Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380200101

Issued 06/04/99
Expires 12/04/99
Revenue Code 3157

FEES: $150.00

Establishment

SAMUS CONSTRUCTION INC
T11N R6E SEC 3
ONE MILLS PLACE LOT 7
14101 N 1-RAYMOND

TOTAL: $150.00

Permitee

SAMUS CONSTRUCTION INC FOR JUDY BURNS
4615 MEREDETH ST
APT 1
LINCOLN NE 68506

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010538

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.

☒ 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 14101 NORTH 1ST (no rural route) City RAYMOND NE, Zip

Legal Description 3 11N 6E ~~ONE MILLS PLACE~~ 7 1
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 Judy BURNS Signature

Address City/State/Zip LINCOLN, Nebr

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Michael SAMUS Company Name SAMUS CONSTRUCTION INC

Address 4615 MEREDETH #1 City/State/Zip LINCOLN Nebr 68506

☐ Check if contractor designed system Work Phone (402) 432-2972

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 2 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 6/3/99 Date frwd 6/3/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/22/99 Date frwd 10/22/99 **ACTION** ☒ Approved ☐ Disapproved Signature
   Bldg permits required
3. **City or County Engineer** Date rec'd 6-3-99 Date frwd 6-3-99 **ACTION** ☐ Approved ☐ Disapproved Signature

6-2-99 rec road closing

Installation Final Written Approval

By

Date 10-22-99

Business Office Use Only

Date Rec'd 06/03/99
Amt Paid 150 ck
Rec'd By Cash/Check No. 1839

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

Percolation Test for Michael Samuel Residence

74101 No. 1ST

Lot 7, 1 mile place

JUN 2 1999

Pre soaked on 3-26-99 to 3-27-99

Refilled Holes every 30 min for 4 hours on 3-27-99

Last 30 min fall was average of 1 5/8 inches.

Percolation Test Done By

Scott Mueller
c/o Mueller Trenching
P.O. Box 312
Syracuse, NEB
68446

Phone 402-269-3022

Mobile 402-430-2946

1 3/4 fall
O

1 1/2 fall
O

1 5/8 fall
O

1 3/4 fall
O

1 3/4 fall
O

1 1/4 fall
O

E

N

OCT 20 1999

B

Permit Number:

Lincoln-Lancaster County Health Department
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Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14101 No. 1ST (no rural route) City Raymond NE, Zip 68428

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: 18.98 min./inch

Date of Tests 3-26-99 to 3-27-99 Weather: Precipitation _____ Temperature _____

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	36	3-26	10 AM	3-27	1pm	3-27	4pm	6"	3-27	4:31	30	1 3/4	17 min/in
2	36	3-26	10 AM	3-27	1pm	3-27	4pm	6"	3-27	4:31	30	1 1/2	20 min/in
3	36	3-26	10 AM	3-27	1pm	3-27	4pm	7"	3-27	4:33	30	1 5/8	18.98 min/in
4	36	3-26	10 AM	3-27	1pm	3-27	4pm	6 1/2"	3-27	4:34	30	1 3/4	17 min/in
5	36	3-26	10 AM	3-27	1pm	3-27	4pm	6"	3-27	4:36	30	1 3/4	17 min/in
6	36	3-26	10 AM	3-27	1pm	3-27	4pm	7"	3-27	4:36	30	1 1/4	24 min/in

Sum of Percolation Rates: 114

Average of Rates: 19

Rate Used for Calculation: 19

Person Conducting Percolation Tests

Name: Scott Mushlitz

Phone: 402-269-3022

Address: Syracuse, NEB

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

OCT 2 0 1999

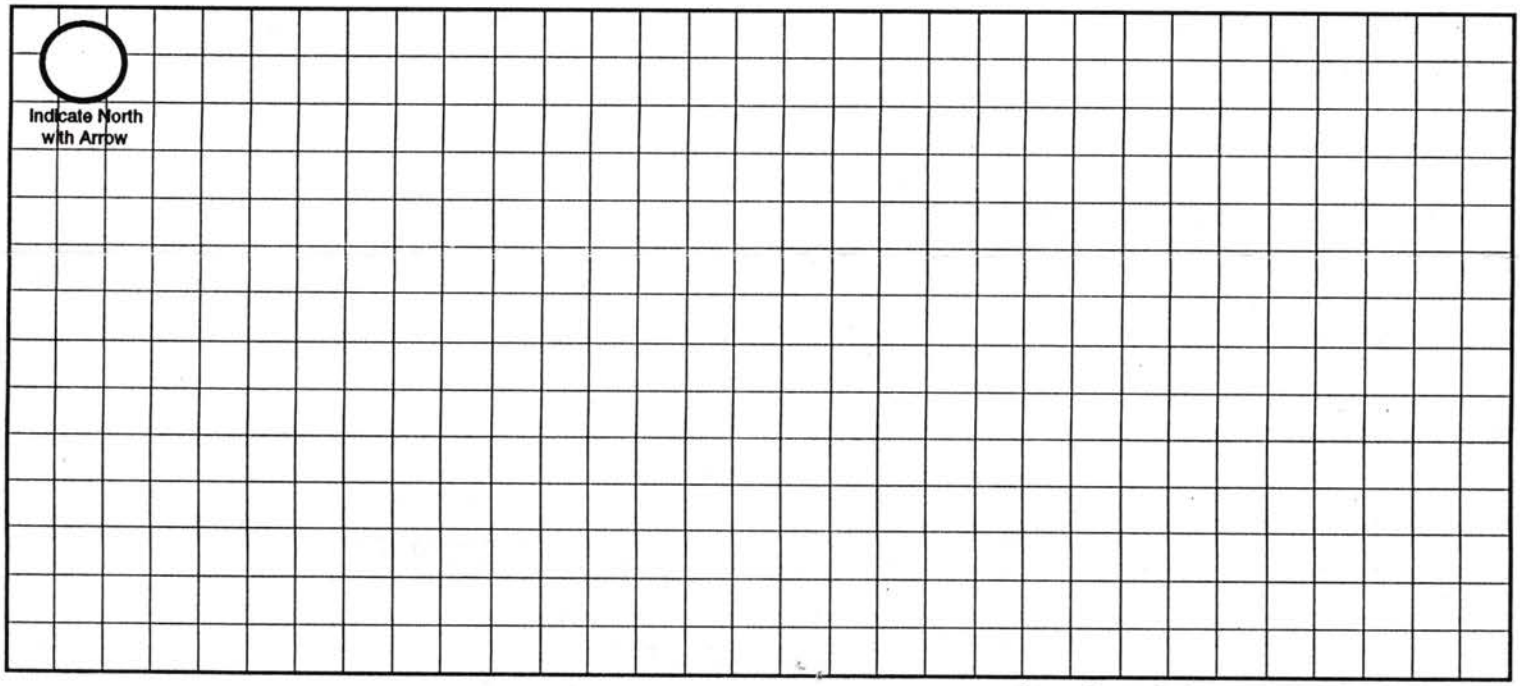
C

Lincoln-Lancaster County Health Department
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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) _____ City _____ 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: Monona Clay loam Land Slope: _____ %

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

Total Square Feet of Field Required: 402 ft² 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 _____ 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 Michael Samuels Date _____

Installer Scott Mueller Date _____

FORM 23-102 10-96

JUL 1 4 1999

D

Permit Number:

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3-11-6

Sewage Disposal System

As Built Plans & Specifications

Date 6-2-99

System Location (Indicate correct number and street)

Address 14101 No 1st (no rural route) City Lincoln NE, Zip

A. Building Sewer

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

B. Septic Tank

1. Material: Concrete
   Number of compartments: 2
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24' in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 150 ft.
   Stream NA ft.
   Pressure line 120 ft.
   Property line NA ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 18 ft.

D. Absorption Field

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

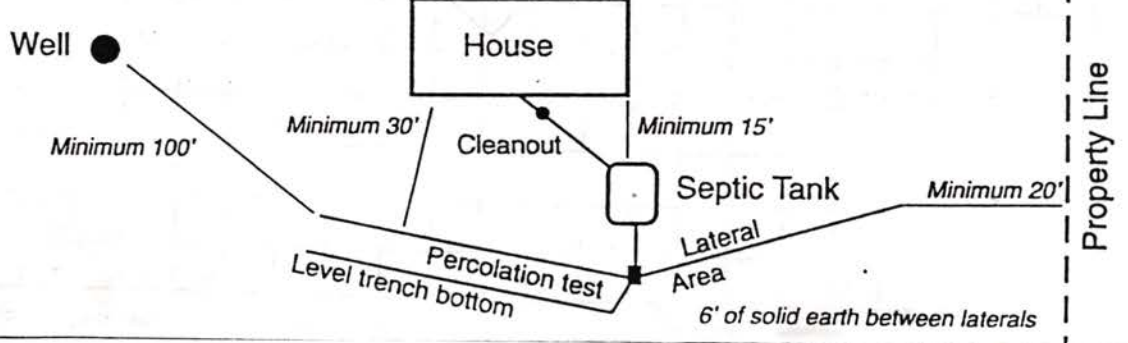
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 18"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 76' ft. 80' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1½" in/100 ft.
   Average depth @ 30 in
4. Filter material: Gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 200 ft.
   Stream NA ft.
   Pressure line 175 ft.
   Property line @300 ft.

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

Indicate North with Arrow

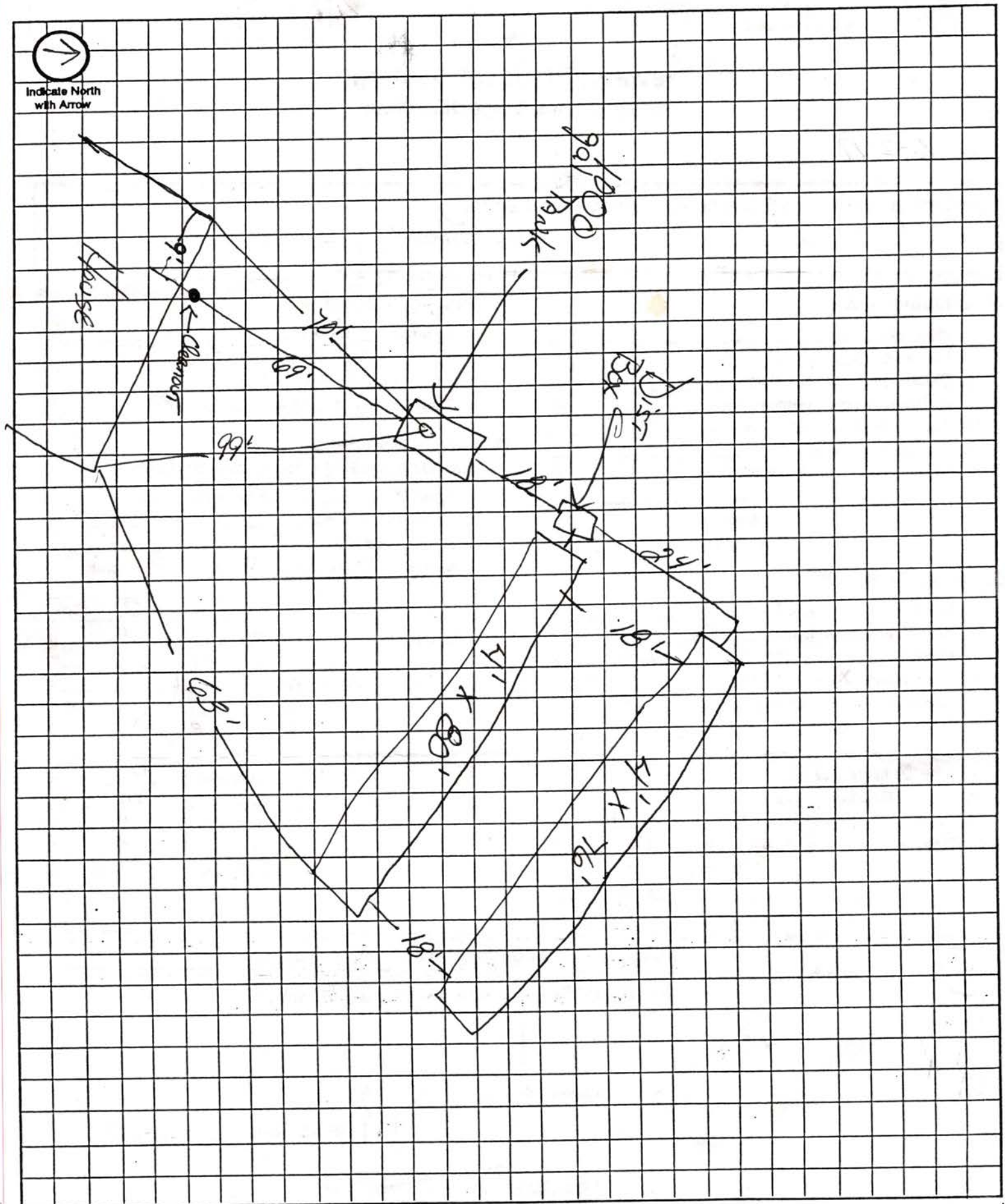
41' 4"

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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


N
(Joins sheet 9)
(Joins sheet 13)
(Joins sheet 19)
Scale 1:20000
1 Mile
5000 Feet
0
1000
2000
3000
4000
5000
1/4
1/2
3/4
1 470 000 FEET
2 765 000 FEET
Little
Salt
Creek
2
3
10
11
14
15