LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 98380174001

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/15/98
Expires 10/15/98
Revenue Code 3157

PAID

FEES: $150.00

Establishment

PAUL MYERS
T11N R6E SEC 3 QTR SE
W1/2 OF NE QTR OF SE
14123 N 1 ST-RAYMOND

TOTAL $150.00

Permittee

PAUL MYERS
4405 N 1 ST
APT #10
LINCOLN NE 68521

Issued By ~~M. Jane Ford~~
Health Director

7186

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

APR 1 4 1998

A

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

Permit Number: 9838 01740

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 14123 N. 1st St. (no rural route) City RAYMOND NE, Zip 68428

Legal Description W½ OF NE¼ OF SE¼ 13 11N 6E Lot 1 — 1/4 1/4 Section Township Range — Subdivision Addition Block 12 IT Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Paul E. & Sandra S. Myers Signature _____

Address 4405 N. 1st #10 City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone (402) 475-9221 Work Phone (402) 222-5249

C. Contractor

Name Dave Vogt Company Name Vogt T&T Excavating

Address P.O. 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 4 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 4/14/98 Date frwd 4/15/98 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-15-98 Date frwd 4-15-98 — ACTION ☒ Approved ☐ Disapproved — Signature _____
3. **City or County Engineer** Date rec'd 04/15/98 Date frwd _____ — ACTION ☒ Approved ☐ Disapproved — Signature _____

Installation Final Written Approval

By _____

Date 4-22-98

Business Office Use Only

Date Rec'd 04/15/98

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 5086

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 14123 N. 1st St. (no rural route) City RAYMOND NE, Zip 68428

Owner PAUL MYERS Addresss 4405 N. 1st #10 LINCOLN, NE 68521

Soil Type (SCS): SANDY LOAM (MORRILL CLAY LOAM) SANDY PHASE Percolation Rate: _____ min./inch

Date of Tests 2/21/98 to 2/22/98 Weather: Precipitation 2/21 RAIN 2/22 CLEAR Temperature 50

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	2/21	17:20	2/22	09:30	2/22	13:15	24 1/8	2/22	13:45	00:30	1 3/8	21.82 22
2	"	"	17:22	"	"	"	13:16	26	"	13:46	"	3 3/4	8.00
3	"	"	17:24	"	"	"	13:17	23	"	13:47	"	1 1/8	26.67 27
4	"	"	17:26	"	"	"	13:18	24 7/8	"	13:48	"	1 1/4	24.00
5	"	"	17:28	"	"	"	13:19	24 1/2	"	13:49	"	2 1/8	14.12
6	"	"	17:30	"	"	"	13:20	25 1/4	"	13:50	"	1 3/4	17.14

Person Conducting Percolation Tests

Name: PAUL MYERS
Phone: (402) 475-9221
Address 4405 N. 1st #10
LINCOLN, NE 68521

Sum of Percolation Rates: 111.75
Average of Rates: 18.62
Rate Used for Calculation: 26.67

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Gerrold C. Hood R.E.H.S. Date APRIL 15, 1998

FORM 23-101 10-96

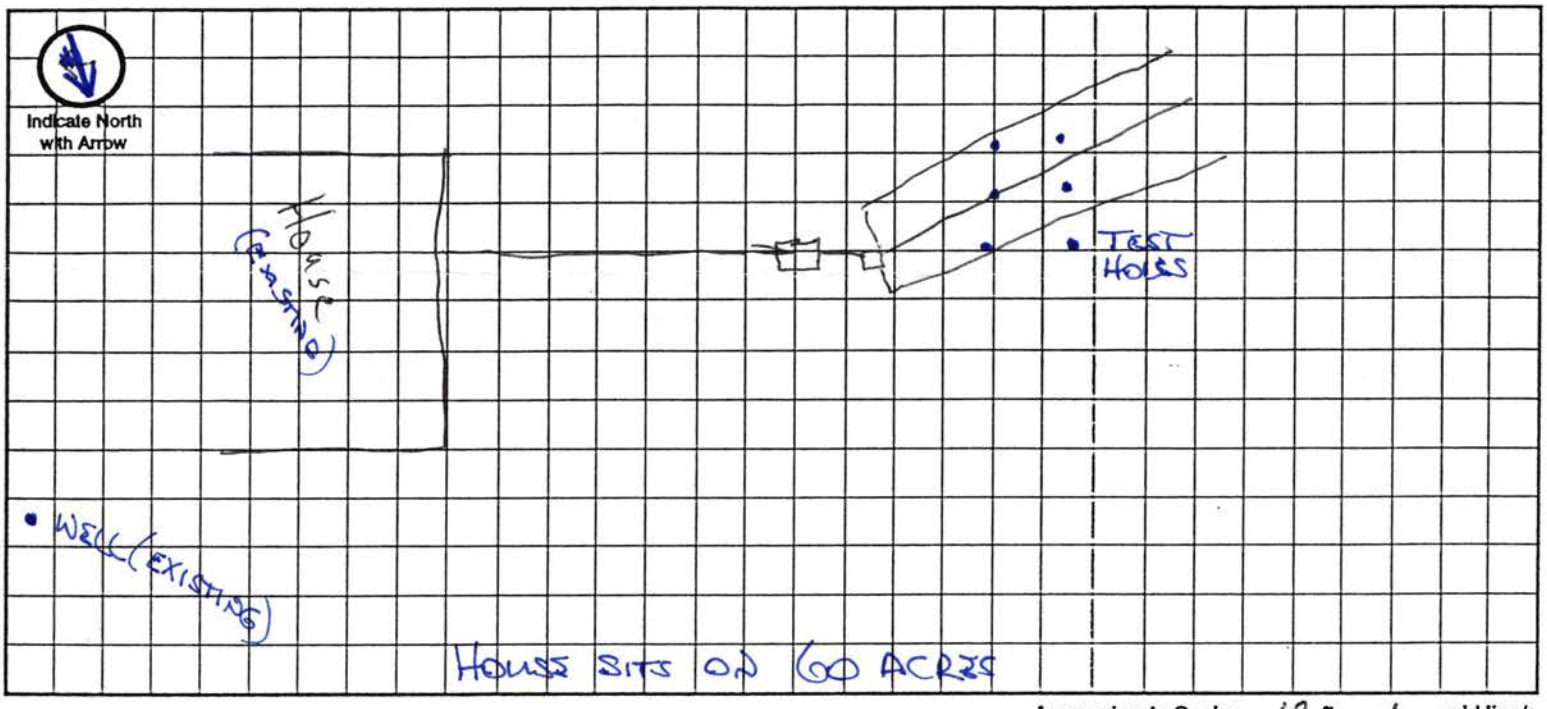
C

Permit Number:

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

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 14123 N. 1ST ST. 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 26.67 (min. per inch) Soil Type: SANDY LOAM (MORRILL CLAY LOAM) (SANDY PHASE) Land Slope: _____ %

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

Total Square Feet of Field Required: 920 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 232 ft. Number of Trenches 3 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well N/A	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 4-1-98

Installer _____ Date 3-20-98

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: 98380/740 01

Sewage Disposal System

As Built Plans & Specifications

Date 4-22-98

System Location (Indicate correct number and street)

Address 14123 No. 1st (no rural route) City Raymond NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 125 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 16 in.
   Over outlet, diameter 10 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

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

D. Absorption Field

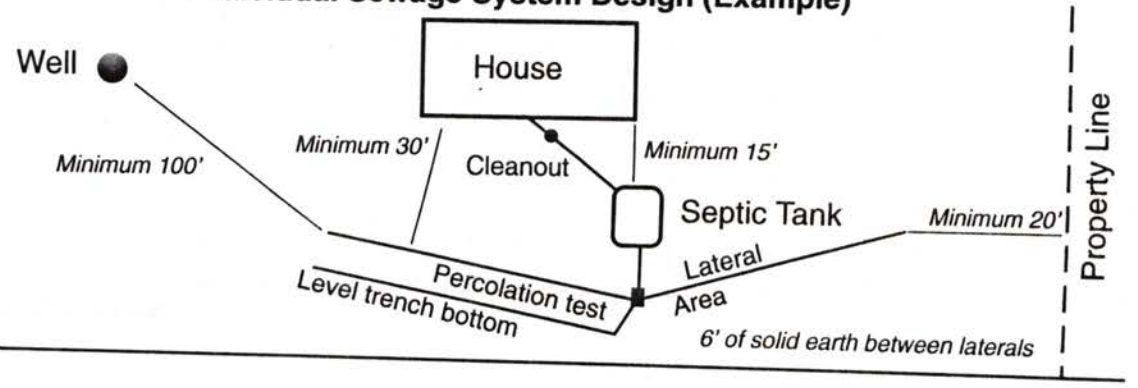
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 72 ft. 80 ft.
   80 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 30 in
4. Filter material: Gravel
   Depth of material 16" in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

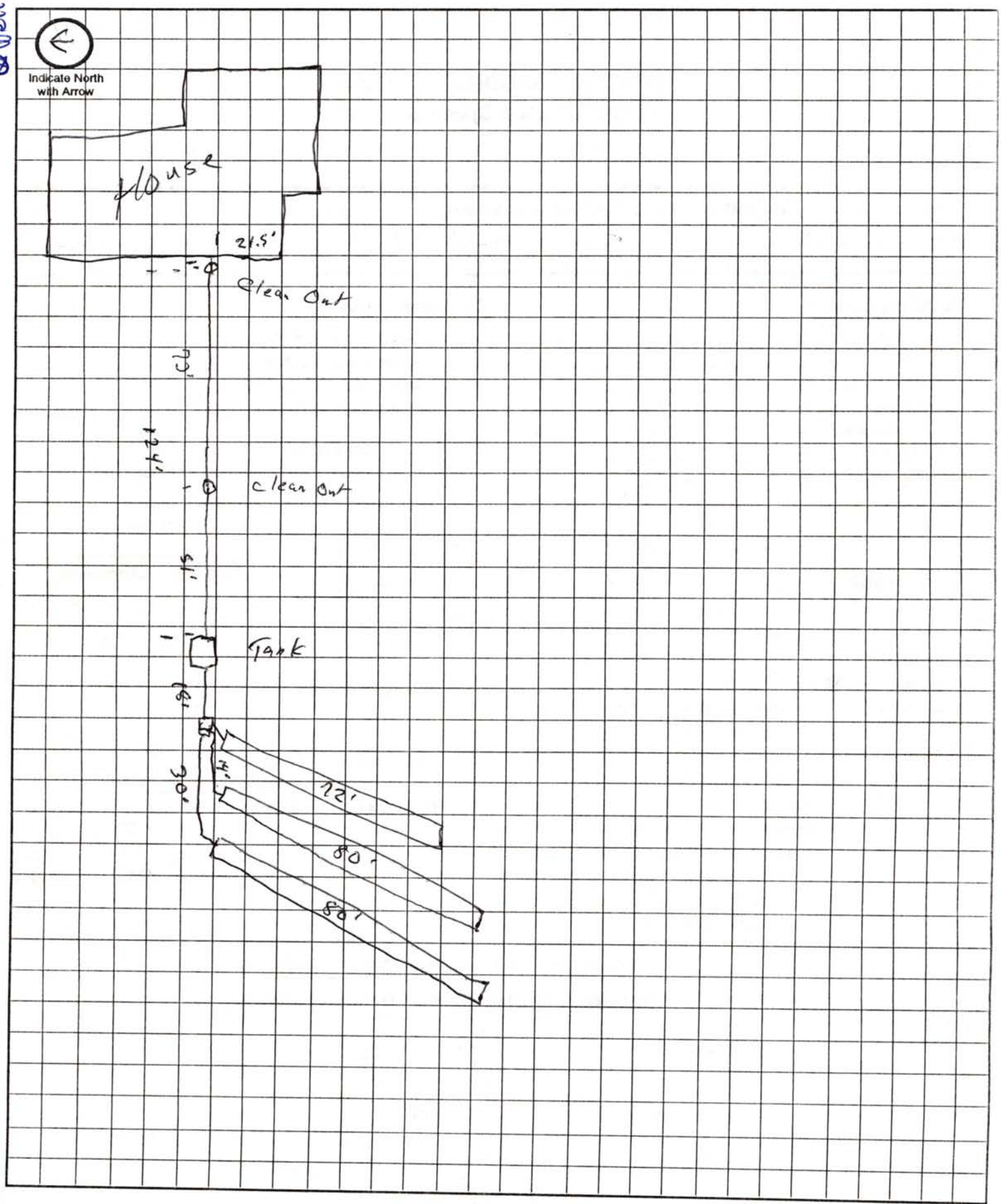
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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