LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 98380174501

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/28/98
Expires 10/28/98
Revenue Code 3157

Establishment
LEE ANDERSON
T11N R6E SEC 3 QTR SE
SW QTR OF SE QTR LOT 8
600 W MILL RD--RAYMOND

FEES: $150.00

PAID

TOTAL $150.00

Permittee
LEE ANDERSON
4040 N 10 ST
LINCOLN NE 68521

Issued By Health Director
Lincoln-Lancaster County Health Department

007256

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

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 6000 W MILL RD (no rural route) City RAYMOND NE, Zip 68428

Legal Description ≈ E1/2 SW SE 3 11N 6E ____ 8
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 LEE ANDERSON Signature Lee Anderson

Address 4040 N 10TH ST City/State/Zip LINCOLN NE 68521

☒ Check if owner designed system Home Phone 435-4862 Work Phone 467-7586

C. Contractor

Name _____ Company Name VOGT EXCAVATING

Address BOX 181 City/State/Zip ELMWOOD, NE 68349

☐ Check if contractor designed system Work Phone 560-4267

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 4/28/98 Date frwd 4/28/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** BUILDING PERMITS REQ. ADDRESS INCORRECT Date rec'd _____ Date frwd 4/28/98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 04/28/98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date AUGUST 14, 1998

Business Office Use Only

Date Rec'd 04/28/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 1031

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

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 600 W MILL RD (no rural route) City RAYMOND NE, Zip 68428

Owner LEE ANDERSON Addresss 4040 N 10TH ST LINCOLN, NE 68521

Soil Type (SCS): BrE + ShD (BUCKSHEAD Clay Loam) ~~(SHARPSBURG SILTY CLAY LOAM)~~ Percolation Rate: 33.5 min./inch

Date of Tests 4-22-98 to 4-23-98 Weather: Precipitation NONE Temperature 60°

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	4/22	0920	4/22	1400	4/23	0900	6	4/23	0930	30	5/8	48
2	36	4/22	0922	4/22	1400	4/23	0902	6	4/23	0932	30	1/8	27
3	36	4/22	0924	4/22	1400	4/23	0904	6	4/23	0934	30	1 5/8	18
4	36	4/22	0926	4/22	1400	4/23	0906	6	4/23	0936	30	1/2	60
5	36	4/22	0928	4/22	1400	4/23	0908	6	4/23	0938	30	1	30
6	36	4/22	0930	4/22	1400	4/23	0910	6	4/23	0940	30	1 5/8	18

Person Conducting Percolation Tests

Name: LEE ANDERSON
Phone: 435-4862
Address 4040 N. 10TH ST
LINCOLN, NE 68521

Sum of Percolation Rates: 201
Average of Rates: 33.5
Rate Used for Calculation: 33.5

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks GOING TO RUN MORE TESTS TO SEEK CONSISTENCY

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date APRIL 28, 1998

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 600 W MILL RD (no rural route) City RAYMOND NE, Zip 68428

Owner LEE ANDERSON Addresss 4040 N 10TH ST

Soil Type (SCS): _____ Percolation Rate: 23.5 min./inch

Date of Tests 7-22-98 to 7-23-98 Weather: Precipitation _____ Temperature 80

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	7/22	0800	7/23	0800	7/23	0900	15	7/23	1300	30	1 3/4	17
2	36	7/22	0803	7/23	0800	7/23	0903	15	7/23	1303	30	1 1/2	20
3	36	7/22	0806	7/23	0800	7/23	0906	15	7/23	1306	30	1	30
4	36	7/22	0809	7/23	0800	7/23	0909	15	7/23	1309	30	1 1/2	20
5	36	7/22	0812	7/23	0800	7/23	0912	15	7/23	1312	30	1 1/4	24
6	36	7/22	0815	7/23	0800	7/23	0915	15	7/23	1315	30	1	30

Person Conducting Percolation Tests

Name: LEE ANDERSON

Phone: 435-4862

Address 4040 N 10TH ST
LINCOLN, NE 68521

Sum of Percolation Rates: 141

Average of Rates: 23.5 MIN/INCH

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

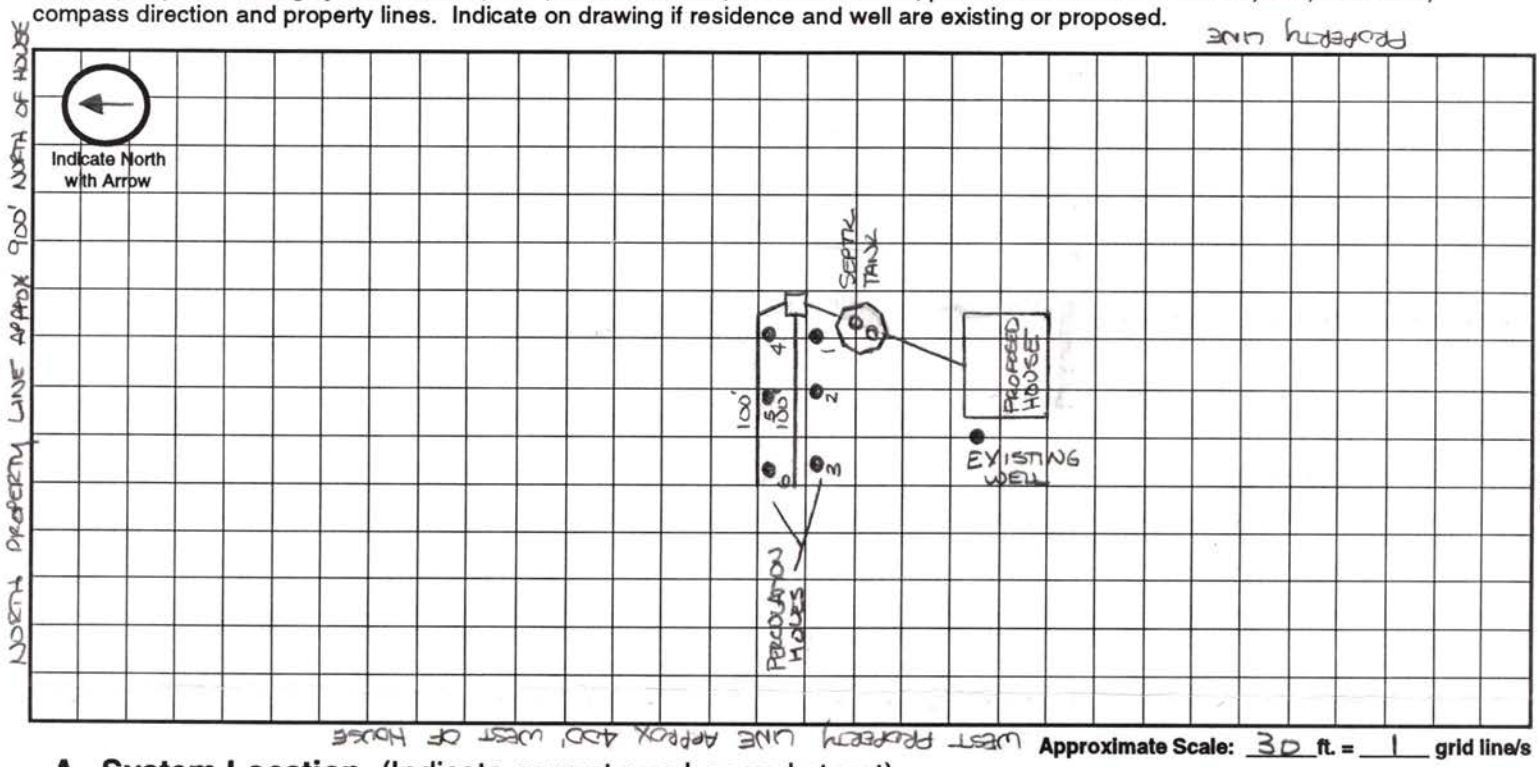
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 600 W MILL RD 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)

Burchard Clay Loam
Sharpsburg Silty Clay Loam

Percolation Rate 33.5 (min. per inch) Soil Type: BrE + ShD Land Slope: 11-15% + 5-9 %

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

Total Square Feet of Field Required: 800 sq. ft.

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

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

Total Length of Laterals 192 ft. Number of Trenches 2 Trench Width 4'

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 Lee Anderson Date 4-28-98

Installer _____ Date _____

FORM 23-102 10-96

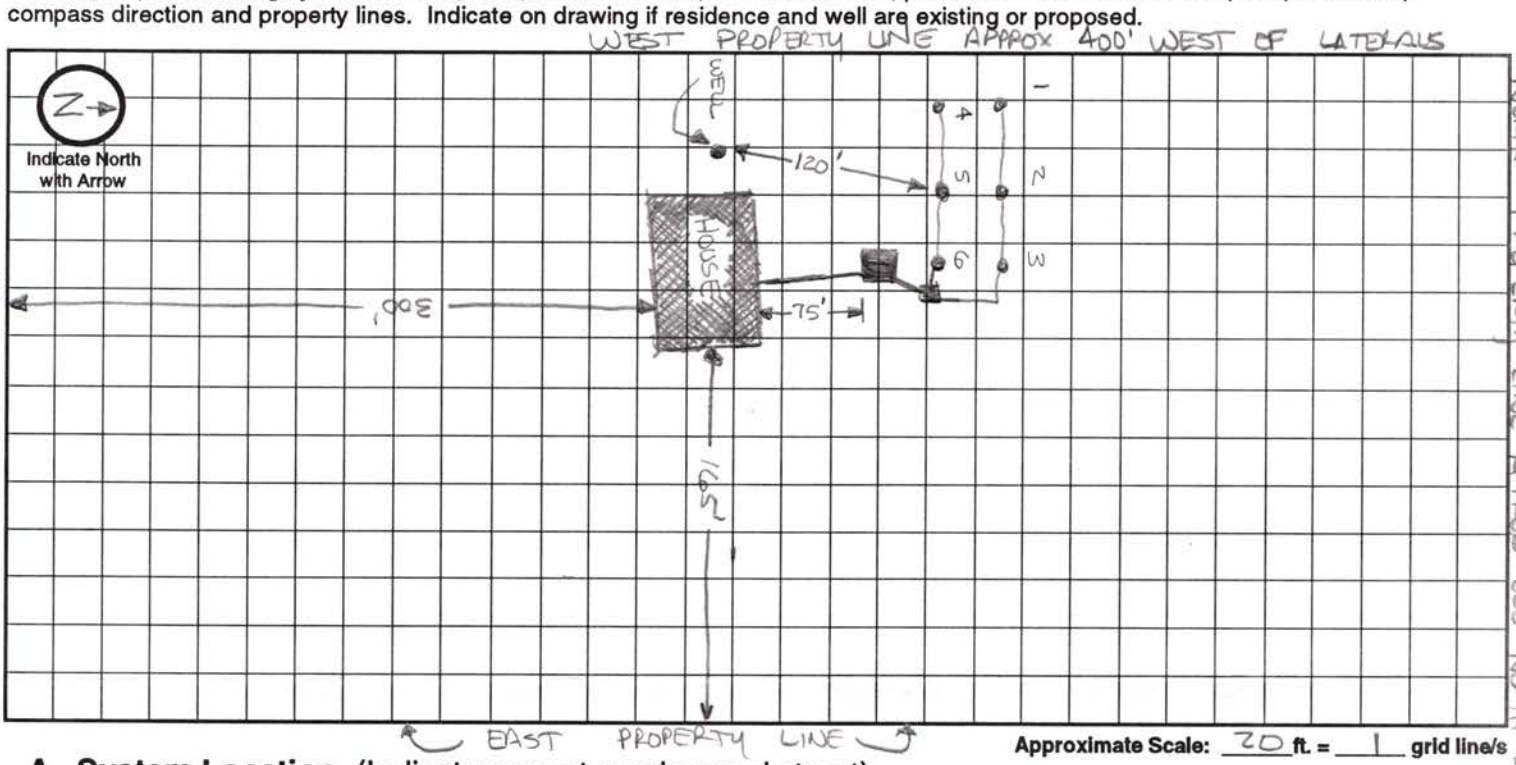
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 600 W. MILL RD 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 23.5 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 677 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 169 ft. Number of Trenches 2 Trench Width 4

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 Lee Anderson Date 7-23-98

Installer Same as earlier application Date _____

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:

Lee Anderson

Sewage Disposal System
As Built Plans & Specifications

Date 8-14-98

System Location (Indicate correct number and street)
Address 600 West Mill (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: Inside
5. Distances to: well or suction line 52 ft.
   stream 100+ ft.
   pressure line 50+ ft.
   property line 100+ 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 16 in.
   Over outlet, diameter 8 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line 83 ft.
   Stream 100+ ft.
   Pressure line 83 ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 31 ft.

D. Absorption Field

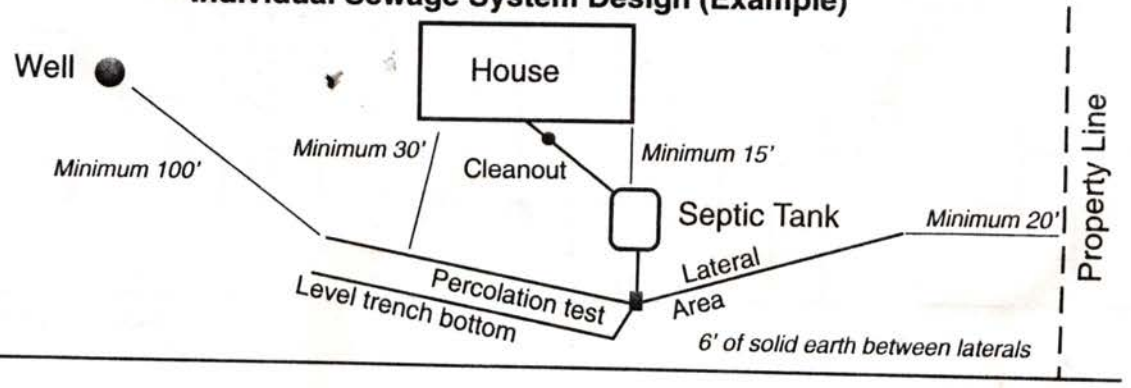
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Is Filtagator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 20 in.
5. Distances to: Well or suction line 103 ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)

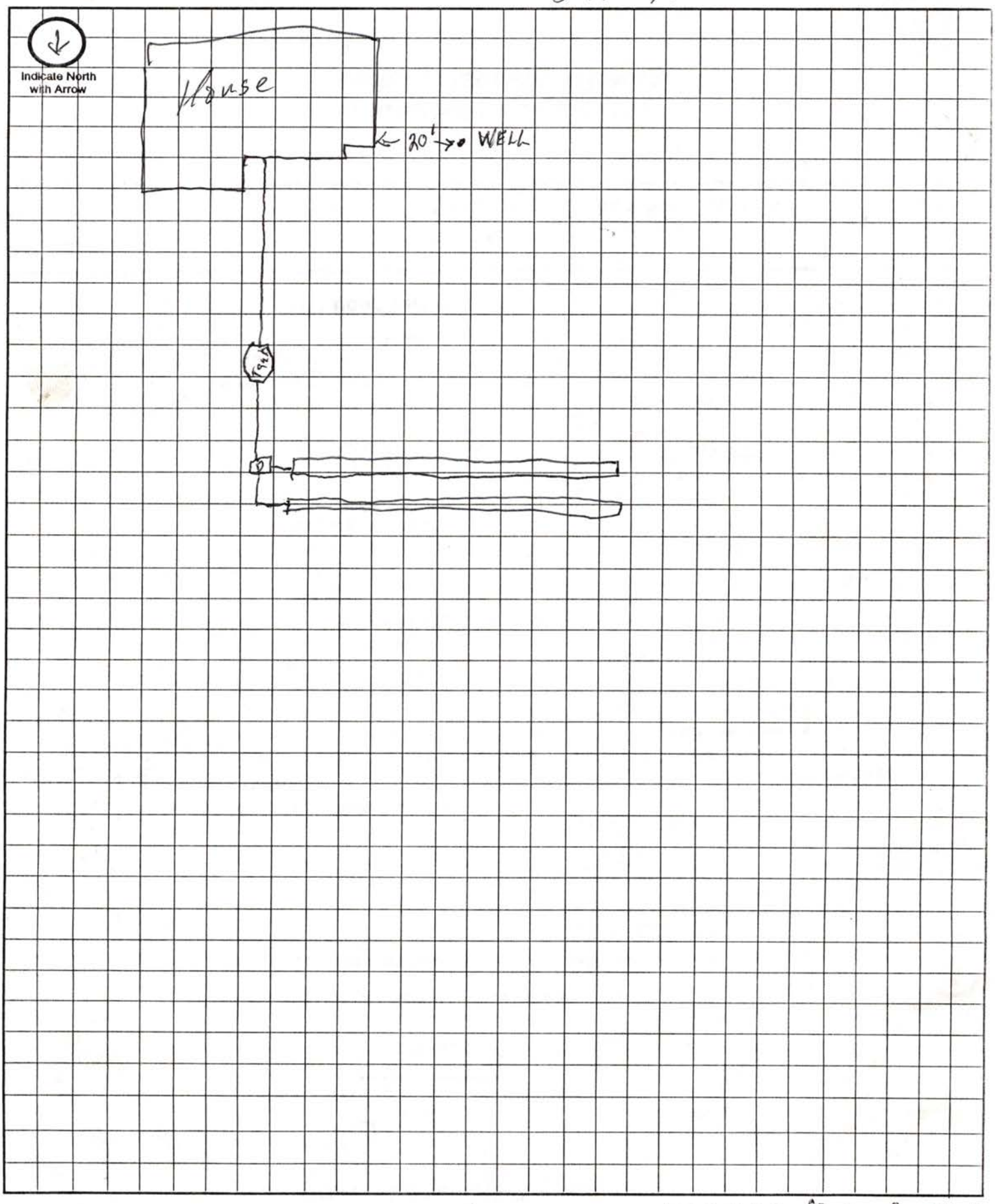


FORM 23-103 10-96

As Built Drawing

Installed By Vogt T&T

8-14-98



Approximate Scale: 10 ft. = 1 grid line/s