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. 97380170401

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

FEES: $150.00

PAID

TOTAL $150.00

Establishment

JON NOVACEK
T11N R6E SEC 2 QTR SW
13900 N 1ST ST-RAYMOND

Permittee

JON NOVACEK
RRT 001
RAYMOND NE 68428

Issued By Gregg Wright MD.
M. Jane Ford
Health Director

5588

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 13900 N 1ST (no rural route) City RAYMOND NE, Zip

Legal Description SW 1/4 1/4 2 Section 11 Township 6 Range Subdivision 22 Acres 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 JON NOVACEK Signature

Address RT #1, Raymond, NE City/State/Zip RAYMOND NE. 68

☐ Check if owner designed system Home Phone 785-2145 Work Phone 441-74

790-7226

C. Contractor

Name DAN NOVACEK Company Name

Address City/State/Zip

☐ Check if contractor designed system Work Phone

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

Designer Name LARRY SCHWARAK Firm Work Phone 430-6115

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 12-23-97 Date frwd — ACTION ☒ Approved ☐ Disapproved Signature Ron Maynard
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2-5-98 Date frwd 2-5-98 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 12-29-97 Date frwd — ACTION ☒ Approved ☐ Disapproved Signature Jim Keough

12-23-97 rec'd, ~~approval~~ drawing received

Installation Final Written Approval

By Ron Maynard

Date 2-9-98

Business Office Use Only

Date Rec'd 12/23/97
Amt Paid #150 cc
Rec'd By MF Cash/Check No. 3365

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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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 13900 N 1st. (no rural route) City RAYMOND Ne NE, Zip 68428

Owner JON+Dee NOVACEK Address RT 1 RAYMOND Ne. 68428

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

Date of Tests 12-15-97 to 12-16-97 Weather: Precipitation 0 Temperature 40

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	12-15-97	1:00p	12-16-97	1:10p	12-16-97	3:45	82"	12-16-97	4:15	30	1½	11½"
2	36	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	5/8	5/8
3	36	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1½	4½
4	36	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	5/8	5/8
5	36	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1½	4½
6	36	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1½	11½

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

EQBM 20-101 10-98

Lincoln-Lancaster County Health Department
Environmental Health Division
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Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

2-11-6

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 13900 N 1st. (no rural route) City RAYMOND Ne NE Zip 68428

Owner JonyDee Nemecek Address RT 1 RAYMOND Ne. 68428

Soil Type (SCS): CLAY LOAM (14200 homelites) Percolation Rate: _____ min./inch

Date of Tests 12-15-97 to 12-16-97 Weather: Precipitation 0 Temperature 40

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	12-15-97	1:00p	12-16-97	1:10p	12-16-97	3:45	8½"	12-16-97	4:15	30	½	11½" .5
2	36	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	5/8	5/8 .48
3	36	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	½	½ .5
4	36	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	5/8	5/8 .48
5	36	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	½	½ .5
6	36	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	½	½ .5
													296
													49
													6|296 24 56 48

Sum of Percolation Rates: 296

Average of Rates: 49 min/inch

Rate Used for Calculation: 49 min/inch

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

National Brand 45-608 Eye-Ease® 45-708 20/20 Buff Made in USA

Home for Jon & Dee Novacek Home 785-2145 wk 441-7955

Pre Sat. 12-15-97 1:00p — 12:16-97 - 1PM 40° DROP LAST 1½ HR.

Test 12-16-97

	1:10	1:40	2:15	2:45	3:15	3:45	4:15	
No. 1	5 3/4	6 3/8	7	7 1/8	7 3/4	8	8 1/2	1/2
No 2	5 1/4	5 3/4	5 3/4	6	6 3/8	6 1/2	7 1/8	5/8
No 3	5 1/2	6 3/8	6 3/4	7	7 3/8	7 5/8	8 1/8	1/2
No 4	7 1/2	7 3/4	8 1/4	8 3/8	8 3/4	8 7/8	9 1/2	5/8
No 5	6 1/2	7 1/8	7 1/2	7 7/8	8 3/4	8 3/4	9 1/4	1/2
No 6	5 1/2	5 5/8	5 3/4	5 7/8	6	6 1/4	6 3/4	1/2

(inches from mark To Wtr. Level)

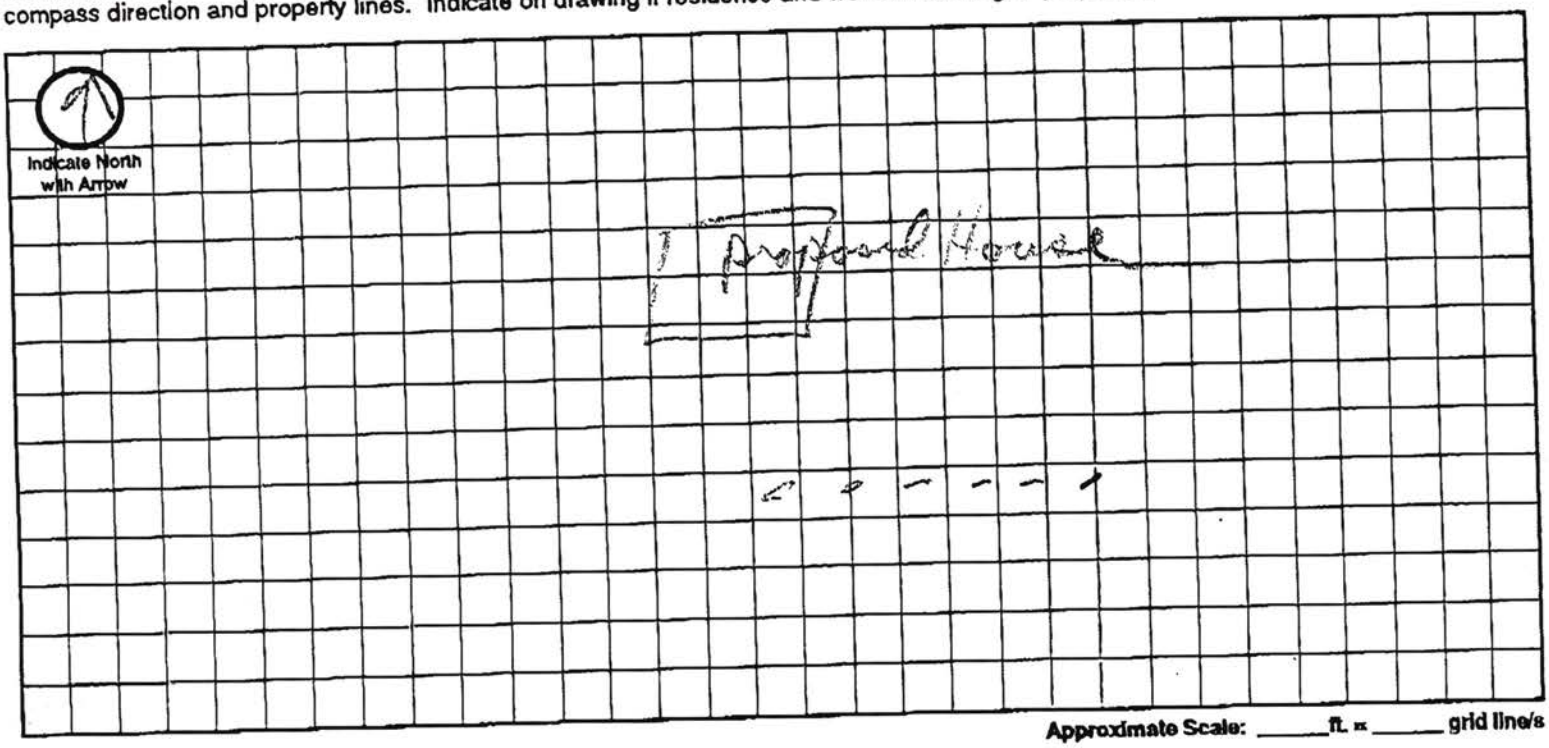
C

Lincoln-Lancaster County Health Department
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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) 13900 No 1st 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 _____ (min. per inch) Soil Type: Marshall Clay loam Land Slope: 1 % %

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

Total Square Feet of Field Required: 921 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 307 ft. Number of Trenches 4 Trench Width 3ft

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 12-23-97

Installer [signature] Date 12-18-97

FORM 22-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-23-97

System Location (Indicate correct number and street)

Address 13900 No 1st (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 42" in.
3. Distance between dwelling and septic tank: 75' ft.
4. Number of clean-outs: Stack
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: 4'-6" in.
8. Distances to: Well or suction line 100'+ 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: 6' ft.

D. Absorption Field

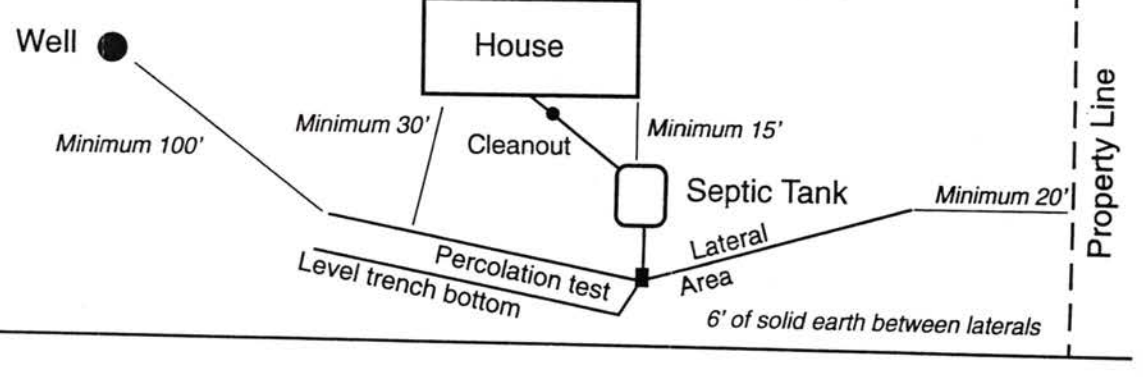
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   65 ft. 45 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0-6" in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 16 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

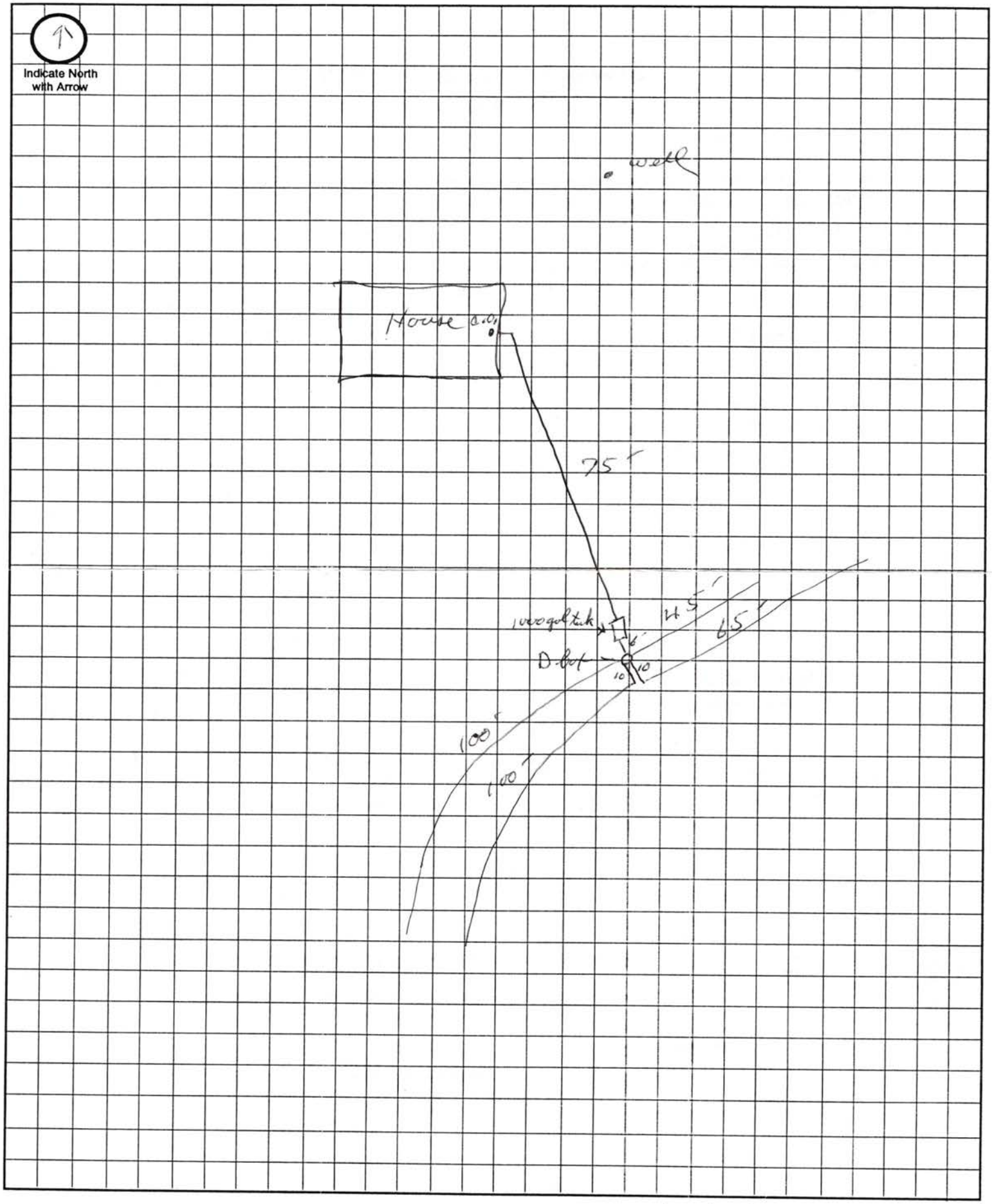
Individual Sewage System Design (Example)



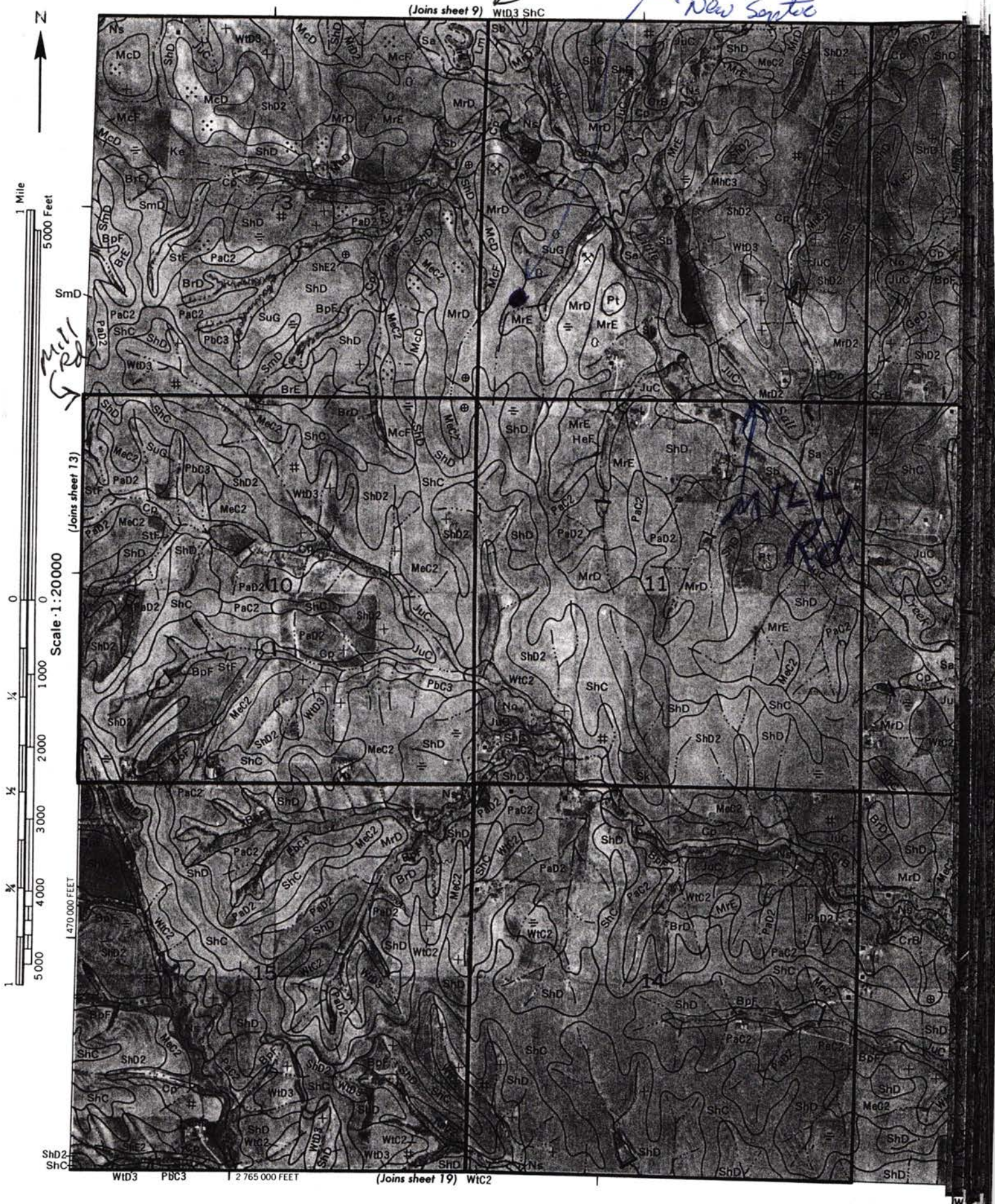
FORM 23-103 10-96

As Built Drawing by Larry Schwarck

DEC 2 9 1997



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


N. 1st
New Source
(Joins sheet 9) WtD3 ShC
N
1 Mile
5000 Feet
Scale 1:20000
0
1000
2000
3000
4000
5000
470 000 FEET
2 765 000 FEET
(Joins sheet 13)
(Joins sheet 19) WtC2
WtD3 PbC3
ShD2 ShC
Mill Rd
Spil
Mill Rd
Creek
3
10
11
15
14