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

**A**

Permit Number: 013802364

# 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)

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 11155 W. STAGECOACH (no rural route) City CRETE NE, Zip 68333

Legal Description NW 1/4 NW 1/4 Section 7N Township 5E Range Subdivision Addition 23I 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 RONALD L. TROUBA SR. Signature [signature]

Address 3800 L STREET City/State/Zip LINCOLN, NE 68510

☐ Check if owner designed system Home Phone (402) 477-4476 Work Phone (402) 458-1525

### C. Contractor

Name RONALD L. TROUBA SR Company Name OWNER

Address 3800 L ST City/State/Zip LINCOLN, NE 68510

☐ Check if contractor designed system Work Phone (402) 458-1525

### D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Mel Gagner Firm Gagner Construction 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.

***DO NOT WRITE BELOW THIS LINE***

### Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 9/13/01 Date frwd 9/13/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature [signature]

9/21/01 Line + Lateral — have drawing need fence

### Installation Final Written Approval

By [signature]

Date 4/2/02

**Business Office Use Only**
Date Rec'd 09/13/01
Amt Paid 200.00
Rec'd By JS Cash/Check No. 3010

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

Lincoln-Lancaster County Health Department
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**B**

Permit Number: 0138 02364

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

PLEASE PRINT OR TYPE

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

Address 11155 W STAGE COACH (no rural route) City CRETE NE, Zip 68333

Owner RON TROUBA JR. Address 3800 L ST. LINCOLN 68510

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

Date of Tests 8-9-01 to 8-14-01 Weather: Precipitation D Temperature 90

## 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 | 34 | 8-9 | 9:00 | 8-10 | 10:00 | 8-10 | 10:30 | 6 | 8-11 | 9:30 | 23 hr | 1/8 | |
| 2 | 32 | " | " | " | " | " | " | " | " | " | " | 1/8 | |
| 3 | 32 | " | " | " | " | " | " | " | " | " | " | 1/4 | |
| 4 | 31 | " | " | " | " | " | " | " | " | " | " | 1/8 | |
| 5 | 30 | " | " | " | " | " | " | " | " | " | " | 1/4 | |
| 6 | 34 | " | " | " | " | " | " | " | " | " | " | 0 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

### Person Conducting Percolation Tests

Name: MELVIN GAGNER

Phone: 432-5698

Address 4810 W CLAINE AVE LINCOLN NE 68523

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

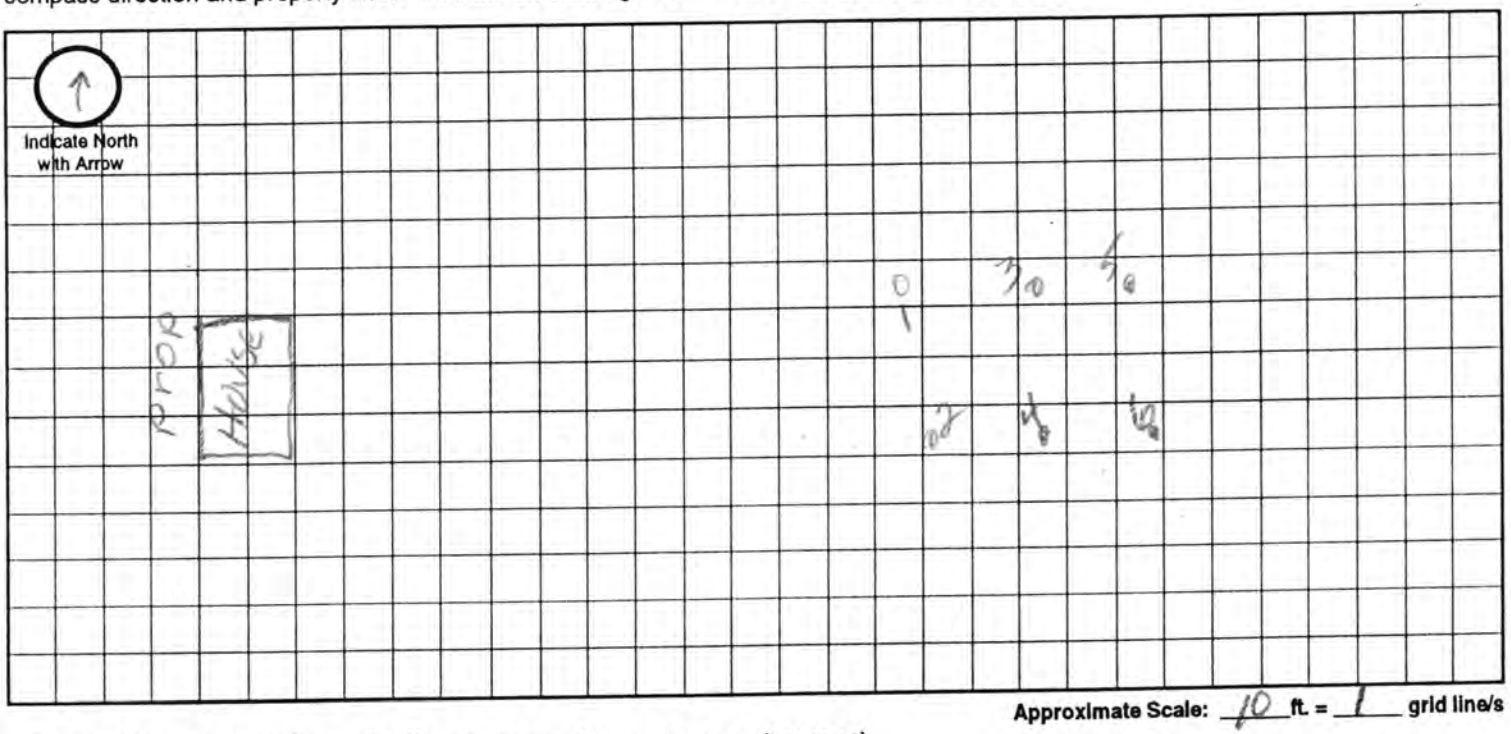
C

Permit Number: 0138 02364

# 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) 11155 W STAGE COACH City CRETE NE, Zip 68333

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

## 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 _____

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

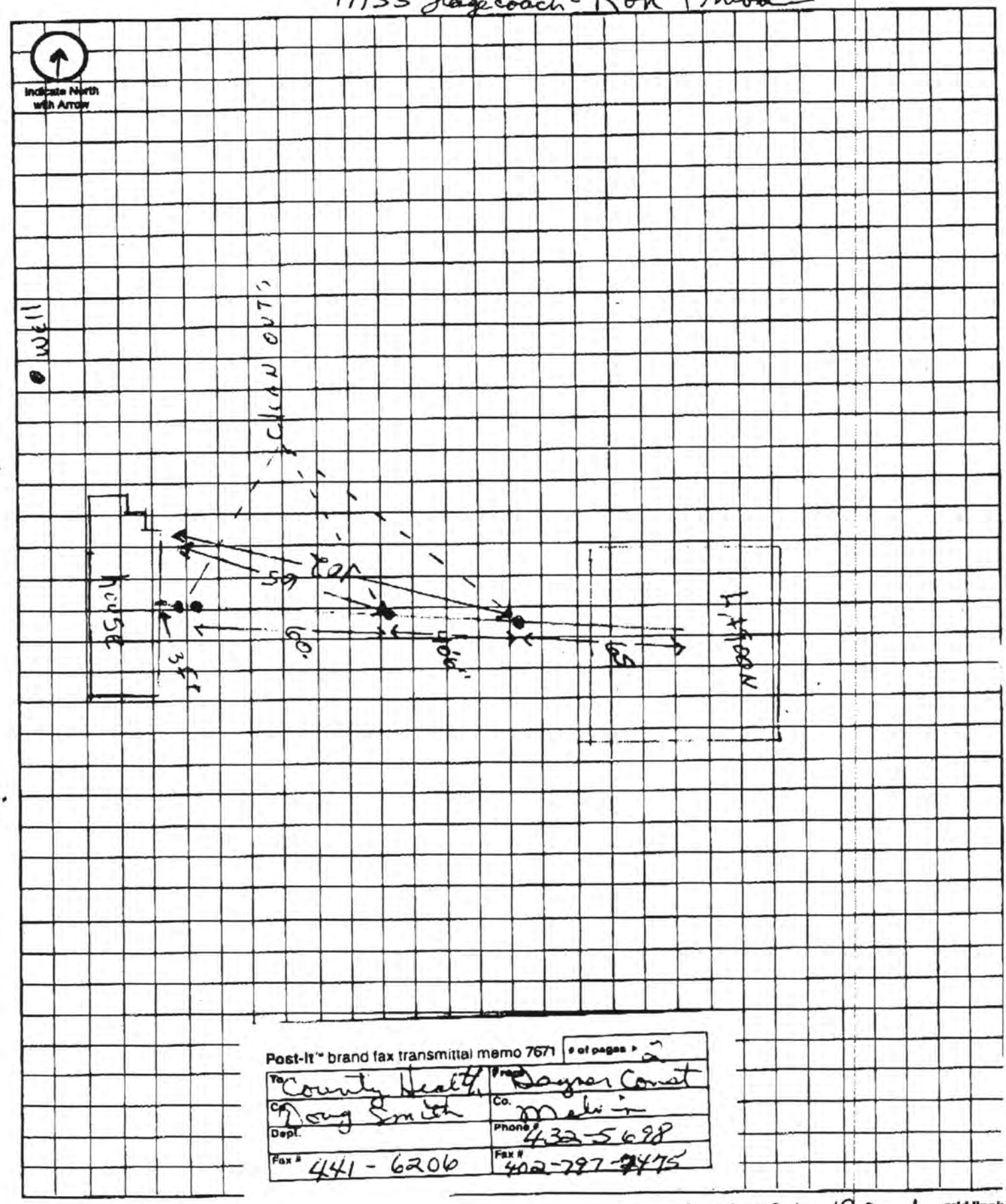
Home Building Contractor _____ Date 8/27/07

Installer Melvin F Gagner Date _____

FORM 23-102 10-96

# As Built Drawing

11155 Stagecoach - Ron Truba




Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 2

| | |
|---|---|
| To County Health | From Gagner Const |
| Co. Doug Smith | Co. Melvin |
| Dept. | Phone # 432-5698 |
| Fax # 441 - 6206 | Fax # 402-797-2475 |

Approximate Scale: 10 ft. = 1 grid line