Lincoln-Lancaster County
Health Department
3140 "N" Street
Lincoln, NE 68510-1514

CITY OF LINCOLN
NEBRASKA

RETURN SERVICE REQUESTED

lincoln.ne.gov

DEC 24 2007

12.24.07
RD

PRESORTED
FIRST CLASS

XXFOMPRSRT [illegible] 01-07

$00.57

NIXIE 691 5C 1 70 12/23/07

RETURN TO SENDER
NO MAIL RECEPTACLE
UNABLE TO FORWARD

BC: 68510151499 *1486-00517-01-33

[illegible]514

LLCHD HS000032

12-24-2007 13:20:48

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. HS000032

System Type: STANDARD

Situs: 6411 WINTERBERRY LN RUR

Legal Description: T08N-R07E-S16-Block: 2-Lot: 3

Owner: BRIAN & KAREN SHANKS
15900 S 64 ST
ROCA NE
68430

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	10/30/2007
Expires:	10/29/2008

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

BRIAN & KAREN SHANKS
15900 S 64 ST
ROCA NE 68430

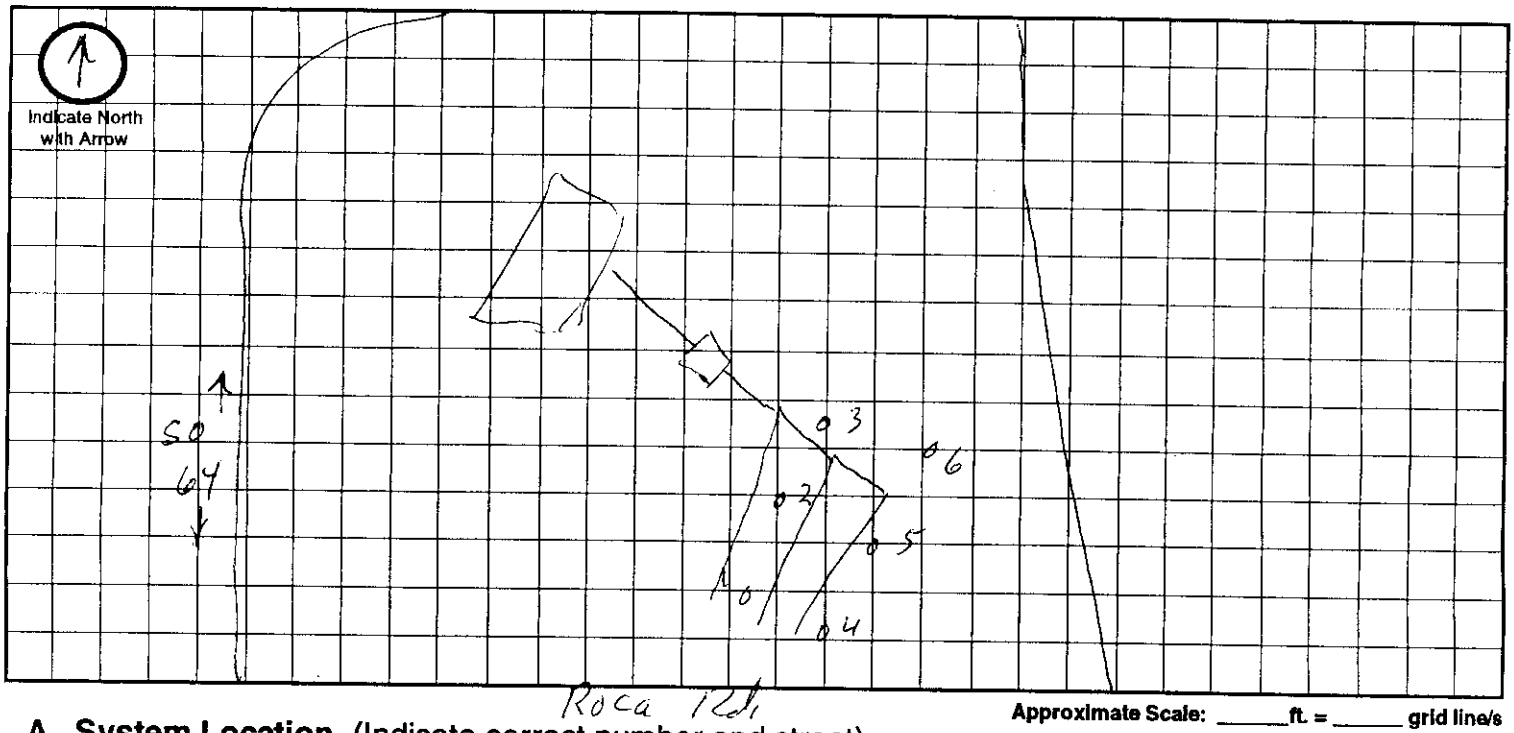
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000032

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) 15900 So. 64 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: SHC 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 1000 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 _____

Installer Brad Smith Date 10/22/07

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
2140 'W' Street • Lincoln, NE 68510-1614
Phone: 402-441-8022

B

Permit Number: HS000032

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street) NW¼ of S 64+ Roca Rd.

Address _____ City Roca NE, Zip 68430

Owner Brian & Karen Shank (first name initial) Address _____

Soil Type (SCS): WTc - SHc Percolation Rate: _____ MIN/INCH

Date of Tests 7/13 to 7/14 Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A. Hole No.	B. Hole Depth (ft)	C. Pre-Saturation Period Start Date (Mo/Da)	C. Pre-Saturation Period Start Time (military)	D. Pre-Saturation Period End Date (Mo/Da)	D. Pre-Saturation Period End Time (military)	E. Percolation Readings Start Date (Mo/Da)	E. Percolation Readings Start Time (military)	F. Percolation Readings Start Water Level (in.)	G. Percolation Readings End Date (Mo/Da)	G. Percolation Readings End Time (military)	H. Elapsed Time (min)	I. Water Level Drop (in.)	J. Percolation Rates (min/inch)
1	32	7/13	3:00	7/14	9:30	7/14	11:00	29½	7/14	12:00	30	3½	40
2			P		A		8:00	29½				3¼	40
3								29¼				3¼	40
4								28¾				3½	34
5								28¼				4¼	48
6								26 3/8				3½	34
								30				3½	34

Sum of Percolation Rates: 290

Average of Rates: 38

Rate Used for Calculations: 40

Person Conducting Percolation Tests:

Name: Brad Southwick #0148

Phone: 430-2606

Address: 105 Locust P.O. Box 191

Helena, Ne 68322

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks: Gravel is 1" pea rock.

Signature of Reviewing Official _____ Date _____

FORM 59-101 1998

300. Cash At Settlement From/To Borrower		500. Cash At Settlement To/From Seller	
301. Gross Amount due from borrower (line 120)	$91,498.85	501. Gross Amount due to seller (line 420)	
302. Less amounts paid by/for borrower (line 220)	52,484.15	502. Less reductions in amt. due seller (line 520)	

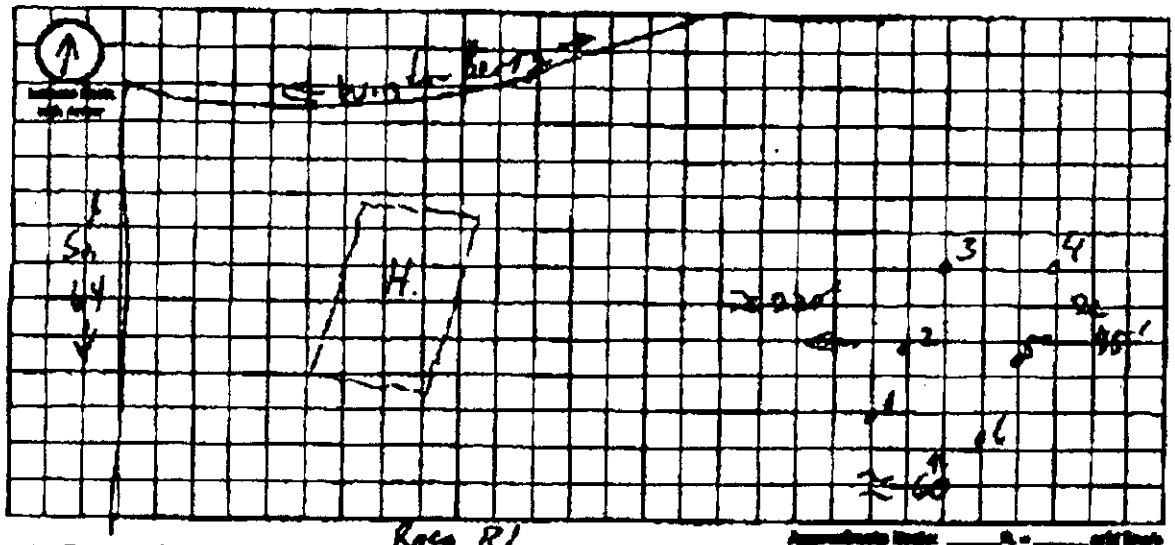
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-4514
Phone: 402-441-8022

C

Permit Number: HS000032

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.



A. System Location (Indicate correct number and street)

Address (no rural route) _____ City Roca NE Zip Nec

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete or ☒ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: WTC/SMC Land Slope: 5 %

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

Total required Area of Field Area(Liner): 825 sq. ft. (3 Bdrm)

Type of Laterals ☐ 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 210 ft. Number of Trenches 2 Trench Width 3 (4 with chamber)

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Ground Water	Pressure Water Main	Property Lines	Foundations Young	Foundations Neighbors	All Other Subsoils
Tank (ft)	85 ☒	800 ☒	50 ☒	100 ☐	25 ☒	10 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	800 ☒	50 ☒	4 ☒	50 ☒	10 ☒	20 ☒	10 ☒	☒
Lagoon (ft)	100 ☐	800 ☐	50 ☐	100 ☐	25 ☐	10 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Name Building Contractor _____ Date _____

Installer Randy Fisbeck Date 7/14/07

FORM 23-102 10-99

441-3890 - Attn: Nate -

100. Cash At Settlement From/To Borrower		600. Cash At Settlement To/From Seller	
101. Gross Amount due from borrower (line 120)	$41,658.65	601. Gross Amount due to seller (line 420)	
102. Less amounts paid for/in borrower (line 220)	$1,484.15	602. Less reductions in amt. due seller (line 520)	

LLCHD HS000032

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

A

Permit Number
HS000032

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 15900 S. 64 (no rural route) City Roca, NE Zip 68430

Legal Description: 1/4 1/4 Section 16 Township 8 Range 7 Subdivison ____ Addition ____ Block 2 Lot 3

Geographical Location (if known): Longitude: ____ Latitude: ____

☐ Check if system mail address is not the same as the owner's address Total Acres: 3.29

B. Owner

Name Shanks Signature ____

Address ____ City/State/Zip ____

☐ Check if owner designed system Home Phone ____ Work Phone ____

C. Contractor

Name: Brad Southwick Company Name Sewer Drain / A-P Plumbing

Address P.O. 191 105 Locust Hickman City/State/Zip NE 68372

☐ Check if contractor designed system Work Phone 430-7606 580 0466 mike

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 Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visits ____
Date rec'd 10/22/07 Date frwd 10/22/07
ACTION ☒ Approved ☐ Disapproved Signature ____

2. Supt. Bldg. Insp. or Village Clerk
Comments ____
Date rec'd 10/22/07 Date frwd 10/22/07
ACTION ☒ Approved ☐ Disapproved Signature GS per Gordon Mcgill

3. City or County Engineer
Comments ____
Date rec'd 10/23/07 Date frwd 10/23/07
ACTION ☒ Approved ☐ Disapproved Signature GS per Larry Worrel

Installation Final Written Approval
By ____
Date ____

Business Office Use Only
Date Received ____ Amount Paid ____
Received By ____ Cash/Check No. ____

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

10-23-2007 14:15:48

HS000032

Date/Time JUL-16-2007(MON) 07:37
JUL-18-2007 MON 08:48 AM NEBRASKA TITLE EAST
07/14/2007 19:48 14024752462

FAX NO. 4024864949
BRAD SOUTHWICK

SOUTHWICK SEWER & DRAIN
Brad Southwick
105 Locust Street
P.O. Box 191
Hickman, NE 68372

Fax Document

- To: Hoffpauir 457-8701
- Company: NEBRASKA TITLE
- Fax:
- Pages: 6 - INCLUDING COVER
- Re: LOT 3, BLOCK 2, THE PRESERVE AT CROSS CREEK
- Comments:

ENCLOSED HERE

'B' SHEET & 'C' SHEET (FOLLOWING RESULTS)

300. Cash At Settlement From/To Borrower		500. Cash At Settlement To/From Seller	
301. Gross Amount due from borrower (line 120)	$31,698.68	601. Gross Amount due to seller (line 420)	
302. Less amounts paid by/for borrower (line 220)	$2,484.13	602. Less reductions in amt. due seller (line 520)	

HS000032

AP Plumbing Inc.

AP PLUMBING INC.
3900 South 6th Ste. #4
Lincoln, Nebraska 68502
402.477.1999
402.477.1998(Fax)

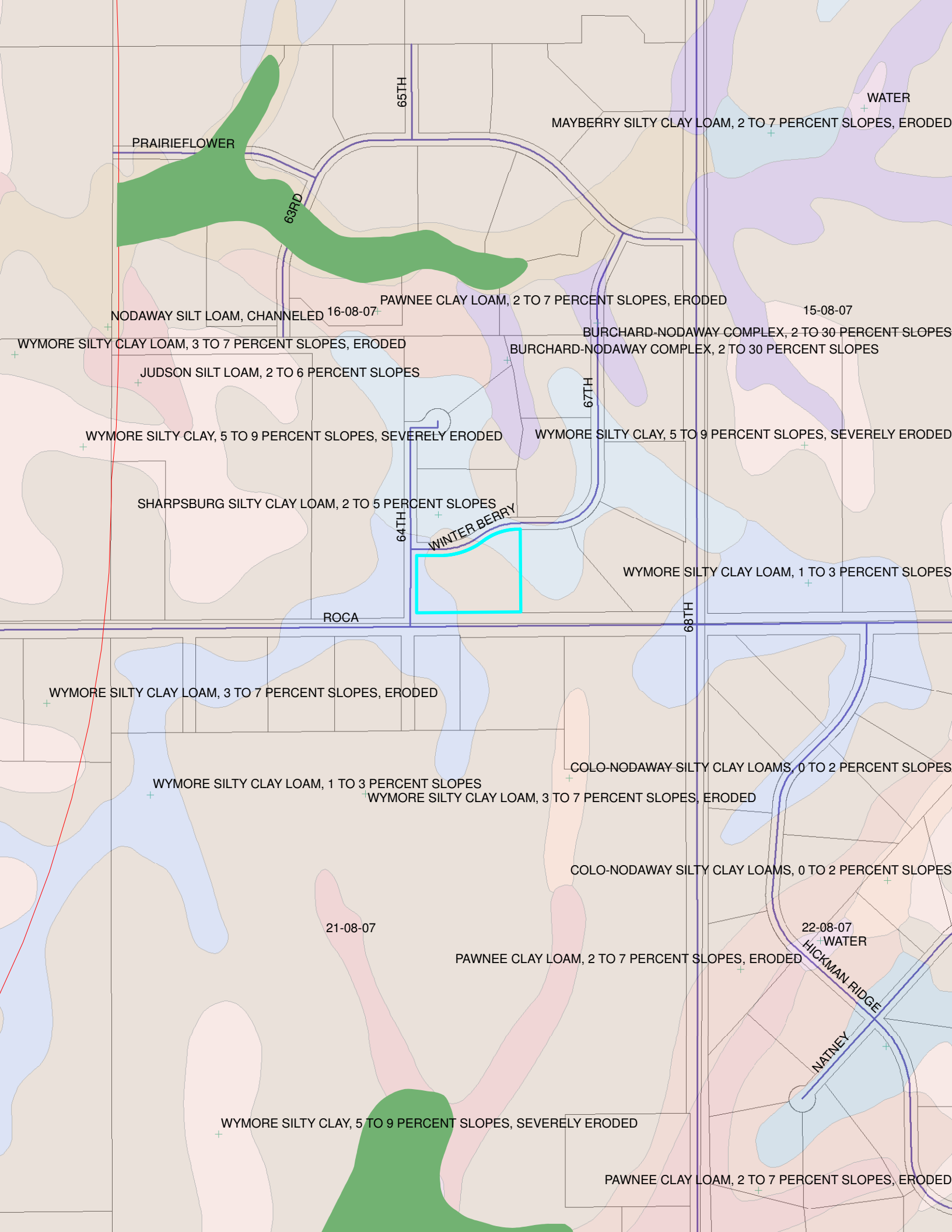
Send to: County Health Dept	From: Mike at AP Plumbing
Attention:	Date: 10-22-07
Attn Nate	
Fax Number: 441-3890	

- ☐ Urgent
- ~~☐ Reply ASAP~~
- ☐ Please comment
- ☐ Please Review
- ☒ For your information

Total pages, including cover: 4

Comments:

Shanks Residence


65TH
WATER
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PRAIRIEFLOWER
63RD
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, CHANNELED
16-08-07
15-08-07
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
67TH
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
64TH
WINTER BERRY
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
ROCA
68TH
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
21-08-07
22-08-07
WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
HICKMAN RIDGE
NATNEY
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED