LLCHD HS000458

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

**A**

Permit Number: HS000458

# 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)

SCANNED

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 NA (no rural route) City Roca NE, Zip 68430

Legal Description 9 (1/4) 8 (1/4) 7 (Section, Township, Range) Bkush Creek Estates (Subdivision, Addition) 7 (Block) (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

### B. Owner

Name Hausmann & Sons Const. Inc. Signature NA

Address 8545 Executive Woods Dr Suite 1 City/State/Zip Lincoln, Ne, 68512

☐ Check if owner designed system Home Phone _____ Work Phone 438-3230

### C. Contractor

Name Kurt Virgil Company Name Kurt & Virgil Excavating

Address 4600 W. Mary Louise Ln City/State/Zip Lincoln / Ne / 68528

☒ Check if contractor designed system Work Phone 402-525-6691

### 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 6 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 1/27/11 Date frwd 1/27/11 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-26-11 Date frwd 1-26-11 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1/26/11 Date frwd 1/26/11 ACTION ☒ Approved ☐ Disapproved Signature _____

## Installation Final Written Approval

By _____

Date _____

***Business Office Use Only***

Date Rec'd 1-27-11
Amt Paid 335.-
Rec'd By BM Cash/Check No. 2456

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

1-27-2011 16:16: 2

LLCHD HS000458

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Address NA (no rural route) City Roca NE, Zip 68430

Legal Description 9 (1/4) 8 (1/4) 7 (Section, Township, Range) Brush Creek Estates (Subdivision) 7 (Block) (Addition) (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

## B. Owner

Name Hausmann & Sons Const. Inc. Signature _____

Address 8545 Executive Woods Dr Suite 1 City/State/Zip Lincoln, Ne, 68512

☐ Check if owner designed system Home Phone _____ Work Phone 438-3230

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By _____

Date _____

***Business Office Use Only***

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

1-27-2011 11:31:17

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

B

Permit Number: H 5000458

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address Lot 7 Branch Creek Estates (no rural route) City Roca NE, Zip 68430

Owner HANSMANN & Sons Addresss 8545 Executive Woods Dr Suite 1 Lincoln, Nc 68512

Soil Type (SCS): Wymore Percolation Rate: Used 31-40 min./inch

Date of Tests 12-28-10 to 12-29-10 Weather: Precipitation No Temperature 40°

## 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 | 40 | 12/28 | 2:00 | 12/28 | 5:00 | 12/29 | 8:30 | 6 | 12/29 | 12:30 | 30 | 1¼ | 24 |
| 2 | 44 | " | " | " | " | " | " | " | " | " | " | 1¾ | 17 |
| 3 | 44 | " | " | " | " | " | " | " | " | " | " | ⅞ | 34 |
| 4 | 44 | " | " | " | " | " | " | " | " | " | " | 1⅜ | 22 |
| 5 | 44 | " | " | " | " | " | " | " | " | " | " | ⅞ | 34 |
| 6 | 44 | " | " | " | " | " | " | " | " | " | " | ¾ | 40 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: Kurt T Virgil
Phone: 402-525-6681
Address 4620 W. Mary Louise Ln
Lincoln, Nc 68528

Sum of Percolation Rates: NA
Average of Rates:
Rate Used for Calculation: Used 31-40

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks

Signature of Reviewing Official Date

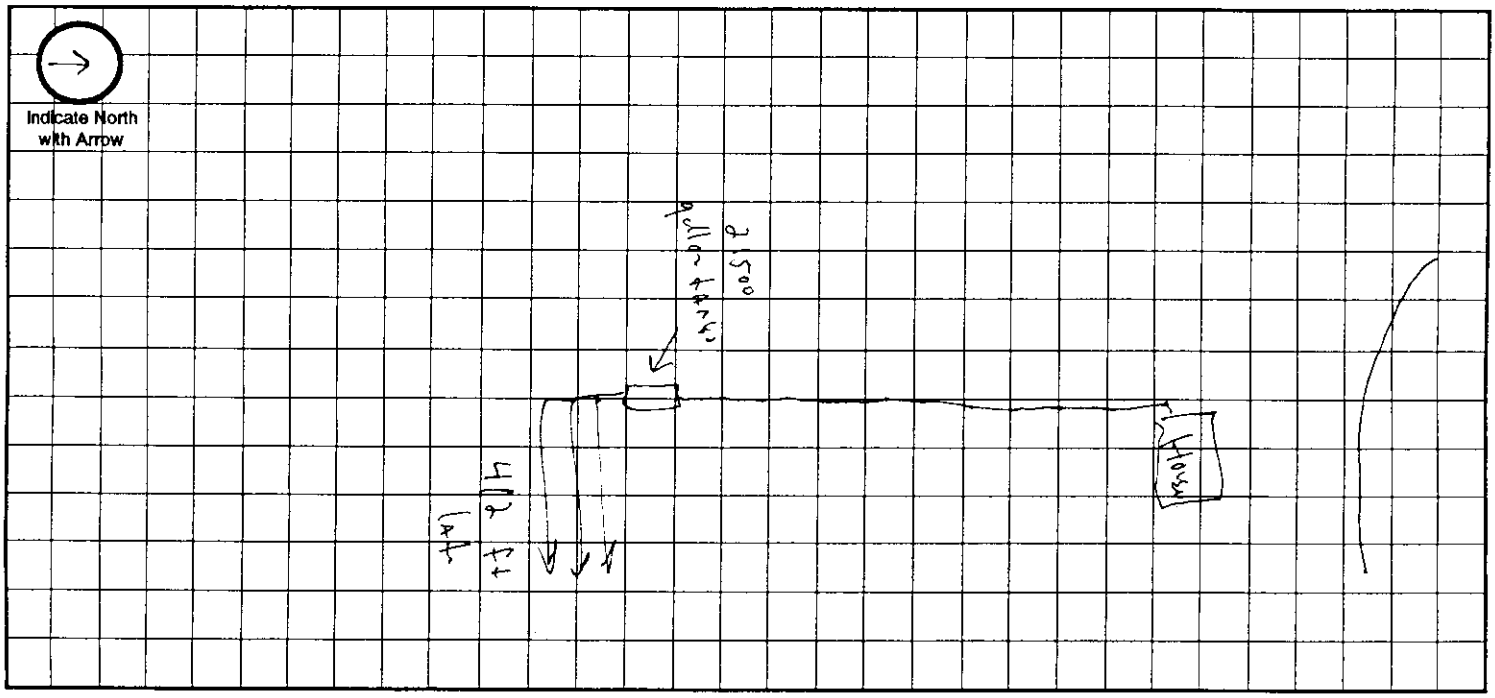
**Lincoln-Lancaster County Health Department**
Environmental Health Division
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**C**

Permit Number: HS000458

# 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) Lot 7 Brush Creek Estates 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 31-40 (min. per inch) Soil Type: Wymore Land Slope: 4 %

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

Total Square Feet of Field Required: 1650 sq. ft.

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

Capacity of Septic Tank 3000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 412 ft. Number of Trenches 3 or 4 Trench Width 36"

## 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 1-24-10

**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. HS000458**

**System Type:** STANDARD

**Situs:** T9N, R8E, SEC 7, Lot 7, Brush Creek Es

**Legal Description:** T08N-R07E-S09-Lot 7

**Owner:**

| | |
|---|---|
| Permit Fee: | $335.00 |
| Variance Fee: | $0.00 |
| Extension Fee: | $0.00 |
| Total Fees: | $335.00 |

| | |
|---|---|
| Issued: | 01/27/2011 |
| Expires: | 01/27/2012 |

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

KURT VIRGIL
4620 W MARY LOUISE LN
LINCOLN NE 68528