Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003168

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380273101

Issued 10/22/03
Expires 04/22/04
Revenue Code 3157

Establishment: VANTAGE POINTE HOMES
T7N R7E SEC 10 QTR SE
SW 1/4 OF SE 1/4
7500 OLIVE CREEK RD-FIRTH

FEES: $200.00

Permittee: VANTAGE POINTE HOMES
1000 W ROKEBY RD
ROKEBY NE 68522

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380273101

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 — Pending Percolation Test result

A. System Location (Indicate correct number and street)

Address ?. 7400 Olive Crk Rd. (no rural route) City Firth NE, Zip 68358

Legal Description SW of SE 10 7N 7E
(1/4 1/4 Section Township Range) Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner (Odean Kunz)

Name Vantage Point Homes Signature _____

Address 1000 W. Rokeby Rd. City/State/Zip Lincoln 68523

☒ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72nd City/State/Zip Hickman Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

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 2 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 10/22/03, Date frwd 10/22/03 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** — Date rec'd 10/22/03, Date frwd 10/22/03 — ACTION ☒ Approved ☐ Disapproved — Signature _____
   * Bldg Permit Req'd. / Address?
3. **City or County Engineer** — Date rec'd 10/22/03, Date frwd 10/22/03 — ACTION ☒ Approved ☐ Disapproved — Signature _____

Installation Final Written Approval

By Doug Arnold

Date 1/13/04

Business Office Use Only

Date Rec'd 10/22/03
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 5266

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

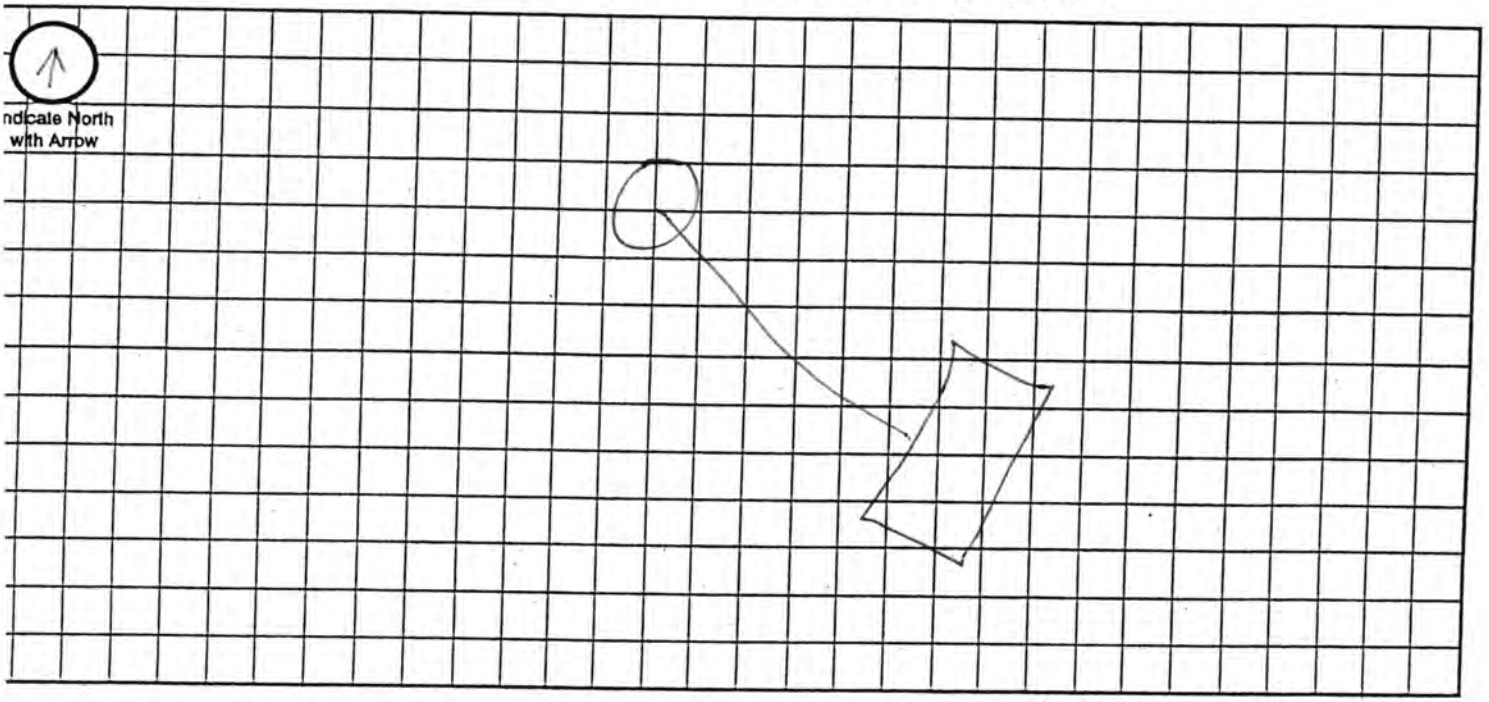
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 03380273 1

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

. System Location (Indicate correct number and street)

ldress (no rural route) 7500 Olive Creek Rd City Firth NE, Zip 68358

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☐ Plastic ☐ Other Sewage Lagoon - Pending Percolation Test Results

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

rcolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

pe of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: _____ sq. ft.

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

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

al Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
ield (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
goon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

Required Signatures

ie Building Contractor Vantage Point Homes Date _____

aller Brad Sartwell Date 10-20-03

23-102 10-96

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 Olive Crk Rd. City NE, Zip
(no rural route)

Owner Eudem Kunz Addresss

Soil Type (SCS): JUC Percolation Rate: 40 min./inch

Date of Tests 12-1 to 12-2-03 Weather: Precipitation — Temperature 40-50

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	12/1	4:30	12/2	12:00	12/2	2:50	27 7/8	12/2	3:20	30	7/8	34
2	↓				Noon		PM	26 1/8		PM		1	30
3								26 7/8				1 1/8	27
4								24 3/4				7/8	34
5								28 1/2				7/8	34
6								24				1 1/4	24

Sum of Percolation Rates: 183
Average of Rates: 31
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 S. 72nd St.
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

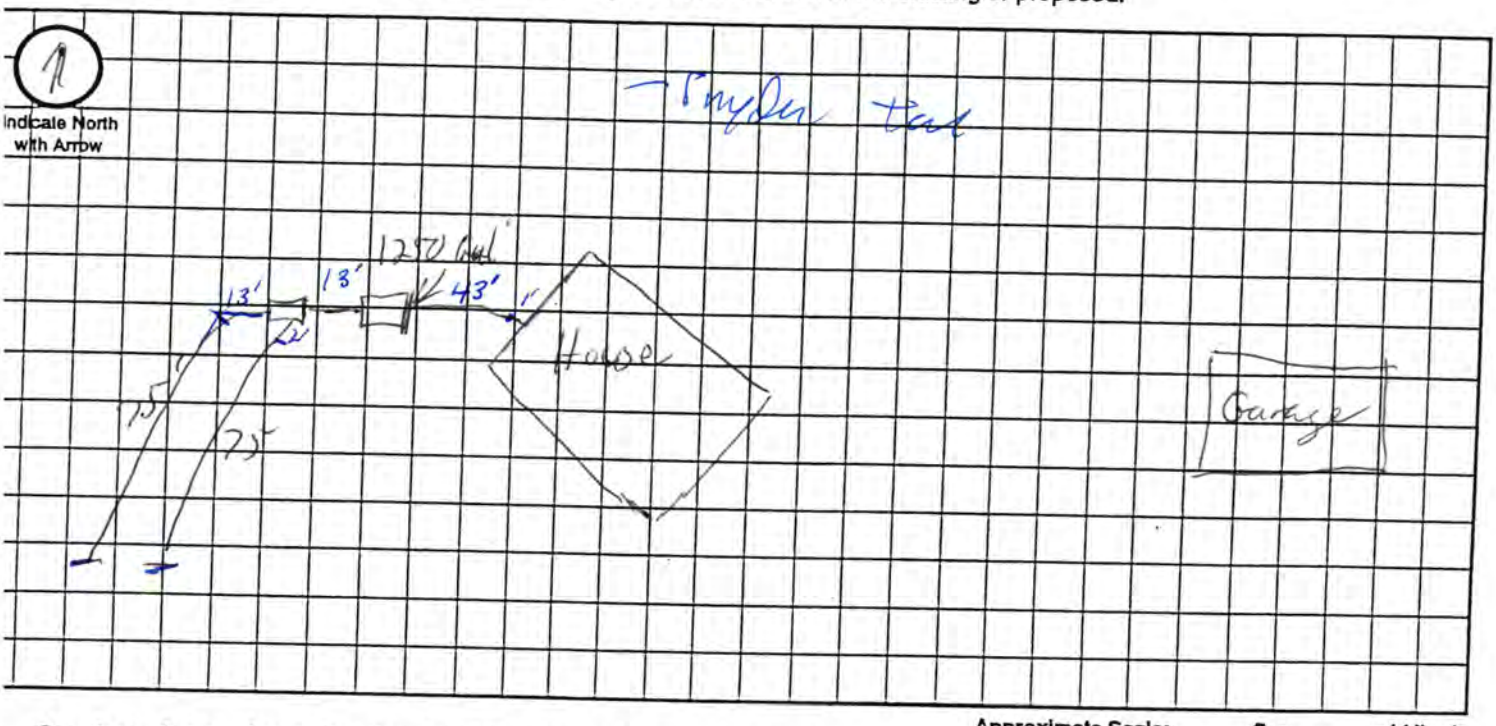
Lincoln-Lancaster County Health Department
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Field Note C "D"

Permit Number:

Sewage Disposal System
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Approximate Scale: _____ ft. = _____ grid line/s

. System Location (Indicate correct number and street)

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

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

rcolation Rate 40 (min. per inch) Soil Type: _____ Land Slope: _____ %

pe of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

tal Square Feet of Field Required: 550 sq. ft.

pe of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator

pacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 150 ft. Number of Trenches 2 Trench Width 4

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
ield (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
goon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

ne Building Contractor _____ Date _____

aller Brad Southard Date 1-7-04

23-102 10-96