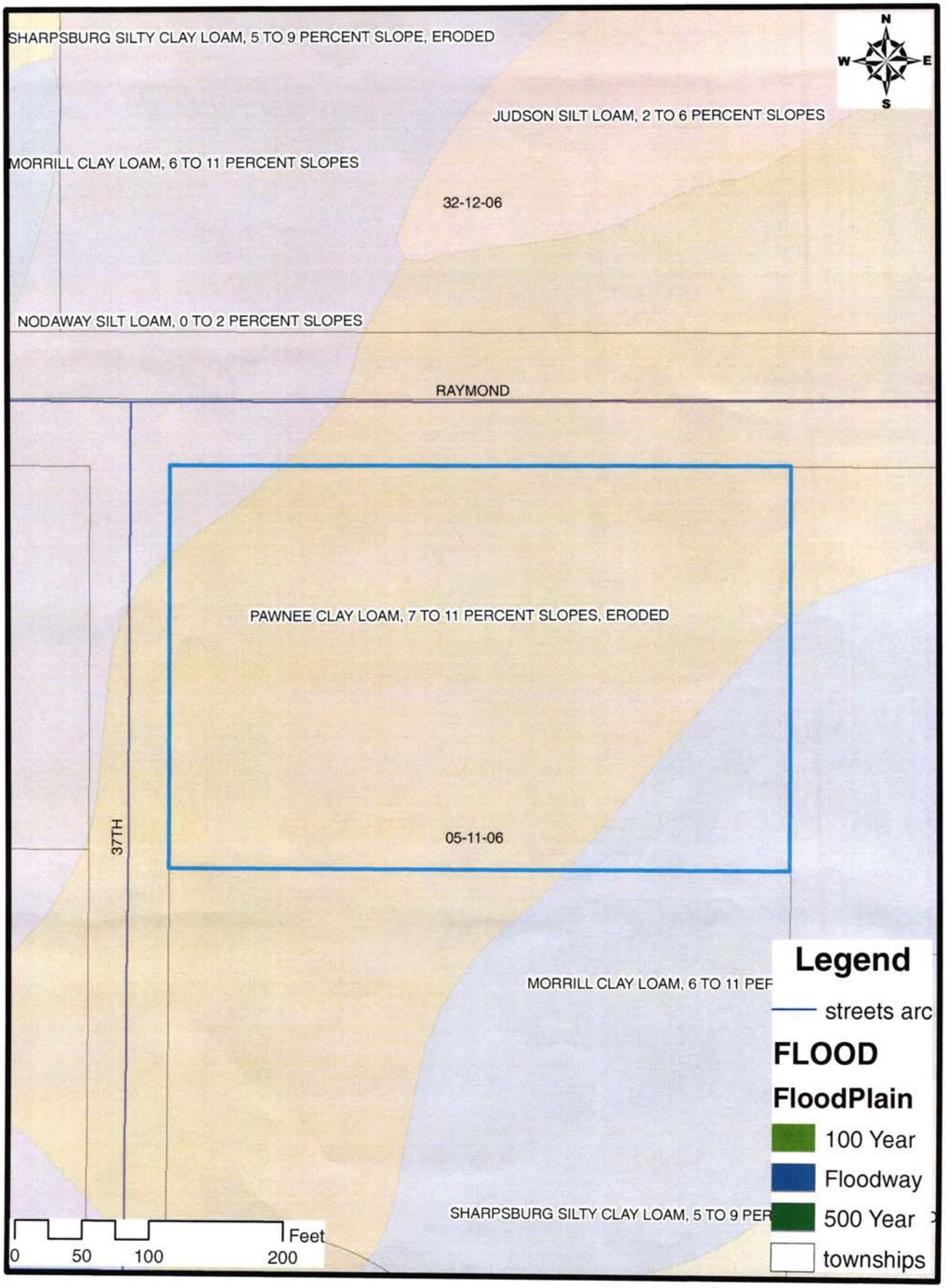
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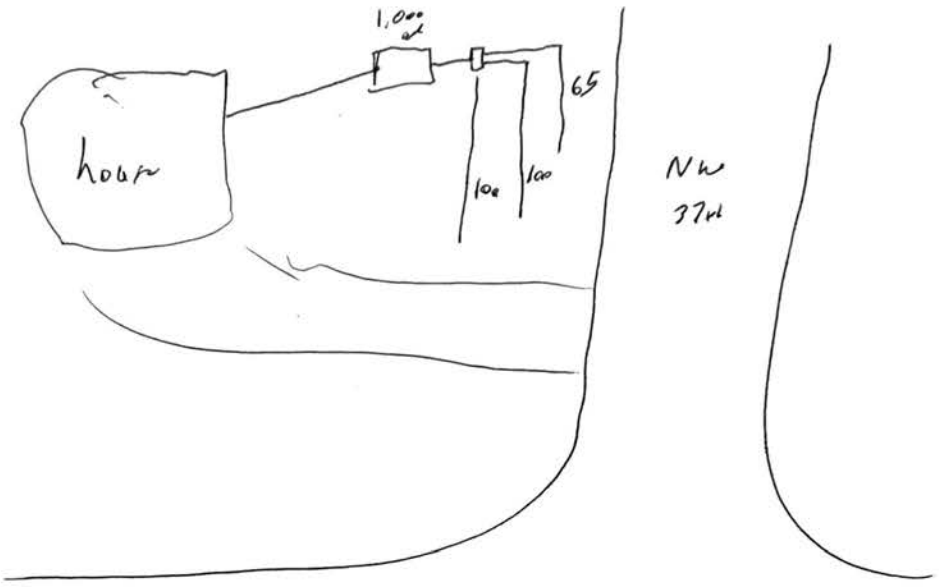
Home Building Contractor _____ Date _____

Installer _____ Date _____

FORM 23-102 10-96

# 14900 NW 37th Street, Raymond NE




1,000
65
house
100
100
NW
37th
W. Raymond Rd.