Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380243101

Issued 03/19/02
Expires 09/19/02
Revenue Code 3157

Establishment
RICHARD ROCK
T7N R8E SEC 7 QTR NW
LOT 4
11101 PANAMA RD-HICKMAN

FEES: $200.00

TOTAL: $200.00

Permittee
RICHARD ROCK
9300 S 40 ST
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000851

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

RECEIVED
MAR 19 2001

A

Permit Number: 02380243/

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 11101 Panama Rd (no rural route) City ~~Lincoln~~ Hickman NE, Zip 68372.

Legal Description Lot 4 of NW Quarter of Sec. 7, Township 7, N - Range 8 - E. of 6th PM
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 Will be in July - 2002.

B. Owner

Name Richard Rock Signature Richard Rock

Address 9300 S. 40 City/State/Zip Lincoln NE 68516

☒ Check if owner designed system Home Phone 421-2919 Work Phone Same.

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain.

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

☒ Check if contractor designed system Work Phone 792-2462

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

Designer Name Brad Southwick Firm Southwick Sewer-Drain Work Phone 792-2462

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 3/19/02 Date frwd 3/19/02 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/19/02 Date frwd 3/19/02 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/19/02 Date frwd 3/19/02 **ACTION** ☒ Approved ☐ Disapproved Signature _____

~~3/19/02 Date need covering leg~~
7/3/02 Need drawing of sewer, etc. J. Ott

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date NOVEMBER 9, 2005

Business Office Use Only

Date Rec'd 03/19/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 1644

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

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B

Permit Number: 02380243

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 11101 Panama Rd. (no rural route) City Hickman NE, Zip NE 68372

Owner Richard Rock Addresss 9300 So. 40 Lincoln NE 68516.

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 11-10-01 to 11-11-01 Weather: Precipitation Sunny. Temperature 50's

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	11/	12:00	11/	1:00	11/	1:15	8	11/	5:15	30	1/2	
2	38	11/	12:00	11/	1:00	11/	1:15	8	11/11	5:20	30	5/8	
3	38	11/	12:05	11/	1:00	11/	1:15	8	11/11	5:25	30	3/4	
4	38	11/	12:05	11/	1:00	11/	1:15	8	11/11	5:30	30	1 5/8	
5	38	11/	12:10	11/	1:00	11/	1:15	8	11/11	5:35	30	1	
6	38	11/	12:15	11/	1:00	11/	1:15	8	11/11	5:40	30	3/4	
			P.M.		P.M.								
1	36	3-15	1:00	3-16	2:00	3-16	2:15	8	3-16	2:45	30	3/4	40
2	36	3-15	1:00	3-16	2:00	3-16	2:15	8	3-16	2:45	30	1 1/2	20
3	36	3-15	1:00	3-16	2:00	3-16	2:15	8	3-16	2:45	30	1 1/4	24
4	36	3-15	1:00	3-16	2:00	3-16	2:15	8	3-16	2:45	30	1	30
5	36	3-15	1:00	3-16	2:00	3-16	2:15	8	3-16	2:45	30	7/8	34
6	36	3-15	1:00	3-16	2:00	3-16	2:15	8	3-16	2:45	30	3/4	40

Sum of Percolation Rates: 188

Average of Rates: 32

Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Richard Rock

Phone: 421-2919

Address 9300 So 40 Lincoln NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official X Gerrold C. Hood R.E.H.S. Date March 19, 2002

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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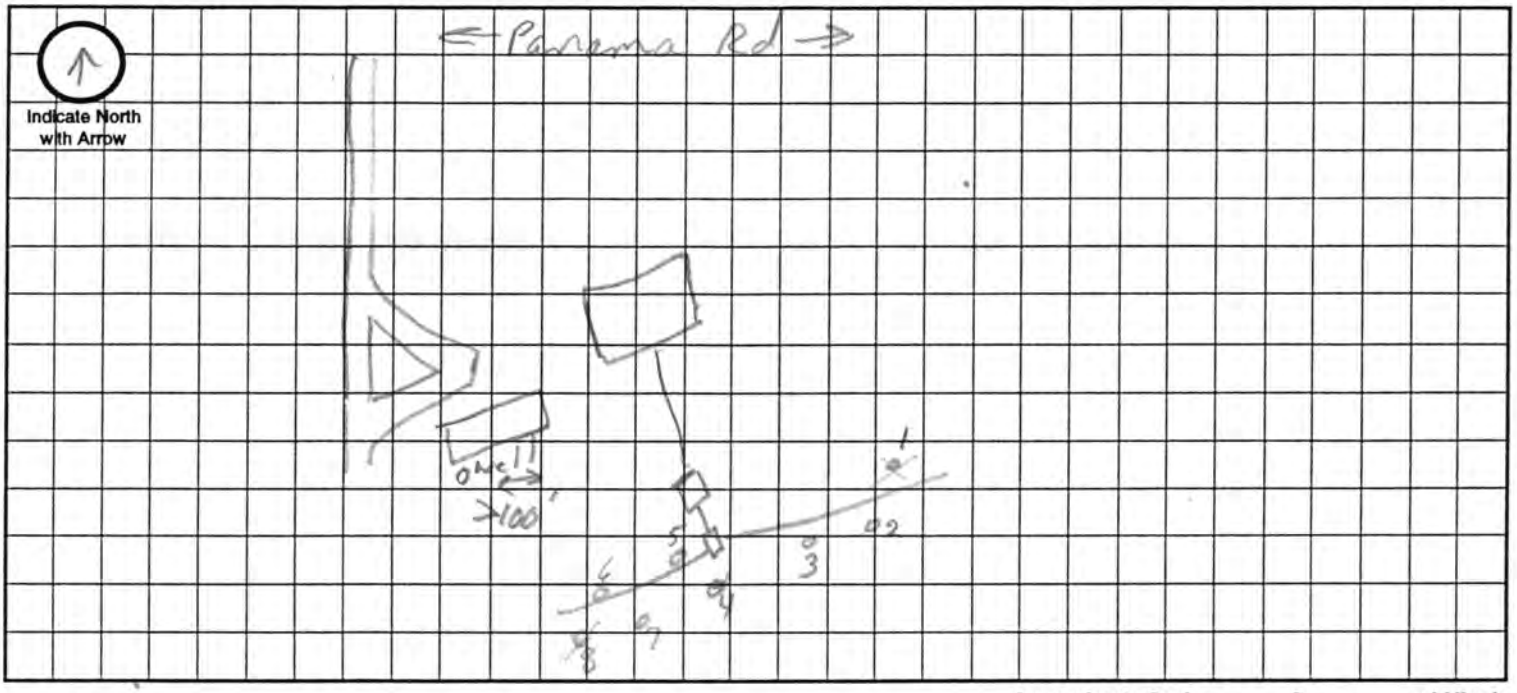
C

Permit Number: 02380243/

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 11101 Panama Rd City Hickman NE, Zip 68372

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: WTC Land Slope: 6 %

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

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

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 137.5 ft. Number of Trenches 2 Trench Width 4'

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 Brad Johnson Date 3-16-02

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-3-02 Rich Rock

System Location (Indicate correct number and street)

Address Panama Rd. (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and ~~septic tank~~: 515 ft.
4. Number of clean-outs: Lagoon 7
5. Distances to: well or suction line > 50 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

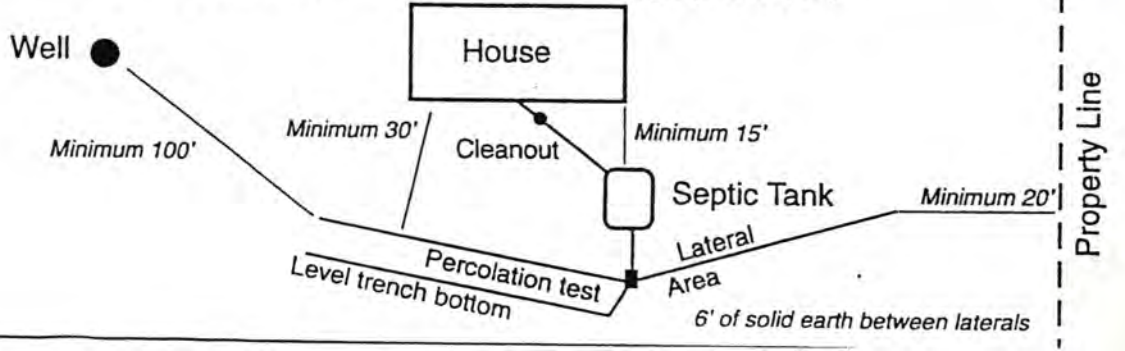
(Provide as-built drawings on back of this form)

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.

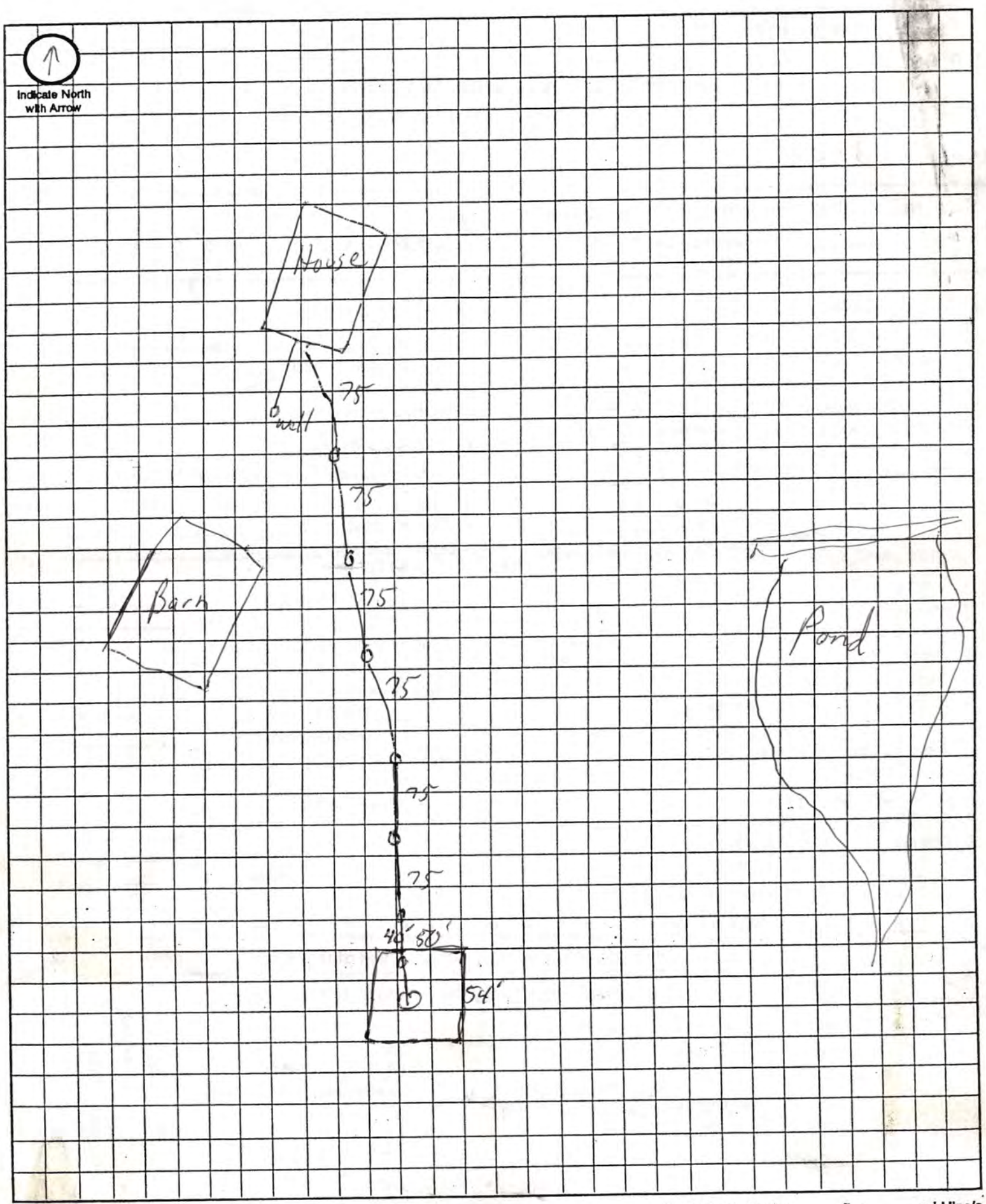
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



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