Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

RICK RASBY
T10N R8E SEC 13
IRREGULAR TRACT LOT 11IT
2300 N 176 ST-EAGLE

Permitee

RICK RASBY
1020 COTTONWOOD DR
LINCOLN NE 68510

Permit # 00380214601

Issued 02/02/00
Expires 08/02/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011661

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

A

Permit Number: 003802146

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 2300 NO 176th (no rural route) City Eagle NE, Zip 68347

Legal Description 1/4 13 1/4 Section 10N Township 8E 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 Rick Rasby Signature _____

Address 1020 Cottonwood DR. City/State/Zip Lincoln NE. 68510

☐ Check if owner designed system Home Phone 489-8078 Work Phone _____

C. Contractor

Name AP Thorpe Kent Company Name AP Thorpe Const

Address 2925 Raleigh City/State/Zip Lincoln NE.

☐ Check if contractor designed system Work Phone 423-0313

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

Designer Name Melvin F Wagner Firm Wagner Const Work Phone 432-5698

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 1/18/00 Date frwd 1/24/00	ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hoop	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 1/24/00 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 1/24/00 Date frwd 1/24/00	ACTION ☒ Approved ☐ Disapproved Signature _____	

1-21-00, rm, need fence
8-28-00 rm fence up, ok

Installation Final Written Approval

By Ron Mayfield

Date 8-28-00

Business Office Use Only

Date Rec'd 01/18/00

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 2631

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: 00380214b

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2300 N 176th (no rural route) City _____ NE, Zip _____

Owner RICK RASBY Addresss 1020 COTTON WOOD DR. LINCOLN 68510

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

Date of Tests 12/15/99 to 12/16/99 Weather: Precipitation 0 Temperature 55

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	9:00	12/16	10:00	12/16	10:00	6	12/16	11:00	60	0	
2	32	"	"	"	"	"	"	"	"	"	"	0	
3	29	"	"	"	"	"	"	"	"	"	"	0	
4	30	"	"	"	"	"	"	"	"	"	"	0	
5	36	"	"	"	"	"	"	"	"	"	"	0	
6	34	"	"	"	"	"	"	"	"	"	"	0	

Person Conducting Percolation Tests

Name: MELVIN GAGNER
Phone: 432-5696
Address 4810 W CLAIRE AVE
LINCOLN NE 68523

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks 1-21-00 Lagoon appears to be on boundary line between Pawnee & Burchard soil (many quartzite rocks in area)

Signature of Reviewing Official _____ Date 1-21-00

FORM 23-101 10-96

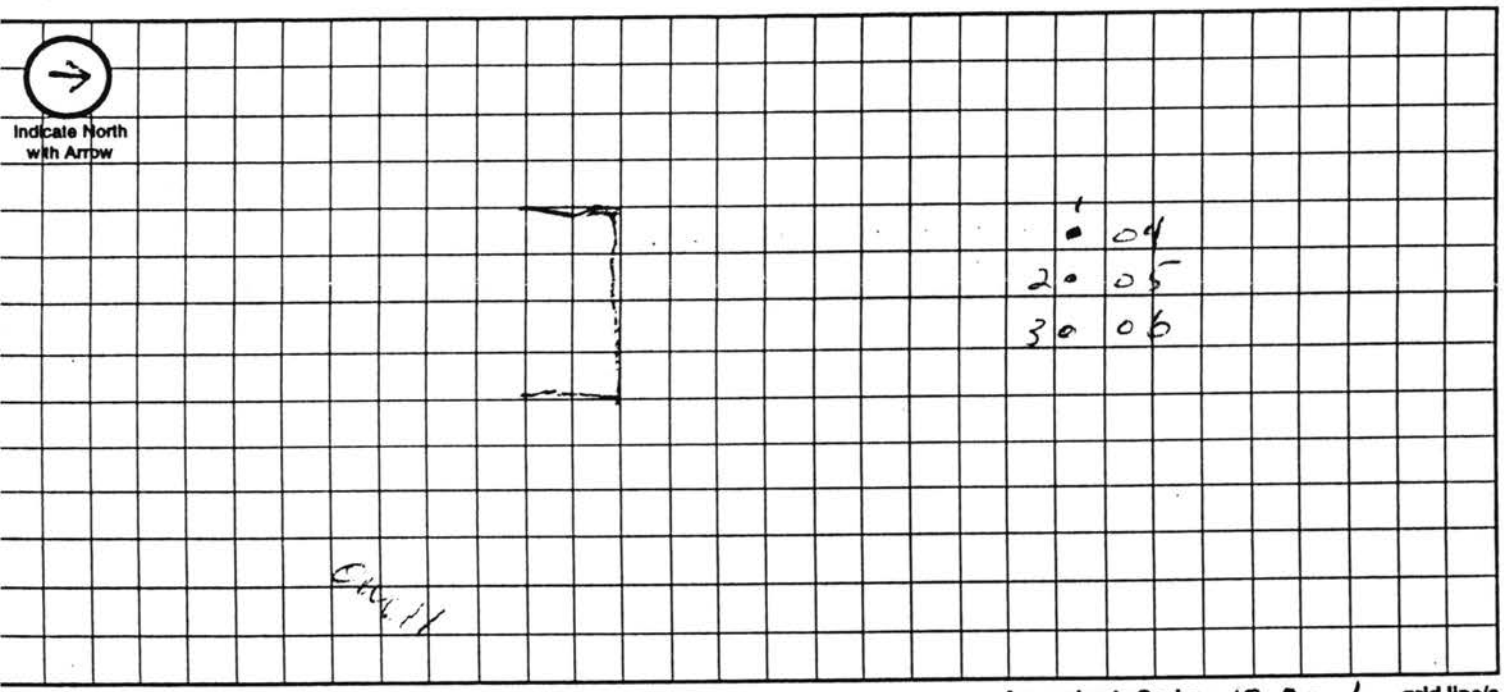
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 23 NO 17TH City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

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

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

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

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

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

Capacity of Septic Tank _____ 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 STARTED Date _____

Installer John F. Gagner Date 18 Jan 00

FORM 23-102 10-96

D

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

Permit Number: 0038-02146

0

Sewage Disposal System
As Built Plans & Specifications

Date 19 JAN 00 Richard & Tammy Rasby

System Location (Indicate correct number and street)

Address 2300 NO 176TH (no rural route) City EAGLE NE, Zip 68347

NE¼ SEC 13 TOWNSHIP 10 RANGE 8E

A. Building Sewer

1. Material: PVC 2241
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

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

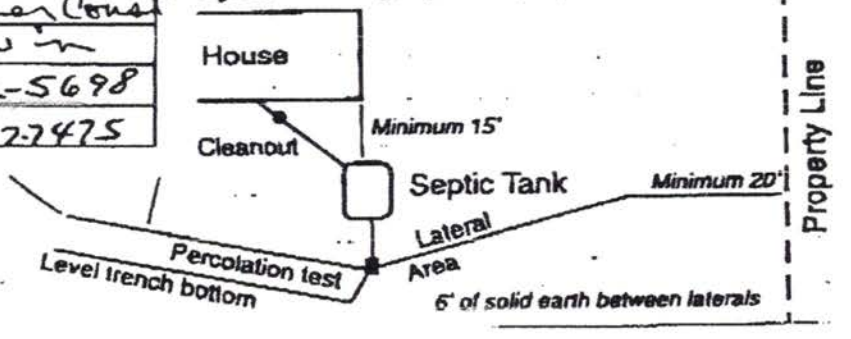
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width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

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 2

To County Health	From Dagner Const
Co. Jerry Wood	Co. Melvin
Dept.	Phone # 432-5698
Fax # 441-6206	Fax # 402-797-7475

Irawing on back of this form.

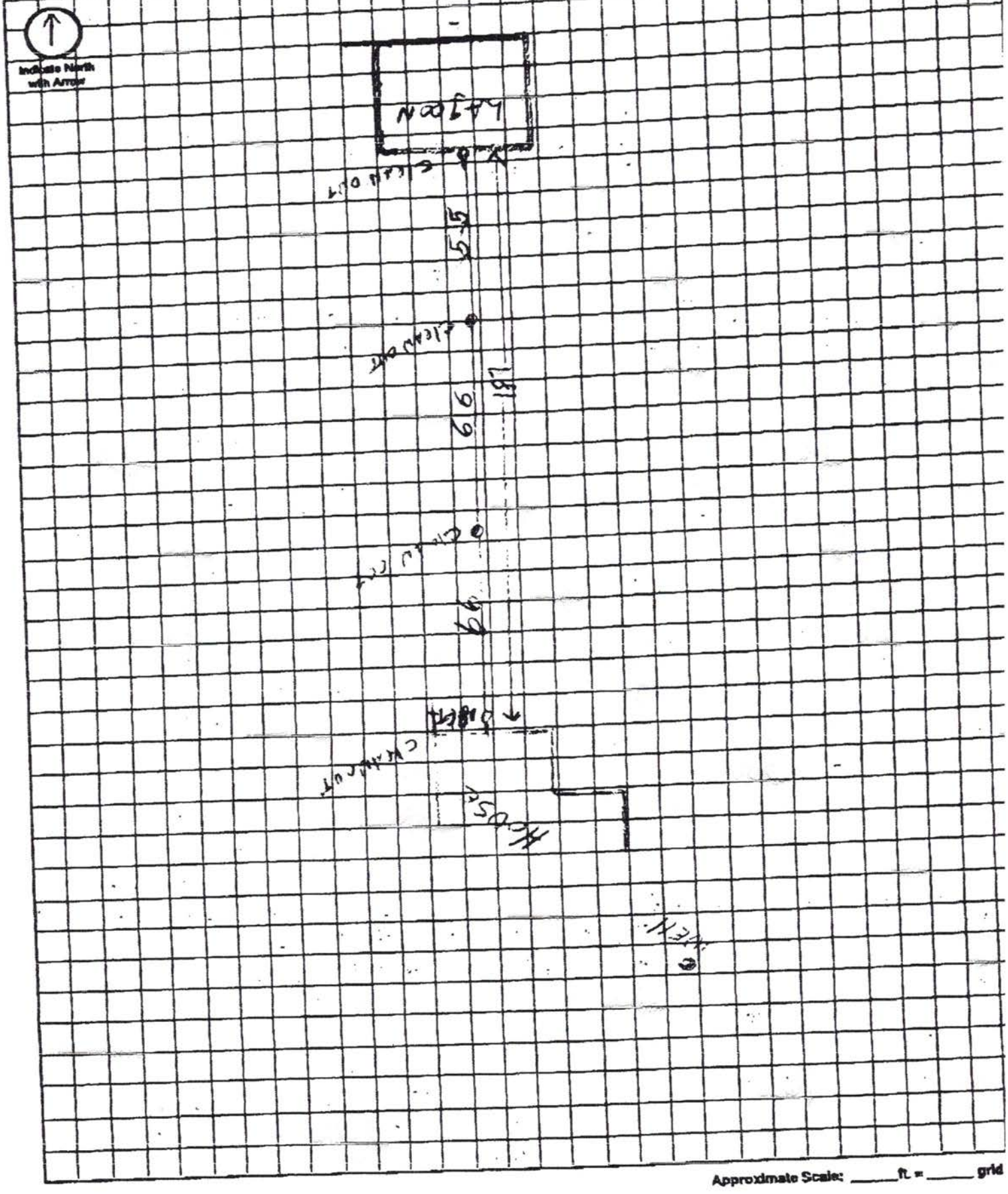
System Design (Example)



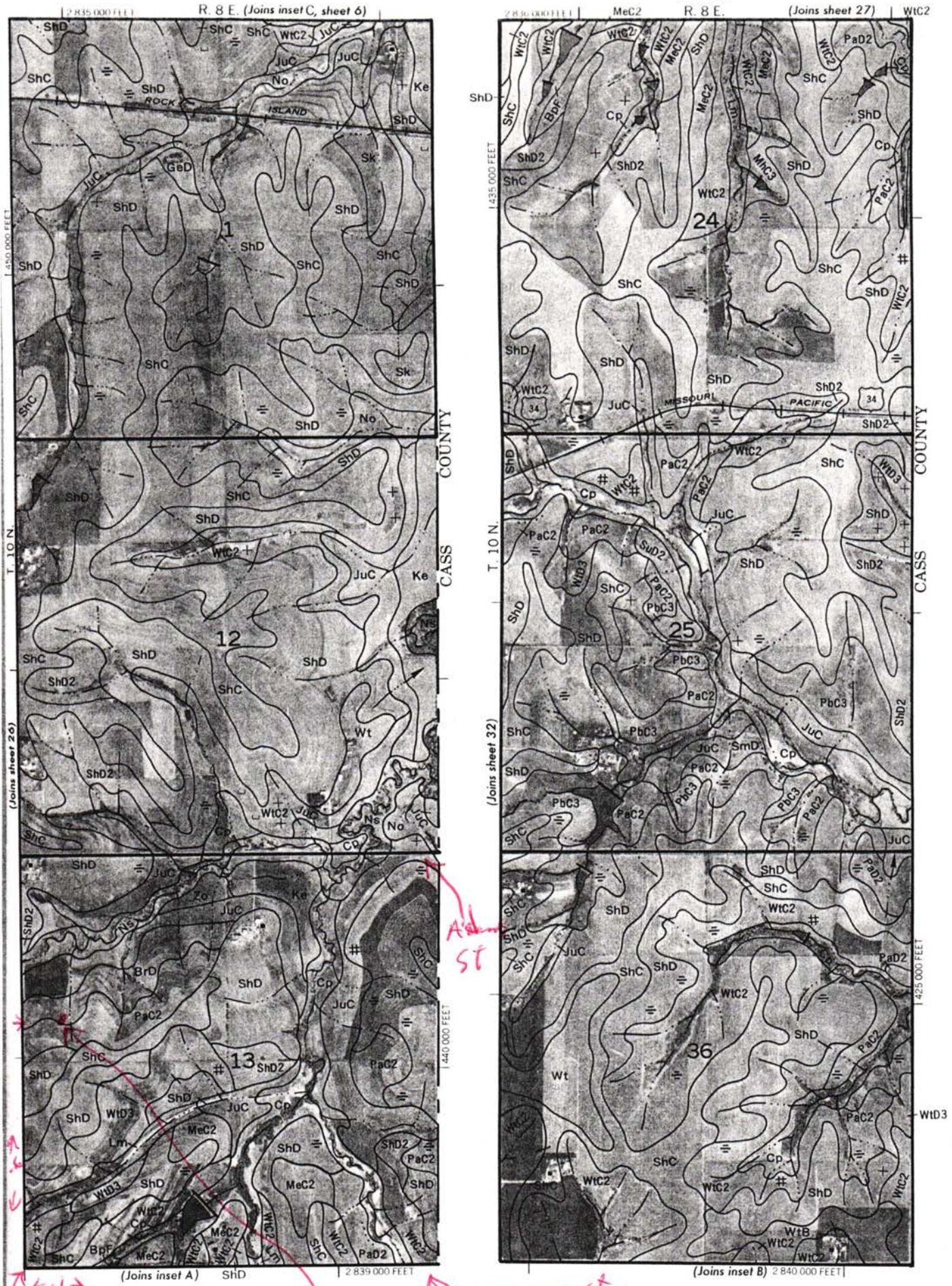
As Built Drawing

(2)

Raaby



INSET A


R. 8 E. (Joins inset C, sheet 6)
R. 8 E.
(Joins sheet 27)
T. 10 N.
T. 9 N.
CASS COUNTY
(Joins sheet 26)
(Joins sheet 32)
(Joins sheet 37)
(Joins inset A)
(Joins inset B)
2 839 000 FEET
2 840 000 FEET
440 000 FEET
435 000 FEET
425 000 FEET
420 000 FEET
4000 AND 5000 FOOT GRID TICKS
ROCK ISLAND
MISSOURI PACIFIC
1
12
13
24
25
36
34
A'dams St
Holdrege St.
New lagoon
N. 176th