LLCHD HS000545

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000545

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 2500 Krauter Place City ROCA, NE Zip 68430
(no rural route)

Legal Description 19, 8, 7 (
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Robert + Anita Bride Signature Anita K Bride

Address 2500 Krauter Place City/State/Zip ROCA, Ne 68430

Home Phone _____ Work Phone _____

C. Certified Installer

Name: H.L. Muhlbach Constr, Signature Harry T. Muhlbach

Address 14305 N 56 Lincoln, Ne 68514 City/State/Zip _____

Work Phone 402-430-0304

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☑ No Total Acres _____

☐ 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 9/7/11
Date frwd 9/7/11
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 _____
Date _____

Business Office Use Only
Date Received 9-7-11 Amount Paid 335.00
Received By BA Cash/Check No. 8158

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

Form A Updated: 5/10

9-9-2011 10:33:10

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

B

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 2500 Krauter Place (no rural route) City Roca NE, Zip 68430

Owner Robert & Anita Bride Addresss Same

Soil Type (SCS): _____ Percolation Rate: 33 min./inch

Date of Tests 7-1-11 to 7-2-11 Weather: Precipitation None Temperature 80

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"	7/1	8:30	7/1	5:30	7-2	8:30	12"	7-2	12:30	30	7/8	34
2	"	"	"	"	"	"	8:35	12	"	12:35	"	7/8	34
3	"	"	"	"	"	"	8:40	12	"	12:40	"	3/4	40
4	"	"	"	"	"	"	8:45	12	"	12:45	"	3/4	40
5	"	"	"	"	"	"	8:50	12	"	12:50	"	7/8	34
6	"	"	"	"	"	"	8:55	12	"	12:55	"	9/10	33

Person Conducting Percolation Tests

Name: Harry L. Mahlhach

Phone: 402-430-2304

Address 14305 N 56, Lincoln, Ne 68514

Sum of Percolation Rates: 215

Average of Rates: 35.8

Rate Used for Calculation: 33

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

9-9-2011 10:33:11

LLCHD HS000545

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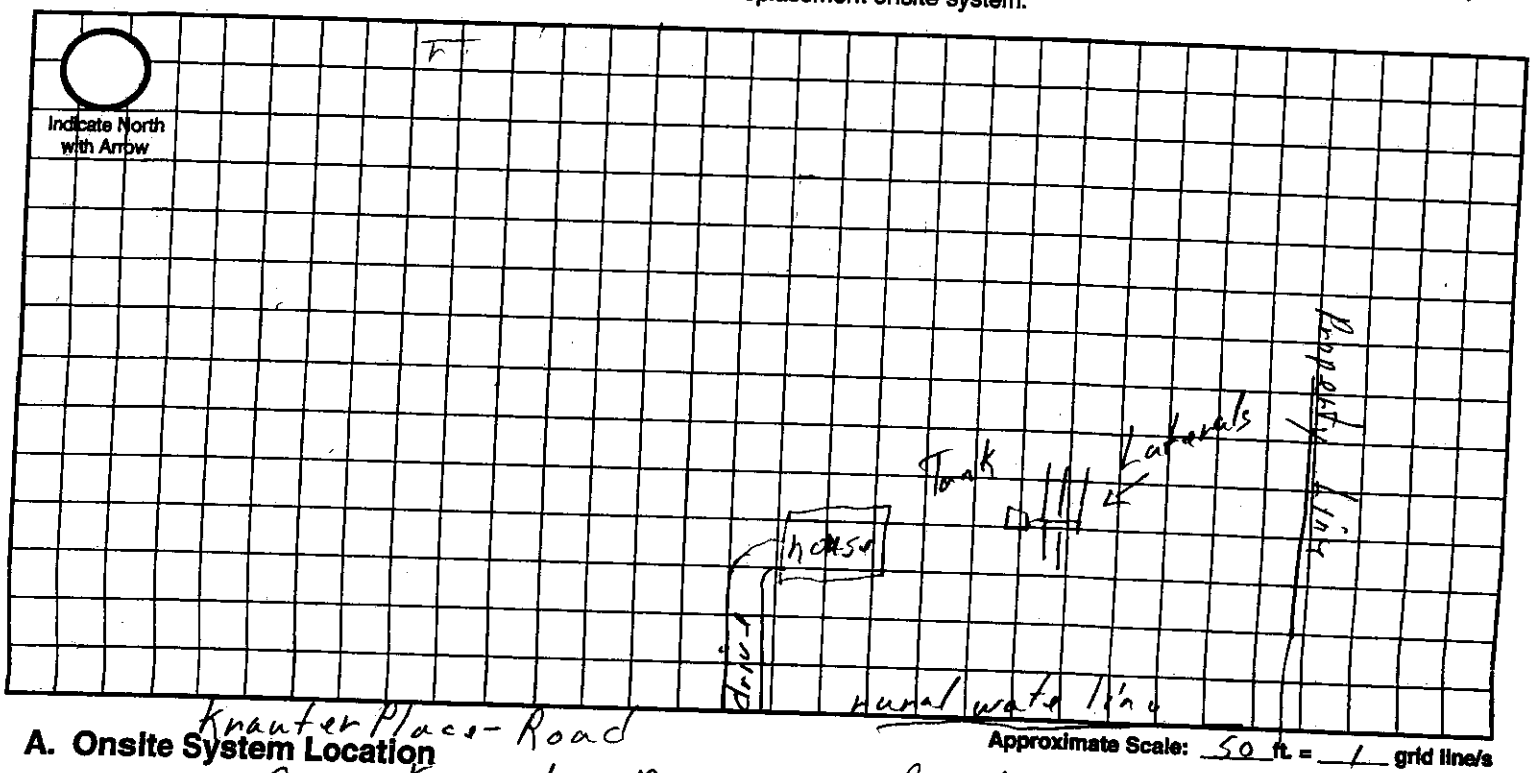
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: 50 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 2500 Krauter Place City ROCA NE, Zip 68

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 33 (min/inch = mpi) No. of Bedrooms 4 Soil Type _____ Land Slope 1 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1100 sq.ft.

Total length of laterals 275 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 4 No. of drop boxes _____ Distrubtion Box X

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor Harry T. Mullock Date 9-1-11

Installer _____ Date _____

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. HS000545

System Type:	LAGOON
Situs:	2500 KRAUTER PL
Legal Description:	T08N-R07E-S19-Lot 1
Owner:	BRIDE, ROBERT L & ANITA K 2500 KRAUTER PL ROCA NE 68430

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00
Issued:	09/07/2011
Expires:	09/06/2012

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

ROBERT BRIDE
2500 KRAUTER PL
ROCA NE 68430