Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005439

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380287501

Issued 08/11/04
Expires 02/11/05
Revenue Code 3157

Establishment:
KEITH A SIMONSEN
T11N R5E SEC 12 QTR NW
LOT 30
6705 W MILL RD-RAYMOND

FEES: $200.00

Permittee:
KEITH A SIMONSEN
6951 ORCHARD ST
LINCOLN NE 68505

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380287501

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 6705 W. MILL RD (no rural route) City RAYMOND NE, Zip 68428

Legal Description NW 1/4 12 1/4 Section 11N Township 5E Range Subdivision Addition Block 30 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name KEITH A SIMONSEN Signature [signature]

Address 6951 ORCHARD ST City/State/Zip LINCOLN NE 68505

☐ Check if owner designed system Home Phone 464 2769 Work Phone CELL 432-7676

C. Contractor

Name KEITH A SIMONSEN Company Name _____

Address 6951 ORCHARD ST City/State/Zip LINCOLN NE 68505-1962

☐ Check if contractor designed system Work Phone 464-2769

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

Designer Name [signature] Firm EARNEST WELL DRILLING Work Phone 475-3276

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 8/11/04, Date frwd 8/11/04 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
   8-13-04 verified
2. **Supt. Bldg. Insp. or Village Clerk** — Date rec'd 8/11/04, Date frwd _____ — ACTION ☒ Approved ☐ Disapproved — Signature [signature]
3. **City or County Engineer** — Date rec'd 8/11/04, Date frwd 8/11/04 — ACTION ☒ Approved ☐ Disapproved — Signature [signature]

Installation Final Written Approval

By [signature]

Date 8-30-04

Business Office Use Only

Date Rec'd 8-11-04
Amt Paid 200.00
Rec'd By TW Cash/Check No. 1114

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: 04380275

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address ~~36 [illegible]~~ 6705 W MILL RD (no rural route) City RAYMOND NE, Zip 68428

Owner KEITH A SIMONSEN Addresss 6705 W MILL RD

Soil Type (SCS): _____ Percolation Rate: 56.6 min./inch

Date of Tests 080603 to 080704 Weather: Precipitation NO 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	0806	1630	0807	1630	0807	2030	22	0807	2100	30	1/2	60
2	"	"	"	"	"	"	"	22.5	"	"	"	1/2	60
3	"	"	"	"	"	"	"	24	"	"	"	3/4	40
4	"	"	"	"	"	"	"	24 1/2	"	"	"	1/2	60
5	"	"	"	"	"	"	"	24	"	"	"	1/2	60
6	"	"	"	"	"	"	"	23	"	"	"	1/2	60

Person Conducting Percolation Tests

Name: KEITH SIMONSEN

Phone: _____

Address _____

Sum of Percolation Rates: 340

Average of Rates: 56.6

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

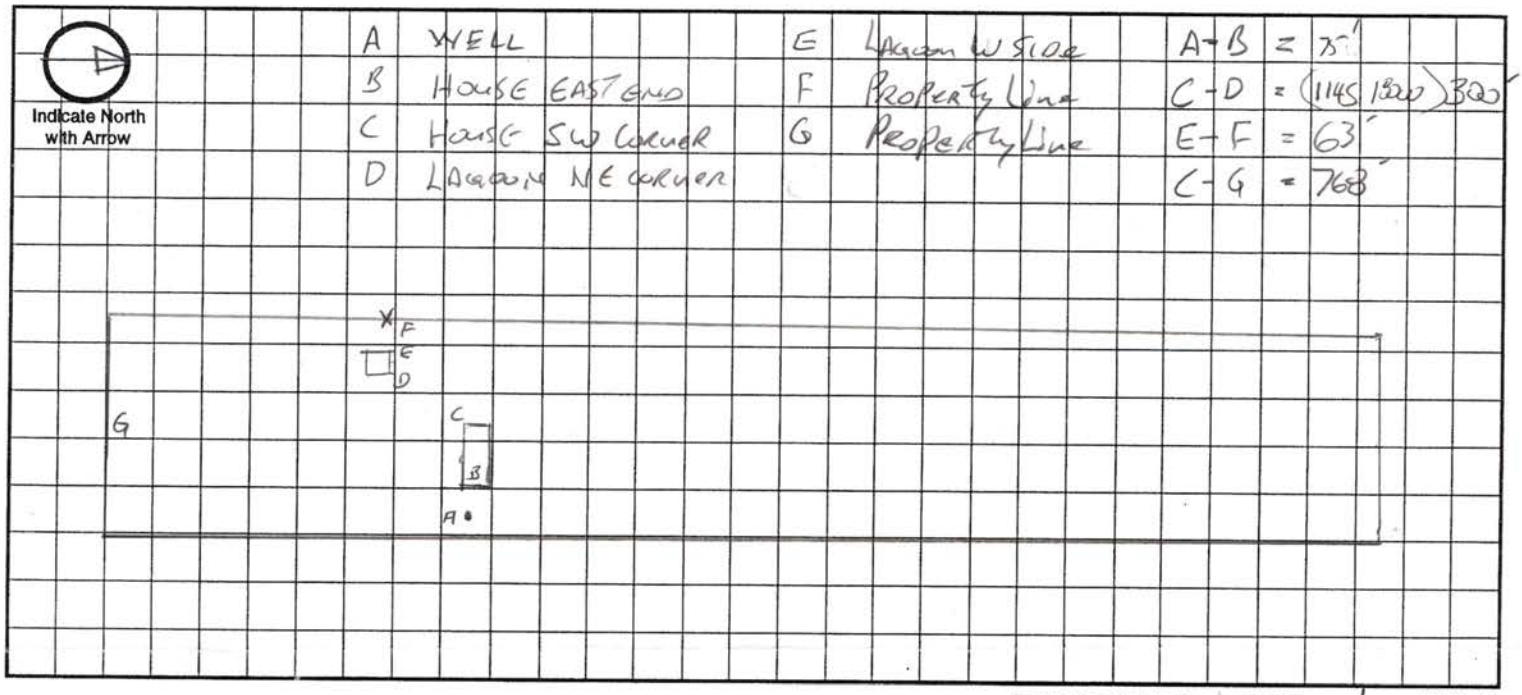
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802875

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: 100 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6705 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 56.6 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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 _____ Date 081104

Installer _____ Date 081104

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:

Sewage Disposal System

As Built Plans & Specifications

Date 081304

System Location (Indicate correct number and street)

Address 6705 W. MILL RD (no rural route) City RAYMOND NE, Zip 68428

A. Building Sewer

1. Material: PVC D2241
   Diameter: 4 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: _____
   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

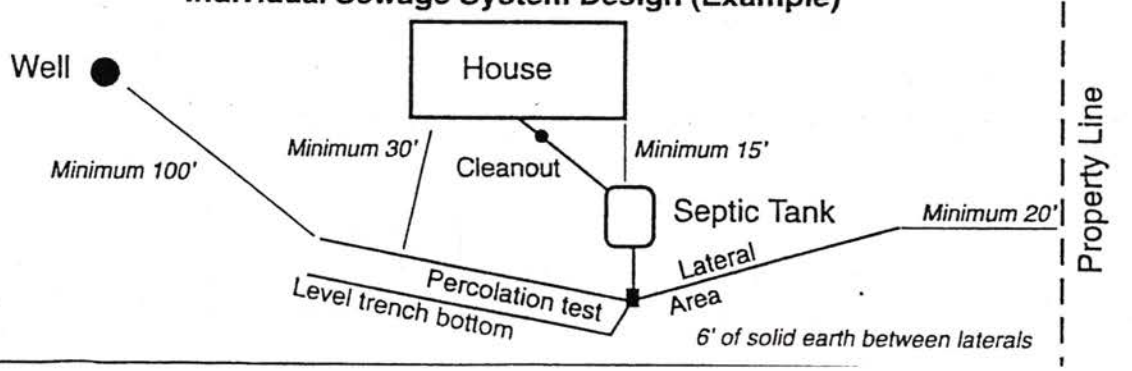
(Provide as-built drawings on back of this form)

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.

Indicate North with Arrow

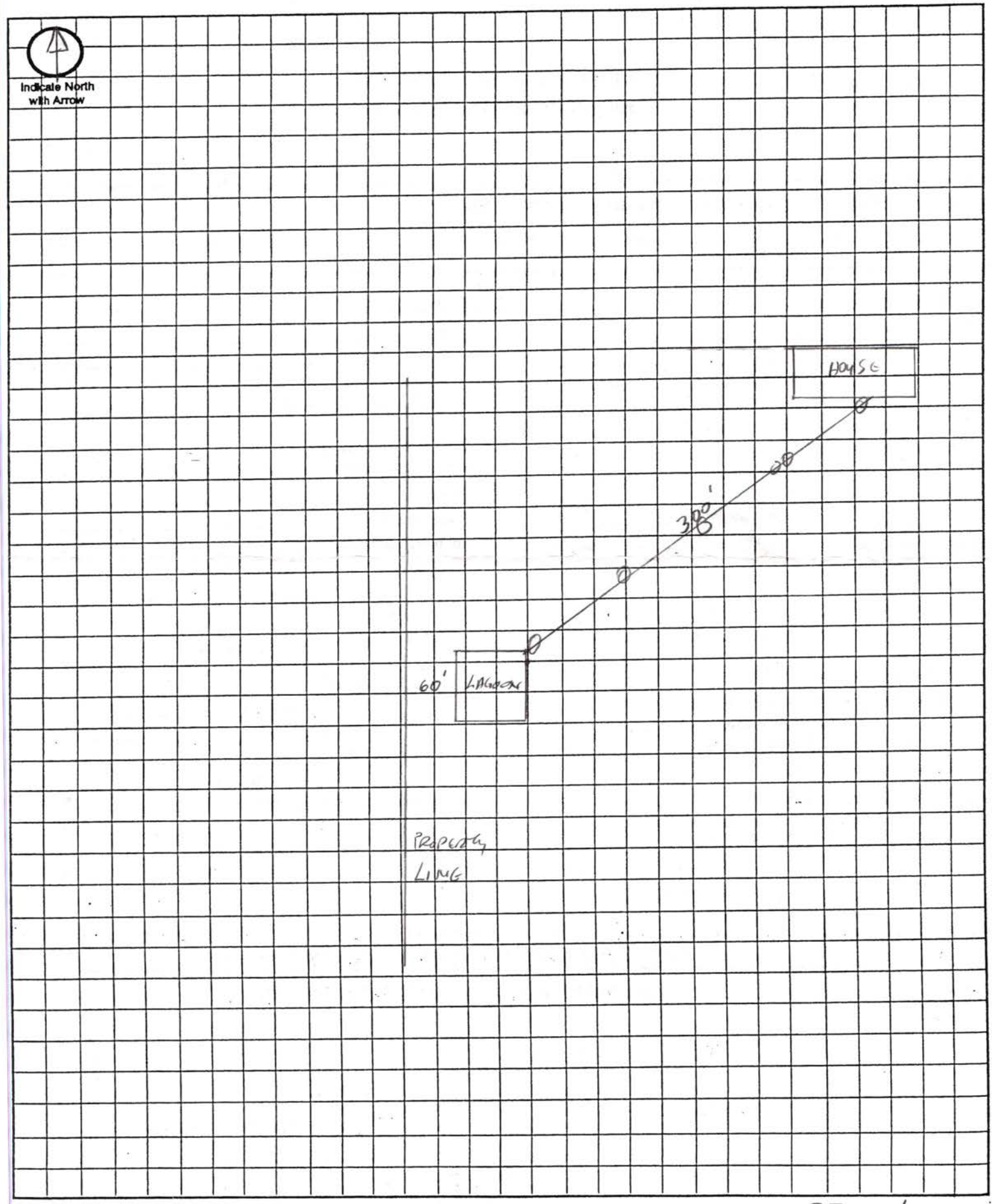
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 25 ft. = 1 grid line/s