LLCHD HS000287

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

SCANNED

A

Permit Number HS000287

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 12601 So. 25th St (no rural route) City Roca, NE Zip 68430

Legal Description: 1/4 S1, 1/4 T8, Section R6, Township 6th Range Principle Meridian, Subdivison Lot 32 Addition SE 20.79± Block Lot

Geographical Location (if known): Longitude: Latitude:

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

B. Owner

Name Marvin Hoy Signature

Address 12845 So. 25th St City/State/Zip Roca, NE 68430

❑ Check if owner designed system Home Phone 402-450-0321 Work Phone 402-450-0321

C. Contractor

Name: Hoy Construction Company Name

Address 12845 So. 25th St City/State/Zip Roca, NE 68430

❑ Check if contractor designed system Work Phone 402-450-0321

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 4 Final Plan they were on site!
Date rec'd
Date frwd
ACTION ☑ Approved ❑ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ❑ Approved ❑ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ❑ Approved ❑ Disapproved
Signature

Installation Final Written Approval
By Doug Hoy
Date 2/26/2010

Final inspection was in October or November 2009.

SCANNED

Business Office Use Only
Date Received 9-29-09 Amount Paid $315.00
Received By Brad Cash/Check No. 5450

4 System Replacement - Lagoon to septic

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

10-4-2010 11:17:46

Form A Updated: 5-07

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

SCANNED

B

Permit Number: HS000287

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 12601 S. 25th St (no rural route) City Roca, NE, Zip 68430

Owner Marvin Hoy Addresss 12845 S. 25th, Roca NE 68430

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

Date of Tests 9/19/09 to 9/20/09 Weather: Precipitation none Temperature 75°

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	9/19	1:00p	9/20	7am	9/20	7am		9/20	3p	480	9	53.3/inch
2	36	9/19	1:00p	9/20	7am	9/20	7am		9/20	3p	480	6	80/inch
3	36	9/19	1:00p	9/20	7am	9/20	7am		9/20	3p	480	7	68.6/inch
4	36	9/19	1:00p	9/20	7am	9/20	7am		9/20	3p	480	9	53.3/inch
5	36	9/19	1:00p	9/20	7am	9/20	7am		9/20	3p	480	8	60/inch
6	36	9/19	1:00p	9/20	7am	9/20	7am		9/20	3p	480	9	53.3/inch
						Soil	will	perc	—	See	"Reviewing Action"		

Person Conducting Percolation Tests

Name: Denny Gengler
Phone: 402-499-9108
Address: 11060 So. 27th St
Roca, NE

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks: Site will perc. on-site 9/28/09 for re-run of perc's & slowest hole was 60 mpi - Some were as quick as 30 mpi. Contractor knows to size the system for 60 mpi.

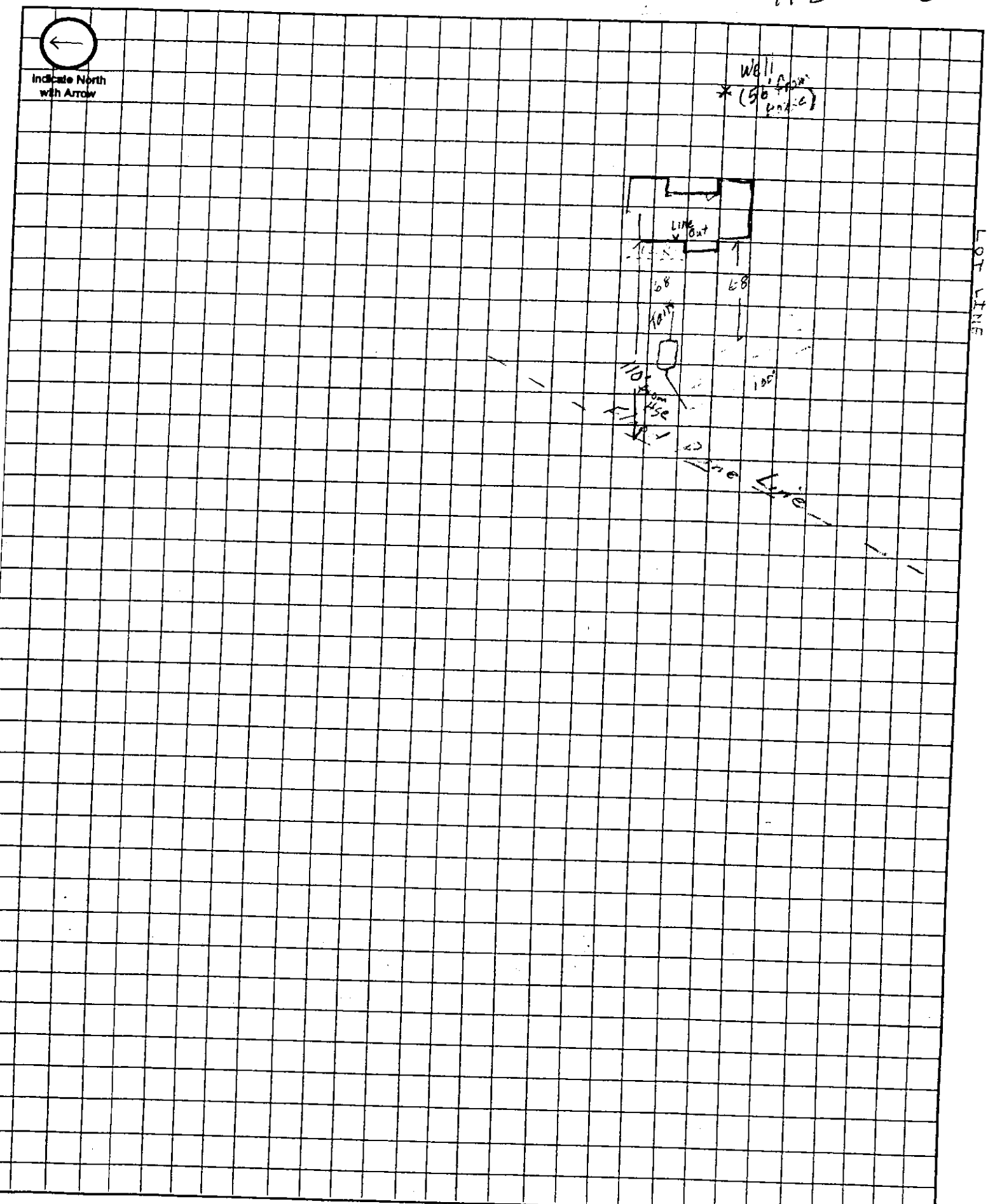
Signature of Reviewing Official: RE HS. Date: 9/29/09

LLCHD HS000287

As Built Drawing

Preliminary

HS000287



10-5-2010 11:17:49

Approximate Scale: 24 ft = 1 grid block

Title 124
Appendix D

Onsite System Registration Form G

NDEQ Use Only
REG # _____
Fee Rcvd? ____

Existing System Registration #_____ **(if previously registered)**

(Please type or print) (Must be filed within 45 days of inspection or completion of work)

Ver. Dec. 2006

System Address and Ownership:

Owner's Last Name	First Name	Middle Init	Owner's Phone number

Owner's Mailing Address	City	State	Zip code

System Location Physical Address (if different than owner's)	Nearest Community

System Location (either the Legal Description or the Geographic Coordinates is required):

1/4	1/4	Section #	Twnshp	Range	County	Latitude	Longitude
	Lot 32	1	8	6	Lancaster		

System Information

System is for: ☒ Dwelling with 3 bedrooms, or ☐ Establishment with _____ gal/day flow

Septic Tank / Soil Absorption System

Rated Tank Capacity = 1500 gallons

Total effective trench bottom area = 1200 sq. ft.

Number of Trenches = 3

Total Trench Length = 100' x 3 ft.

Design Percolation Rate = 60 min/inch

Depth to seasonal high groundwater = _____ ft.
(if less than 10 feet below ground surface)

Lagoon System

Water Surface Area = _____ sq. ft.

Tested seepage rate = _____ in/day

Other Type System

NDEQ Construction Permit#_____

Certified professional registering the system:

Last Name	First Name	Middle Initial	Professional Certificate #

Signature of Certified Professional	Date of inspection or completion of work

The registration fee must accompany this completed registration form. See Fee Schedule in Appendix A. Include late fee if submitted more than 45 days after completion.
Make checks payable to the **Nebraska Department of Environmental Quality.**
Mail to: NDEQ, Onsite Wastewater Unit, P.O. Box 98922, Lincoln, Nebraska 68509-8922

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. HS000287

System Type: STANDARD

Situs: 12601 S 25 ST

Legal Description: T08N-R06E-S01-Lot 32

Owner: HOY, MARVIN
12845 S 25 ST
ROCA NE
68430

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00
Issued:	09/29/2009
Expires:	09/29/2010

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

HOY CONSTRUCTION
12845 S 25TH ST
ROCA NE 68430

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

SCANNED

A

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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.

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Legal Description S1, T8, R6 6th Principle Meridian, Lot 32 SE 20.79+-
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

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Name: Hoy Construction Company Name

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Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ❑ Yes ☒ No

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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 Date rec'd **ACTION** ☑ Approved ❑ Disapproved
Site visits + Floodplain Insp were onsite! Date frwd Signature

2. Supt. Bldg. Insp. or Village Clerk Date rec'd **ACTION** ❑ Approved ❑ Disapproved
Comments Date frwd Signature

3. City or County Engineer Date rec'd **ACTION** ❑ Approved ❑ Disapproved
Comments Date frwd Signature

Installation Final Written Approval
By

Date

Business Office Use Only
Date Received 9-29-09 Amount Paid $315.00
Received By Brad Cash/Check No. 8450

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

9-30-2009 9:26:50 System Replacement - Lagoon to septic

Form A Updated: 5-07

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 _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: _____
   Diameter: _____ 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

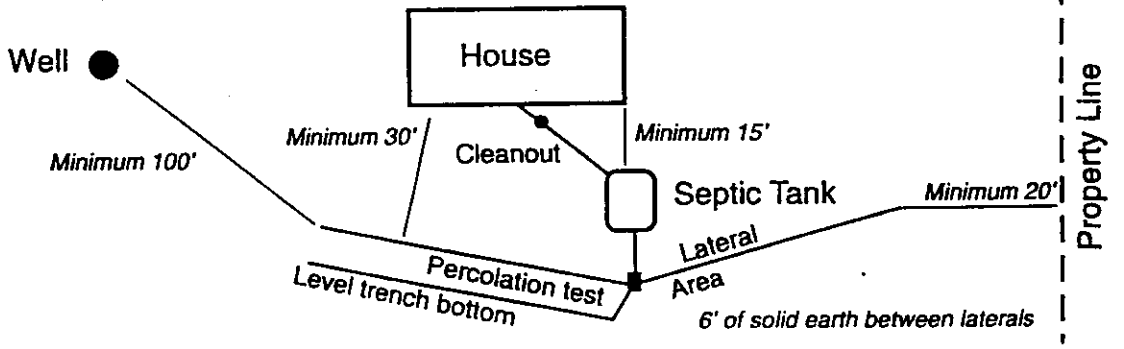
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

Individual Sewage System Design (Example)

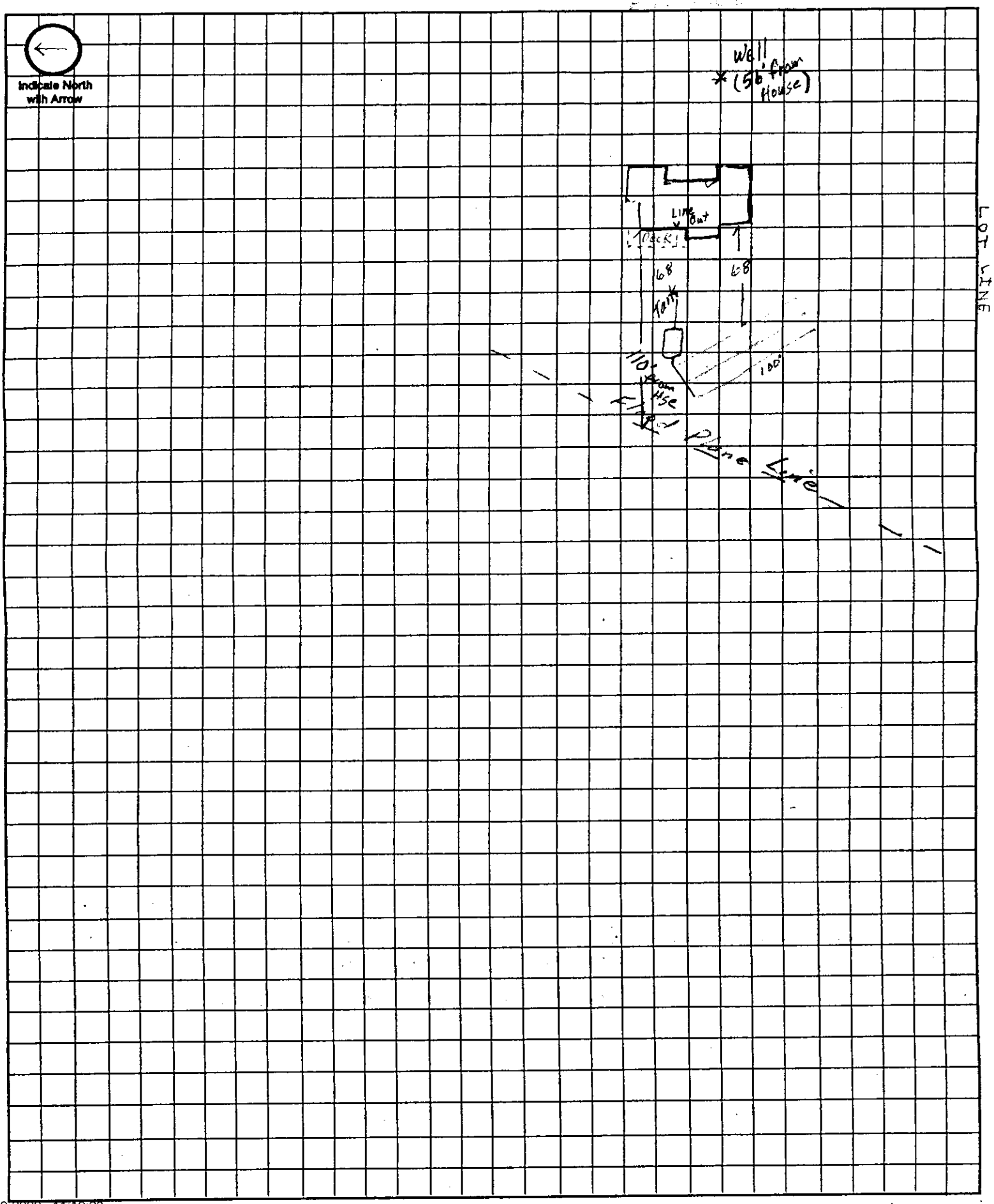


LLCHD HS000287

As Built Drawing

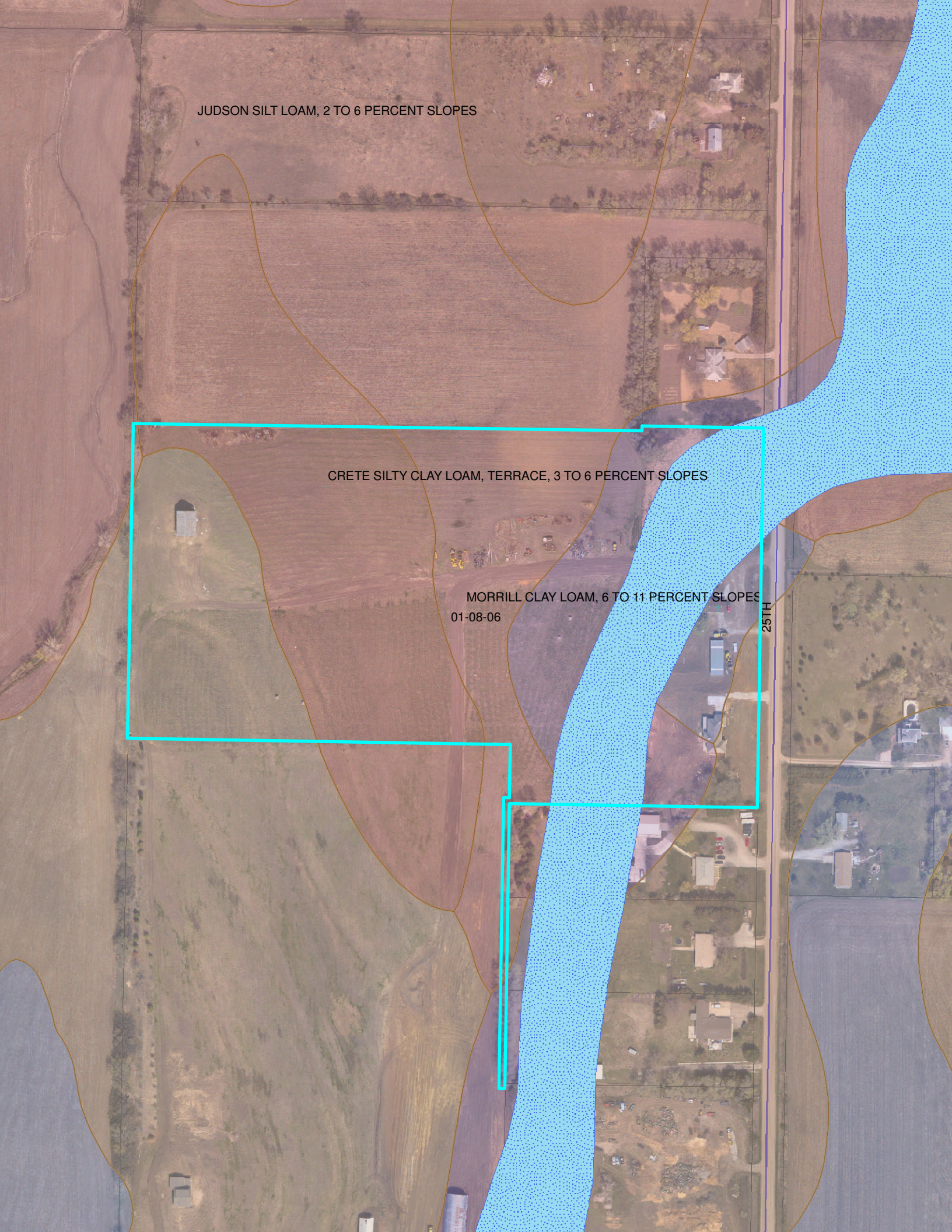
Preliminary

HS000287



9-29-2009 11:19:23

Approximate Scale: 20 ft. = 1 grid line/s


JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
CRETE SILTY CLAY LOAM, TERRACE, 3 TO 6 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
01-08-06
25TH

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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Approval Process ☑ Municipal Code 24.38 ☐ County Resolution No. 02-30

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Site visits * Flood Plain Eng were on site! Date frwd Signature

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Comments Date frwd Signature

3. City or County Engineer Date rec'd ACTION ☐ Approved ☐ Disapproved
Comments Date frwd Signature

Installation Final Written Approval
By

Date

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

* System Replacement - Lagoon to septic

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

Lincoln-Lancaster County Health Department
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B

Permit Number: HS000287

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

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Owner Marvin Hoy Addresss 12845 S. 25th, Roca NE 68430

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

Date of Tests 9/19/09 to 9/20/09 Weather: Precipitation none Temperature 75°

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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)
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						Soil	will	perc	—		See	"Reviewing Action"	

Person Conducting Percolation Tests

Name: Denny Gengler
Phone: 402-499-9108
Address 11080 So. 27th St.
Roca, NE

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Site will perc onsite 9/28/09 for re-run of perc's d slowest hole was 60 min. Same were as quick as 30 min. Contractor knows to size the system for 60 min.

Signature of Reviewing Official _____ R.E.H.S. Date 9/29/09