LLCHD HS000003

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

A

Permit Number: HS000003

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

20 acres

A. System Location (Indicate correct number and street)

Address 12101 SW 14th ST. (no rural route) City ROCA NE, Zip 68430

Legal Description 1/4 4 1/4 Section 8 Township 6 Range Subdivision Addition Block 40 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name GARY WATSON Signature Gary A Watson

Address 4017 DUNN Ave City/State/Zip LINCOLN NE. 68502

☐ Check if owner designed system Home Phone _____ Work Phone 430-7089

C. Contractor

Name Chandel Homes Company Name PERRIN GROBSTEIN

Address 4529 Birch Creek DR. City/State/Zip LINCOLN NE. 68516

☐ Check if contractor designed system Work Phone 423-3700

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

Designer Name Melvin Gagner Firm Gagner Const Work Phone 402-432-5698

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 400 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 8/30/07 Date frwd 8/30/07 ACTION ☒ Approved ☐ Disapproved Signature _____
   *Must be build outside of Flood Plain.
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/4/07 Date frwd 9/4/07 ACTION ☒ Approved ☐ Disapproved Signature _____
   Must be Built out of Flood Plain
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 09/06/07

Amt Paid 290.00

Rec'd By _____ Cash/Check No. 197

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

9-10-2007 10: 4:20

B

GAGNER CONST. CO. INC.
4810 W. CLAIRE AVE.
LINCOLN, NE 68523
PH. 797-2365 FAX 797-7475

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 12101 SW 14th ST. City ROCA NE, Zip 68430
(no rural route)

Owner GARY WATSON Addresss 4017 DUNN AVE. LINCOLN NE 68502

Soil Type (SCS): Percolation Rate: 52.6 min./inch

Date of Tests 8-14-07 to 8-15-07 Weather: Precipitation 0 Temperature 85

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	30	8-14	9:25	8-15	11:05	8-15	11:35	6	8:15	12:05	30	1/2	60
2	30	"	"	"	"	"	"	"	"	"	"	1/2	60
3	31	"	"	"	"	"	"	"	"	"	"	5/8	48
4	30	"	"	"	"	"	"	"	"	"	"	5/8	48
5	32	"	"	"	"	"	"	"	"	"	"	1/2	60
6	31	"	"	"	"	"	"	"	"	"	"	3/4	40

Sum of Percolation Rates: 316
Average of Rates: 52.6
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Melvin Gagner
Phone: 402-432-5698
Address 4810 W. CLAIRE AVE
LINCOLN NE 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official

FORM 23-101 10-96

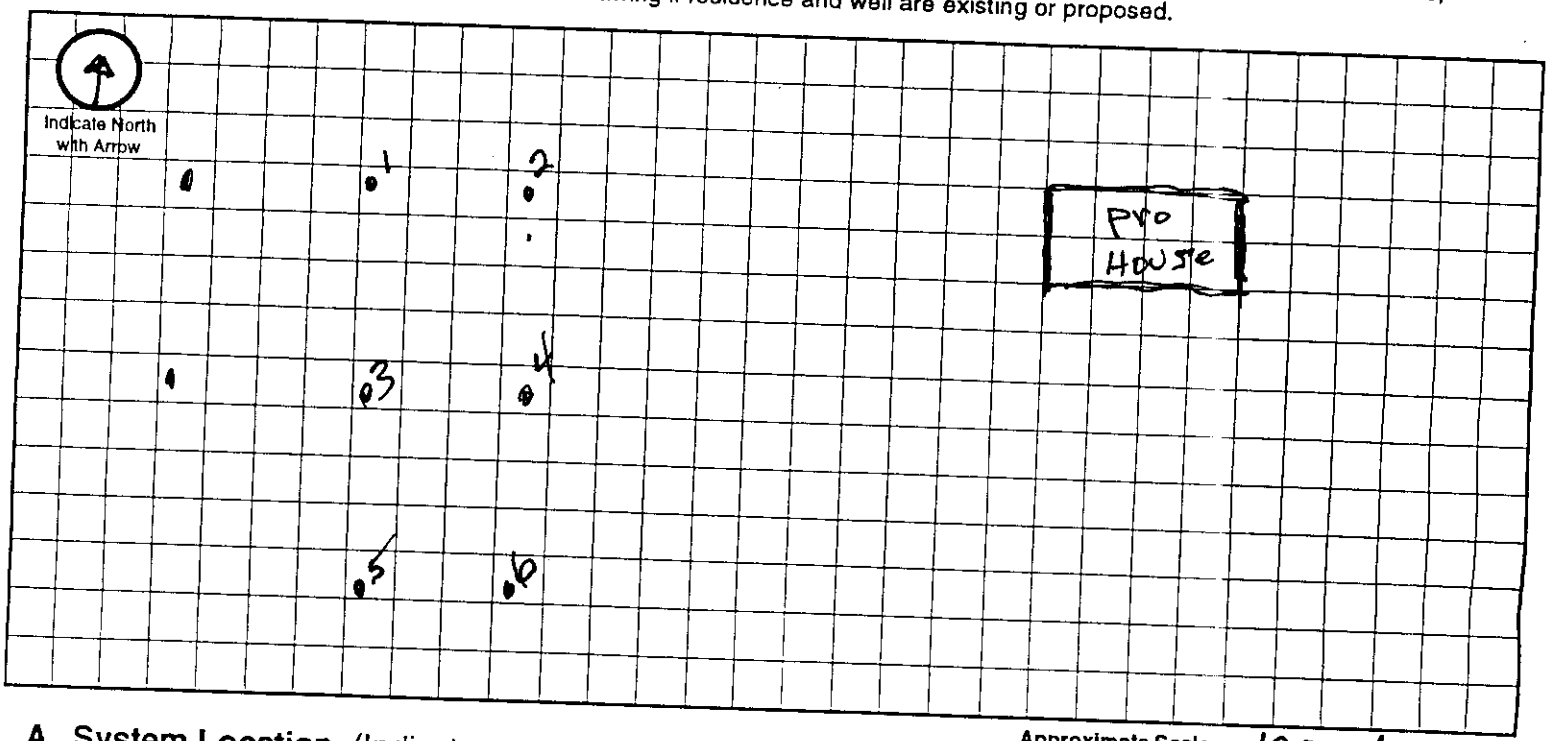
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 1201 SW 14TH ST. City ROCA NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 60 (min. per inch) Soil Type: Land Slope: %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: Number of Distribution Laterals per Bed

Total Length of Laterals ~~1050~~ 262.5 ft. Number of Trenches 3 Trench Width 48 INCH

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 Cornhusker Homes Inc. Date 8/15/07

Installer Date 8-15-07

9-10-2007 10:4:28

003335

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000003

System Type: STANDARD

Situs: No Situs - T08N-R06E-S04-Lot:40

Legal Description: T08N-R06E-S04-Lot:40

Owner: WATSON GARY
4017 DUNN AVE
LINCOLN NE
68502

Permit Fee:	$290.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$290.00
Issued:	09/07/2007
Expires:	09/06/2008

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

MELVIN GAGNER
4310 W CLAIRE AVE
LINCOLN NE 68523

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

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Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

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Bruce D. Dart, PhD
Health Director

MELVIN GAGNER
4310 W CLAIRE AVE
LINCOLN NE 68523

SCANNED

A

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

Permit Number: 1500003

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

20 acres

A. System Location (Indicate correct number and street)

Address 12101 SW 14th ST. (no rural route) City ROCA NE, Zip 68430

Legal Description 4 (1/4) 8 (1/4) Section 6 Township Range Subdivision Addition Block 40 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name GARY WATSON Signature Gary L Watson

Address 4017 DUNN Ave City/State/Zip LINCOLN NE. 68502

☐ Check if owner designed system Home Phone _____ Work Phone 430-7089

C. Contractor

Name Chandel Homes Company Name DERRILL GROSSENSTEIN

Address 4529 Birch Creek DR. City/State/Zip LINCOLN NE. 68516

☐ Check if contractor designed system Work Phone 423-3700

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

Designer Name Melvin Bogner Firm Bagner Const Work Phone 402-432-5698

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 400 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 8/30/07 Date frwd 8/30/07 ACTION ☑ Approved ☐ Disapproved Signature _____
   *Must be build outside of Flood Plain.
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/4/07 Date frwd 9/4/07 ACTION ☑ Approved ☐ Disapproved Signature _____
   Must be Built out of Flood Plain
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 10/11/07

Business Office Use Only

Date Rec'd 09/06/07

Amt Paid 290.00

Rec'd By _____ Cash/Check No. 197

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

SCANNED

GAGNER CONST. CO. INC.
4810 W. CLAIRE AVE.
LINCOLN, NE 68523
PH. 797-2365 FAX 797-7475

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

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Sum of Percolation Rates: 316
Average of Rates: 52.6
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Melvin Wagner
Phone: 402-432-5698
Address 4810 W. Claire Ave
Lincoln NE 68523

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

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

GPS N40° 41.525'
W096° 44.588'

Date 10/8/07 Mary Watson

System Location (Indicate correct number and street)
Address 6101 SW 14th ST. City Lincoln NE, Zip
(no rural route)

A. Building Sewer
1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 28 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line OVER 50 ft.
   stream NA ft.
   pressure line OVER 30 ft.
   property line " 150 ft.

B. Septic Tank
1. Material: CONCRET
   Number of compartments: 1
2. Capacity: 1250. gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 50 ft.
   Property line " 150 ft.

C. Distribution Box
1. Material: ____
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 118 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 INFILTRATORS
2. Lateral lines: Number 2
   Length of each line: 130 ft. 125 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line " 150 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

