Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

GREG & SUSAN ANDERSON
T11N R7E SEC 6 QTR NE
LOT 23IT
3701 RAYMOND RD-DAVEY

Permittee

GREG & SUSAN ANDERSON
3701 RAYMOND RD
DAVEY NE 68336

Permit # 0238025450

Issued 10/09/02
Expires 04/09/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002974

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

A

Permit Number: 02380254501

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 3701 Raymond Rd (no rural route) City Davey NE, Zip 68336

Legal Description NE (1/4) 6 (1/4) 11N (Section) 7E (Township) (Range) Subdivision Addition Block 23 Lot I

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Greg & Susan Anderson Signature Susan Anderson

Address 3701 Raymond Rd City/State/Zip Davey NE 68336

☐ Check if owner designed system Home Phone (402) 657-5200 Work Phone Cell 601-0003

C. Contractor

Don Anderson 402-624-3895

Name _____ 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 _____ 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 10/9/02 Date frwd 10/10/02 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10.31.02 Date frwd 10.31.02 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-10-02 Date frwd 10-10-02 **ACTION** ☒ Approved ☐ Disapproved Signature Jim Blough

11-4-02, rcvd need drawing (Received)

Installation Final Written Approval

By 3-7-03 Ron Maynard

Date _____

Business Office Use Only

Date Rec'd 10/9/02
Amt Paid 200.00
Rec'd By CW Cash/Check No. 2084

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

Lincoln-Lancaster County Health Department
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B

Permit Number: 023802545

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3701 Raymond Rd (no rural route) City Davey NE, Zip 68336

Owner Greg & Susan Anderson Addresss 3701 Raymond Rd Davey Ne 68336

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 24 min./inch

Date of Tests 8-28 to 8-29 Weather: Precipitation _____ Temperature 75

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	3½	8-28	2:30	8-28	7:30	8-29	10:45	6	8-29	2:45			
2	3½	8-28	2:30	8-28	7:30	8-29	10:45	6	8-29	2:45			
3	3½	8-28	2:30	8-28	7:30	8-29	10:45	6	8-29	2:45			
4	3½	8-28	2:30	8-28	7:30	8-29	10:45	6	8-29	2:45			
5	3½	8-28	2:30	8-28	7:30	8-29	10:45	6	8-29	2:45			
6	3½	8-28	2:30	8-28	7:30	8-29	10:45	6	8-29	2:45			

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 24 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Wood R.E.H.S Date OCTOBER 9, 2002

FORM 23-101 10-96

Hole #1 filled (10:45)	Hole #2	Hole #3	Hole #4	Hole #5	Hole #6
2.50 (11:15)	1.50	2.25	2.0	2.0	2.0
1.50 (11:45)	1.50	1.75	1.75	1.50	2.25
1.50 (12:15)	1.0	1.0	1.25	1.25	1.75
1.50 (12:45)	2	1.0	1.25	1.25	1.25
1.50 (1:15)	1.75	1.50	2.0	1.50	1.50
1.50 (1:45)	1.0	1.50	1	.75	1.50
1.50 (2:15)	1.25	1.25	1.50	1.25	1.50
1.50 30 MIN/IN (2:45)	1.50 30 MIN/IN	1.50 30 MIN/IN	1.25 24 MIN/IN	1.0 30 MIN/IN	1.0 30 MIN/IN
Total 13 in	11.5 in	11.75 in	12 in	10.5 in	12.75 in
average 1.625	1.4375	1.46875	1.50	1.3125	1.59375
average last 30 min	1.29166				

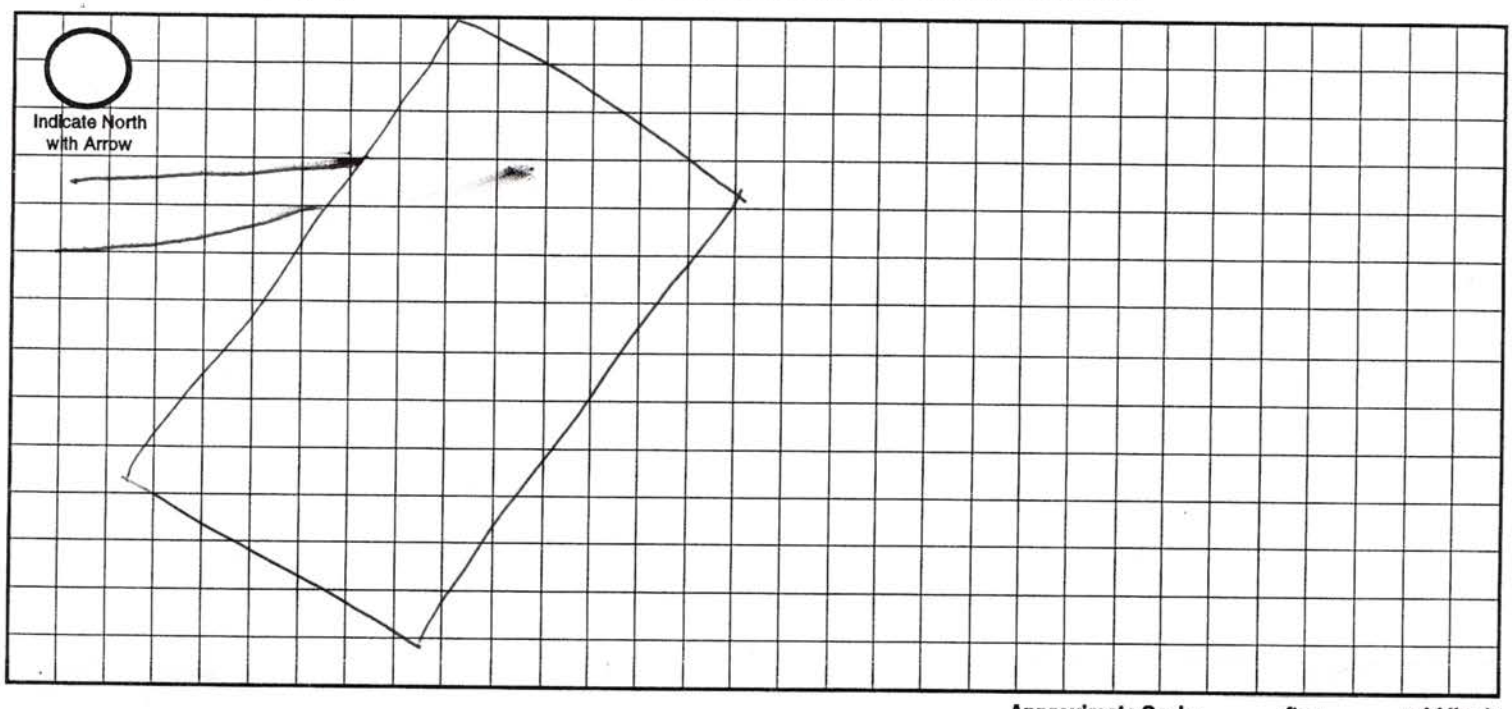
Lincoln-Lancaster County Health Department
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C

Permit Number: 023802545

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) 3701 Raymond Rd City Davey NE, Zip Ne 68336

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 24 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 750 sq. ft.

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

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

Total Length of Laterals 168 ft. Number of Trenches _____ 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 PRE-BUILT HOUSE Date _____

Installer Don Anderson Date 9-19-02

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date Nov. 2002

System Location (Indicate correct number and street)
Address 3701 Raymond Rd (no rural route) City Davey NE. Zip 68336

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: Cement
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream N/A ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

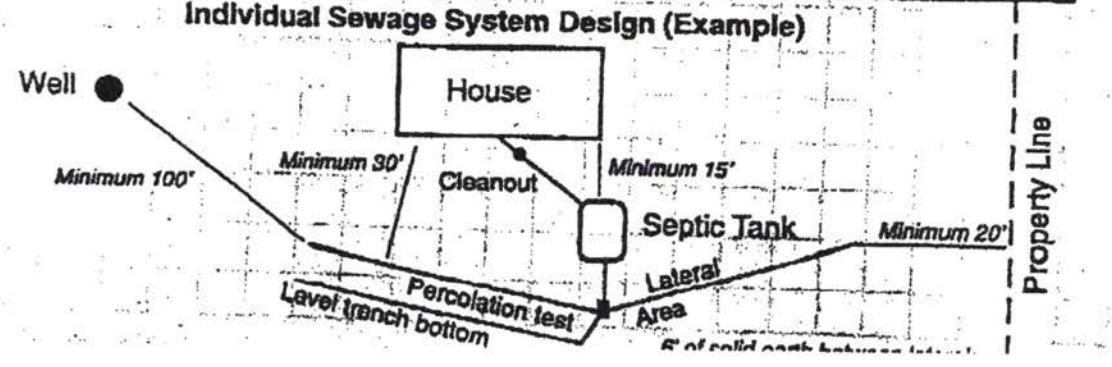
C. Distribution Box
1. Material: Cement
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft. ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 24" Infiltrators
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 90 ft. 90 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 5 ft.
   Slope 0 to 1" in/100 ft.
   Average depth 3 in
4. Filter material: Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line 100+ ft.
   Stream N/A 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

