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

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

No. HS000130

System Type: STANDARD

Situs: 4405 W ROCA RD RUR

Legal Description: T08N-R06E-S19-Lot 6

Owner: BOHMONT, MIKE Q & LUANN D
4405 W ROCA RD
MARTELL NE
68404

Permit Fee:	$170.00
Total Fees:	$170.00
Issued:	07/10/2008
Expires	07/10/2009

Bruce D. Dart, PhD, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

DIRTWORKS PLUS
6667 NW 48TH STE 1
LINCOLN NE 68524

170 00

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000130

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township ____ Range ____ 1/4 ____ 1/4 ____ Section ____
   Block 6 19 T8R6 6th PM Lot 6 NE Addition None.
   Parcel ID 08-19-200-003-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 4405 W. ROCA Rd. - Mike Bohmont Martell owner.

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 Describe Home

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** EXTEND laterals 160'. They still have 80' of good working laterals. - will abandon what is not in working order.

5. **Work to be done by:** ☐ owner ☒ contractor's name Patrick Stechmyer - Dirt Works Plus Inc

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   (b.) Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Patrick Stechmyer Address 6667 N W 48, Ste 1 Phone: 402-890-6388.

Applicant Signature (owner or lessee) Pat Stechmyer

Please include the permit fee ($170) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☒ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

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Received: Date: ____/____/____ Amount ____ Check No. ____ Initials ____

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TOTAL P.01

B

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

Permit Number: HS000130

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4405 W. Roca Rd. (no rural route) City _____ NE, Zip _____

Owner Mike Bohmont Addresss 4405 W. Roca Rd. Martell 68404

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

Date of Tests 6/30/08 to 7/1/08. Weather: Precipitation Sunny 90° Temperature 90°.

* ? date

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	24	6/30	800A	7/1	800A	7/1	1130A	6	7/1	128	30	1/2"	60
2	27							6			30	3/4"	40
3	26							6			30	3/4"	40
4	28							6			30	1/2"	60
5	25							6			30	3/4"	40
6	26.							6.			30.	1/2"	60.

Sum of Percolation Rates: 300
Average of Rates: 50
Rate Used for Calculation: 50

Person Conducting Percolation Tests

Name: Patrick Stechmyer - Diet Weeks Plus
Phone: 402-890-6388
Address 6667 NW 48th Suite 1
Lincoln NE 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official: Pat Stechmyer Date _____

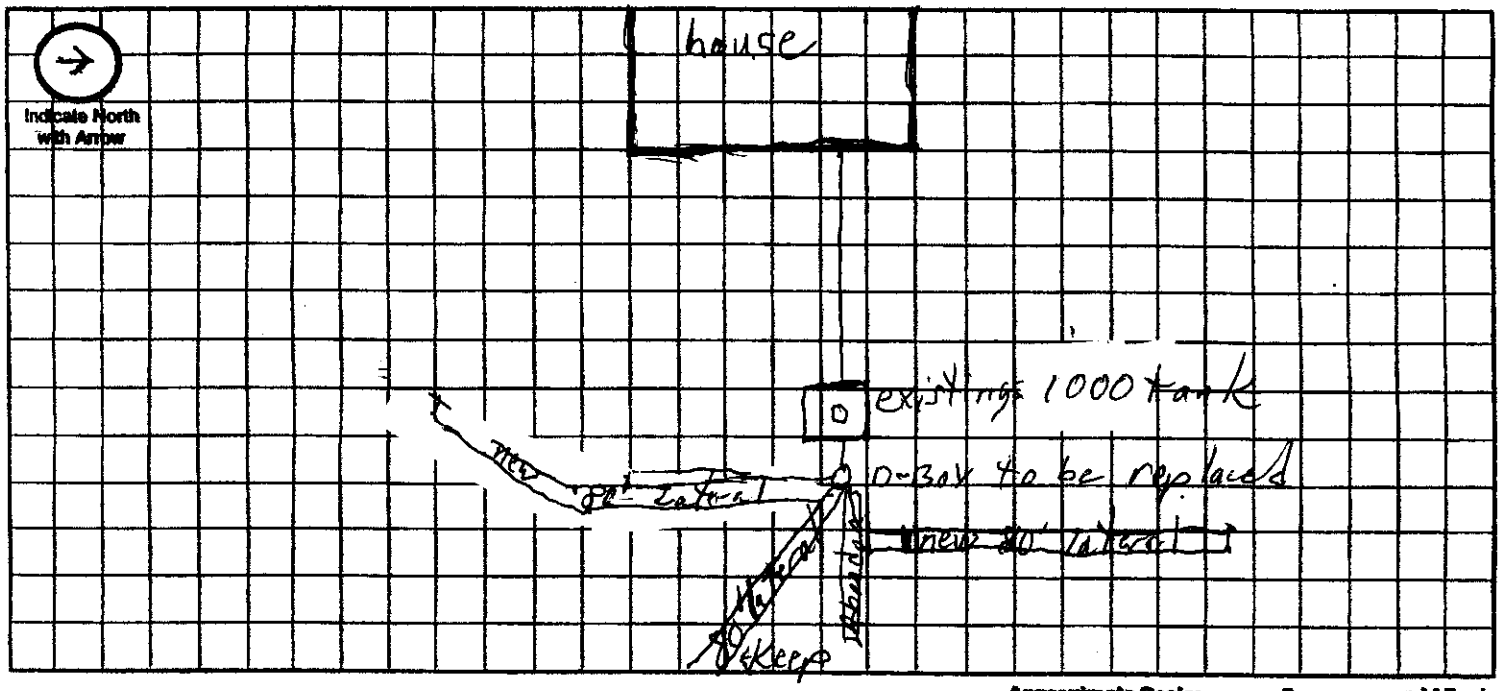
Lincoln-Lancaster County Health Department
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C

Permit Number: HS000130

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) 4405 W. Roca Rd. City Roca NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other N/A - only to show where new lateral to go

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

Percolation Rate _____ (min. per inch) Soil Type: _____ 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 1

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 _____ Date _____

170.00

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SCANNED

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   Parcel ID 08-19-200-003-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 4405 W. ROCA Rd. - Mike Bohmont owner. Martell

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Date 08/05/08 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 08/05/08 By DS

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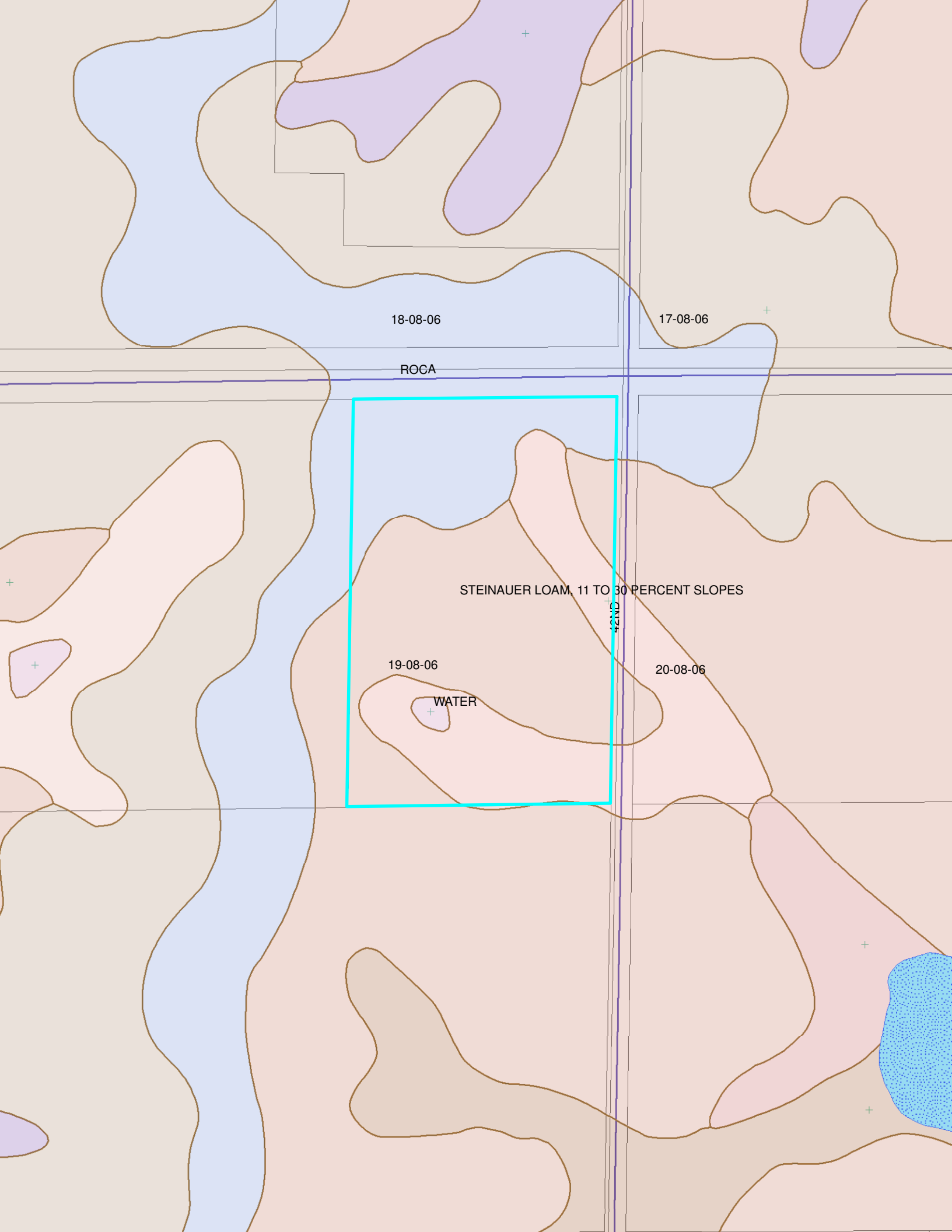
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Received: Date: 7/10/08 Amount $170.00 Check No. 10263 Initials MF

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18-08-06
17-08-06
ROCA
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
42ND
19-08-06
20-08-06
WATER